MENTAL HEALTH EXPERIENCES IN THE WORKPLACE

by

Laura L. Goff

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Dissertation

Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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Liberty University, School of Business

May 2022

Abstract

This study examined the real life experiences in the workplace related to employees with mental health issues. It examined these experiences to evaluate differences in perspective on issues arising from the mental health conditions among the employee, the manager, and coworkers. It explored organizational efforts to support employees with mental health issues and the capabilities of those involved in the process. This is a qualitative phenomenological study in which the author explored employer experiences through interviews with HR professionals and employee perspectives through interviews with mental health professionals. The questions asked in these interviews gathered information on one or more employees and clients. The implications of this study are that employees with mental health issues are often capable of long-term employment relationships and employers have the opportunity to provide education on mental health, reduce stigmas, and promote mutually beneficial employment relationships with employees managing mental health issues.

Keywords: societal views on mental health; employee mental health issues; workplace mental health issues; workplace mental health protections; company mental health programs; employee assistance programs

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Dedication

This study is dedicated to Dennis, who has been a constant source of patience, wisdom, and encouragement. To be cared for and supported by a beloved family member and best friend is a tremendous help when working on a long-term research project while balancing the demands of a challenging job. Given these barriers, as well as struggling with unexpected health issues at points in the process, makes it abundantly clear that Dennis was the catalyst to completing this work.

Acknowledgments

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Section 1: Foundation of the Study

The following paragraphs set the foundation for this doctoral study. Section 1 provides an overview of the business problem, the purpose of the study and the research conducted. A framework for the study was presented as well as a review of related current literature. The purpose of this qualitative research study was to explore the real-life work experiences of employees with mental health conditions and the organizations who employ them. Insights were gathered that bring to light ways in which experiences can be improved to support sustainable and mutually beneficial work relationships.

Background of the Problem

Federal and many state regulations require that employers treat individuals with disabilities fairly in all aspects of employment (Bell, 2015). In addition, they require that reasonable workplace accommodations be made to meet the needs of qualified disabled individuals (Bell, 2015). Included within the ranks of the disabled are individuals with mental health diagnoses who are dealing with life limiting issues (Bell, 2015). Studies show that 25% of the population deals with diagnosed mental health issues (Bell, 2015). It is expected that individuals with undiagnosed mental health issues include a similar percentage of the population as those who have been diagnosed (Martin et al., 2015), and the rate of mental health issues is on the rise (Weissman et al., 2017). These statistics suggest that many employees are dealing with these issues and that they impact the workplace (Weissman et al., 2017).

Employer responses to these issues are varied (Martin et al., 2015). Some reject the idea that these issues exist in their work environment, others suggest that these are personal issues and not organizational concerns, and some probe their employees with mental health illnesses too deeply causing insult and embarrassment (Martin et al., 2015). Increasingly, organizations are recognizing the need to take an active role in proactively promoting mental health and well-being

(Goetzel et al., 2002). However, employer responses to issues that arise in the workplace are often ineffective (Goetzel et al., 2002). Given that most research in the area of mental health has been initiated by medical disciplines, information that is directly relevant from a business and human resources perspective is limited (Follmer & Jones, 2017).

Problem Statement

The general problem is that workplace challenges that arise related to mental health issues are not being successfully addressed to sustain mutually beneficial employment relationships (Weissman et al., 2017). Current literature portrays various workplace issues that arise related to mental health and identifies that employers are motivated differently than employees (LaVan et al., 2016). Practical solutions are limited and those that have been used have not positively impacted workplace issues related to mental health (Follmer & Jones, 2017).

Employers recognize how mental health issues in the workplace impact productivity levels, create interpersonal conflicts, and increase costs (Martin et al., 2015); and the number of individuals experiencing mental health issues is increasing indicating that workplace impacts could escalate (Follmer & Jones, 2017). Employers have both a legal obligation and an organizational motivation to evaluate ways to appropriately support the issue of mental health in the workplace (Bell, 2015). Yet, employers are often not even aware their employees have mental health illnesses, because employees choose not to share them for a variety of reasons (Bell, 2015). When aware, employers and their management employees often are not well-prepared to appropriately respond. Issues can negatively manifest themselves in the workplace in ways such as (a) poor attendance, (b) inappropriate behaviors, (c) bullying, and (d) conflict all which ultimately can negatively impact the employment of individuals with mental health disabilities (Bell, 2015).

Manager and coworker assumptions about mental health can place limitations on employees that may not be real (Pomaki, 2017). Assumptions can also cause managers to avoid the challenges that arise (Martin et al., 2015). Employers' lack of clarity about management's role can further confuse how to handle situations (Goetzel et al., 2002).

Employees with mental health conditions desire and need gainful employment to sustain livelihoods (Elraz, 2017). While many lead successful careers, many experience challenges in the workplace from being labeled as weak, difficult, unproductive or incompetent (Elraz, 2017). These stigmas present barriers for individuals with mental health issues, which makes these individuals vulnerable, keeps conditions in the dark, and impacts the employment relationship (Elraz, 2017). Stigmas reduce employees' self-confidence which can impact participation levels and performance (Kensbock & Boehm, 2016).

The specific issue to be examined in this study is how the different workplace experiences of employees with mental health issues and their employers within the hospitality industry impact the sustainability of employment relationships. Workplace challenges for employees with mental health issues include (a) stigmas, (b) biases, and (c) lack of understanding (Elraz, 2017). Challenges for managers include (a) caring for the needs of all employees, (b) meeting work requirements, and (c) managing workplace issues that arise often with little or no information about specific employee mental health issues and with little or no training (Follmer & Jones, 2017). Research is needed to better understand the true mental health related workplace experiences that lead to disruption of employment and those that sustain effective employment relationships.

Purpose Statement

The purpose of this qualitative, phenomenological research study was to acquire new knowledge by exploring the differing workplace experiences of employers and employees within

the hospitality industry when dealing with mental health conditions. The detailed experiences of employees with mental health issues and their employers provided insights into ways to improve methods and approaches to minimize workplace issues that arise and to sustain mutually beneficial employment relationships. This study added to the body of knowledge within the field of human resources in the area of mental health issues in the workplace. It expanded understanding of reasons for poor workplace experiences of employees with mental health issues, and employers provided insights into how current methods and practices are or are not meeting individual and business needs. These insights surfaced recommendations for practical ways individuals and businesses can address the issues that arise.

Research Questions

This research studied the workplace experiences of individuals with diagnosed or perceived mental health disabilities, represented by mental health professionals, as well as experiences of employers, represented by human resource professionals. Understanding the similarities and differences between employers and employees provided insights into ways to sustain employment relationships. The study focused on employees, represented by mental health professionals, and employers, represented by human resource professionals, within the hospitality industry. The central research questions for this study were:

1. What are the lived workplace experiences of individuals with perceived and diagnosed mental health disabilities?

    a. What is the importance of employment for individuals?

    b. What is the specific employment background of individuals?

    c. What level of knowledge did coworkers, managers and the employer have regarding the mental health condition and how was it gained?

      d.   What specific challenges arose with coworkers and managers in each employment

              situation or due to company practices and what were the outcomes?

      e.   What positive experiences arose with coworkers and managers in each employment

              situation or due to company practices?

      f.   What elements of the organization's culture influenced each employment

              experience?

      g.   What employment experiences were successful, and which were unsuccessful?

      h.   What company practices were successful, and which were unsuccessful?

2.   What are the lived workplace experiences of employers of individuals with perceived and

     diagnosed mental health issues?

      a.   What knowledge did the employer, manager and coworkers have of the mental health

          condition of the employee(s) and how was it gained?

      b.   What specific challenges arose with coworkers, between the employer and the

          employee(s) or due to company practices and what were the outcomes?

      c.   What positive experiences arose with coworkers, between the manager and the

          employee(s) or due to company practices?

    What elements of the organization's culture influenced each employment experience?

      d.   What employment experiences were successful, and which were unsuccessful?

      e.   What company practices were successful and which were unsuccessful?

Nature of the Study

      The purpose of this study was to acquire real life experiences of employees and

employers in the workplace who are dealing with mental health issues that arise. The individual

participants were employees with mental health illnesses, who were represented by mental health

professionals, and their employers, represented by human resource professionals. This required

gathering subjective insights. This study presented individual perspectives to understand how they influence the problem.

Discussion of Research Paradigms

The researcher has an extensive background in the field of human resources and has had experience working with employees with mental health conditions. These experiences were bound by legal and policy requirements, so primary focus was on the employee's ability to perform the job duties. Challenges employers have in maneuvering these employment relationships are recognized and are expected to be identified by research participants.

Personal relationships the researcher has with individuals with mental health issues surfaced the challenges employees face in their employment circumstances. These personal challenges were not been given primary consideration by the researcher in managing employment situations. Gleaning observations from study participants on the employees' challenges and real life experiences enlightened the researcher and the human resources profession.

Discussion of Design

Phenomenology collects the life experiences of individuals and looks for common meaning coming from the shared phenomenon or life experiences and delves into the what and how of these shared experiences (Creswell & Poth, 2018). It can provide raw insights into complex and personal life situations by exploring the underlying meaning of the collective human experience to establish the essence of the phenomenon (Adams & van Manen, 2017). Because of the personal and unique workplace experiences when mental health issues arise in the workplace, phenomenology fit particularly well with this study.

Other factors also led to the selection of phenomenology. The design of the study's interview questions evolved through the interview process as information was presented.

Therefore, supporting questions and topics of discussion evolved within individual interviews as the study progressed (Korstjens & Moser, 2017). Evolving the design is typical of qualitative methods and specifically phenomenology (Adams & van Manen, 2017). Additionally, the size of the group in these types of study generally range from three to 25. This study engaged 19 participants, so the size of the group was typical of phenomenology (Creswell & Poth, 2018).

Other qualitative research methods were considered including (a) narrative research, (b) grounded theory, (c) ethnography, and (d) case study. Narrative design relates to life experiences and the lessons gathered from them (Byrne, 2015). It also gives attention to different life experiences (McAlpine, 2016) and can be helpful when the problem includes need for social change (Cross, 2017). While narrative design could have presented a valid approach in this study, it was excluded; because it generally engages one or very few participants. The determination was made that involving several participants in the study would be beneficial because of the variations expected in different experiences.

Grounded theory research expects to establish or discover a theory that is grounded by the research data gathered (Creswell & Poth, 2018). Moreover, Creswell and Poth (2018) described participants in the study as having experience with the phenomenon, process or area being studied and the researcher as attempting to understand and explain an area by looking at it over time and through the eyes of participants to develop a theory. The most common use of data gathering is through interviews and engaging participants over and over to probe insights, then interactions are pursued until all possible data is exhaustively gathered (Creswell & Poth, 2018). This is a much less structured approach and focuses more on views, assumptions, and beliefs (Creswell & Poth, 2018). Creswell and Poth (2018) described grounded theory as valuable when a theory is yet to be developed in a particular area of study or when theories that exist are incomplete; and they suggest that it can be applied across numerous disciplines and can bring to

light new areas of interest and new perspectives on the topic. The insights gathered may contribute to the creation of models, frameworks and theories (Creswell & Poth, 2018). Underlying processes as executed in daily life can contribute to or create underlying theories (Suddaby, 2006). Grounded theory is valuable when a theory is yet to be developed in a particular area of study or when theories that exist are incomplete, and it can be applied across numerous disciplines and can bring to light new areas of interest and new perspectives on the topic (Creswell & Poth, 2018).

Ethnography is based on developing a theory, and it examines patterns that reflect a shared culture interpreted through shared values and beliefs of a specific participant group (Creswell & Poth, 2018). Ethnography requires that the researcher is directly involved in the lives of the participants to fully observe their interactions, which requires a significant investment of time developing trusting relationships with participants (Lecompte, 2002). The group under study may represent a large group or a small subsection of a particular cultural group; and data collection occurs through interviews, observations, artifacts and routine daily interactions between the researcher and participants (Creswell & Poth, 2018). Analysis results from the filtering of data collected from the group and then summarized using direct quotes to describe the various themes identified; and the expected outcome is to generate an understanding of the culture of the participants and how participants successfully operate (Creswell & Poth, 2018). While a cultural segment could have been identified in the study of mentally disabled individuals, this study was not isolated to the perspectives from this group of participants as it will examine the perspectives of employers as well. As a result, ethnography was not selected for this study.

Case studies may involve gathering data from singular or multiple cases (Creswell & Poth, 2018). Study is generally conducted of current situations in progress, rather than past

situations, so that information and content is not lost by time; and case studies are often used to

understand a particular phenomenon in a specific setting allowing the examination of

organizational and social issues influencing it (Darke et al., 1998). Case studies will also have a

clear unit of analysis, which represents an individual, group, program or event being studied

(Yin, 2014). Yin (2014) suggested they are best used when examining current events versus

history. Case studies are most applicable in situations where relevant cases are available that

provide insights to a particular area of study and from which assertions can be drawn (Creswell

& Poth, 2018).

Case study design had some attractive qualities for the proposed study. It was not

selected, because access to the environments in which interactions occur would have been

difficult (Creswell & Poth, 2018). Additionally, it was determined that past experiences were

equally relevant to this study and should not be excluded. As a result, case studies were not the

chosen method.

Discussion of Method

Qualitative researchers recognize that different realities of individual experiences can

have meaning that can provide insights and meaning regarding a specific problem (Anderson,

2017). The complexity of the problem being researched and the need to explore first-hand

experiences of individuals to better understand the issues underlying it lent this research to

qualitative methods (Creswell & Poth, 2018). The desire to investigate the human factors related

to the problem and to connect the research to practical applications within the field of human

resources also supported a qualitative approach (Harper & McCunn, 2017).

Qualitative research guides the exploration of people in real-life situations and delves into

the meanings individuals bring to them (Denzin & Lincoln, 2013). Because this study focused on

exploring a small group of individuals and their specific life experiences, a qualitative method

provided a good fit (Denzin & Lincoln, 2013). Additionally, qualitative research allows for an

interactive process between the researcher and the participants and the generation of creative and

practical ideas (Harper & McCunn, 2017).

A quantitative method was considered, but not chosen for this study. This is primarily

because its approach focuses on the analysis of large quantities of relevant data and mathematical

analyses to draw conclusions (Almalki, 2016). Quantitative research generally focuses on large

data samples which were not readily available in this study which explored personal experiences

of a small group (Korstjens & Moser, 2017). Consideration was given to where large sources of

data may be found that would reflect on specific workplace experiences. However, no relevant

sources of data were identified. Additionally, a quantitative method looks at issues more

objectively and independent of human opinion and perception (Harper & McCunn, 2017). This

particular study specifically explored the subjective insights of participants.

Mixed methods was also excluded as an approach for this study. Consideration was given

to using surveys as a source of objective data from which to pull information for this study and to

combine that information with data gathered from interviews. The combination and correlation

of data gathered from two sources like objective survey data and participant interviews would

present a valid mixed-methods approach (Saunders, 2015). The use of survey data was

considered for this research; however, that option was not used in favor of personal interactions

and experiences of participants (Creswell & Poth, 2018). Because mixed methods require the use

of both quantitative and qualitative approaches (Almalki, 2016) and quantitative methods such as

surveys were ruled out, a strictly qualitative research study was selected.

Discussion of Triangulation

The data source for this study was personal interviews and ensuring the integrity of the

research was essential. Opportunity existed for researcher bias to influence the results (Fusch et

al., 2018). Therefore, triangulation was accomplished through the review and correction of interview transcripts by participants (Creswell & Poth, 2018).

Summary of the Nature of the Study

In this phenomenology design, participant interviews were the main focus of the data gathered for this study to understand how individuals' workplace experiences related to mental health issues impacted their employment relationship. Participants were identified within the hospitality industry. Participants in this research study were sought through human resource professionals who are members of the American Resort Development Association (ARDA) and the Greater Orlando Society for Human Resources (GOSHRM). ARDA is a professional association representing segments of the hospitality industry and GOSHRM is a human resources professional association based in the central Florida market where hospitality is a primary and influential industry. Additionally, mental health professional participants treating individuals employed in the hospitality industry were sought through the central Florida chapters of the Mental Health Association (i.e., Mental Health Association of Central Florida) and the National Alliance on Mental Illness (i.e., NAMI Greater Orlando Inc.).

This study focused on individuals' experiences in employment relationships from the perspective of the employee, represented by mental health professionals, and from the perspective of the employer, represented by human resource professionals. Real-life experiences were gathered from both perspectives. A hermeneutical approach was used to gather central themes from participants in the study, and a structured approach to analyzing data was followed. Key phrases used by participants were organized into common categories (codes) and key themes were identified to represent the phenomenon (Creswell & Poth, 2018). Interviews were a primary source of data (Vagle, 2018).

Conceptual Framework

      This study sought an understanding of the work experiences of individuals with mental

health disabilities. Given the subjectivity of individual views, gathering collective insights and

meaning from both the perspective of the employee and the employer was desired to determine

broader implications. Individuals views, behaviors and lived experiences may be influenced by

social (Mowbray & Holter, 2002), regulatory (Kuhn, 2017), and various workplace factors such

as (a) employer practices, (b) jobs, and (c) relationships (Follmer & Jones, 2017). The model in

Figure 1 was created to depict these influences and how each creates a framework of unique

understanding that each manager and employee brings to workplace interactions related to

mental health issues.

Figure 1

Conceptual Framework of Workplace Mental Health Influences
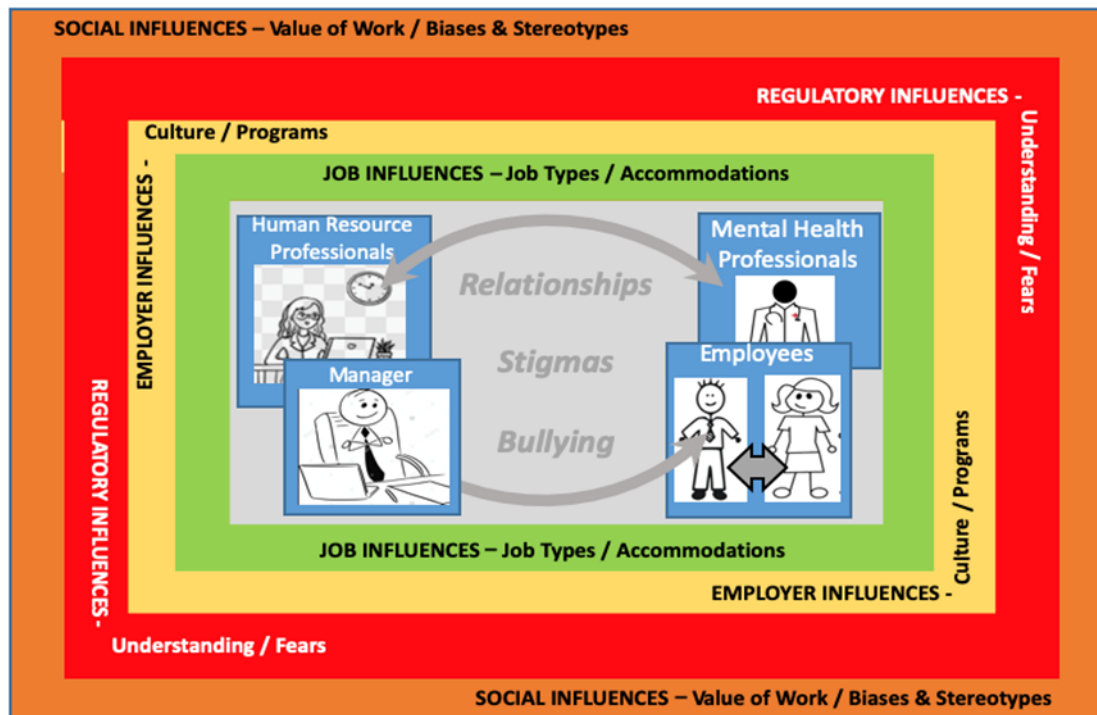
Concepts

Studies related to societal perspectives on mental health portray a number of concepts that may influence mental health issues in the workplace; and the concepts that impacted this study included the importance of work (Kensbock & Boehm, 2016) and societal stereotypes and biases (Follmer & Jones, 2017). A high value is placed on work within western societies today (Kensbock & Boehm, 2016). Having gainful employment contributes positively to mental health (Carlier et al., 2018) as it provides income, insurance, social relationships and self-worth (Verkuil et al., 2015). Employment creates opportunities for personal contribution, social interactions and independence; and therefore, is a factor in mental well-being of individuals (Mowbray & Holter, 2002).

Unemployment negatively impacts society. Employment programs have been implemented by both the government and non-profit agencies to assist in gaining and keeping

employment (Follmer & Jones, 2017). However, individuals with mental illness have increased the risk of unemployment and poor quality employment (Naslund et al., 2016).

The level of understanding of mental illness by society is generally poor (Wilday & Dovey, 2005), and is fraught with stereotypes and stigmas about individuals with mental health conditions which have led to discrimination based on disabilities (Kaminer, 2016). A common stereotype is that mental conditions are not real but are faked to take advantage of the system (Kaminer, 2016). Another stereotype is that mentally ill individuals are dangerous to themselves and others (Follmer & Jones, 2017). Stereotypes and stigmas related to the mentally ill result in being treated differently and excluded in various areas of society (Shann et al., 2018). Mental illness is thought of as a social identity, carrying with it broad generalizations that may or may not be accurate (Follmer & Jones, 2017). Follmer and Jones (2017) noted that social identity characteristics are generally observable by others, however, mental illness can remain hidden. Stereotypes and stigmas assigned by society influence the views of everyone including those with mental illnesses (Follmer & Jones, 2017).

Two concepts influenced this study that are related to employment regulations and mental health. The first is that regulations are not consistently understood by managers or employees resulting in inconsistent application by managers and inconsistent use by employees contributing to varied workplace experiences (Pomaki, 2017). Pomaki (2017) also noted there is an underlying fear of regulations and the negative impacts they can have on employment. While intended to ensure fair treatment of employees, managers' level of understanding of regulations often result in laws being ignored and applied inconsistently (Pomaki, 2017).

Legal compliance requirements influence both managers and employees (Pomaki, 2017). Managers are required to ensure fair treatment among all employees and also uphold the various laws that may apply to specific individuals such as (a) providing leaves of absence, (b) job

accommodations, and (c) maintaining privacy (Pomaki, 2017). These regulations are intended to support the employment of individuals with mental health issues; yet employees who meet eligibility requirements for protections under certain laws may or may not be aware of the protections or how to initiate them (Pomaki, 2017). While regulations are intended to ensure fair treatment, varied levels of awareness about these complex requirements impact how mental health issues are raised by employees and how they are responded to by managers (Pomaki, 2017). The fear of lawsuits can influence the behaviors of employers and managers in responding to mental health issues in the workplace (LaVan et al., 2016). Fear of disclosing mental health issues and losing jobs can also keep employees from taking advantage of legal protections under the law (Follmer & Jones, 2017).

The concept presented in current literature related to employer influences suggested that the values and culture of an organization impact the actions of managers and employees when mental health issues arise (Ameri et al., 2018; Follmer & Jones, 2017; Martin et al., 2015). Organizational cultures and programs can directly and indirectly influence how mental health issues are handled (Martin et al., 2015). Workplace cultures influence the types of programs offered and the supportiveness of work environments to employee needs (Martin et al., 2015). Programs like (a) health and well-being, (b) time-off benefits, and (c) training and education influence manager and employee responses to mental health issues (Martin et al., 2015).

Structuring employment to support positive outcomes for individuals with mental illness, benefits organizations, individuals and society as a whole (Wahlbeck, 2015). Managers are in a unique position to have a significant impact on the experience of individual employees with mental illness, and their actions are heavily influenced by employer expectations (Gayed et al., 2018). The workplaces approach to mental health is viewed as offering a key opportunity for intervention and prevention (World Health Organization, 2014).

Concepts related to job influences include how jobs types or characteristics can impact mental illness (Harvey et al., 2017) and how job accommodations can influence mental health (Jones, 2012). Some job factors have been linked as contributing to mental health issues (Schuring et al., 2017). The Job Demands-Control (JD-C) model developed in 1979 by Karasek to measure the impacts that job characteristics have on employee well-being (Spiegelaere et al., 2015). The JD-C model suggests that when jobs carry heavy workloads and high time pressures combined with minimal decision making control, they are more likely to have a negative impact on the mental well-being of individuals performing them (Harvey et al., 2017). In addition, imbalances between the level of work and the rewards it brings can increase job stress (Verkuil et al., 2015).

Job accommodations can influence the work-life experiences of individuals (Follmer & Jones, 2017). Job duties frequently impact manager and employee interactions when mental health issues impact performance or attendance or result in the need for accommodation (Jones, 2012). However, accommodations have been shown to lower the risk of mental illness episodes at work and to extend employment tenure (Follmer & Jones, 2017).

Actors

The actors that play a role in the workplace experiences of employees with mental health disabilities are varied. The individual employee with a mental health condition is at the center of the stage but is directly involved with co-workers and management. When issues arise in these workplace relationships, a human resource professional is often directly or indirectly involved with the employee and/or manager. Additionally, a mental health professional may be involved directly with an employee in the areas of treatment and/or counseling.

Managers play a significant role in the employment environment for employees (Kensbock & Boehm, 2016), and co-worker relationships can help (Vaughn et al., 2016) or

hinder (Harvey et al., 2107) that same environment for those with mental health issues. Human resource professionals generally engage with managers as situations arise related to workplace mental health issues, and these are often related to policy (e.g., attendance) or regulatory issues (e.g., FMLA or ADA; Kaminer, 2016).

Relationship concepts have been explored related to mental illness. Key concepts that emerge in literature include the (a) importance of workplace relationships for employees with mental illness (Gayed et al., 2018), (b) stigmas (Baynton, 2014), and (c) the impacts of bullying (Verkuil et al., 2015).

Secure relationship attachments are important for social and emotional development, and adverse relationship conditions can impact mental health (World Health Organization, 2014). Positive relationships help foster resiliency and mental well-being (Tse et al., 2016); and social relationships help prevent mental ill-health (Wahlbeck, 2015). Interactions among the various workplace relationships impact the workplace experiences of employees with mental health disabilities and may influence ongoing employment (Ameri et al., 2018). Relationships are a primary source of work-related stress or and support that can impact an individual's well-being (Gayed et al., 2018). Employees with mental health conditions may have special challenges with maintaining social relationships; and coworkers of employees suffering from mental illness are less likely to socialize with them (Kaminer, 2016). Behaviors of individuals that are related to mental health issues can impact work relationships creating barriers due to (a) fear, (b) frustration, and (c) misunderstanding (Fairclough et al., 2013).

Workplace stigmas toward individuals with mental illness can impact the work environment (Baynton, 2014). Baynton (2014) explained that individuals are often perceived to be faking issues to receive extra time off or special accommodations. Individuals holding these views are generally conscious of them, however, there are biases that result from a general lack

of understanding of mental health conditions (Vertilo & Gibson, 2014). Stigmas result in the

dehumanizing of the individual, labeling and can easily shift from poor attitudes to poor

treatment toward individuals in the workplace (Vertilo & Gibson, 2014). Fear of being

stigmatized influences the behaviors of individuals with mental illness as well causing conditions

to be hidden until performance suffers (Jones, 2012).

Workplace bullying is fairly common with up to 30% of workers reporting having had a

bullying experience at work (Verkuil et al., 2015). Verkuil et al. (2015) linked bullying to mental

health issues; and singular experiences can have a lasting effect as those memories are relived in

the minds of individuals long after the event occurs. Bullying has been linked to increases in

stress and related mental health issues (Harvey et al., 2017). Bullying can be delivered by

coworkers and supervisors and creates long-term effects in the workplace and beyond (Verkuil et

al., 2015).

Relationships Between Concepts and Actors

The concepts and actors were depicted in Figure 1 and reflect the narrowing scope of

influence these have on the real life experiences of employees with mental health conditions.

Social influences in the outer rim of the figure reflects that society influences the regulatory

environment, which has instituted regulations such as FMLA and ADA. The regulatory

environment and societal norms influence the policies and programs of employers such as health

benefits, employee assistance programs and leave of absence policies that influence manager and

employee relationships. The employer influences the job requirements and accommodations as

well in which the actors interact further influencing these relationships.

Summary of the Research Framework

Exploring the real life work experiences of employees with mental health issues and their

employers from the context of society, regulations, employers, jobs and relationships provided

insights into ways to positively impact the issues that arise. The conceptual framework for this study depicts key influences within the workplace that can impact employees with mental illnesses and their employers. Society influences every individual from the perspectives on mental illness (Shann et al., 2018) to the value placed on work (Carlier et al., 2018). Regulations influence workplace mental health by placing requirements on the employer and the employee (Pomaki, 2017). Employers also influence mental health issues through the type of work environment promoted (Martin et al., 2015) and the design of jobs (Harvey et al., 2017). Finally, individual relationships in the workplace can help influence mental health and wellbeing (Wahlbeck, 2015) or can be the source of problems (Gayed et al., 2018).

Definition of Terms

Within this study, references to mental health issues and conditions are used interchangeably to refer to individuals with mental illness. The terms defined below are provided to ensure clarity of meaning as they are used throughout the study.

Mental illness: A mental illness is a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day (National Alliance on Mental Illness, 2018).

Mental disability: The term mental disability means a mental impairment that substantially limits a major life activity of an individual (A Guide to Disability Rights Laws, 2009).

Mental health: Mental health means "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization, 2014, p. 12).

Assumptions, Limitations, Delimitations

There are assumptions, limitations and delimitations that influence this study. For the assumptions noted, some methods for working through them in the research effort are identified. Limitations and delimitations are reflected to demonstrate practical realities of the research.

Assumptions

The current research study included two key assumptions. The first assumption was that employees desire a beneficial employment situation. To validate this assumption, interviews included some questions to probe what employees seek from employment situations.

The second assumption was that while employees and managers may be reluctant to share personal experiences due to confidentiality concerns, mental health and human resources professionals were knowledgeable, able, and willing to openly discuss workplace experiences. To ensure this openness and protect confidentiality, no names of employees were captured in any interviews.

Limitations

Qualitative research challenges can exist in the recruitment and selection of participants, determination of sample size and length of engagement with participants (Anderson, 2017). This study had limitations which may impact results. Recruitment and selection of participants was a challenge in first finding a legitimate method for locating participants willing to participate. Because this study involved a small group of participants, the ability to generalize findings could be questioned. Finally, the personal nature of this study limited participants' willingness to be open about their experiences (Creswell & Poth, 2018).

Delimitations

Sound qualitative research requires intentional sampling of participants to obtain answers to the research questions (Lewis, 2015). Within this research effort, the population was limited to

a combination of 10-20 mental health professionals representing the perspective of employees

and human resources professionals representing employers within the hospitality industry.

Mental health provider participants were individuals who acknowledged they have worked with

employees living with mental health conditions. Human resource professional participants were

individuals who had experience working with managers of and/or employees with mental health

conditions.

Significance of the Study

This study added to the understanding and effective practices within businesses related to

employees with mental health issues. It added value to the field of business, since most studies

on mental health illness have been conducted outside this field and, as a result, do not adequately

represent business interests (Follmer & Jones, 2017). The significance of the study was to help

reduce current gaps in understanding or helps identify more effective management practices.

Significance was also demonstrated in examining the study's integration with biblical teachings

and the human resources discipline.

Reduction of Gaps in the Literature

Organizations today are aware that the overall health, which includes mental health, of

employees impacts productivity and performance (Goetzel et al., 2002). So mental health issues

are garnering the attention of businesses (Goetzel et al., 2002). Organizations must understand

the legal requirements placed upon them to treat all employees fairly, provide medical leaves and

make accommodations for employees with diagnosed mental health issues (Elraz, 2017).

However, regulations also protect an employee's right to withhold details of their conditions, so

employers do not always know the nature underlying mental health conditions which causes

speculation of the manager, coworkers and the employer (O'Reilly, 2009). This area of unknown

allows biases and misinformation to guide responses and actions of individuals and organizations in situations that arise (O'Reilly, 2009).

This study examined the different perspectives of individuals involved in the work environment that impact the work life of employees with mental health issues. It exposed the interests, perceptions and reasons for actions of those directly involved and presented opportunities to help organizations more effectively respond to and improve the employment experiences of employees with mental health issues.

Implications for Biblical Integration

God's plan for work is described as good, dignified, service focused, and ultimately an act of worship. It evidences our dignity as human beings, because it reflects the image of God the creator in us (Keller & Alsdorf, 2012). This suggests that an internal need to work exists and helps individuals thrive, suggesting value in sustained employment.

Work as an act of worship suggests that the performance of all work is done ultimately for God (Keller & Alsdorf, 2012). Work is clearly seen by God as good and is intended to bring glory to Him (*New International Version Bible*, 1973/1984, Colossians 3:23). God's word does not exclude individuals from work based on their differences. Therefore, work is an important part of creation designed for everyone to participate in, and which God deems as good.

Seeing the importance of their work and its contribution to the overall organizational goals and strategies helps workers feel important and valued (Mello, 2015). Making this connection for all individuals reinforces the value of each work activity and each person and aligns with the value God places on work and individuals (Hardy, 1990). This extends to all individuals regardless of differences.

Diversity within the workforce is expected to be similar to the diversity found in the available labor market from which an employer draws; and this means that the workforce should

include a representation of the various minority groups in the labor market, and this includes

individuals with disabilities and specifically individuals with mental health issues (Heneman et

al., 2015). God models inclusion and diversity for mankind. "After this I looked, and there before

me was a great multitude that no one could number, from every nation, tribe, peoples and

language, standing before the throne and before the Lamb" (*New International Version Bible*,

1973/1984, Revelation 7:9). God's unconditional love accepts all people into his kingdom.

Benefit to Business Practice and Relationship to Cognate

Human resources (HR) leads organizational efforts to attract, retain and motivate

employees (Mello, 2015). Individuals with mental health disabilities experience higher

unemployment levels and represent an available group of resources (Carlier et al., 2018). The

ability to tap this group of resources with mutually beneficial employment represents an

opportunity that should not be ignored.

Many employees already in the workforce are impacted by mental illness with 25% of the

population experiencing diagnosed mental health issues and more when including undiagnosed

conditions (Follmer & Jones, 2017). Regulations require that these individuals be treated fairly in

employment related decisions (Fairclough et al., 2013). Additionally, regulations require that

employers provide medical leave and reasonable accommodations (Fairclough et al., 2013).

Decisions on benefits made available to employees related to medical leave, paid time off and

medical benefits are the responsibility of HR (Mello, 2015). HR is also directly or indirectly

involved in the administration of these types of programs (Mello, 2015). Because mental health

issues impact resources that are available for employment and current employees and because

HR has direct responsibilities related for attracting and retaining them, increased understanding

of ways to successfully engage these resources in gainful, ongoing employment will benefit the

HR discipline (Mello, 2015).

Summary of the Significance of the Study

Sustaining gainful work employment is beneficial to individuals and businesses alike, and it is part of God's creation plan (Keller & Alsdorf, 2012). Sin impacts work like all other aspects of creation; resulting in the need to work through challenges that arise (Hardy, 1990). Increasing understanding of the issues faced by managers of and employees with mental health issues has the potential to expose practices and methods that can help sustain gainful employment relationships (Thurgate, 2018).

A Review of the Professional and Academic Literature

Available literature was reviewed related to workplace mental health issues. Of the more than 100 references listed, over 90% were peer-reviewed journal articles. Also included were books and reference materials produced by government agencies and professional organizations focused on mental health. Over 80% of the articles referenced were recent publications within the past five years.

The topics covered within this literature review were organized to follow the conceptual framework of this study as shown in Figure 1. Following this approach assists the reader in understanding the various areas that influence workplace mental health issues. Additionally, it provides insights into the level of influence these areas may have on employees with mental health issues and their managers who are the focus of this research study.

Societal Factors Influencing Workplace Mental Health Issues

Mental health issues are prevalent and are costly to society (World Health Organization, 2014). In the US one in four adults suffer with a mental issue that impacts them socially, interpersonally and professionally (Martin et al., 2015). There are high costs related to treatment with annual costs approximately doubled compared to those without mental health issues (Goetzel et al., 2002).

Mental illness is also recognized as a global issue through the work of organizations like (a) the World Health Organization (WHO), (b) the National Alliance on Mental Illness (NAMI), (c) the International Labour Organisation, and (d) the Lancet Commission. Momentum is growing to treat mental illness like any other major disease and ensure that it receives the same level of treatment as other physical health issues (Hancock, 2018).

Recognized as a global concern, mental health impacts society as a whole (World Health Organization, 2014). Societal factors that are discussed in current literature include (a) employment, (b) cultural differences, (c) public programs, and (d) healthcare.

Employment. Employment is valued by society and therefore by individuals (Kensbock & Boehm, 2016). Employment rates have a direct impact on the economy and on individuals' social status; and employment provides (a) positive social connections, (b) economic contributions, and (c) financial support for families (World Health Organization, 2014). Employment also has a positive effect on the psychological well-being of individuals (Schuring et al., 2017).

On the other hand, poor quality employment can have a negative impact on mental health of workers (World Health Organization, 2014). This can include low wages that do not sustain life and short-term employment situations that reduce job security (World Health Organization, 2014). Unfortunately, unemployment is a frequent companion for individuals with mental health issues; and mental health issues can result in separation from employment, and unemployment can negatively impact mental health (Carlier et al., 2018). Job loss has been connected to mental health issues such as depression, especially when unemployment continues for long periods of time (World Health Organization, 2014). Employment impacts due to mental health also extend to caregivers for individuals with mental illness (Gabriel & Liimatainen, 2000).

A link has been demonstrated between mental health issues and unemployment as confirmed by Schuring et al. (2017) and Carlier et al. (2018). Unemployment for individuals with disabilities is double the rate of those without (Ameri et al., 2018). The effects of job losses in times of recession has also been linked to an increase in mental health issues for those who remain employed (Modrek et al., 2015). Companies are encouraged to (a) provide support services, (b) focus on wellness programs, and (c) maintain strong communication efforts during times of job losses to limit mental health distress of employed workers (Modrek et al., 2015). Interventions that promote employment can positively influence mental health of individuals as unemployment is addressed (Carlier et al., 2018). Individuals with mental health issues cycle in and out of unemployment securing low level jobs (Elraz, 2017). Employment of any type, even low level and temporary jobs, positively influence mental health (Schuring et al., 2017).

Unemployment places a burden on society through higher expenditures by federal, state and local governments (Hatchard, 2008). Unemployment impacts the mental and physical health of individuals negatively, and rates of unemployment are high among people with disabilities (Kensbock & Boehm, 2016). Employment is a factor in sustaining mental health, and the status of employment of individuals with mental health conditions is regularly evaluated by healthcare providers, because of its influence on mental health (Vaughn et al., 2016). Some of the benefits of employment related to mental health include: (a) structured use of time, (b) feeling of purpose, (c) status in society, (d) increased relationships, and (e) increased activity (Schuring et al., 2017). Though mental health issues present challenges in maintaining employment, many individuals with mental health conditions are successfully employed; and those who are not, report the desire to work (Coduti et al., 2016). To summarize, employment status impacts the mental health of individuals, mental health issues impact employment; and mental health employment concerns impact society.

Cultural Differences. Mental health issues are recognized as a global issue, with varying levels of acknowledgement within different cultures (World Health Organization, 2014). The need to address mental health issues in the workplace is recognized in Western cultures, because work is highly valued in these cultures for all individuals (Kensbock & Boehm, 2016). However, that is not the case in all cultures (Sharma & Pathak, 2015). Sharma and Pathak (2015) found that studies in India on mental health have focused on women and attributed many mental health issues for women as resulting from the preponderance of violence against women in this culture. There has not been an attempt to study mental health for men or for individuals in the workplace (Sharma & Pathak, 2015).

Stress and mental health in the workplace have been under review in the United States (U.S.), United Kingdom (UK), Germany, and Finland. In Finland, 50% of workers experience some form of stress-related issues (Gabriel & Liimatainen, 2000). Gabriel and Liimatainen (2000) also reported that Poland conducted a study on stress and mental health of community emergency response roles.

Laws vary in each country related to workplace requirements for workers with mental health issues (Patel et al., 2018). The U.S., UK, and Germany protect individuals with mental health disabilities from discrimination (Gabriel & Liimatainen, 2000). Finland and Poland have laws focused on prevention (Gabriel & Liimatainen, 2000).

Studies on the impacts of mental health issues within specific cultures are available in literature (Baynton, 2014; Izzaamirah et al., 2018; Pomaki, 2017; Shann et al., 2014). A recent study on Malaysian workers in manufacturing found that work, financial and life stresses all contribute to mental health issues (Izzaamirah et al., 2018). An Australian study suggested that over 40% of individuals with depression would not seek help (Shann et al., 2014). In Canada, it is reported that over 500,000 individuals miss work each week due to mental health issues

(Baynton, 2014). Another Canadian study noted that over 50% of individuals suffering from severe depression do not seek treatment (Pomaki, 2017).

Overwhelmingly and globally, society has a limited tolerance level for mental health related behaviors (Mowbray & Holter, 2002). Understanding of mental health in society, even in advanced cultures, is poor (World Health Organization, 2014). This limited knowledge and lack of tolerance result in avoidance of the topic which promulgates the stigmas associated with it (Wilday & Dovey, 2005).

Socialization of individuals with mental issues is difficult due to the stigmas associated with mental illness (Kaminer, 2016). Society tends to categorize groups of individuals based on observable characteristics, which is referred to as a social identity (Follmer & Jones, 2017). Mental illness as a social identity can be observed, and often carries with it negative stigmas (Follmer & Jones, 2017). These attitudes can impact individual's social status and create barriers in various aspects of social life and result in social separation and withdrawal (Vertilo & Gibson, 2014).

Societal influences can be expected to influence individual perspectives and specifically managers, coworkers and employees with mental health issues (Follmer & Jones, 2017). These influences can cause negative perceptions of individuals with mental illness by others which are brought into the workplace. They can also cause individuals with mental illnesses to try to hide conditions (Follmer & Jones, 2017).

Society often labels the mentally ill as having violent tendencies. (Follmer & Jones, 2017). The association of the mentally ill with violence is not factual (LaVan et al., 2016). It is actually much more likely for the mentally ill to be subjected to violence by others than to act out violently toward others (Mowbray & Holter, 2002). Some individuals with mental illness may struggle with poor social interaction skills (Ameri et al., 2018). Others may generally exhibit

poor social interaction skills but demonstrate strong interaction capabilities during certain episodes related to their conditions (Fairclough et al., 2013).

Societal influences that impact people even influence how churches respond to individuals with mental health issues (Swinton, 2015). While churches attempt to be a safe place and welcoming to all people, the same societal stigmas are at work here, and Swinton (2015) suggested that a focus on hospitality that is intentional about moving back and forth between acting as host and guest with those with mental illnesses will build greater understanding and support. For many individuals with mental illnesses, the social connections of friendship and belonging are missing in their lives (Swinton, 2015). Swinton (2015) encouraged engaging individuals with mental illnesses beyond attendance to active sharing of their personal stories to build greater understanding and personal relationships. While different cultures respond in a variety of ways to mental health issues and the need to address mental health issues is expanding globally, understanding and knowledge of mental health issues remains limited (World Health Organization, 2014).

Public Programs. Programs are frequently introduced into society through government and non-profit agencies (Follmer & Jones, 2017). Re-employment programs designed to help the unemployed find gainful work is commonly supported at the state government level (Carlier et al., 2018). Additionally, various programs have been introduced through non-profit agencies such as the Salvation Army; and these programs are intended to benefit unemployed persons with mental health issues as well as others (Carlier et al., 2018). However, these programs are often only marginally successful (Jarman et al., 2016). Success is evidenced when re-employment positively impacts the individual's general and mental health; however, managing the stress of employment often proves challenging to individuals with mental health issues, which can negatively impact these programs (Carlier et al., 2018).

Government and non-profit organizations have initiated supported employment programs for individuals with mental health issues (Follmer & Jones, 2017). Follmer and Jones (2017) noted that services offered in these programs may include (a) career planning, (b) skill building, (c) behavioral training, (d) transitional employment, and (e) coaching. These programs have provided some beneficial short-term outcomes for individuals, but they have not been found to resolve ongoing employment challenges for those with mental health issues (Follmer & Jones, 2017).

Healthcare. There are a number of barriers to healthcare for the mentally ill starting with lack of access to healthcare resources or lack of knowledge of those resources (Slade & Longden, 2015). Specifically, Slade and Longden (2015) noted that the high cost of health care and insurance coverage can be outside individual means. More than 75% of individuals with mental health conditions have not received treatment with the past year (Lund et al., 2012). A common reason that treatment is not initiated is the desire of individuals to handle problems on their own or lack of perceived need for help (Andrade et al., 2014). This was most common among older and male survey respondents and for those with milder cases of mental illness (Andrade et al., 2014).

Failure to treat mental health conditions for those also suffering with physical health issues can result in poor outcomes for the physical health issues (Kleinman et al., 2016). Healthcare systems vary around the world, and access to treatment is a worldwide challenge (Nexø et al., 2018). These barriers create delays for individuals in obtaining treatment, which can exacerbate conditions (Bovopoulos et al., 2016). For those who do access care, it is often portrayed as inadequate (Naslund et al., 2016). Treatment requires a long-term commitment, which becomes a barrier as well (Kuhn, 2017). Dropout rates are high due to low satisfaction with the care provided and due to financial issues (Andrade et al., 2014). Mental health

conditions have a longer term impact on the physical health and well-being of individuals, and treatment should focus on treatment and prevention of both mental and physical health (Scott et al., 2016). Healthcare providers may lack appropriate training to diagnose and treat mental health issues (Goetzel et al., 2002).

Gaps in mental healthcare treatment have been noted as a key element by the Movement for Global Mental Health (World Health Organization, 2014). Lack of treatment leads to personal, social and economic impacts and results in the increase of healthcare expenditures (Andrade et al., 2014). Public healthcare services for mental health are poor and some patients are labeled as untreatable (Patel et al., 2018). One of the largest providers of mental healthcare is within the prison system (Mowbray & Holter, 2002).

Decisions regarding mental healthcare are accomplished in different ways such as (a) shared decisions between the healthcare provider and patient, (b) provider decisions, and (c) patient decisions (Slade & Longden 2015). Shared decision-making can include the (a) patient, (b) provider, and (c) family members and can lead to improved outcomes (Slade & Longden, 2015). Treatment programs often involve family members (Mowbray & Holter, 2002), and treatment often continues as individuals return to their workplace settings (Silcox, 2011). Treatment for mental health issues, particularly substance abuse, in the 1960s and 1970s often originated with contacts made through employee assistance programs (Kuhn, 2017); however, employers do not have access to the healthcare provider or all the relevant information to support return to work and ongoing employment (Pomaki, 2017).

The healthcare industry has provided the western culture with diagnoses for types of mental health issues (Swinton, 2015). Swinton (2015) reflected that these labels are helpful in the area of healthcare, but they have been embraced as descriptive of the individual's entire being by

society. Instead of recognizing that an individual has a mental illness, society tends to label

individuals as being the mental illness, such as being schizophrenic (Swinton, 2015).

Healthcare advances in the treatment of mental health issues have been significant in the

past decade (Silva et al., 2015). However, many limitations are still present related to the

availability of treatment and variability of diagnoses (Nexo et al., 2018). Effective treatment is

important for mental health, but barriers like (a) cost, (b) awareness, (c) personal choice, and (d)

fear of being stigmatized often prevent it (Slade & Longden, 2015).

Knowledge. Mental health issues are often underdiagnosed, suggesting that individuals

do not readily recognize problems or that they are avoiding them (World Health Organization,

2014). Denial of issues is not isolated to employees, and often organizations fail to recognize that

mental health issues exist for employees (Martin et al., 2015). When real life experience includes

(a) negative societal views, (b) denial of conditions, and (c) cycles of unemployment, keeping

the knowledge of mental health issues hidden is understandable (Elraz, 2017).

Mental health literacy among individuals suffering with mental health issues is low

(Shann et al., 2014). If issues are not recognized mental health issues remain untreated and

worsen often creating long-term problems (Bovopoulos et al., 2016). Increasing awareness of

mental health issues has become the focus of various organizations such as the World Health

Organization and more national programs (i.e., National Alliance on Mental Illness, National

Workplace Program) exist to improve mental health literacy (LaMontagne et al., 2016).

Improved awareness can help advance early treatment and intervention (Moll et al., 2015).

Lack of awareness of mental health issues has resulted in isolation for many individuals

with mental health problems. Exclusion of these individuals from relationship with others makes

them a vulnerable segment of society (Pohl, 2011). Improved awareness can increase the level of

support provided through individual relationships and society (Gates et al., 1998). Recognition of

mental health issues can help motivate individuals to seek treatment or to be encouraged by others to seek help (Follmer & Jones, 2017).

Awareness of mental health issues is needed to reduce stigmas associated with these illnesses (LaMontagne et al., 2016). It can also improve individuals' abilities to appropriately respond and self-manage issues as they arise (Boysen et al., 2018). Improved awareness can have a positive impact on social relationships, which have been demonstrated to influence mental health outcomes (Vaughn et al., 2016). There is increased recognition of the issue of mental health around the world. In 2016, World Bank Group and WHO worked together to host a program to bring mental health issues out of the shadows and increase awareness of mental health issues and discuss the benefits of investing in addressing issues at the national and global levels (Kleinman et al., 2016).

Social Media. Individuals with mental illness are using the internet and specifically social media to (a) access information about health conditions, (b) seek advice and support, and (c) share personal experiences (Naslund et al., 2016). Naslund et al. (2016) suggested there are risks related to the helpfulness of the information gathered and the quality of these interactions, but opportunities are acknowledged. There are benefits of (a) feeling less alone, (b) learning from similar others, and (c) gaining confidence from interacting with peers online translate into tangible and meaningful improvements in recovery, employment, or mental and physical wellbeing that will be realized in the off-line world (Naslund et al., 2016).

Results are mixed on the relationship between social media and mental health issues (Naslund et al., 2016). Some studies suggest that social networks positively impact self-esteem, while others suggest have linked social media use to depression (Pantic, 2014). Pantic (2014) suggested that a key danger in social networking and mental health is the inaccuracy of views

individuals gain related to themselves. More research is needed, but it is clear that social media

can and will continue to influence mental health of individuals (Naslund et al., 2016).

Summary. Society influences workplace experiences of individuals with mental illness

as it impacts perceptions of all people through cultural views on mental illness, the importance

placed on work, provision of healthcare and creation of various support programs (World Health

Organization, 2014). The value placed on work for the employee and the manager will influence

interactions in the workplace as employees need employment and managers need work to be

accomplished (Mowbray & Holter, 2002). Biases and stereotypes arise from cultural views, and

influence healthcare and programs created to support mental health issues (Baynton, 2014).

Legal Factors Influencing Workplace Mental Health Issues

Employment regulations are intended to improve conditions in the workplace, and several

influence how mental health issues are handled (Fairclough et al., 2013). These include

regulations on fair treatment in employment, privacy related to health conditions (Bezburdova &

Thornicroft, 2013), provision of job protected time off, and accommodations in the workplace

(LaVan et al., 2016). Employment practices are established by businesses to support these

regulations (Mello, 2015), and employment practices can influence manager and employee

experiences and perceptions related to mental health issues (Hatchard, 2008).

Fair Treatment. Employment regulations protect the interests of minority groups, and

individuals with disabilities are included in these protections (Kaminer, 2016). Employers are

required to treat individuals with mental health issues fairly and ensure that employment

decisions are not influenced by the disability itself (Kaminer, 2016). However, workplace

discrimination of employees with mental health disabilities does occur and can be reflected in (a)

negative stereotyping, (b) lower wages, and (c) less job security (Kensbock & Boehm, 2016).

Laws related to fair treatment of individuals with disabilities were initiated, because the reality is

that these individuals often (a) receive less compensation, (b) have less job stability, and (c) participate less in training and decision-making in the workplace (Kensbock & Boehm, 2016).

Title VII is a component of the Civil Rights Act of 1964, which makes it unlawful to discriminate against or allow harassment of employees (Mowbray & Holter, 2002). The original law specifically prohibited these actions resulting from race, color, religion, sex or national origin (Fairclough et al., 2013). The Americans with Disabilities Act (ADA) was enacted in 1990 to ensure that prohibitions related to employment discrimination and harassment extended to individuals with qualifying disabilities (Kaminer, 2016). The law was later expanded under the Americans with Disabilities Act Amendments Act (ADAAA) to resolve the narrow definition of disability within the ADA regulation (Kaminer, 2016).

The challenges of the initial ADA regulation and its narrow definition impacted individuals with mental health disabilities (Kaminer, 2016). The definition originally required that the impairment substantially limit a major life activity (Valenti, 2014). This became a challenge for individuals with mental health conditions to demonstrate, because healthcare professionals may diagnose mental illness differently and because of the variable impacts of mental health issues on life activities (Kaminer, 2016).

These regulations influence employment practices, and employment practices should ensure that individuals with mental health disabilities are not adversely impacted (Mello, 2015). Mental disabilities present challenges in application of these regulations for both the employer and employee (Kaminer, 2016). For example, diagnoses are not always clear and can vary depending on the healthcare provider (Slade & Longden, 2015). Additionally, mentally ill employees may hide or be unaware of a condition, and they are less likely than physically ill individuals to ask for available protections and accommodations (Kaminer, 2016).

Privacy. There are restrictions within the ADA for maintaining the confidentiality of health-related information (Kaminer, 2016). This means that employers are not allowed to share health information with managers and certainly not with coworkers of the employee (Bovopoulos et al., 2016). Therefore, managers and coworkers may not know the specific reasons for absences or accommodations that are being made for an individual; and while this protects the individual's privacy, lack of information can also cause lack of understanding and perceptions of favoritism (Jones, 2012).

While employees may be encouraged to disclose this information to coworkers and managers to foster greater understanding about accommodations, this disclosure is entirely up to the employee; and an employee has the right to withhold health information (Hatchard, 2008). Additionally, voluntary disclosures to specific individuals does not mean that the information can be shared openly; so, employers must be careful in determining when to share details about employee mental health conditions (Jones, 2012). Shared understanding and collaborative efforts at managing workplace issues is very difficult if conditions are not disclosed (Hatchard, 2008).

In the absence of disclosure, managers may not know about employee mental health issues (Jones, 2012). Managers often learn of issues through (a) observed behaviors, (b) employee communication, and (c) investigation of performance problems (Martin et al., 2015). Disclosure may be helpful, but employees struggle with deciding the right time to share information (Slade & Longden, 2015). It commonly occurs when job changes are being considered or as issues arise in the workplace (Jones, 2012).

There is no perfect or prescribed time for disclosure, and it is not legally required; however, the shared understanding of issues can lead to collaborative efforts at managing and accommodating needs of all perspectives (Hatchard, 2008). Not disclosing conditions can have negative impacts including (a) limited access to job protections, (b) lack of treatment, (c) self-

stigma, and (d) fear of work performance issues (Elraz, 2017). On the other side, disclosure has

been found to contribute to discriminatory treatment and even job loss (Bovopoulos et al., 2016).

Job Protected Time-Off. Federal regulations, specifically, the Family and Medical

Leave Act (FMLA), requires that employees be provided up to 12 weeks of time-off from work

per year to obtain treatment for a health condition, including mental health, that requires

inpatient care or ongoing treatment (Tighe, 2015). FMLA must be provided by companies with

more than 50 employees within a 75-mile radius and requires that employees work one year and

accumulate 1,250 hours of time worked to be eligible (Tighe, 2015). When eligible, time-off

related to FMLA is job protected, and employees must be allowed to return to their previous or a

comparable job (Tighe, 2015). Additionally, many states have implemented similar legislation

which can expand the amount of job protected time-off that is available (Tighe, 2015). Mental

health issues can result in employees use of job protected time-off for continuous or intermittent

periods of time (Tighe, 2015). While employees with mental health issues can benefit from

protections under these regulations, the protections are not unlimited and there is a risk of job

loss when maximum timeframes are exceeded (Tighe, 2015).

Absences, even when protected by law, impact managers who must plan for work

coverage and communication needs with coworkers (Baynton, 2014). Baynton (2014) also

pointed out that coworkers and managers may be impacted by taking on additional duties,

working additional hours, and/or training others who fill in. Finally, returning to work after an

absence presents challenges for both the employee and the employer (Baynton, 2014).

Workplace Accommodations. The ADA places specific requirements on employers and

managers to make reasonable accommodations for perceived or known employees with

disabilities, which include mental health issues (Jones, 2012). Accommodations are multi-

dimensional and are personally linked to the specific needs of an individual (Kaminer, 2016).

They may include modifications to the job sight, job duties, and/or coworker relationships (Berkowitz et al., 2014).

What is reasonable is not explicitly defined by the regulation, so this can cause challenges for employers and managers (Kaminer, 2016). Deciding a reasonable accommodation begins with an employee making a specific request; and even then, what is reasonable for one employer may be unreasonable for another (Kaminer, 2016). Regardless, accommodations have been shown to assist in effective management of mental health disabilities in the workplace (Follmer & Jones, 2017). Most important from a legal perspective, is that employers and managers attempt to make reasonable accommodations for disabled workers (Fairclough et al., 2013). Failing to attempt reasonable accommodations can result in costly awards related to back pay and compensatory damages, yet there may be situations where a reasonable accommodation cannot be mutually found (Fairclough et al., 2013). These accommodations impact the manager and coworkers in addition to the employee (Martin et al., 2015). Perceptions on why adjustments are being made may or may not be understood by coworkers, and this can lead to frustrations on the part of one or many of these workplace team members (Martin et al., 2015).

Summary. Laws that influence mental health issues in the workplace have been presented based on regulations in the United States (Kaminer, 2016). There is significant variation in regulations within the United States, and those differences are even greater in other countries around the world (Gabriel & Liimatainen, 2000). Through efforts at building awareness of the impacts of mental health issues in the workplace, evaluation of regulations to ensure appropriate protections of individuals with mental health disabilities is expected to continue to evolve the regulatory environment (World Health Organization, 2014).

The employment regulations that influence how mental health issues are addressed in the workplace require (a) fair treatment, (b) privacy, (c) job protected time off, and (d)

accommodations (Bezburdova & Thornicroft, 2013). Their requirements are complex and difficult to understand for both the manager and employee (Jones, 2012). Application of these laws create concerns for the manager through threats of lawsuits and concerns for the employee through exposure of mental illness (LaVan et al., 2016). Lack of understanding of the regulations and fears they cause for managers and employees can impact workplace interactions (Baynton, 2014).

Organizational Factors Influencing Workplace Mental Health Issues

Organizations recognize that mental health issues impact the workplace (Pomaki, 2017). These impacts are noticed in ensuring regulatory compliance (LaVan et al., 2016), providing healthcare and dealing with absenteeism (Kuhn, 2017). Recognition of the need for businesses to better support mental health is growing stronger and was evidenced in a recent letter to the British Prime Minister from 50 business leaders asking that workplaces provide for mental health equal to physical health (Don, 2018).

Studies on the correlation between the workplace and mental health issues have been published in recent years. Examples include Maclean et al.'s (2015) study on the risk of certain workplace issues on mental health and substance use; and Jarman et al.'s (2016) study, Healthy@Work, on the connection between mental health and workplace health promotion programs. This demonstrates increased acknowledgement of workplace issues and the potential for greater workplace involvement in addressing mental health issues (WHO, 2014).

Increasingly, the workplace is being identified as a sector which has the potential to positively influence mental health (Wahlbeck, 2015). Employers have direct access to working age adults and may have potential to be involved in intervention programs for the improvement of physical and mental health (World Health Organization, 2014). Organizations themselves can also have an influence on mental health issues in the workplace (Wahlbeck, 2015). The

traditional approach has been to focus on responding to individual circumstances that arise with limited success, but longer term positive impacts may be achieved through directed and proactive efforts focused on culture, training and jobs (Lee et al., 2014). Programs designed to mitigate mental health issues, if present in organizations, are generally combined with other overall wellness and safety efforts (Coduti et al., 2016).

Performance. Organizations generally have a strong focus on performance measures and monitor performance at (a) organization, (b) team, and (c) individual levels (Martin et al., 2015). Mental health issues can impact productivity levels of individuals and teams (McGinty, 2016). Mental health issues can increase costs related to (a) disability claims, (b) health care costs, (c) temporary labor, and (d) overtime (Martin et al., 2015). Failure to promote mental health can impact organizational competitiveness, productivity and growth (Employers call for improved management of mental health, 2014); and workplaces are recognized as ideal settings for addressing health promotion because of ready access to a large portion of the adult population (Pescud et al., 2015).

Productivity impacts can result from increased absences from work and lower productivity at work while coping with mental health conditions (McGinty, 2016). Absenteeism and presenteeism can result in higher costs to organizations (Follmer & Jones, 2017), and costs associated with mental illnesses are double the cost of physical illnesses (Moll et al., 2015). Presenteeism is being at work while struggling with the impacts of issues such as mental health which can (a) slow productivity, (b) reduce quality, and (c) result in workplace conflicts (Moll et al., 2015).

Mental health issues have risen significantly in the workplace, and depression is predicted to become the leading reason for disability by the year 2020 (Raderstorf & Kurtz, 2006). Some of the reasons disability claims are rising include (a) greater use of mental health

services, (b) reduced side effects of medication, (c) the erosion of support systems, and (d) a

victimization mentality (Raderstorf & Kurtz, 2006). Individual performance can be impacted

when mental health issues arise; however, prompt treatment can reduce the impact of the illness

and improve performance, and retained employment has a positive impact on recovery (Follmer

& Jones, 2017).

Financial impacts for organizations can also arise from legal claims related to mental

health issues, including (a) wrongful termination, (b) discrimination, and (c) failure to make

workplace accommodations (LaVan et al., 2016). LaVan et al. (2016) suggested that defense

costs are significant to organizations even when the employer prevails. Rulings are more

common in favor of plaintiffs with average settlements costing $40,000 and average overall

company costs at $250,000 under the ADA (LaVan et al., 2016).

Bias. Biases related to mental health conditions are often rooted in what is unknown

(O'Reilly, 2009). O'Reilly (2009) noted that this may cause individuals to be fearful of mental

health conditions. These fears will directly impact interactions with individuals with mental

health issues (O'Reilly, 2009).

Employees with mental health issues have fears as well (Goetzel et al., 2002). Goetzel et

al. (2002) identified concerns about loss of employment and loss of medical insurance if

conditions are exposed to employers. Additionally, Goetzel et al. (2002) noted concerns that

revealing conditions will impact opportunity for advancement. These concerns can increase

stress and negative workplace impacts to performance (Goetzel et al., 2002). Employees with

mental illnesses often find that coworkers' and managers' perceptions of their capabilities and of

them as an individual change when an illness is known (Gabriel & Liimatainen, 2000).

Coworkers and managers often feel that individuals are faking conditions to get time off

from work or get better schedules or other accommodations (Baynton, 2014). Behaviors that are

different can raise doubts in the abilities of individuals to perform their jobs and to behave appropriately in the workplace (Mowbray & Holter, 2002). Deviant behaviors can be interpreted as dangerous and evoke strong reactions by coworkers and managers (Mowbray & Holter, 2002).

Bias related to mental health conditions often stem from stereotyping and stigmas associated with these illnesses (Kaminer, 2016). Kaminer (2016) reflects that employers are reluctant to hire individuals with mental health issues and coworkers are less likely to socialize with individuals. Stereotyping can range from labeling mentally ill individuals as incompetent to labeling them as dangerous (Follmer & Jones, 2017). The reality is that mentally ill individuals are more likely to be passed over for training opportunities to develop skills and more likely to be victims of violence (Kaminer, 2016).

Organization Culture. Work environments can be positive and negative influences on the mental health of employees (Kaminer, 2016). The work environment includes a number of things such as (a) company culture, (b) management styles, (c) relationships, (d) physical surroundings, and (e) position status (Hatchard, 2008). Work environments cannot fit the specific needs and desires of every individual, and there is no requirement or culture that can ensure work environments will not have aggravations (Kaminer, 2016). The work environment within organizations can impact an employee's ability to successfully maintain employment when faced with mental health issues (Pomaki, 2017). Positive work environments often lead to the creation of effective policies and procedures to help managers when faced with supporting employees with mental health issues (Pomaki, 2017). Balancing the needs between work and life responsibilities can create challenges for employees which can impact both the work environment and home-life (Coduti et al., 2016). Flexibility in scheduling and work location can help support individuals' mental health needs at work (Baynton, 2014).

Organizational approaches to employee needs for time off and workplace accommodations vary, and a supportive environment can encourage employees to appropriately seek mental healthcare and increase dedication to their workplace (Martin et al., 2015). Supportive environments are generally more open to adjusting work and schedules to accommodate the needs of employees (Pomaki, 2017). This openness to support the individual needs also helps to facilitate successful returns to work; and supportive environments have been noted to assist in prevention, early identification and management of mental health issues for employees (Pomaki, 2017). Work environments with (a) flexibility in schedules, (b) timing of breaks, and (c) time away for appointments can be helpful in meeting individual needs (Fairclough et al., 2013). Additionally, work environments that train others to back up individual employee responsibilities create a supportive structure for all employees (Berkowitz et al., 2014).

Alternatively, when an environment is inflexible and cannot accommodate individual needs, it becomes discriminatory toward individuals with disabilities (Fairclough et al., 2013). A supportive environment can benefit the company, individuals with mental health issues and their coworkers. Supportive actions begin with (a) improved policies, (b) employee assistance programs, and (c) management training (The Power of Prevention, 2012). Successful strategies have included (a) distributing information on mental illness, (b) providing social support, (c) providing access to treatment and advice, (d) education in the workplace, and (e) targeting groups with high absence rates to reduce heavy workloads and provide relief periods (Lee et al., 2014).

Managing the transition from a leave of absence to return to full duty at work places demands on the employee with the mental health condition, the manager and coworkers (Baynton, 2014). Baynton (2014) suggested that specific effort between the manager and employee to plan the return to work is a key component for success. Addressing coworker

concerns is also important and a company's approach to these efforts can be influenced by its

culture (Baynton, 2014).

Mentally ill employees often experience workplace cultures that discourage personalized

accommodations and treatment (Ameri et al., 2018). In the hospitality industry there has

historically been an underlying "don't ask, don't tell" approach to mental health issues

(Woolfson, 2016, p. 23). This perspective is recognized as needing to change, which requires

stronger personal relationships with staff to recognize issues as they arise and to give employees

the sense they are not alone (Woolfson, 2016).

Workplace bullying has been linked to mental health problems (Verkuil et al., 2015).

Bullying often creates prolonged exposure to stress, and the experiences of bullying are often

relived in the minds of victims after the experiences are over, continuing and expanding the

mental stressors (Vishwakarma et al., 2018). Additionally, the impacts of bullying are not limited

to the victims but witnesses also report negative health and wellness issues (Vishwakarma et al.,

2018). Prevention and management of bullying at work is a key component to ensuring a work

environment that promotes mental health for employees (Verkuil et al., 2015). If poor behavior

and rude comments about or toward individuals with mental health issues go unchecked, the

work environment can become hostile for these individuals; and this not only impacts the work

environment, but it also creates liability for the company (Valenti, 2014). The social climate in a

work environment can be measured by the number of interpersonal conflicts, and high levels of

conflict leads to greater potential for bullying (Warszewska-Makuch et al., 2015).

Leadership. There is limited information about the exact leadership behaviors required

to address mental health issues in the workplace, but leadership has been linked to the level of

support given to employees with disabilities (Kensbock & Boehm, 2016). Leaders' responses to

workplace issues impact outcomes and should be given attention by organizations (Martin et al.,

2015). Leadership methods become very important in dealing with mental health issues in the

workplace; and these can be influenced by organizational norms, but also by the personal

leadership style of individual managers (Boysen et al., 2018). Certain leadership styles have been

connected to workplace bullying, and research has demonstrated that many victims have been

bullied by their leaders; and lack of leadership has also been found to facilitate bullying

(Warszewska-Makuch et al., 2015). Leadership capabilities in self-awareness, ethics, and

balanced processing influence outcomes when mental health issues arise (Warszewska-Makuch

et al., 2015).

Leadership capabilities in responding to mental health issues that arise are varied

(Follmer & Jones, 2017). It is reported that 25% of organizational leaders lack confidence in

managing situations effectively (Follmer & Jones, 2017). Because positive leadership behavior

has been linked to a reduction in absence related to illness and the likelihood of returning to

work, leadership capabilities become a relevant factor in dealing with mental health issues

(Gayed et al., 2018). Leadership training rarely includes skills and attitudes needed to manage

mental health issues (Shann et al., 2018). Mental health workplace issues were significant for

business impacted by the September 11 attacks, and it was reported that the information and

guidance provided to leadership was insufficient leaving leaders to make up their own

approaches (North et al., 2013). Workplace health management including mental health

management requires the participation of company leaders, and leadership styles and behaviors

will influence outcomes (Boysen et al., 2018).

Knowledge. Organizations and managers have limited levels of knowledge in the area of

employee mental health, and this may be because most studies of mental health illness have been

initiated outside the field of business (Follmer & Jones, 2107). Limited knowledge results in

varied approaches and limited responses by managers. These variations create liability for organizations (LaVan et al., 2016).

It is understandable then that managers will not always become aware of mental health issues through direct communication by employees (Martin et al., 2015). Martin et al. (2015) suggest that recognizing that changes in behavior and performance can be signs of mental health issues may help identify issues. Managers' level of knowledge about mental health issues and procedures to follow when they arise varies, but is essential in the workplace (Martin et al., 2015).

Generally, knowledge related to mental health issues only resides with a select few individuals in an organization and not within the culture (Shann et al., 2014). Even individual suffering from mental health issues often have low levels of knowledge about general mental health and their own conditions (Shann et al., 2014). Studies have shown that knowledge and open-mindedness about mental illness result in more positive reactions to individuals with mental health conditions (Vertillo & Givson, 2014). However, studies have also shown that individuals are not aware of their own negative biases, and these biases create an area in which awareness needs to be improved (Vertilo & Gibson, 2014).

One way to promote greater knowledge is through Mental Health First Aid (MHFA) training that can be made available to all employees (Bovopoulos et al., 2016). These courses are designed to improve knowledge about mental health issues in an effort to decrease stigma and improve support (Bovopoulos et al., 2016). MHFA has (a) improved the ability of individuals to recognize mental health issues, (b) increased seeking of treatment, and (c) improved confidence of others in providing help (Moll et al., 2015).

One workplace study evaluated a program designed to increase employer and employee awareness of mental health issues; and this generated positive outcomes related to psychological

distress for those individuals who participated more (Jarman et al., 2016). The goal in many awareness building programs is to make individuals more comfortable in disclosing and obtaining help for mental health conditions (Bovopoulos et al., 2016). The training is gaining momentum in public settings like schools, and may have broader applicability (LaMontagne et al., 2016). While training programs are demonstrating improved awareness, they have not resulted in reduced stigmas or improved inclusion for individuals with mental health illnesses (Moll et al., 2015).

Training. The workplace is perceived as a good setting for training of individuals to raise awareness on mental health issues, because there is a prevalence of mental health issues for workers (Gabriel & Liimatainen, 2000). Management training efforts in the area of mental health are not widespread in businesses today, though availability of training courses related to mental health is increasing (Shann et al., 2014). Training generally focuses on areas of compliance to ensure that employer's legal obligations are maintained; and recent workplace training focused on reducing mental illness stigmas are seeing some success (Hanisch et al., 2016). Managers and human resource professionals need training in (a) stigmas associated with mental health (Follmer & Jones, 2017), (b) differentiating between performance and illness related issues (Pomaki, 2017), and (c) interacting appropriately with employees facing them (Nexo et al., 2018). As many mental health issues remain undiagnosed, workplace programs to educate workers may help initiate early intervention and treatment (World Health Organization, 2014).

Employers are generally aware of obligations under FMLA, ADA and the need to protect the confidentiality of health information; however, detailed knowledge about the regulations is often isolated to HR who administer compliance (Mello, 2015). Managers and especially coworkers are not always well informed on requirements; and this often complicates manager, coworker and employee interactions when it comes to mental health issues (Pomaki, 2017).

Some employees also struggle with understanding how to avail themselves of their rights within FMLA and ADA (Fairclough et al., 2013). Limited knowledge of the regulations and having to learn and respond to them at a time when challenged with health issues increases the struggle (Pomaki, 2017).

Talking about mental health issues is difficult for managers, coworkers and employees alike. Interactions are often awkward, laced with biased views and limited levels of knowledge (Silcox, 2011). Managers and teams often lack the skills needed to recruit, support and retain employees with mental health issues (Silcox, 2011). Employees are reluctant to admit mental health issues exist, and managers and coworkers often say nothing or fail to recognize issues (Moll et al., 2015). Management training programs can build confidence in managers' ability to manage and support individuals with mental health conditions (Gayed et al., 2018). MHFA training programs are being explored in workplace settings, and these training efforts have been to see positive results in the reduction of mental illness stigmas (Hanisch et al., 2016).

While organizations promote training and development in the workplace, training on mental health issues, prevention and promotion is not common (Coduti et al., 2016). Organizations who offer training and development opportunities to employees to increase skills, abilities and knowledge receive side benefits of promoting stress management and a supportive culture which positively impacts employees with mental health issues (Coduti et al., 2016). Coduti et al. (2016) suggest that training within the workplace is underutilized in the area of mental health. One study on Mindfulness-Based Intervention (MBI) training, demonstrated that acceptance and self-regulation techniques can lessen mental illness risks for workers (Huang et al., 2015). Huang et al. (2015) recommended that training on mental health be conducted during regular work hours to promote the commitment and support from the organization; thereby increasing participation and commitment of individuals.

Relationships. Employees who have positive workplace relationships tend to perform better and have better mental health while those with negative workplace relationships struggle to a greater degree (Vaughn et al., 2016). Both coworker and supervisory relationships directly influence the mental health of employees (Vaughn et al., 2016). However, 47% of the general public have been reported as unwilling to work with individuals with mental health conditions (Hanisch et al., 2016).

Leadership behaviors may assist in appropriately addressing the needs of employees with mental health issues, but too little is known (Baynton, 2014). Supervisors can play a key role in being supportive in (a) recognizing the need for help, (b) navigating absences, and (c) facilitating returns to work (Kensbock & Boehm, 2016). Managers may feel burdened by the effort required to manage individual job needs and issues that arise in the work environment, and they may feel they are engaged in managing the employee's mental health issues (Baynton, 2014). These perceptions can lead to frustration with the employee and to over-involvement (Baynton, 2014). Positive relationships with employees can influence better mental health of employees and negative relationships can negatively impact mental health (Vaughn et al., 2016).

Coworker perceptions of individuals with mental health conditions will vary, which can impact the workplace (Follmer & Jones, 2017). Accommodations made for individuals can be perceived as unfair advantages or favors; and coworkers may believe that mental health conditions are being misrepresented to obtain accommodations (Baynton, 2014). These perceptions, whether real or perceived, impact work relationships (Baynton, 2014). Employees bring their biases and fears about mental illness into the workplace; and individuals with mental health issues understand that these view exist which can perpetuate a desire to hide issues (Kemble, 2014).

Conflicts with coworkers will arise in every workplace (Harvey et al., 2017). Individuals who experience problems with coworkers have a higher risk of experiencing mental health disorders (Maclean et al., 2015). This correlation is demonstrated in the Maclean et al. (2015) study; however, it is not clear which is the cause and which the effect. Understanding this correlation may help employers promote initiatives on conflict resolution (Maclean et al., 2015). Alternatively, where friendships and strong coworker relationships exist in work environments, employee tend to have higher job satisfaction and less mental health issues (Vaughn et al., 2016).

Understanding the structure of workplace relationships for individuals with mental health issues can be helpful information (Gates et al., 1998). Gates et al. (1998) suggested that (a) identifying each contact, (b) the reason for it, and (c) any impacts it has on an individual with mental health issues can provide insights into possible accommodations. Poor relationships can create stress and impact individuals' well-being, so promotion of positive working relationships is helpful (Gayed et al., 2018). Poor relationships will impact trust between coworkers and can have negative impacts on individuals with mental health issues (Fairclough et al., 2013). "Mental illness is both personal and also a social and relational experience; different for each person and yet with some themes that are common for all" (Kemble, 2014, p. 22). Conversely, positive relationships sometimes classified as social capital can positively impact mental health and create buffers to negative workplace stressors and mental health issues (Pattussi et al., 2016).

Behaviors exhibited in the workplace by individuals with mental health conditions also impact work relationships (Fairclough et al., 2013). If behavior creates fear or resentment by coworkers, Fairclough et al. (2013) suggested that relationships can be damaged and difficult to restore. Employees with mental health issues report feeling isolated from coworkers in dealing with their mental health issues, and feelings that these issues are taboo in the workplace can lead to social exclusion for individuals (Kemble, 2014).

Social relationships at work can provide support and challenge for individuals with mental health issues (Verkuil et al., 2015). Relationships have been found to be essential in individual's well-being and in coping with mental health issues (Wahlbeck, 2015). Ultimately work environments provide a tremendous source of social relationships (Slemp & Vella-Brodrick, 2014).

Programs. Vocational rehabilitation programs focus on getting employees into or back to work and most employers give attention to return to work efforts (Pomaki, 2017). Rehabilitation efforts combined with disability management efforts within organizations, but both are often focused on physical work requirements (Coduti et al., 2016). Disability management efforts can be applied to mental health disabilities (Coduti et al., 2016).

Occupational health issues often receive focus in the workplace to improve safety and reduce workplace injuries (Employers call for improved management of mental health, 2014), but this focus is often separate from general health and well-being focus (Pescud et al., 2015). Occupational health programs that provide access to occupational nurses in the workplace can be leveraged to help with identification and intervention of mental health issues (Cadorette & Agnew, 2017).

Likewise, company wellness programs are generally focused on physical wellness and are acknowledged as positively benefiting organizations (Coduti et al., 2016). Wellness programs generally offer mental health benefits, but often do not have a specific focus on mental health wellness strategies (Modrek et al., 2015). New advances in wellness promote use of mobile communication devices in accessing wellness support, and mental health applications are on the rise (Silva et al., 2015).

Summary. Organizational responses to mental health issues vary. The culture of an organization influences its (a) leadership, (b) work environment, (c) training programs, and (d)

employees (Mello, 2015). Likewise, culture influences how organizations approach mental

health issues and how programs are designed in the workplace to address these types of issues

(Shann et al., 2018). Employer programs have the potential to positively influence workplace

mental health issues (Ameri et al., 2018).

Jobs Factors Influencing Workplace Mental Health Issues

Job factors in some cases can contribute to mental health issues (Silcox, 2011).

Employees often attribute their mental health issues to their work situations, which can include

the environment and jobs themselves (Verkuil et al., 2015). Additionally, job insecurity has been

linked to negative mental health (Schuring et al., 2017), and a correlation has been demonstrated

between job changes and the risk of mental health issues (Maclean et al., 2015).

Jobs typically require the ability to communicate and socialize with others in the

workplace to conduct work (Elraz, 2017). Mental health issues, as Elraz (2017) pointed out, can

negatively impact the ability to manage these interactions and impact work relationships and

employment. Despite these challenges, individuals who have demonstrated the ability to manage

mental health issues while coping with job demands are recognized as positive qualities that can

benefit the workplace (Elraz, 2017).

Workplace stress can negatively impact mental health (Elraz, 2017). If workplace

stressors can be identified and eliminated, mental health impacts can be mitigated allowing for

more successful outcomes (Baynton, 2014). Stress related conditions can be influenced by poor

job design, workplace treatment and job insecurities (Harvey et al., 2017). Stress often increases

when ambiguity related to jobs exist and when conflicts are present (Harvey et al., 2017).

Industry. Not a great deal is available in current literature that comments on the many

industries and how mental health issues impact them (Considine et al., 2017). However, specific

industry references do appear in literature. Considine et al. (2017) stated that anxiety and

depression are more common with blue-collar versus white-collar workers. Furthermore, the authors conclude that within the mining industry that mental health problems are common to other work populations, but there is a prevalence of high levels of psychological distress for miners (Considine et al., 2017). Within the healthcare industry, workers miss more work due to illness including mental health, but they are more likely to report to work while struggling with mental health issues (Moll et al., 2015). Industries with a high risk of injury often focus on reducing this risk through treatment of mental health and substance abuse on an equal plan to physical health issues (Pescud et al., 2015). Pescud et al. (2015) also suggested that workplace focus on mental health issues create an opportunity to meet the specific needs of an industry or demographic group.

In 2012, Britain's hospitality industry partnered with a mental health non-profit organization, Mind, to raise awareness of mental health issues for workers (Harmer, 2012). Harmer (2012) pointed out that the hospitality industry relies on people to look after guests and customers, so the mental well-being of staff is important. A recommended initial step is to make a live connection with individuals to probe how they are (Harmer, 2012). Employees are encouraged to open up with employers about job concerns and areas of need, regardless of their willingness to share information about mental health issues (Kuhn, 2012). Employers are encouraged to watch for signs of change in individuals' behaviors and to initiate conversations and to explore ways to adjust to meet individual needs (Kuhn, 2012). The Open Minds campaign resulted in the creation of Hospitality Action, an organization that provides hospitality workers access to counseling services through its Employee Assistance Programme (Newsdesk, 2017).

A study of UK hospitality workers found that the levels of mental illness for these workers is high, and that worker attitudes toward mental health is one of shame creating barriers to treatment (Kotera et al., 2018). Kotera et al. (2018) suggested that the barriers to

acknowledgement of mental health issues and treatment was found to be higher for individuals who are highly motivated by external factors such as financial need or guilt than for those motivated by internal factors such as person value found in a job. This suggests that strengthening internal motivation could be a means to improving mental health of UK hospitality workers (Kotera et al., 2018).

Emotional intelligence has been linked to the ability to manage stressful work situations by controlling emotional responses in the workplace (Jung & Yoon, 2016). The Jung and Yoon (2016) study was conducted in South Korea, and they validated the importance of emotional intelligence specifically for hospitality workers. Because of their direct customer contact, hospitality workers were required to manage their emotional responses to situations. Further, Jung and Yoon (2016) pointed out that emotional intelligence can be developed and suggest that hospitality companies focus on improving employees' abilities to understand and use their emotions for the benefit of the business (Jung & Yoon, 2016). Emotional intelligence or "the ability to smoothly perform duties together with colleagues and handle one's own emotions has become important not only for individuals' lives but also for success in organizations" (Jung & Yoon, 2016, p. 1650).

Discipline. A recent study of college students was conducted to determine any associations between disciplines and mental health (Lipson et al., 2016). Fourteen disciplines of study were tracked along with these specific mental health conditions: (a) depression, (b) anxiety, (c) suicidal ideation, (d) self-injury, and (e) a final group to capture any other mental health problems (Lipson et al., 2016). Lipson et al. (2016) found there are greater mental health issues within the humanities, art and design discipline. In this group 44.4% of students reported a mental health problem versus the overall average of 33.8% (Lipson et al., 2016). Alternatively, students in nursing, business and public health were the least likely to have mental health

problems with reported result of 27.5% in nursing, 26.9% in business, and 24.5% in public health (Lipson et al., 2016). Interestingly, Lipson et al. (2016) noted that service utilization was highest in the social work discipline and was relatively low for all other disciplines (Lipson et al., 2016).

Nurses represent the largest professional group within the healthcare industry; and mental health studies in the nursing field have been conducted, because nursing is an emotionally and physically challenging profession (Perry et al., 2015). Perry et al. (2015) found that nurses have access to mental healthcare resources, consider themselves generally healthy, resist the use of resources due to stigmas, and that the nursing workforce is aging. Therefore, interventions will be needed to ensure ongoing physical and mental health, which will require collaborative efforts between managers and employees to benefit the nursing profession and help maintain availability of employees to meet demands (Perry et al., 2015).

Job Duties. Job factors in some cases can contribute to mental health issues (Harvey et al., 2017). Generally, this has been linked to the levels of demand and control within the job, the level of stress and jobs with poor wages (Harvey et al., 2017). Additionally, job insecurity which is highest for less-educated employees has been linked to mental health issues (Schuring et al., 2017). Job insecurity has been linked to negative mental and physical health impacting individual's self-esteem (Kensbock & Boehm, 2016). Low status jobs, unemployment and lack of workplace engagement are job factors that are common for mentally ill individuals (Elraz, 2017).

Stressful work conditions can impact mental health issues in the workplace (Harvey et al., 2017). Excessive work demands, lack of job control and relationship conflicts can all contribute to work-related stress (Gayed et al., 2018). Additionally, imbalances between the job efforts required versus the rewards of working can contribute to stress (Verkuil et al., 2015). Workplace bullying has been directly linked to workplace stress with prolonged periods of stress

having significant mental health impacts (Verkuil et al., 2015). Job autonomy and supervisory

support can influence the ability to manage mental health issues at work (Carvalho et al., 2018).

Additionally, these job characteristics help with the balancing of family demands, which can

reduce levels of personal conflict and stress that contribute to mental health issues (Carvalho et

al., 2018).

The need for accommodations can result in modification of job duties, the physical

environment and interactions with coworkers (Gates et al., 1998). These changes to jobs made to

accommodate employees with mental health issues, can be received by managers and coworkers

with misunderstanding and frustration; and accommodations can impact the broader team of

workers, not just the employee with mental health issues (Gates et al., 1998). Gates et al. (1998)

demonstrated that involvement of others beyond the manager in defining the structure and nature

of accommodations is essential for success. Job accommodations that minimize the impact on

productivity are ideal, because they generate less negative reaction from managers and

coworkers (Martin et al., 2015).

Summary. Jobs themselves can influence interactions related to mental health issues

between managers and employees (Verkuil et al., 2015). Some industries have high numbers of

employees with mental health issues and certain types of jobs may impact mental health

(Consadine et al., 2016). As mental health issues arise, job duty accommodations are often

needed which increases the interactions between managers and employees (Gates et al., 1998).

Potential Themes and Perceptions

The potential themes and perceptions gleaned from the literature review can be

categorized related to the conceptual framework presented earlier. Societal themes include the

challenges of maintaining employment for the mentally ill coupled with cultural views that

perpetuate perceptions, in the form of stereotypes and biases, about the mentally ill. Regulatory

themes focus on protections of the mentally ill in the workplace. The perceptions of these laws are that they are difficult to understand and leverage appropriately for both the employee with mental health issues and the manager. Additionally, the perception is that some regulations create barriers for the employee and the manager in dealing with mental health issues.

Employer themes focus on the work environment, leadership training, and programs designed to support mental wellness and mental health issues of employees. Perceptions are that programmatic approaches to managing mental health issues are varied and few seem to be effectively addressing this growing issue. Job themes include that mental health issues have been studied and identified as high in certain types of industries (e.g., mining) and with certain job characteristics such as those with high stress or low control. However, perceptions overall are that mental health issues arise across industries and job types. Finally, relationship themes focus on the importance of positive and supportive relationships for the mentally ill employee. Perception is that these relationships are difficult to maintain, but when present they can influence positive outcomes in the employment relationship.

Business Practices

Mental health and well-being is recognized as a worldwide problem (World Health Organization, 2014), and is common in the work population (Paterson et al., 2021). Employers, human resource professionals, and managers have direct ability to influence the failures and successes of employees with mental health issues and managers generally recognize this as a responsibility (Kirsh et al., 2018). Organizations, however, infrequently provide training or develop policies that guide the efforts of those responsible to manage employees with mental health issues. Additionally, organization leadership support is essential but is often silent on expectations leaving managers to fend for themselves (Martin et al., 2016).

Summary of the Literature Review

Much research and writing has been done related to mental health issues in the workplace. It is highly recognized that mental health issues have an impact on organizations, and that attention to these issues is needed. However, organizations continue to struggle with how best to balance the legal requirements, organizational objectives and interests of individuals with mental health issues. Because limited research has been found on the personal work experiences of individuals with mental health issues and those directly working with them, this is an area with opportunity for further study.

Summary of Section 1 and Transition

The rationale for embarking on a study of mental health experiences in the workplace is presented in Section 1 of this dissertation. The problem related to (a) mental health issues in the workplace, (b) the proposed research study, (c) the conceptual framework, (d) the significance of the study from the perspectives of HR, and (e) a biblical worldview organizes the influences and considerations of this particular study. The literature review provides support that mental health issues in the workplace is a current area of concern. This review identifies findings of recent research which validates the relevance of this study and helps refine the study of experiences of employees and managers dealing with mental health issues.

Section 2 of the dissertation will provide details of the underlying research performed to support this study. Beyond the purpose of the study, it will identify the researcher's role, the participants, the research methods and the specific population. Data collection methods and the analyses performed will be presented, including an assessment of reliability and validity of the data. Section 3 of the dissertation will focus on the findings of the research study. It will outline the key themes gathered from the study, and then will present the detailed findings related to

each theme. Based upon the findings applications for the field of human resources and

recommendations for further action and research will be shared.

Section 2: The Project

Mental health issues are present in the workplace and is negatively impacting

organizational performance (Follmer & Jones, 2017). However, workplace challenges that arise

related to mental health issues are not being successfully addressed to sustain mutually beneficial

employment relationships (Weissman et al., 2017). Helping resolve the negative impacts of

mental health in the workplace may come from understanding the different workplace

experiences of employees with mental illnesses and their managers (Hancock, 2018).

The research supporting this study on mental health in the workplace is mapped out in

this section. Beginning with the problem in mind, the role of the researcher and the participants

are explained. Details on the research method and design, population sampling, data collection

and analysis provides insight into the workplace experiences of employees and managers.

Purpose Statement

The purpose of this qualitative, phenomenological research study was to acquire new

knowledge by exploring the differing workplace experiences of employers and employees within

the hospitality industry when dealing with mental health conditions. The detailed experiences of

employees with mental health issues and employers responsible for their employment provided

insight into ways to improve methods and approaches that minimize workplace issues that arise

and to sustain mutually beneficial employment relationships. This study added to the body of

knowledge within the field of human resources by expanding the understanding of reasons for

poor workplace experiences of employees with mental health issues and their managers and

identifying ways to address them.

Role of the Researcher

The role of the researcher in this phenomenological study, like any other qualitative

study, was to uncover objective truths regarding mental health issues in the workplace through

the personal experiences of participants (Fink, 2000). It was also the researcher's role to transform the information gathered into the lived experience under study (Sanjari et al., 2014). There were a number of challenges to complete the discovery process, and all required objectivity of the researcher in identifying participants and collecting and analyzing data (Fink, 2000).

The data collection effort used was interviews, because conversation is a solid method for learning about phenomena (Fink, 2000). The researcher personally conducted the interviews. Interviews were conducted online using Zoom conference calls and were audio recorded. This allowed interviews to be conducted based on scheduling needs of participants and the researcher. The recordings aided in transcription of the interviews and allowed the researcher ongoing access to interview details in data gathering and analysis. Because there were a small number of participants, the researcher transcribed the interviews personally which further familiarized the researcher with the data gathered. Because of their ability to perceive, interpret, and present immediate feedback during interviews, humans are often chosen as the research instrument when research involves interaction with human subjects in natural settings (Sanjari et al., 2014). Sanjari et al. (2014) added that this emphasizes the importance of the interpersonal skills of the researcher.

The researcher is responsible for ensuring that ethical considerations have been appropriately addressed for the study participants (Sanjari et al., 2014). This study was of significance to the researcher as a business professional in the human resources discipline and as a parent of an individual with a mental health diagnosis. Specific steps are included in this study and are described in detail in the following sections, including (a) Research Methodology and Design, (b) Data Collection, and (c) Data Analysis.

Research Methodology

As previously articulated, qualitative research as a method focuses on the analysis of data that is not entirely quantifiable in which multiple views, including the researcher's, provide insight to the phenomenon (Creswell, 2016). The phenomenon under study here (i.e., workplace experiences of individuals with mental illness) lends itself to a qualitative approach. Phenomenology was selected as the research design method, because it is well suited to gathering personal insights from a small group of participants (Creswell & Poth, 2018). Additionally, the study provided the opportunity to connect participants' perceptions of real life experiences with the practical approaches related to the phenomenon, as gathered from current literature, to gain further understanding and insights (Murray & Holmes, 2014).

Discussion of Phenomenology

A phenomenological design focuses on a particular issue or phenomenon experienced by individuals (Emerson, 2018). It gathers the different experiences of individuals gaining knowledge from those who have first-hand accounts with the phenomenon (Emerson, 2018). Phenomenology as a design fits this study as the lived experiences related to mental health issues in the workplace will be examined for employees and employers. Phenomenology suggests that an internal and external perspective are involved for each individual's experience with the phenomenon (Cibangu & Hepworth, 2016). Exploring the phenomenon from the perspectives of both employees and employers will identify themes that are common and unique providing special insights into the meaning of those experiences (Netto et al., 2016).

Interpretative phenomenological analysis (IPA) was used to analyze individuals' descriptions of their experiences and then applied them in a broader context to the issues and themes identified in the phenomenon (Emerson, 2018). IPA was well suited gathering the interpretations of a phenomenon by different participants (Netto et al., 2016). It benefited this

study because it involved the researcher making practical sense of what the participants expressed happened to them (Murray & Holmes, 2014). Murray and Holmes (2014) suggested that interviews can move from structured to non-directed to allow participants full expression of their experiences including body gestures.

Phenomenology acknowledges that life experiences are influenced by outside factors (Cibangu & Hepworth, 2016). The contextual framework described in Section 1 of this paper reflects that workplace experiences of employees with mental health issues and their managers can be influenced by a variety of factors (Bell, 2015; Elraz, 2017; Schuring et al., 2017; Shann et al., 2018). As the interview questions were asked, responses were probed to gather insights in the factors that may have influenced the participant.

Discussion of Method(s) for Triangulation

Using a qualitative method for this research meant that personal interactions were required with each participant to gather individual descriptions of real-life workplace experiences. Interviews were conducted using the questions described in Section 1 of this paper. As open ended questions, these were designed to allow participants to share details of their specific experiences and allowed the researcher to probe for specific influences, causes, and explanations each individual can share (Creswell & Poth, 2018). Gathering responses and the meanings for each participant allowed full exploration of each individuals' real-life experience (Denzin & Lincoln, 2013).

The data source for this study were personal interviews and ensuring the integrity of the research was essential. Opportunity existed for researcher bias to influence the results (Fusch et al., 2018). Therefore, a critical source of triangulation was a review and correction of interview transcripts by participants (Creswell & Poth, 2018).

Summary of Research Methodology

The personal involvement of the researcher with participants and the gathering of

participant views as data for this research required that a qualitative approach be utilized

(Emerson, 2018). Phenomenology was a particularly good design fit, because of the desire to

gather personal and unique workplace experiences (Adams & van Manen, 2017). It was also well

suited in the event interactions with participants continued as new information became available

from the interviews and other research (Korstjens & Moser, 2017).

Participants

Human resource professional participants were identified through membership contacts

within (a) American Resort Development Association (ARDA) and (b) the Greater Orlando

Society for Human Resources (GOSHRM). All ARDA and a significant portion of GOSHRM

members have direct experience in hospitality given that is a primary industry in the Orlando

market. Additionally, mental health professional participants treating individuals employed in the

hospitality industry were sought through Orlando, Florida local chapters of the Mental Health

Association (i.e., Mental Health Association of Central Florida) and the National Alliance on

Mental Illness (i.e., NAMI Greater Orlando Inc.). Solicitation of participants were initiated

through written email and phone calls depending on the contact information available. As

participants were identified, each was asked for other contacts who may be interested in

participating in this study. This solicitation approach allowed self-identification of participants

and engaged individuals who are involved in the hospitality industry.

A screening interview was conducted with all individuals who indicated willingness

participate in the study. This interview occurred in various ways through email interaction,

unscheduled telephone discussions, and scheduled meetings. This interview determined if the

participant was a human resource professional or mental health professional relevant to this

study and gathered details for contact and availability for the study. As potential participants

were identified, they were asked to be engaged in the study. Participants were presented consent

forms for their participation. This informed consent provided participants (a) details on the study,

(b) their roles, (c) researcher identify, (d) research objectives, and (e) plans for publication

(Sanjari et al., 2014).

The information gathered was stored in a manner to protect the identity of participants.

The researcher maintained a physical list of participant names, organizational affiliation, and

position which was coded to the corresponding interview transcripts. This list was stored in a

password protected excel file on an encrypted flash drive separate from the research data.

Personally identifiable information was excluded or redacted from interview transcripts.

The interview process was conducted after an initial discussion with each participant. The

discussion confirmed the basic details provided in the participant study and set the expectation

for the participant to include: (a) a 60-90 minute interview, (b) review and validation of the

interview transcript, and (c) additional optional sessions to explore specific themes in greater

detail. It also established the specific interview dates and times to accommodate the schedule of

each participant. In this discussion the informed consent and steps taken to protect the privacy of

participants were shared.

A qualitative research method was chosen to gather the lived workplace experiences of

employees with mental illnesses, through the perspective of mental health professionals, and the

lived workplace experiences of individuals who manage employees with mental illnesses,

through the perspective of human resource professionals. A phenomenology design, specifically

interpretive phenomenological analysis (IPA) was determined as the appropriate method to

analyze data collected by individuals' views and perceptions of real life experiences (Netto et al.,

2016). A key benefit of IPA is to gather insights from personal experiences, explore these in

context of available literature, and to understand the needs of participants (Blank et al., 2013) in

the context of the workplace.

Population and Sampling

As referenced earlier, there were two groups of participants involved in this study, with

all having workplace experiences within the hospitality industry. The first group included mental

health professionals who treated employees who have personally experienced mental health

issues. The second group consisted of individuals representing employers who employed

employees with mental health issues. Interactions with individuals who have first-hand

experiences in life dealing with mental health issues in the workplace gave the researcher access

to real-life experiences and the ability to probe them in detail (Bradbury-Jones et al., 2010).

The purpose of establishing the population and sample methods is to identify a group that

contribute to the research study, and when involving individuals with specific characteristics

random methods will not work (Neyman, 1934). Purposive selection is common in qualitative

studies and is appropriate when trying to achieve a deep understanding from a particular group of

participants (Etikan et al., 2016). Etikan et al. (2016) shared that purposive sampling is one in

which the researcher makes a judgment on the choice of participants to find individuals who are

experienced in a phenomenon. Purposive sampling was a sound approach to gather a sample of

individuals who could represent real life experiences of employers of or employees with mental

health issues.

Discussion of Population

The population from which participants were drawn were isolated to those affiliated with

the hospitality industry. Mental health professionals treating employees with mental health

illnesses within this industry and human resource professionals representing the employer of

these employees were identified through multiple sources. As mentioned earlier those sources

were ARDA, GOSHRM, Mental Health Association of Central Florida, and NAMI Greater

Orlando Inc. These sources of participants and how populations were accessed is described in the

following paragraphs.

ARDA is a professional association focused on the vacation ownership, which is a

specialty business within the hospitality industry. ARDA member companies, including the

writer's employer, participate in a Human Resources Council from which participants were

sought. Outreach was made to ARDA representatives who participated on this council as well as

specific council members via letter, email and/or phone calls. Details from the prospective

participant interview were used to determine if individuals had experiences relevant to this study

and if individuals were willing participants.

GOSHRM is an Orlando chapter of the Society for Human Resource Management of

which this writer is a participant. Other members of GOSHRM were contacted via email and/or

phone to participate in the study. Prospective participant interviews were used to determine if

individuals had experiences relevant to this study and if they were willing participants. As

human resource professional participants were identified, they were asked to identify other

potential participants.

Both the Mental Health Association of Central Florida and NAMI Greater Orlando Inc.

offer services to individuals and families of individuals with mental health issues. Contact was

made with organization leaders to determine the best way to engage participating mental health

professionals. Initial contact with each agency was through a letter followed by telephone contact

to discuss the best means to engage participants. As mental health professional participants were

identified, they were asked to identify other potential participants.

Discussion of Sampling

The desired sample size described in Section 1 of this proposal was 10-20 participants to include up to 10 mental health professionals and 10 human resource professionals. However, six participants are considered a reasonable size to provide sufficient perspectives in real-life experiences (Smith et al., 2009). Challenges were experienced in finding participants. The actual number of participants engaged in this study was 19. This included 14 human resource professional and five mental health professionals.

Evaluation of the sample size continued throughout the study to determine if the sample size would need to be adjusted. As long as eligible participants are identified, and data being collected adds new information to the study, the target number may be exceeded to achieve saturation in the study sample (Malterud et al., 2016). Saturation was evaluated as each participant was added exceeding the lower limit of 10 total participants. As long as new data were being gathered, interviews of eligible participants continued.

Participant criteria included mental health professionals who treated employees who experienced mental health issues in the workplace and human resource professionals who worked with employees who experienced mental health issues in the workplace. All participants were adults of a working age and were over the age of 18. Both male and female participants were included. In phenomenology, the purpose is not to isolate findings as relevant to the particular population under study, but as applicable in broader terms (van Manen, 2017). The most important aspect of participants was they had been "in the thick of the selected phenomenon" (Cibangu & Hepworth, 2016, p. 152), which means they dealt with mental health issues within a work environment. Selecting participants in this way reflected a purposive approach (Thurgate, 2018).

Participants were asked to participate in a screening discussion to refine the list into the final sample group of participants. The discussion gathered information on the type of participant and availability for interviews and follow up interactions (see Appendix A). Another factor in the final sample group was availability for follow up discussions to allow rapport to be established between the researcher and participant which will enhance the data gathered (Lewis, 2015). All participants in the sample group were asked to complete a consent form in this initial interaction (see Appendix B and Appendix C).

Summary of Population and Sampling

The challenge within this study was gaining access to the populations from which study participants can be gained. Four viable sources were described and were thoroughly explored. As population access is gained, a purposive sampling approach was used to finalize the list of participants.

Data Collection and Organization

The researcher conducted the primary research. Interviews were the primary source of data. The methods used for data collection and organization along with the interview instruments are discussed in more detail in the following paragraphs.

Data Collection Plan

Interview transcriptions with observation notes and supporting documents provided by participants served as the basis for data relevant to this study. Interviews were reviewed and coded using thematic analysis to reflect topics revealed through the documentation as interpreted by the researcher. During this process, the researcher removed or redacted any personally identifiable information to protect the privacy of participants. Once coding was completed for all the underlying documentation, the interview transcriptions and other documents were repeated

reviewed to draw themes from the various data sources. In support of these themes, participant quotations were noted and referenced to the documentation.

Instruments

Interviews were semi-structured to guide the discussions, but the process was non-directed interviews allowing participants to answer questions in their own ways (Murray & Holmes, 2014). Redirection did not occur in to gather participant accounts of personal experiences (Murray & Holmes, 2014). Before interviews began, each participant was (a) introduced to the purpose of the study, (b) provided a set of expectations from the interview process, and (c) encouraged to ask questions. Providing participants details about the study increased the likelihood of honest and open participation (Gill et al., 2008). Each signed a consent form to participate in the study. The interview guides are available in Appendix D and Appendix E.

Interviews were conducted for 60 to 90 minutes and were recorded using Zoom. The interviews were transcribed verbatim to create a permanent record and ensure accuracy of the data (Sutton & Austin, 2015). Transcriptions included all spoken words, sounds and hesitations in an effort to accurately retain the tone and experiences being shared (Braun et al., 2019). Soon after transcription, the researcher sent the transcript to the participant for review and edit. The researcher reviewed the interview record to add observational notes from the discussion. These observational notes included impressions of the researcher or clarity of meaning which may help the researcher with accurate recall (Gill et al., 2008). Participants were asked to participate in additional interview sessions as data analysis reveals themes which can be explored in more depth with the participants (Murray & Holmes, 2014).

The researcher was an active participant and instrument in this study; and therefore, required a strong awareness of self (Emerson, 2018). The researcher captured participants'

experiences to derive meaning but also ensured the interpretations were drawn from participant

views and not personal ones (Emerson, 2018). Therefore, focus was given to similarity of and

repeated references by multiple sources (Netto et al., 2016).

The interview guides found in Appendix D and Appendix E were designed to ensure that

the research questions for this study were fully explored. Gathering details on the lived

experiences of employees with mental health conditions was probed throughout the interview

guide questions in Appendix D. The importance of employment was explored specifically in the

interview questions under value of work. The level of knowledge managers and coworkers had

about the employees condition was explored in the section on mental health issues and work

which probed into who knew, how they knew and experiences with those individuals. The

interview questions on organizational response to mental health issues was designed to capture

information related to the organizational cultures.

Gathering details on the lived experiences of employers was probed throughout the

interview guide questions in Appendix E. The questions related to nature of work and value of

work were explored with the manager to gather a basic understanding of the manager's work and

to build the relationship between the researcher and participant. The level of knowledge

regarding the mental health condition was explored in the interview guide sections on the nature

of employees' mental health issues, managing employees with mental health issues, and

managing a team when an employee has mental health issues. Company practices were woven

into the interview questions in the section on organizational response to mental health issues.

Data Organization Plan

Organizing the data gathered followed a thematic analysis approach. Thematic analysis is

an approach for organizing and finding insights across a full set of data allowing the researcher

to identify what is relevant and important to the topic (Braun et al., 2019). Braun et al. (2019)

described a process for thematic analysis which includes (a) data familiarization, (b) initial coding, and (c) defining themes. Themes can be gathered from various patterns identified in the data and may emerge from a collective view of data elements that seem meaningless when view in isolation (Aronson, 1995).

The coding approach included a method for linking the data back to the particular participants while protecting their confidentiality. The coding performed during data collection was grouped together in various themes that emerged from the participant experiences. Direct quotations were catalogued within the coded themes to maintain the integrity of the data (Heath et al., 2018).

Summary of Data Collection and Organization

The collection of data for this study relied primarily on the interviews planned with employees and employers. The guides were developed to gather data specific to the research questions about lived workplace experiences of employees with mental health conditions and employers of these employees. Once completed interview transcripts were the source of data from which themes were gathered and analyzed.

Data Analysis

Analysis within qualitative research has been described as both structured and creative (Stuckey, 2015). The analysis work for this study, much like the interview effort, was partially pre-planned and structured but allowed for the analysis effort to evolve throughout the process. Much of the analysis work was performed manually by the researcher. NVivo software was also used to assist in the (a) transcription process, (b) analysis or data coding, (c) tracking of coded data, and (d) development of themes.

Emergent Ideas

The initial research design and plan was flexible in format to allow the researcher to learn from the participants. This was important to allow emergent themes to surface and allow for further exploration of those themes. This occurred through the addition or revision of interview questions, and expanded probing of information shared by participants (Creswell & Poth, 2018).

Coding Themes

Coding and analysis were conducted by the researcher to limit access to the data and to apply one perspective in the coding of interview data. This allowed the researcher to (a) increase familiarity with the data, (b) have greater consistency in data coding, and (c) maintain confidentiality of participants (Fink, 2000). Before beginning the coding work, the supporting transcripts were reviewed to familiarize the researcher with the data and to identify the storyline that emerged (Stuckey, 2015). The documentation was reviewed numerous times, following a reduction process to consider the broad meaning of participant experiences and then examining smaller information segments (Emerson, 2018).

The audio recordings were compiled using Zoom. The resultant transcripts were used in the coding process. As the audio files were played and replayed, codes for specific pre-determined themes were captured by the researcher. As the transcripts were reviewed repeatedly, the initial coding effort was expanded to include other emerging themes as well as sub-themes related to the initial set of codes. An initial set of codes was created, as noted in Table 1 below. This list was created using themes captured from the interview guide and the conceptual framework for this study. The use of a predetermined set of codes or themes is referred to as a deductive process for creating codes (Stuckey, 2015). This initial set of codes was updated as the emerging themes and coding effort evolved. This approach is called an emergent process (Stuckey, 2015).

Table 1

Data Analysis - Deductive Codes

Code	Subcodes	Description
Issues	Coworkers Employee Manager Other	Issues that arose in the workplace for the employee and others in direct contact.
Leader Capabilities	HR Professionals Managers	Key decision maker capabilities at handling mental health issues.
Mental Health Issue	Diagnosis Coworker Known Issues How Aware Who Knew	Employee and coworker perceived or known mental health issues and level of awareness.
Organization	Perspective Programs Manager Support HR Support Special Support Efforts	Employer views on mental health in the workplace and support efforts made available.
Pandemic	--	Impacts of the COVID-19 pandemic on mental health in the workplace.
Recommendations	--	Opportunities for improvement in managing mental health issues.
Outcomes	Successes Failures	Employee/employer relationship outcomes.
Work	Job Likes Dislikes Tenure	Nature of the work performed.
Workplace	Environment Likes Dislikes Relationships Support System	Nature of the workplace.

Sub-codes were not been pre-determined but were identified as the coding work evolved. For example, issues arising in the workplace related to employees with mental health concerns were planned to be captured. As transcriptions were reviewed, the sub-categories were identified to reflect who was having the particular issues. Likewise, the pre-determined list of codes also evolved during the coding work. For example, the interview questions did not specifically ask

about employment outcomes, but interview responses provided a view into outcomes of employment relationships which arose as a theme in the analysis work.

Zoom calls were set up for each interview and these were recorded. Each interviewee was notified upon entry to the call that it was being recorded, and the researcher obtained their verbal understanding and approval at the onset. The researcher scribed responses to questions throughout the interview using the interview template, and repeatedly manually reviewed those transcripts against audio versions to ensure accuracy of the transcripts. Transcripts were sent to all interviewees for review and validation of the content captured.

NVivo 12 was utilized in the coding process. The codes and subcodes in Table 1 were used, and queries were run within the software to identify other codes for consideration within the research. This involved an inductive method of coding, which pulled codes from the raw data versus pre-established ones (Braun & Clarke, 2012).

Once coding efforts were thoroughly exhausted, the researcher examined the data gathered. Examining the verbatim comments identified within the coded groupings, the researcher looked for similarities and overlapping information among the codes to identify different ways to group the information. From this exercise, key themes were identified. Once completed, the researcher examined the themes and evaluated the need for any subsequent interviews with study participants to explore those themes in more detail.

The final step in this process was to evaluate the themes that have been identified. The quality of the theme in relation to the data and the research question were examined to ensure that the themes were relevant. This resulted in updating and finalizing the key themes.

Analysis for Triangulation

There were multiple interactions with participants through an initial interview and subsequent follow up to validate the content of their interview transcripts. All individuals were

asked to provide follow up comments to the researcher if additional information was thought of after the interview. The transcript review process captured a few updates to information provided, but there were no other subsequent information presented by participants. The process prolonged the interactions between the participants and the researcher. Prolonged interactions drew the researcher closer to the phenomenon and added clarity of observations (Vagle, 2009). Multiple interactions also allowed the researcher to saturate data gathering efforts. This effort to saturate participant details about their experiences also reinforced content validity as the researcher evaluated continuity in the data and face validity.

Data analysis steps were also taken to ensure saturation. The coding process involved multiple reviews of the underlying data until no further ideas emerge. This repetition and intentional effort to exhaust all possible themes ensured that data analysis reached a saturation point (Netto et al., 2016).

Triangulation efforts in research can help establish dependability and validity within the process (Creswell, 2016). Triangulation was applied through the use of a technology based coding process and a separate manual process. This allowed corroboration through a comparison of emerging themes. These triangulation efforts also served as a means of assessing content validity.

Summary of Data Analysis

Data analysis was focused on information gleaned from interview transcripts and audio recordings. The process did not lead to further interviews, but some additional detail was provided by participants when reviewing their recorded transcripts for accuracy. The coding involved multiple reviews of the underlying data until no further ideas emerge, and then the analysis effort completed the exercise in an effort to produce the key themes from the study.

Reliability and Validity

Qualitative research relies on the personal interpretations of the researcher (Creswell, 2016) as was the situation with this study. Steps to ensure that findings are reliable and valid can take various forms, but ultimately will demonstrate that the results are plausible (Creswell, 2016). The following paragraphs outline how reliability and validity were addressed within this study.

Reliability

Reliability began with ensuring that participants have real-life experiences that are relevant to this study (Spaulding, 2015). The process for identifying participants included a prospective participant discussion, which will provide the researcher an opportunity to assess the nature of participants' experiences and to ensure they were relevant to this study.

The interview process followed a prescribed set of questions to ensure consistency in the approach to gathering data for this study. Separate interview guides were developed for mental health professionals, representing employees, and human resources professionals, representing employers. However, these interview guides had similar elements to be explored to gather the different perspectives related to specific elements being examined. While each interview gathered personal experiences, which varied among participants, the rigor of a consistent interview guide and set of questions was part of ensuring reliability of data (Creswell, 2016). As the content of these interviews were reviewed consistency in participants' accounts of the phenomenon was evaluated. Consistency in personal accounts contributes to reliability of the participant experiences, and consistency can be validated as subjects describe different experiences in similar ways (Spaulding, 2015).

Validity

Through multiple interactions with participants personal connections were made between the researcher and the participants. Rapport is a component of ensuring validity in research (Lewis, 2015). The researcher was intentional with participants, which means that the researcher remained aware that participants' views are subjective and must be balanced by objectivity (Sousa, 2014).

To mitigate subjective influences in this study, the researcher asked participants to review and validate the transcriptions of interviews for accuracy and completeness. Participants reviews of the content of these transcripts provided both face and content validity checks. Face validity ensured that study participants checked the data captured (Lather, 1986). Content validity ensured that the data gathered was complete (Rubio et al., 2003). Additionally, as analysis of the data began, different perspectives were synthesized. The presence of a common phenomenon during this synthesis provided evidence of unity and validity for the study (Sousa, 2014).

Bracketing

Emerson (2018) noted that researchers' shared phenomena and research connections can influence the participants and the study. The researcher acknowledged this possible influence and applied reflexivity in the review and analysis of data, while also noting that the reasoning and interpretation of participant experiences was subjective. Bracketing was identified as important when researchers have experience with the phenomenon being studied to ensure the researcher's objectivity (Sousa, 2014). Therefore, the researcher revealed related personal experiences and set them aside to explore and understand participant experiences.

The researcher for this study had two key personal lenses from which mental health issues are viewed in the workplace. The researcher's professional background is in human resources. In this role, the researcher has routinely consulted with managers on how to approach

workplace issues that arise with employees. In many cases, mental health issues were known or perceived for employees, and the researcher admittedly approached those consultations from a business needs angle. Separately, the researcher is the mother of an adult with a mental health diagnosis. From this perspective, the researcher is a consultant helping an employee manage issues that arise in the workplace. The researcher has personal experiences with this phenomenon that could be representative of both a manager and an employee perspective.

Summary of Reliability and Validity

Consistency of methods described above throughout the research process contributed to the reliability and validity of this study. Consistent approaches were followed with participants while allowing flexibility to pursue details on unique experiences and perspectives. Rigor was applied throughout data analysis efforts to further ensure reliability and validity. The overarching goal was to ensure that the data gathered relates to workplace mental health experiences that wee relevant to this study.

Summary of Section 2 and Transition

In Section 2, the researcher described the approach to studying the phenomenon of lived workplace experiences of employers of and employees with mental health issues. The reasons for use of a qualitative method and phenomenological design were laid out; and details on the identification of study participants, data collection, and analysis were provided. Reliability and validity considerations were also addressed. Permission to proceed with the study was obtained from the Institutional Review Board (IRB) of Liberty University initially in May 2019. The study was suspended for an extended period of time and approval was sought again and obtained by the IRB most recently on June 9, 2021. Outreach for study participants began on July 1, 2021.

Section 3 of this study presents the results and findings from the research. In this section, the researcher shared the application of this study and findings to the human resources

professional practice and for the hospitality industry. The detailed contents of Section 3 include

an overview of the study, presentation of findings, data analysis, recommendations for action,

recommendations for further study, and reflections of the researcher.

Section 3: Application to Professional Practice and Implications for Change

Numerous delays impacted this study for personal reasons of the researcher. The research was originally to be completed in 2019 before the COVID-19 pandemic significantly impacted the United States in March 2020. As the impacts of the COVID-19 pandemic ravaged the world, the business environments changed drastically with heightened challenges in attracting and retaining staff. Additionally, the COVID-19 pandemic increased public awareness of mental health of individuals and ultimately employees, though stigma still presents a barrier to sharing information at work (Place, 2020). These changing dynamics in the business environment are notable for these research finding, because the hospitality industry is desperate, like many industries, to sustain mutually beneficial employment relationships and there is more public awareness of mental health issues. These circumstances may bring a more willing and enlightened mindset (Olrik, 2020) within the industry to focus more attention on sustaining mutually beneficial employment opportunities for individuals with mental health issues.

Overview of the Study

The open ended interview style was deliberate to allow each participant to share real life employment situations that arose to isolate situations that sustained employment, situations that did not sustain employment, and interviewee improvement recommendations. The purpose behind this research is to evaluate if and how influences within specific jobs, individual organizations (or employers), the regulatory environment or social factors impact the sustainability of employment for individuals with mental health issues. No questions probed COVID-19 pandemic related situations, however, some interviewees provided insights influenced by the pandemic given the timing of these interviews.

A total of 19 participants were interviewed for this research study. This included 14 human resources professionals (HRP) who have previously or are currently working in the

hospitality industry and five mental health professionals (MHP) who have previously or are currently working with individuals employed in the hospitality industry. Interviews were conducted between the dates of July 1, 2021 and September 24, 2021.

Presentation of the Findings

The data review began by coding the interviewee responses and then identifying themes that arose from the coding effort. The various codes and subcode details reviewed in the following paragraphs are arranged to focus on the employees with mental health issues represented by the participants, the workplaces in which these employees worked and represented by the participants, the real life experiences that arose due to the mental health conditions of employees, and participant recommendations on areas for improvement.

Themes Discovered

Interviews were recorded, transcribed, and presented to participants to review to ensure the accuracy of the transcription and data being analyzed (Creswell & Poth, 2018). Interviews were captured by the researcher via audio recording and scribing during the interview. Afterward, the audio and written document were compared in detail to ensure the accuracy of the transcribed interview responses. Interviewees reviewed and identified corrections. Each transcript was reviewed in detail to code responses and then coded responses of all participants were evaluated from numerous perspectives. Through this process the researcher reviewed each interview response multiple times to formulate meanings (Creswell & Poth, 2018).

Analysis of the participant responses within each of the codes and subcodes identified common and unique experiences of participants. The codes used to capture data from the interviews are reflected below in Table 2. A description of the codes and subcodes used to analyze information gathered from study participants is provided.

Findings captured from the grouping of feedback within the deductive codes were further

analyzed related to the areas of influence within the conceptual framework. The frequency of

commonly coded participant comments within these areas of influence, led to the development of

key themes. These themes are identified below in Table 2.

Table 2

Themes Discovered

Theme Number	Key Themes
1	Societal stigmas remain a barrier and influence workplace behaviors.
2	Employment is valued and can be sustained.
3	Regulations provide support and cause support barriers.
4	Employer programs primarily focus on EAPs and are inadequate.
5	Managers and HR are poorly equipped to manage issues.
6	Strong workplace relationships are key to sustained employment.

Interpretation of the Themes

The key themes noted above are explored in the following paragraphs. Participant

insights are noted in support of these findings. Specific participant comments are noted by

participant type (HR or MH) and a number assigned to the participant. These insights are further

reviewed based on literature.

Theme 1 Societal Stigmas Remain a Barrier and Influence Workplace Behaviors. A

key finding of this study is that workplace behaviors continue to be influenced by societal

stigmas. The behaviors explored below include behaviors presented by the various actors

involved including the manager, coworkers and the employee with mental health issues. These

behaviors are then linked back to societal stigmas, through participant insights and literature

references. Behaviors in the workplace were identified as participants shared the specific issues

that arose in the workplace related to employees with mental health issues.

Managers' behavioral responses to issues that arise with mental health issues range from

unprepared to fear. HR9 indicated that "As soon as it gets uncomfortable, managers call in HR,

because they are not sure what to do." Others ignore or dismiss the issues. HR7 noted that

managers feel "frustration and that they had to tip toe around the issues," while HR8 indicated

that when someone asked for stress leaves, "It became a joke, and it was viewed as if they were

trying to scam the system." Several participants acknowledged a sense of fear from managers,

which was exemplified by HR1 stating, "Leaders are still afraid to provide support" and HR14

"There was a lot of fear from managers, not only for themselves and their people but for the

individual."

Coworker behaviors range from discomfort to distrust. HR9 reflected that "It caused

coworkers to be uncomfortable, created an awkward environment, ruptured relationships and

caused employees to be outcasts. It caused everyone to be cautious around them." In other

situations the support provided to these employees by managers was felt by coworkers to be

unfair. HR12 reported, "Other than shun them, (coworkers) felt these individuals were getting

preferential treatment, so it exacerbated their concerns." Another participant, HR13, indicated

that the issues that arose due to mental health conditions, "caused a level of distrust among the

employees."

The employee behavior that was most frequently noted was hiding or concealing their

mental health condition. Often individuals with mental health issues are reticent to share the

nature of their conditions due to fear of the reactions of others whether subtle or overt, and they

believe sharing their conditions may impact their jobs. HR5 noted, "sharing experiences around

mental health would have implications on their future with the organization or career

progression." HR3 indicated that "Individuals do not want others to know about their mental

health issues out of fear of being judged or overlooked for promotion." HR8, positioned his

organization's view as unwelcoming to personal issues stating, "There was a mantra that

associates were expected to leave their problems at the door." One participant, HR4,

acknowledged seeing a counselor, but stated, "I'm not broadcasting it. A lot of issues stay hidden and maybe if we were more comfortable sharing, we could have a better work environment for these individuals."

Mental health professionals validated the behavior of concealing mental health issues. Because of other reactions, MH1 stated, "I hear more about stigmas in the workplace, and individuals don't want to lose their jobs." Additionally MH1 indicated, "lack of empathy and understanding." MH2 shared client perspectives, "Once I disclose my diagnosis, the mood changes, and communication goes from friendly to formal." One counselor, MH4, tells clients, "Be very cautious who you tell, because some people won't receive it well."

These behaviors link back to societal stigmas, as identified in previous literature references. Negative perceptions of individuals with mental health conditions (Follmer & Jones, 2017) influence the behaviors of managers and coworkers including social separation (Vertilo & Gibson, 2014). Fears expressed by managers may arise from inaccurate societal views linking mental illness with violence (LaVan et al., 2016). Given the varied perceptions and reactions by managers and coworkers of individuals with mental illness, it is not surprising that these individuals hide their symptoms and conditions (Follmer & Jones, 2017).

Theme 2 Employment is Valued and can be Sustained. The employment background of employees with mental health issues were explored in the interviews to identify their jobs held, how they felt about working, and length of employment relationships. Analyses of the job types and tenures contributed to this theme and can be found detailed in The Research Questions on Employment Background section below. The theme that arose from the findings is that employees with mental health issues value employment and can sustain mutually beneficial employment relationships with employers.

Absent from this theme is any correlation of mental health issues with a specific job. All types of jobs were represented by participants. Feedback from participants identified numerous and varied jobs held across the hospitality industry. Some participants specifically commented that mental health issues are not isolated to any particular job. HR2 reflected that "there wasn't a pattern," HR3 noted that mental health issues impact jobs "at every level in this company;" and HR14 indicated that jobs held were "all the way from back of house to executives." While literature reviewed suggested that specific job factors may contribute to mental health issues (Harvey et al., 2017), this did not surface in the findings of this study.

Employees with mental health issues were found to value work despite some the challenges resulting from their mental health issues. Generally, jobs were reported as well-liked by HR participants (HR1, HR2, HR3, HR4 HR6, HR7, HR8, HR9, HR10, HR11, and HR12). Mental health professional participants reflected even stronger emotions about working. Clients were identified as "hope filled" about work (MH2) and "feeling like their hospitality work job is a calling" (MH3). Specific mental health professionals noted that maintaining employment "was a significant thing" for clients (MH5) and that "they needed the job because of necessity" (MH4). Additionally, literature supports benefits of working related to mental health (Vaughn et al., 2016), and that individuals with mental health issues desire work (Coduti et al., 2016).

In the majority of experiences shared by study participants, employment tenures were over one year, and the majority were identified in their job for five years or more. Tenure reflects the ability to sustain employment. Many HR professional participants noted tenures of their employees with mental health issues as 5 years or longer (HR1, HR3, HR5, HR7, HR8, HR9, HR11, HR12, HR13, and HR14). While MH professional participants noted shorter client tenures, they also reflected that some clients sustained long term employment. MH3 noted that "some remained in hospitality 15 years plus," and MH4 indicated that "upper-management was

long-term." Because employment can have a positive effect on individuals with mental health

issues (Schuring et al., 2017), finding that sustained employment can occur is extremely

gratifying.

      Theme 3 Regulations Provide Both Support and Barriers. The key laws enacted to

protect individuals when dealing with medical conditions inclusive of mental health issues

include the Family & Medical Leave Act (FMLA), Americans with Disability Act (ADA), and

the Health Insurance Portability and Accountability Act (HIPAA). These regulations were

referenced by most participants in ways that indicated employers' compliance with the laws and

usefulness to employees with mental health issues (i.e., HR2, HR3, HR4, HR6, HR7, HR9,

HR11, HR12, HR13, HR14, MH2, and MH3). MH2 reflected that "Intermittent FMLA can

really be a game changer to someone in their recovery."

      Barriers also exist for employees who may need protections available under these laws.

Lack of knowledge of available protections and paperwork requirements can present challenges

for employees with mental health issues. MH4 acknowledged the benefits of accommodations,

but shared, "They (employees) don't know what exists." HR2 specifically indicated that "FMLA

paperwork presented challenges," and HR6 noted "documentation was a hurdle." While ADA

and FMLA protections exist for individuals with mental health conditions, they are not

guaranteed based on eligibility factors (Nelson, 2021), and "employees may not know how to

access help" (MH4).

      Confidentiality protections under HIPAA are perceived as helpful in protecting employee

privacy (Kaminer, 2016), but also as a barrier to getting needed support. HR6 noted, "In order

for things to be put in place, the person had to be open and candid and it was always difficult."

Additionally, HR7 shared, "When made aware of a mental health condition, it would be helpful

to have direct conversations with managers…without compromising privacy." Mental health

professional participants (MH1, MH2, MH3, MH4, and MH5) noted the benefits of engaging

directly with the employer or manager related to the needs of their clients, yet only one mental

health participant (MH3) identified this as a regular occurrence. Human resources professional

participants (HR1, HR2, HR3, HR4, HR5, HR6, HR7, HR8, HR9, HR10, HR11, HR12, HR13,

and HR14) shared that employee's health care provider documentation was given consideration,

but that caregivers were rarely, if ever, engaged directly. Employee confidentiality protections

are an important factor. Participants in this study recognize the challenges between protecting

and supporting the individual. Disclosure can be both positive (Hatchard, 2008) and negative

(Elraz, 2017).

  Theme 4 Employer Programs Need to go Beyond EAPs. Interviews identified that

programmatic support provided by employers is limited to what is required by law and offering

access to a set number of free counseling sessions through an employee assistance program

(HR1, HR2, HR3, HR4, HR5, HR6, HR7, HR8, HR9, HR10, HR11, HR12, HR13, and HR14).

Identification of an employee assistance program as the key area of support was consistent by all

human resource professionals. Of the mental health professionals interviewed, two (MH4 and

MH5) identified themselves are service providers within EAP organizations. Programs related to

mental health are not frequently provided in organizations (Coduti et al., 2016).

  Perceptions about the level of support provided by EAPs was varied. Positive views

about offerings through EAPs included free offerings provided annually for employees and

family members (HR2, HR3, and HR13) and access to a private third-party counseling (HR1,

HR4, HR6, HR7, and HR14). EAPs have been embraced by employers as a key resource in

supporting employees with mental health issues (Lee et al., 2014). Active promotion of EAP

resources for employees with mental health issues is common, and ease of access and

confidential benefits make EAPs a beneficial programs (Brooks & Ling, 2020).

Limitations of EAP were also noted by participants. HR4 noted the employer's view that "We have the EAP and that's enough." HR2 indicated, "I don't think saying call the EAP was helpful. Were they getting help with just giving out the number?" HR6 reflected the employer's view that "You're not a trained professional, provide the resource line," and further expressed, "It was too much about the EAP than trying to partner with the employee." One mental health professional (MH5) who is an EAP service provider, noted that "free sessions may get an individual through creation of a treatment plan, but treatment has not really been provided."

Given the limitations of EAPs, there is opportunity for employer programs to be enhanced to better support employees with mental health issues. In a few instances, participants identified special methods utilized to support employees with mental health issues. Often these methods were identified in response to immediate and unique circumstances, but a couple programmatic efforts emerged that are worthy of note. One employer (HR5), provided "Coaching sessions, not part of the EAP." These coaches were available to employees, in both live and virtual settings during the COVID-19 pandemic, resulted in leaders sharing personal experiences, encouraging mental wellness and self-care, and opening up authentic communications about mental health concerns. Another employer (HR12), engaged a third-party consultant with expertise in responding to workplace violence, to be available to its human resource leaders in a crises. One mental health professional (MH3) recognized a group of three employers who partnered together to create a local in person, free chaplain (counseling) resource available by referral to help work through issues impacting the workplace. This included the option of acting as mediator between employees and managers with the employee's permission. Another mental health professional (MH2) identified a community employment training program that assists individuals with mental health issues with 1 year of mentoring following program completion to help employees in managing workplace challenges. One participant (HR7)

recognized there is a, "need to guide employees to other resources, beyond the EAP, in the community, etc. that may help them."

HR1 commented, "working with the EAP is the standard answer," and yet most participants recognized their limitations. Offering the availability of EAP resources does not mean they will be used. Additionally, EAP effectiveness has been linked to improvements in attendance and productivity, but not to emotional stresses (Richmond et al., 2017).

Theme 5 Managers and HR are poorly equipped to manage Mental Health Issues. HR professionals and managers alike are not consistently provided training on workplace mental health issues by their employers. The majority of HR professionals indicated that their education came from personal experience or development efforts. HR2 noted, "I got more training through my PHR (Profession in HR Certification) class, than I did at work." HR4 indicated that the employer's view was "We have the EAP, that's enough." HR13 indicated, "I've had to learn on my own." HR14 reflected the employer was, "good at providing legal guidance if needed." Some HR professionals have engaged EAP resources in providing training to HR teams (HR1 and HR3) in how to leverage their resources an on general mental health topics. One participant, HR12, indicated that the employer, "engaged a workplace violence consultant to provide training at their annual HR conference" resulting from a specific incident.

Manager training was overwhelmingly noted by participants as not provided by the employer (HR2, HR3, HR4, HR6, HR7, HR8, HR9, HR10, HR11, HR12, HR13, and HR14). HR13 comments exemplify the group consensus, "We haven't equipped supervisors. We handed them the handbook and said to see me if questions." Any guidance was provided by the HR professionals themselves. HR2 noted, "They (managers) always had a venue (HR) to talk and get advice." HR3 stated, "We gave them information on the EAP. That was probably the extent of what we provided outside of HR support when occasions arose." Two participants noted that

some other manager training was provided. One (HR1) noted that "We work with the EAP provider to provide training. It's not mandatory, but we do offer that about once per year for leaders." Another (HR5) referenced providing "coaches that conduct seminars that talk about mental health."

These findings validate the literature gathered that training has the potential to have positive impacts, but it is not the norm (Lee et al., 2014). Leadership training for both HR professionals and managers is rare on mental health issues (Shann et al., 2018). Training programs are available that could better equip those responsible for managing employees with mental health issues (Moll et al., 2015).

Theme 6 Workplace Relationships are Key to Sustained Employment. Workplace relationships for the employee with mental health issues were specifically examined with managers and coworkers. In general, the relationships were identified by participants as challenging. However, several experiences were identified that portrayed supportive workplace relationships that proved beneficial the employee's employment.

Coworker relationship challenges where characterized as resulting from lack of understanding, discomfort with behaviors and frustration with performance. Lack of understanding and discomfort with the employee's behaviors, caused coworkers to "pull back from the individual" (HR1), "distance themselves" (HR3), "tip toe around" the employee (HR7), and "gossip" about the individual (HR13). Frustrations over performance of the employee resulted from "coworkers having to pick up additional work" (HR1), "not wanting to work with them" (HR2), and "lack of dependability" (HR10).

Manager relationship challenges resulted from lack of understanding, overprotection, and frustration at having to manage it. Lack of understanding was evidenced by feelings that "personal problems don't belong at work" (HR3), "this person can't do the job" (HR4), "unsure

how to handle" (HR8), and "they didn't want to say the wrong thing" (HR9). Overprotection of

the employee occasionally occurred due to managers "overlooking absences or covering for

them" (HR2), "ignoring it" (HR6), and "ignoring performance gaps" (HR13). Management

frustrations resulted over "absenteeism" (HR1), "providing more hands-on" effort (HR7),

"dependability" (HR10), "concern for coworkers and guests" (HR11), and "wanting to be rid of

them" (HR12).

Employees benefit from positive relationships at work. Both manager and coworker

relationships have opportunity to negatively and positive influence employees (Vaughn et al.,

2016). Challenging relationships can negative impact the workplace experiences of employees

with mental health issues (Fairclough et al., 2013). Positive relationships can offset the negative

impacts of mental health issues (Pattussi et al., 2016).

While relationships at work are generally challenging, the benefits of strong relationships

stood out in the research. HR3 stated, "It goes both ways, some stay on board and are supportive

of the individual and others distance themselves." The circumstances in which strong

relationships where shared include: (a) recognized capabilities of the employee; (b) previous

established positive relationships; and (c) supportive, mature teams.

When an employee has recognized performance or capabilities, relationships appear to be

stronger. HR4 shared, "Our guest services team member won team member of the months. They

know he will get things done. The team speaks positively about him, and they've learned the

intricacies of how to ask him to do things." HR14 noted that a long-term employee who had

experienced a trauma resulting in mental health issues, "had a group of employees that watched

out for him, decided they were going to take care of him, and rallied around him."

Relationships that have been previously established can provided greater support for

employees with mental health issues. HR5 indicated "Some teams are more empathic than

others," such as "mid-management teams that have been in office settings together for 5-7

years." HR11 shared the employee "was a long-term, well-known, and well-liked person on

property, so they all helped him as much as they could." HR12 indicated that "Though they

didn't know about the mental health issue, she had a couple friends that really tried to help her."

> HR7 reflected about housekeeping being a very inclusive and supportive team.
>
> Our laundry attendant has been unable to build strong relationships due to her mental
>
> health condition. In a team towel origami contest, she won, and everyone went crazy for
>
> her. All of housekeeping was screaming and cheering for her and she was hugging her
>
> prize, she was so excited. Housekeeping can be very inclusive, it's what they do every
>
> day.

Representation and Visualization of the Data

Due to the nature of this qualitative study, the quantitative data elements are limited.

Some key data elements were captured and are represented visually below that support that

employment can be sustained as noted in Theme 2. The visualization of data in the Figure 2

below represents that the majority of employees represented in this study were successful at

maintaining their employment for tenures of 3 years or more. The variations in success and

failure of employment outcomes across all job types in Figure 3 and most of the mental health

diagnoses in Figure 4 represented in this study, also supports Theme 2 and further represents that

neither job type nor mental health diagnosis impact an employee's opportunity to sustain

employment.

Figure 2

Tenure of Employees with Mental Health Conditions
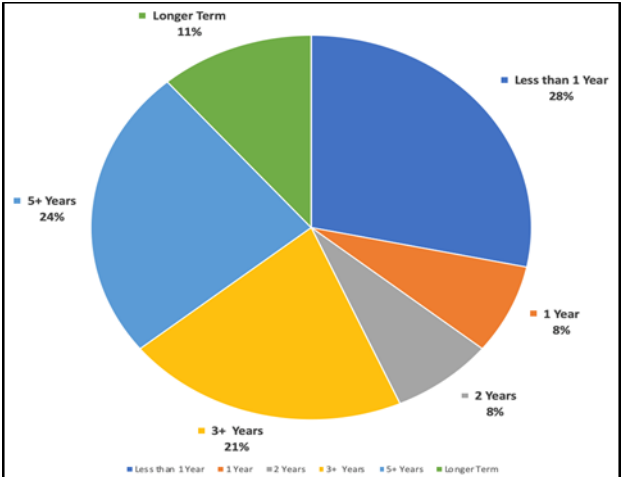
Figure 3

Employment Outcomes by Job
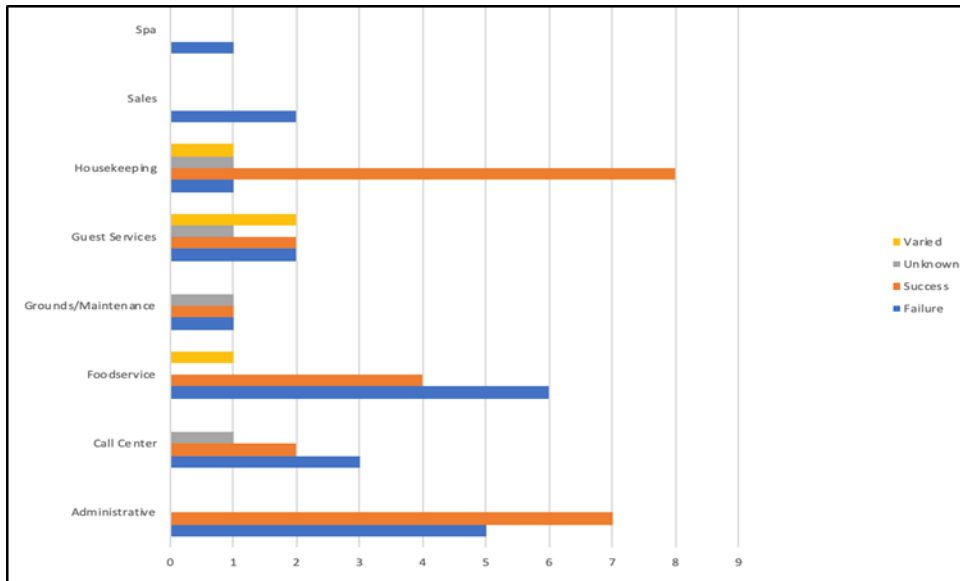
Figure 4

Employment Outcomes by Diagnosis
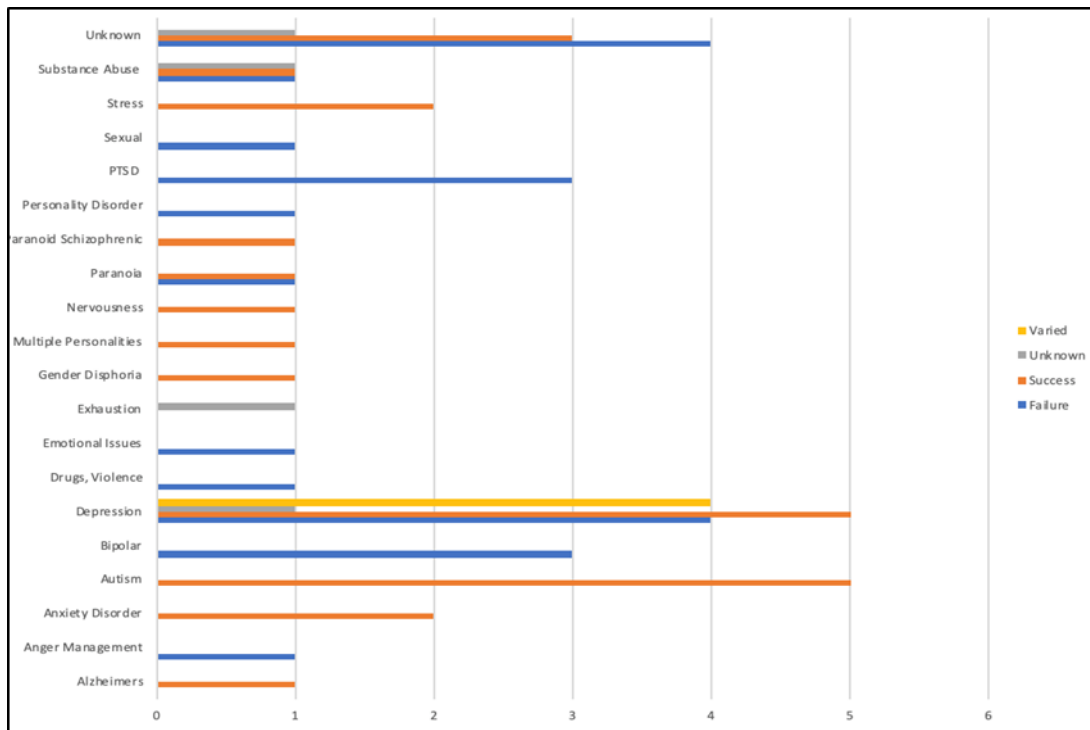
The key themes identified in the findings are visually correlated to the influences in the conceptual framework in Figure 5 below. This representation reflects that for employees with mental health issues stigmas remain a barrier, regulations are generally seen as helpful, employer programs are minimal, and jobs do not seem to influence issues or outcomes. Greater details of the relationship of the findings to the influences in the Conceptual Framework are provided within the Relationship of Findings paragraphs that follow.

Figure 5

Conceptual Framework Influences and Findings
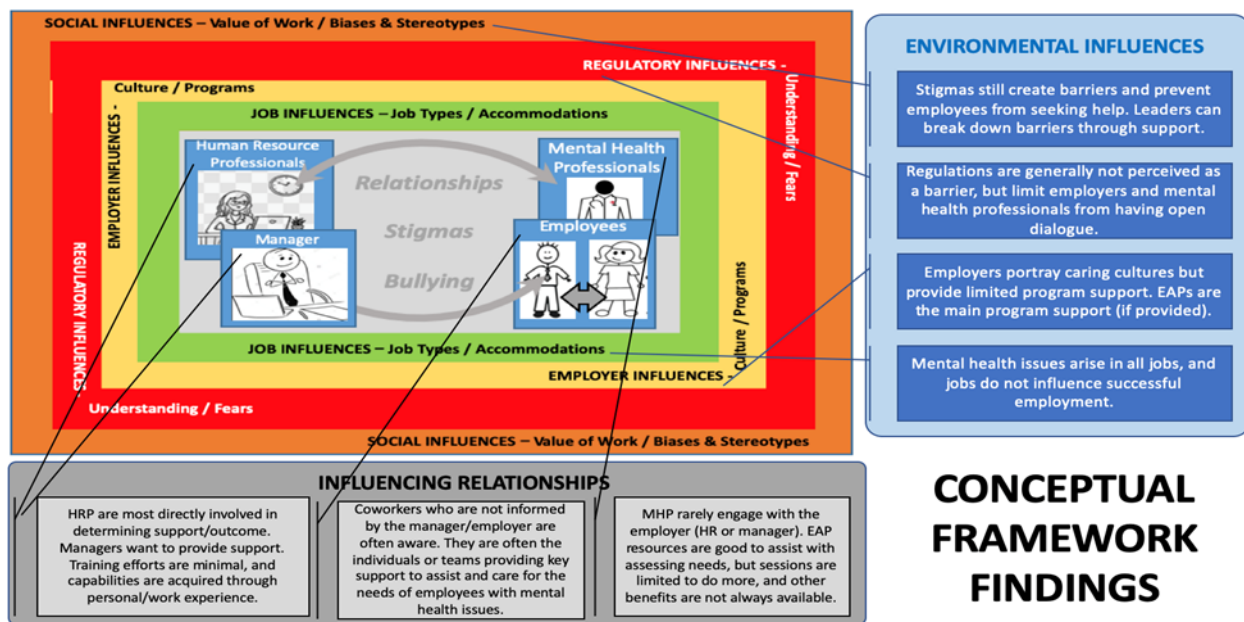
Relationship of the Findings

Some findings were noted to have relevant relationship to other findings. Table 3 depicts the key issues related to the employee, coworkers and managers when mental health issues arise. The real experiences of the employee are heavily focused on the performance and behavioral issues. The experiences of the coworkers is primarily focused on the emotional responses due to lack of knowledge or due to covering work for the employee. Managers experiences were

heavily focused on providing help and support first and then secondarily the emotional response that coworkers experienced.

It is very interesting to note that employee issues were not characterized as intentional but resulting from the mental health issues. Negative issues or responses were captured, but much less frequently. It is also interesting to note that coworkers have a tendency to withdraw from the employee, while employees with mental health issues were noted as having a similar tendency to distance themselves from the team. One final note of interest in this comparison is to see that while fear and discomfort is a key issue for coworkers, it is also real, though not mentioned as frequently, for managers.

Table 3

Key Relationships Comparison of Workplace Issues

Codes	Subcodes	Key Issues
Issues	Coworkers	1. Fear/Discomfort
		2. Withdrawal/Caution/Apathy
		3. Conflicts/Negativity/Distrust
		4. Frustration
		5. Destroys Morale/Team/Relationships
Issues	Employee	1. Performance
		2. Absenteeism/Leaves/Disappearance
		3. Behavioral/Conduct Issues
		4. Distanced from Team/Introverted
		5. Irritability/Negativity/Frustration/Rude
		6. Management/HR Attention
Issues	Manager	1. Compassion/Support/Help
		2. Frustration/Lack of understanding
		3. Greater management effort (absence, work coverage, training)
		4. Desire to exit
		5. Covering up for the individual
		6. Managing team member concerns
		7. Cautious/Fearful of individual

Key issues experienced by employees and managers were compared to other key themes to see what findings surfaced. Considering issues faced by the employee centered on performance and absenteeism, it is interesting that employees liked these jobs and their

organizations, had pride in working, and desired a career. This suggests that the performance and absenteeism are recognized as problems but are not avoidable. It is also reinforced in expression of liking jobs and organizations that offer flexibility.

Manager key issues compared to other key themes draws out that while they desire to help and support employees, but they are not equipped to do so. Their leader capabilities are poor, and they heavily rely on HR for assistance. Generally the support or guidance they are given by their organizations is to contact HR, leverage general management training, and refer associates to EAP resources.

Figure 6

Comparison of Workplace Issues to Other Related Themes

Code	Subcode	Key Issues	Correlation to other Codes			
			Leader Capabilities	Manager Support	Employee Job Likes	Employee Org Likes
Issues	Coworkers	1. Fear/Discomfort 2. Withdrawal/Caution/Apathy 3. Conflicts/Negativity/Distrust 4. Frustration 5. Destroys Morale/Team/Relationships				
Issues	Employee	1. Performance 2. Absenteeism/Leaves/Disappearance 3. Behavioral/Conduct Issues 4. Distanced from Team/Introverted 5. Irritability /Negativity/ Frustration/Rude 6. Management/HR Attention			Opportunity to create Location Money / Paycheck / Necessity Grateful attitude/wants to please Pride / Valued / Rewarding Flexibility of work Structure of job Career Interest but disassociation Employer reputation Working with guests/making happy Comaraderie with others Steadiness of job	Support system / Family environment / Caring Turning point / Necessity Pride in working/responsibility Escape from personal challenges/identity Career progression Benefits (discounts) Fun environment/Company association Flexibility / work life balance
Issues	Manager	1. Compassion/support/help 2. Frustration/lack of understanding 3. Greater management effort (absence, work coverage, training 4. Desire to exit 5. Covering up for the individual 6. Managing team member concerns 7. Cautious/fearful of individual	1. Not equipped/no training (evidenced by ignoring, pushing for exit, lack of understanding) 2. Rely heavily on HR for assistance 3. Care and Support	1. HR contacts for guidance 2. General management training 3. EAP referrals		

The above comparison of findings support the thematic findings noted previously. It should be noted that coworker comparison data were not available. However, the coworker issues are noted above, because the absence of data also suggests there is an absence of training and support for coworkers, just as there is for HR professionals and managers.

Findings Related to the Research Questions. The primary research question explored in this study is to understand the lived workplace experiences of individuals with perceived and diagnosed mental health disabilities. This question is explored from the employee's view and the employer's view through a series of secondary questions. HR professional interviewees were expected to provide the employer's view and the mental health professional interviewees were expected to provide the employee's view.

Figure 7

Interview Questions

1. What are the lived workplace experiences of individuals with perceived and diagnosed mental health disabilities?
   a. What is the importance of employment for individuals?
   b. What is the specific employment background of individuals?
   c. What level of knowledge did coworkers, managers and the employer have regarding the mental health condition and how was it gained?
   d. What specific challenges arose with coworkers and managers in each employment situation or due to company practices and what were the outcomes?
   e. What positive experiences arose with coworkers and managers in each employment situation or due to company practices?
   f. What elements of the organization's culture influenced each employment experience?
   g. What employment experiences were successful, and which were unsuccessful?
   h. What company practices were successful and which were unsuccessful?

2. What are the lived workplace experiences of employers of individuals with perceived and diagnosed mental health issues?
   a. What knowledge did the employer, manager and coworkers have of the mental health condition of the employee(s) and how was it gained?
   b. What specific challenges arose with coworkers, between the employer and the employee(s) or due to company practices and what were the outcomes?
   c. What positive experiences arose with coworkers, between the manager and the employee(s) or due to company practices?
   d. What elements of the organization's culture influenced each employment experience?
   e. What employment experiences were successful, and which were unsuccessful?
   f. What company practices were successful and which were unsuccessful?

Given that the primary research question was the same, all interviewees were asked all of the secondary questions. Interestingly, the HR professionals provided perspectives from both the

employee and the employer. The mental health professionals provided perspectives only from the employee view. The findings related to the secondary questions captured from all participants are reflected in the paragraphs that follow.

Employee Workplace Experiences. Discovering the lived workplace experiences of employees with perceived and known mental health issues was one of the two primary interview questions. The expectation was that the mental health professionals would be the key contributor to these experiences. However, detailed information from both the employer's and the employee's view, was gathered in the interviews with HR professionals.

Importance of Employment. The importance of employment for individuals was validated by participants. The need to make money to support themselves or others was noted as key reason for liking their jobs. However, the majority of employees were described as valuing employment, taking pride in their work, and finding work rewarding. In some cases the workplace was described as an environment where employees had a support system and a caring family around them.

Employment Background. The employment background of employees was explored inclusive of the types of jobs held and their tenure. Employees with mental health issues in the hospitality industry work in every job type. Within the interviews conducted 53 different employees were mentioned, the job types included office or administrative jobs, guest-facing or front of house jobs and back of house jobs. This suggests that individuals with mental health conditions come from all types of backgrounds, education levels and areas of interest.

Jobs. As jobs were described by the various participants, the guest facing service jobs were consistently characterized as difficult. These challenges were due to the physical efforts in some jobs such as housekeeping, and also due to the attitude of guests toward workers. Given these characterizations, it was expected that employees with mental health conditions would not

particularly like their jobs. However, the data collected did not validate this expectation. Rather, the majority of employees with mental health issues were identified as having overwhelmingly positive feelings about their jobs. The most frequent reasons for liking jobs were for the location or proximity to home and pay. These were followed closely by pride in working and the desire to please specifically the guest.

Dislikes of the job were explored as well, but nothing stood out predominantly as reasons for the dislikes mentioned. This may be due to the primary finding that jobs were liked by employees. Overall, employees with mental health issues were found to value work despite some of the work or personal challenges.

Tenure. The tenures of employees with mental health conditions that were presented by interviewees were identified based on their best recollection. Often tenures were referenced in a range of years. To summarize the tenure details provided, these references were captured as less than 1 year, 1-3 years and 3-plus years. Approximately 28% of the employee references were in their jobs less than 1 year, another 21% were in their jobs 1-3 years, and the remainder or 51% were in their jobs 3 or more years.

Table 4

Employment Tenure

Tenure	Count	Category	% of Total
0	15	Less than One Year	28%
1	4		21%
2	4	1-3 Years	
3	3		
5	1		51%
3+	8	3 Plus Years	
5+	12		
LT	6		
Grand Total	53		

This suggests that the tenure of the employees with mental health issues represented in this study are longer term than was expected by this researcher. The majority of individuals mentioned were in their jobs well over 1 year. Over half of them remained in their jobs over 5 years. This suggests not only that employment of individuals with mental health conditions is achievable, but that it is often a mutually beneficial relationship.

Knowledge of Mental Health Conditions. The knowledge of mental health conditions was explored in this study to understand who was aware of employee conditions and how they became aware. The desire was to explore if this knowledge helped or hindered the circumstances for employees with mental health conditions. The findings below are grouped based on knowledge of the mental health condition and who in the work relationships was aware.

Participants were asked the known or perceived mental health conditions of their employees. They most frequently identified depression as the mental health condition. It is interesting to note that the next most common diagnosis reported was "unknown," which means that the mental health condition was too vague or was merely perceived by participants who may have been reluctant to say if it was not a formal diagnosis. The next most frequent reference was related to employees with autism. Given that 54 different diagnoses were referenced by the participants and that depression accounts for approximately 30% of that total, it is clear that

diagnoses that present in the workplace cover a wide spectrum of mental health issues. Additionally, depression is acknowledged as having a prevalent impact in the workplace (Hauck & Chard, 2009), and has been acknowledged as on the rise due to the COVID-19 pandemic (Place, 2020).

The level of knowledge co-workers, managers and HR professional had about the mental health condition was explored. Not surprisingly, HR professionals interviewed knew about the mental health concerns, however they often did not know the actual diagnoses. Managers and co-workers often knew there was a problem, but they rarely knew the diagnoses, unless the employee confided in them on a personal level.

Mental health professionals interviewed suggested that the majority of clients choose not to reveal their mental health diagnoses due to fear of bias or stigma unless it becomes necessary to ask for leaves of absence, work accommodations or to avoid discipline for related reasons. In some interviews mental health professionals noted that they work with client employees to keep appropriate boundaries and only share details about their conditions or diagnoses with trusted individuals because of biases and stigmas that exist. In the cases identified by mental health professional interviews, HR representatives were only known to be aware when the employees were referred to the mental health professional by their employer which varied based on how each mental health professional received cases.

In these same cases, managers were not always aware and of the 53 cases initially noted, 19 referenced manager awareness and 10 referenced coworker awareness. In many situations, this awareness was acknowledged as more likely a perceived awareness than a sure knowledge of the individuals' specific diagnosis. This indicates that much is left to perception rather than factual knowledge for managers, coworkers and even HR representatives working directly with employees. As this area was probed within the HR interviewees, perception was the most

common way the organization was aware of mental health issues, followed by voluntary

employee disclosure and finally by organization initiated actions including follow up on requests

for help that led to knowledge of the specific diagnosis.

Overall, who knows what is unclear. It is clear that those work relationships most

important to employment success (i.e., the manager and coworkers) of employees with mental

health conditions are clearly operating with lack of knowledge. Protection of employees' mental

health diagnosis was frequently mentioned by HR professionals, so the lack of knowledge of the

condition is likely the result of adherence to confidentiality requirements. The lack of knowledge

leads to assumptions, has the potential to perpetuate biases and wrong perceptions mental health

conditions and the individuals who are coping with them.

Work Issues. Workplace issues were gathered in all the interviews and were solicited

from the perspective of the employee with the mental health condition, coworkers and managers

to see what if any correlation may exist among the types of issues experienced. Overall issues

experienced by every relationship are real for them and impact the work environment.

The issues identified by both HR professionals and mental health professionals were

grouped to identify the areas of most significant impact. For the employee with the mental health

condition the most significant impact was performance, followed by absenteeism, behavioral

conduct, and isolation from the team. The most significant impact for coworkers was fear and

discomfort working with the employee. While the source of the fear was most often for

themselves, it was often also referenced as fear for the well-being of the employee with the

mental health condition. Other areas of key impact for coworkers include withdrawal from,

distrust of and frustration with the employee with the mental health condition.

The issues for managers reflect primarily a desire to provide support and help. This desire

is coupled with frustration due to lack of understanding of conditions and the reality of increased

management effort to cover employee performance and absence issues. In numerous cases managers are noted as wanting to just get rid of the individual to eliminate the issues they are facing.

Issues are real for the employee, their coworkers and managers impacting the performance of work. Employee behavioral issues may result in distancing themselves from coworkers and coworkers distancing themselves from the employee. Overall this impacts the team and the manager's ability to accomplish goals and maintain a positive work environment. The varied emotional responses from the employee, their coworkers, and the manager complicate the conditions further making these issues extremely complex to manage. This is coupled with a desire on the part of managers and some co-workers to provide care and support for the employee, which complicates the emotional responses further.

Positive Experiences. Special support efforts were captured during the interviews to identify real life positive experiences between employees and employers when managing mental health issues. The most frequent effort used to provide support is accommodations or special modifications of work related conditions to meet the needs of the employee. The next most often special support is to provide time off or leaves of absence to manage mental health issues. One unique area of support that was provided was direct access to mental health professionals to coach both the employee, the manager, or both collaboratively as situations arose.

Key Workplace Relationships. Relationships in the workplace were identified to understand others who had regular interaction with employees with mental health conditions. The most common relationship interactions existed with coworkers, primarily on the same team. The next most frequently mentioned relationship was the customer (i.e., also referred to as guest, client, or general public). Much less frequently mentioned but ranking third was the manager. The nature of these relationships were not directly probed. However, answers to a variety of

questions often referenced special support provided to the employee with mental health issues. When characterized as support and helpful to the employee, it was exclusively mentioned as provided by coworkers or friends at work who cared personally and most frequently it was referenced as their immediate work team.

Employee Views on Work Environment. Descriptions of work environments in which employees with mental health issues worked were solicited from participants. Negative descriptions were predominant. The reasons cited for negative environments included high pressure to produce, guest services challenges, and long work hours coupled with physical demands in some jobs. The specific dislikes of the workplace were questioned further, which validated the above reasons. Workplace dislikes were found to be primarily work pressures due to overwork and being on all the time, performance anxieties, and finally lack of work or hours. The above may be a reflection of the hospitality industry and variations in the work environment due to differing guest demands and the seasonal fluctuations in work.

Workplace likes were explored specifically as well in the interviews. The findings here suggest that the primary values found in the workplace by employees is how the workplace meets personal needs both financially and emotionally. The support system found with coworkers in the environment ranked second in the likes within the workplace followed closely by pride in working. These findings correlate closely with the job likes presented earlier.

Organizational Culture. Organizational culture was explored in this study to determine if they influenced the employment outcomes for employees with mental health issues. Organizational perspective statements might also be characterized as strategic views regarding mental health in the workplace. The statements captured primarily referenced a caring culture or work environment. However, only two of the HRP interviewees referenced specifically that their organizations recognize mental health issues as an important business influence and support

programs and training. Given that 10 different workplaces were represented through these interviews, this represents 20% of the HR participants. One of the five MHPs interviewed referenced a very specific program that was in place jointly by three organizations, to specifically assist.

A secondary category that surfaced within organizational perspectives is the desire for HR professionals to be the responsible parties in managing mental health in the workplace. Other statements captured regarding organizational perspectives were mixed in nature but portrayed a negative and uncaring view. These were evidenced by comments like: "employees are seen as robots," "leave problems at the door," "requests for stress leaves of absence were made fun of and deemed to be faked," and "primary attention was on minimizing company liability."

Employment Success. Details were sought to determine which employment experiences were successful and which were not. A Hospitality Role/Employment Matrix was created to identify the number of and types of hospitality roles that were represented in the interviewees mapped against the success, failure or unknown outcome of the employment status for each employee in those roles as reflected in Table 5, Employment Outcomes by Job Type. Fifty-three distinguishable individuals employed in 18 different roles were referenced in the interviews. These roles were categorized into job types, and 40% of the employment outcomes were unsuccessful. Excluding job types with less than three employees identified, the lowest failure rates across job types were identified in housekeeping, guest service, and grounds/maintenance type jobs, while highest failure rates occurred in foodservice, call centers, and administrative type jobs. Interviewees often characterized housekeeping staff as close-knit, family groups that supported each other. One interviewee suggested that the differences in culture and background that typically make up housekeeping teams may prepare these teams to be more inclusive and accepting of differences.

Hospitality Role/Employment Matrix

Table 5

Employment Outcomes by Job Type

	Employment Outcomes					
Job Type	Failure	Success	Unknown	Varied	Grand Total	Failure Rate
Administrative	5	7			12	42%
Call Center	3	2	1		6	50%
Foodservice	6	5		1	11	55%
Grounds/Maintenance	1	1	1		3	33%
Guest Services	2	2	1	2	7	29%
Housekeeping	1	8	1	1	11	9%
Sales	2				2	100%
Spa	1				1	100%
Grand Total	21	24	4	4	53	40%
Percent of Grand Total	40%	45%	8%	8%		

A Mental Health Diagnosis/Employment Matrix was developed to identify the number of mental health diagnoses that were represented in the interviewees mapped against the success, failure or unknown outcome of the employment status for each employee with those diagnoses. It is noteworthy that interviewees referenced more than one diagnosis for an individual and often a diagnosis was not known. For analysis purposes when more than one diagnosis was referenced, the first mentioned diagnosis was captured in the data in Table 5.

The most frequently identified diagnosis is depression, but it is interesting to note that depression was frequently accompanied with additional diagnoses. Given the small number of individuals within all other diagnoses, it is difficult to determine that specific diagnoses have significantly higher employment failures. It is interesting to note that the employment failure rate for individuals with depression is less than the overall failure rate across the entire population. Interviewees often characterized depression as common, treatable and manageable in their experiences with employees.

Mental Health Diagnosis/Employment Matrix

Table 6

Employment Outcomes by Diagnosis

	Employment Outcomes					
Diagnoses	Failure	Success	Unknown	Varied	Grand Total	Failure Rate
Alzheimers		1			1	0%
Anger Management	1		1		1	100%
Anxiety Disorder		2			2	0%
Autism		5	1		5	0%
Bipolar	3		1		3	100%
Depression	4	5	1	4	14	29%
Drugs, Violence	1				1	100%
Emotional Issues	1				1	100%
Exhaustion					1	0%
Gender Disphoria		1			1	0%
Multiple Personalities		1			1	0%
Nervousness		1			1	0%
Paranoia	1	1			2	50%
Paranoid Schizophrenic		1			1	0%
Personality Disorder	1				1	100%
PTSD	3				3	100%
Sexual	1				1	100%
Stress		2			2	0%
Substance Abuse	1	1			3	33%
Unknown	4	3			8	50%
Grand Total	21	24	4	4	53	
Percent of Grand Total	40%	45%	8%	8%		

Separately a word count was performed for all references to specific diagnoses throughout all interviews. This analysis validated depression as the most commonly encountered mental health condition. It was closely followed by stress/anxiety and more distantly by substance abuse.

It is interesting to note in Table 6 that the diagnoses with 100% failure rates are represented by very few employee outcomes suggesting these may be one-off instances not applicable to the specific diagnoses. However, it is also interesting that these same diagnoses represent more challenging conditions to consistently manage which could lead to dealing with more complex situations in the work environment. Of most significance to this study is that the

majority of employment relationships were successful. This correlates with the tenure noted

above which reflected over half of the employees remained in their jobs 5 or more years.

Supportive Organizational Programs and Practices. The types of organizational

programs and practices leveraged by organizations to support employees with mental health

issues were examined through this question. Understanding the formal programs in place and the

specific support provided to employees, managers and HR were probed in detail. Additionally,

the level of capability of both managers and HR were explored.

Programs. Specific details were gathered on the specific programs provided by

organizations in support of mental health in the workplace. Based on the frequency mentioned by

interviewees, the following programs were in place in most companies: employee assistance

programs; leaves of absence; medical insurance; paid time off; and disability accommodations.

Employee assistance programs are widely utilized as a critical resource to provide employee

referrals for counseling, to require counseling in extreme behavioral situations, and to provide in

house support following a workplace crisis (such as an employee suicide). In rarer situations

EAPs were used in two other notable situations: (a) to mutually determine (i.e., the employee,

counselor and company representative) possible accommodations, and (b) to provide HR

training.

Organizational Support. Organizational support was explored more deeply probing what

other types of support were provided to managers and HR in preparing them to handle mental

health issues in the workplace. EAP resources were the primary resource provided to HR, with

very few HR teams leveraging EAP beyond referrals. Several organizations leveraged EAP

resourcing bringing them on property following tragedies, for grief counseling. A few expanded

the use of the EAP in very limited cases to interact with the employee and HR to determine

possible accommodations. However, the majority leverage their EAP resources strictly as

referral resources. The next most common support organizations provided their HR teams was networking with other HR professionals and legal resources. This collaboration was noted as a support to HR professionals in sharing ideas and determining next steps. It is important to note that in a few cases that organization support was noted as "nothing."

Organizational support provided to managers was also explored. The most common support organizations provided their managers was access to HR Professionals for guidance. The second most frequent support referenced was access to EAP resources. Occasional comment was made about various management training programs, but generally these were focused on other primary topics such as diversity and inclusion or management responsibilities that would provide the opportunity to touch on the topic of mental health. Two interviewees mentioned that at one time or another, their organizations provided specific training on mental health topics. One was in response to the COVID-19 pandemic and the other was following a workplace violence issue; and both were one-time offerings. It is important to note that in many cases organizational support for managers was referenced as "nothing to poor."

In the interviews, the actual types of support provided to employees was also explored. The most frequent method used was some type of workplace accommodation for the employee, second was time off or leaves of absence. In a few situations, organizations provided personal coaches or counselors to work directly with the employees. Interestingly, only two of the HR professionals referenced use of personal coaches. One was for an executive employee, and the other was following a workplace violence episode and was provided to the already terminated employee to mitigate liability.

The more intentional coaching and counseling efforts presented were shared by two mental health professional interviewees. One effort was a "chaplain program" designed by three companies based in the same city. Chaplain resources were available by HR referral to any

associate for a variety of reasons including mental health issues. While similar to EAP resources, these were generally in person sessions and the same chaplain resources were leveraged to train HR professionals and managers. Another effort shared was a community social program for career training available to individuals, including career placement assistance, counseling, and one year access to a coach or mentor to walk through issues that arise. Overall the MHP interviewed indicated that it was rare to engage directly with managers or HR as they worked with employees with mental health issues; however, in the few cases it was done, it was described as a factor in the employee's success.

Leader Capabilities. Details regarding the capabilities of both managers and HR professionals in responding to employees with mental health conditions and the issues that arise were also explored through this study. The findings (i.e., codes and subcodes) pulled from interviewee responses were categorized to identify the key capabilities demonstrated and key capabilities that were lacking.

Overwhelmingly HR professionals identified themselves as ill-equipped to handle mental health issues. This characterization was supported by HR professional behaviors including unclear lines of responsibility given they are not trained counselors, heavy focus on performance, policies and legal concerns, and fear/hesitancy. Mental health professionals shared mixed responses regarding the support provided by HR to their clients. The most frequently identified response of HR professionals demonstrated was caring for or championing the needs of employees with mental health conditions. The second most common response was to provide the available employer and sometimes community resources to assist employees and/or managers.

HR professionals and mental health professionals alike identified managers as ill-equipped to handle mental health issues. This characterization was supported by manager behaviors including focus on poor performance, pushing for termination, lack of understanding,

and ignoring problems. The most frequently identified response of managers is to engage HR for assistance. The second most frequently response managers demonstrated was caring for or championing the needs of employees with mental health conditions followed by generally poor management skills that can impact capabilities to handle any issues that arise including mental health issues.

HR and managers were described as having a strong desire to care and support the needs of employees with mental health issues. There is noted similarity in behaviors of both HR and managers in the focus on performance and hesitancy to address issues. Of most important note, is the finding that HR professionals and manager alike are rarely provided any related training or education in the workplace. Capabilities identified were expressed as being obtained through personal and professional experiences. In one interview it was specifically identified that university curriculums related to management and human resources do not broach this topic. The absence of education and training for HR professionals and managers is a key finding of this study.

Recommendations. Participants were queried about their personal recommendations for improvement related to sustaining successful employment relationships for employees with mental health issues. The expected findings were that this responsibility does and should continue to be the responsibility of the employee. However, this theme did not result.

Lack of organizational support and training was an anticipated theme. HR participants acknowledged a lack of training and support provided to both HR and managers by employers. A key recommendation that was made by study participants is the provision of training and education to better equip involved staff in recognizing and managing employees with mental health issues. This recommendation was supported by both the HR professional and mental health participants interviewed.

Access to mental health care was not expected to be a theme resulting from this research. However, access to mental health resources was mentioned as a barrier by all the Mental Health professional participants and by some of the HR professional participants. While most employers represented in the study offered medical benefits, including mental health care benefits, HR professionals often noted that many employees do not enroll because of premium costs or may not be eligible due to part-time status or they may elect not to enroll in benefits due to cost. Access to mental health resources was referenced as a key issue for employees with mental health issues.

Findings Related to the Conceptual Framework. The conceptual framework for this study was designed based on the purpose of the study and the literature review. As the findings emerged, they were further summarized based on the influences and relationships in the framework. The details are captured in Figure 2, Conceptual Framework of Workplace Mental Health Influences and Findings above and summarize findings related to environmental influences (i.e., societal, regulatory, employer and jobs) and influencing relationships employees have with coworkers, managers, HR, and mental health professionals.

Environmental Influences. Societal influences are reflected in findings captured in Theme 1 and Theme 2. The findings noted Theme 1, Societal stigmas remain a barrier and influence workplace behaviors, validates that societal stigmas remain a barrier for employees with mental health issues. Mental health professionals shared that clients do not readily share information with employers because of concerns related to these stigmas. Manager, coworker and employee behaviors suggest that stigmas continue to have an influence. Yet, employees with mental health issues were found to value employment and be able to sustain employment, as noted in Theme 2, Employment is valued and can be sustained.

Regulatory influences are captured in findings noted in Theme 3, Regulations provide support and cause support barriers, reflected that regulations play an important role and were generally seen as helpful in providing some protections for employees with mental health issues. However, they were also noted as limiting the ability to collaborate among the parties involved in the employment relationship. HR professionals shared their knowledge is often only perceived and managers are generally not aware further hindering effective collaboration.

Employer influences are captured in findings noted in Theme 4 and Theme 5. The findings presented in Theme 4, Employer programs primarily focus on EAPs and are inadequate, reflect wide use of EAPs as the primary support for employees with mental health issues by employers. EAP services were acknowledged as beneficial but limited and inadequate in supporting employees with mental health issues. Findings presented in Theme 5, Managers and HR are poorly equipped to manage issues, represent a general absence of training or other support for managing mental health issues. An interesting contradiction emerged that most employers characterized their environments as supportive of mental health issues, often citing EAPs as evidence.

Influencing Relationships. The findings in Theme 6, Strong workplace relationships are key to sustained employment, examined the key relationships for employees with mental health issues. Relationships were all found to be challenging, which may correlate with social stigmas, lack of knowledge of mental health issues and lack of understanding of mental health. Benefits of strong relationships were acknowledged by both HR and MH professional participants as helping sustain employment relationships.

Coworkers were often noted as key individuals or teams providing care and support for the employee with mental health issues. Interestingly they are noted as never informed about the mental health issue, gather knowledge somehow, provide coverage for the individual, and

provide the cultural experience employers promote. Mental health professionals provide care for the employee, but often absent direct job or work environment details. They rarely engage with the employer directly. They reflect that when providing support as EAP providers, they are limited to assessing the employee's needs and are not available to provide ongoing support.

Findings Related to the Anticipated Themes. The anticipated themes reflected in Section 2 of this paper include themes related to the following: (a) societal stereotypes and biases will continue to impact mental health in the workplace, (b) regulations that support employees with mental health issues are difficult to maneuver and can create barriers for employee's ability to sustain employment, (c) employer programs are not adequately addressing the issues that arise, (d) mental health issues are not isolated to a particular industry or job, and (e) positive relationships in the workplace are key to the success of employees with mental health issues.

Societal Biases and Stereotypes. Societal biases discussed throughout the literature review, were expected in this study to remain a key factor for employees with mental health conditions as validated by findings of this study noted in Theme 1. Mental health professionals interviewed predominantly express concern for their clients indicating that they encourage employees to be cautious about sharing their mental health issues openly indicating they cannot be sure who is trustworthy. Mental health professionals expressed that openness about conditions may provide an opportunity for issues to be managed collectively with the employee, manager and HR. However, the real life experiences for their clients suggest that this often leads to a short path to termination.

Separately, HR professionals shared that confidentiality of conditions is a key focus, but that employees and managers generally know something is wrong leading to guessing at issues and innuendo about issues that exist. In real life examples were provided that suggest that some work teams make significant effort toward supporting their coworkers. HR professionals also

noted that managers have a keen interest in providing caring support for employees with mental health issues.

Regulations are Difficult to Maneuver and can Create Barriers. Regulatory themes were acknowledge as designed to protect and support employees with mental health in the workplace. The perception that the laws are difficult to understand was reflected in the findings in Theme 2 as HR professionals noted that managers are not able or allowed to navigate the challenges that arise in this area on their own. The perception that the regulations may create some barriers was difficult to glean from participants in this study. However, HR professionals reported only minimal interaction with mental health professionals in managing through workplace situations for employees. This reluctance suggests that the regulations due create a barrier to creative problem solving among those most knowledgeable about the situation.

Employer Programs are Not Adequate. The pre-research view was that employer programs are inconsistent and do not seem to address the sustainability of mutually beneficial employment. This was wrong related to employee assistance programs, as the one constant tool referenced by almost all interviewees as a key program supporting employees with mental health issues. However, the findings in Theme 4 did support that the programs in place are not adequate to support sustainable and mutually beneficial employment. EAPs were frequently mentioned by interviewees as important but insufficient in supporting ongoing needs. Findings in Theme 5 also reflected that the level of support provided HR and managers in this area of responsibility are poor.

Positive Relationships are Key to Successful Employment. An anticipated theme was that supportive relationships in the workplace would make key difference in the employment success of employees with mental health issues. This was a key finding, noted in Theme 6 of the research effort, and it was found specifically that strong workplace relationships play a

significant role in supporting employees with mental health issues. While managers do influence

outcomes for these employees, they were found to be focused primarily on performance, and

interestingly, relationships mentioned as providing care and support were coworkers or work

teams.

Findings Related to the Literature. The following paragraphs discuss how the findings

relate to the literature review. Similarities and differences have been identified. If a finding was

not conclusive, this is also referenced.

Societal Factors Influencing Workplace Mental Health Issues. The societal recognition of

mental health issues found in the literature review permeates to the business world (World

Health Organization, 2014). Every participant in this study recognized that mental health issues

impact workers and business operations. Additionally, the findings validated literature references

that employment is valued by employees with mental health issues (Kensbock & Boehm, 2016).

Concerns of unemployment were referenced by the mental health professional participants as

they work routinely with individuals struggling to maintain employment. HR professionals did

not reference unemployment related issues as they were focused on sharing specific experiences

and predominantly shared circumstances related to employees with long-term employment

relationships.

Recognition of stress and mental health in the workplace has increased as society has had

to contend with the COVID-19 pandemic (Place, 2020). This has the propensity to reduce

stigmas associated with mental illness, but stigmas were recognized as prevalent in the

workplace experiences shared in this study. Negative perspectives of individuals with mental

health still create barriers for employees. Mental health professionals reported that they warn

clients to be very cautious about sharing their conditions with employers.

Government and non-profit organizations offering re-employment training for individuals with mental health were not specifically explored in this study. However, mental health professionals did mention working with clients whose employment was part of public retraining programs. Additionally, one mental health professional referenced the work of an employment retraining and readiness program that has seen some success. This program offers a broad range of support including family, financial, career planning and job placement including one year of employment mentoring support to work through issues that arise in the workplace.

Mental healthcare for employees represented in this study were often only known to be available through EAP resources. The extent of other medical benefits were not known as employees can elect not to take benefits to save the cost. Additionally, not all employers offer coverage. The challenge as found in this study is that EAP counseling is generally limited to the assessment of the need for care and is not targeted at treating the mental health issue in particular.

Literature pointed out that mental health literacy was low among individuals suffering with mental health issues (Shann et al., 2014). This study reflected that awareness of real life mental health conditions in the workplace are not frequently known by managers and coworkers of those with conditions. This lack of knowledge may not just be due to barriers to sharing and confidentiality concerns as reflected in the findings. However, there may be a more general malaise related to literacy on mental health issues (Elraz, 2017). This malaise speaks to the overarching finding that mental health training and education is needed, and it expands that need beyond organizational leaders to employees in general.

Legal Factors Influencing Workplace Mental Health Issues. Laws designed to aid and protect employees with mental health issues were portrayed in literature as both a benefit and a barrier for employees (Kaminer, 2016). The Family & Medical Leave Act (FMLA) and the

Americans with Disabilities Act (ADA) both provide protections that were found to be primarily beneficial by participants in this study. However, in extreme cases, one mental health professional suggested that the regulations can make it difficult for employers to take action that may be needed.

Privacy regulations were also found to be both positive and negative in this research. Protection of privacy, in addition to protecting health information, also minimizes stigma and bias (Bovopoulos et al., 2016). However, the privacy regulations do not prevent others from learning about mental health conditions. It does, however, allow others in the workplace to focus on their own personal perception versus facts. Only in a few instances shared in this study were mental health professionals engaged to discuss workplace accommodations with HR professionals and managers to assist employees. In those cases all parties were involved, and the outcomes were positive. Opportunities are not actively pursued for the benefit of the employee and employer.

Workplace accommodations are commonly used in the workplace as was identified in literature and was validated in this research. Virtually every HR professional referenced specific situations in which some form of accommodation was afforded employees. The widespread use of accommodations is a source of encouragement. However, it should also be noted that in several situations HR professionals acknowledged that these accommodations often raised questions of fairness and brought negative attention to the employee in other ways that were not intended.

Organizational Factors Influencing Workplace Mental Health Issues. The literature review reflected that organizations have potential to influence mental health issues (Hatchard, 2008) with direct access to a significant population of adults (Wahlbeck, 2015). Additionally, the World Health Organization suggested that employers have the opportunity to engage in

intervention programs. The findings in this study validate these same opportunities given that all participants recognize the need for training and education for leaders to assist in recognition of mental health issues and to develop skills for responding to and supporting employees with issues.

Literature also focused on the opportunity for organizations to positively influence performance through education efforts that increase early identification and intervention efforts (Lee et al., 2014). Performance was identified in this research study as the primary issue that arose for employees with mental health issues. Generally, HR professionals noted that performance or attendance issues occur before knowledge of a mental health issue does.

Literature reflects that organizational cultures that are supportive to individuals with mental health disabilities provide for flexibility in scheduling, employee assistance programs and education in the workplace (Martin et al., 2015). The findings validate that flexibility is considered a positive workplace characteristic by employees with mental health issues. Given that employee assistance programs are positively perceived and leveraged by most of the employers represented by this study suggests the literature and findings are aligned on EAPs as an indicator of a supportive culture. The one variation is a prominent finding that EAP offerings are limited in the support provided. Findings that there is a lack of education and training provided by employers, does not match the information gleaned from literature.

Leadership capabilities referenced in the literature review reflect that there is a lack of confidence in handling employee situations effectively (Follmer & Jones, 2017). It also reflected that leadership training rarely includes skills related to handling mental health issues (Shann et al., 2018). Findings in this study match the literature and suggests that the gap in leadership capabilities in the area of mental health has been and continues to be an issue.

Education and training for managers and employees with mental health conditions was not found to be widespread in literature references (Shann et al., 2018). Additionally it noted that details related to management and guidance for employees with mental health issues are left to HR to administer (Shann et al., 2018). The findings in this research validate both of these items, reflecting a lack of training and education within organizations and heavy reliance on HR to determine administrative steps and actions for these employees.

Relationships in the workplace were reflected in literature as key to the successful management of mental health issues and maintaining ongoing employment (Woolfson, 2016). Literature portrayed the manager relationship as the most significant (Boysen et al., 2018), but also mentioned the importance of coworker relationships (Vaughn et al., 2016). Findings in this research suggested that coworker relationships held a higher level of significance in the employee's workplace satisfaction and employment success.

Jobs Factors Influencing Workplace Mental Health Issues. Literature suggests that mental wellness in the hospitality industry is key because of the regular interactions between employees and customers (Harmer, 2012). Specific jobs were not found in this study to have more prevalent existence of mental health issues. However, participants in the study did acknowledge challenging interactions with customers as a high stress factor. Additionally, in one specific example in the study, an employer mentioned reassignment of an employee who was unable to interact appropriately with customers due to a mental health issue.

Findings Related to the Research Problem. The general problem is that workplace challenges that arise related to mental health issues are not being successfully addressed to sustain mutually beneficial employment relationships (Weissman et al., 2017). The findings of this study noted that the majority of real life situations referenced in this study were long-term, successful employment circumstances. However, the majority is not a significant majority, which

suggests there is a lot of opportunity for greater success in sustaining mutually beneficial employment relationships.

Another part of the problem is that practical solutions are limited and those that have been used have not positively impacted workplace issues related to mental health (Follmer & Jones, 2017). Employer responses to these issues are varied and often suggest the issues are personal and not organizational concerns (Martin et al., 2015). Limited practical solutions was validated as a problem in the findings of this study, but there was widespread recognition that employers need to do more.

EAPs are identified as a key program in supporting employees with mental health issues. However, they are presented by participants in the study as the only area of support and limited in how long they are available to employees. Additionally, organizations do not typically leverage EAP resources to provide training within their organizations or to engage in collaborative discussions on behalf of the employees using the services. Outside of EAP services, there are very few organizations finding ways to provide support to their employees with mental health issues.

Summary of the Presentation of Findings

The general problem studied in this research was validated. Workplace challenges that arise related to mental health issues are not being successfully addressed to sustain mutually beneficial employment relationships and practical solutions are limited. While successes do occur as evidenced by many long-term employment relationships, there are almost as many failures.

The purpose of the study has been achieved though exploring the differing workplace experiences of employers and employees within the hospitality industry when dealing with mental health conditions. While the hospitality industry has the unique characteristic of stress

caused by customer interactions, the findings did not identify any significant results that would

be true only to the hospitality industry. There were very few experiences of employee, portrayed

by the mental health professionals that were significantly different than those portrayed by HR

professionals.

A few of areas for improvement have been identified to further sustain mutually

beneficial employment relationships. A key recommendation that arose was the provision of

training and education to better equip involved staff in recognizing and managing employees

with mental health issues. Another area was improved access to mental health care, beyond

EAPs, to ensure sustained support.

Application to Professional Practice

Mental health in the workplace was acknowledged by all participants in this study as an

area of opportunity for businesses. The areas of opportunity can be related back to themes

discovered and represented in Table 2. These areas of opportunity have direct application to the

human resource profession.

A number of issues arise within businesses related to societal stigmas (Theme 1) that still

present barriers for individuals with mental health issues. Management and coworker responses

toward employees with mental health issues, including fear and distrust, reflect the persistence of

stigmas in the workplace. Common efforts to conceal mental health issues by employees also

reflect the existence of barriers. Effectively addressing stigmas in the workplace presents an

opportunity to the profession and to businesses to eliminate some of the challenges that arise in

the workplace among managers, coworkers and employees with mental health issues.

Recognition by HR professionals and business leaders that employment is valued and can

be sustained by employees with mental health issues (Theme 2) will be key to further

understanding opportunities that exist. The strategic value of employees with mental health

conditions to business operations is not understood today. Businesses are not aware of all of their employees with mental health issues. The ones that are known are those that require attention, but many others are unknown because employees are managing their conditions well and keeping them concealed. Yet, we know that mental health conditions impact 25% or more of the general population including employees at all levels of the organization. Recognizing that employees with mental health issues can sustain long and valued tenures within businesses has direct application to the field of human resources and their ability to attract and retain employees.

Regulatory (Theme 3) compliance is rightly a primary focus by employers when managing employees with mental health conditions. Acknowledging the benefits and challenges of these regulations is key to ensuring they provide appropriate support and management of employees with mental health issues. Sharing this type of information from both the employee and employer perspective with leaders, managers and employees presents another area of opportunity for HR professionals and businesses.

HR professionals and businesses place heavy focus on EAPs in supporting mental health issues that arise (Theme 4). This study surfaced the value that EAPs offer and limitations in EAP benefits and in how they are leveraged. HR professionals have an opportunity to fully evaluate the benefit offerings of existing EAPs and determine if services are adequate, if they need to be better utilized, and if they can be expanded. Additionally, there may be opportunity to better communicate availability of resources for both employees and managers when working through issues that arise related to mental health.

Manager and HR training (Theme 5) represent a significant opportunity for employers. This study found that training is significantly lacking, that most HR professionals learned their responses to mental health issues by experience, and that most managers have had no training. Training is readily available, sometimes through existing EAP resources. HR professionals

influence the training and development objectives of their organizations and promoting and providing training on mental health in the workplace represents a significant opportunity.

Workplace relationships (Theme 6) may be addressed through opportunities noted above such as efforts to reduce stigma and provide training. However, there may be some value for the HR professional to identify teams that have provided support to employees with mental health issues. These teams may represent resources to better inform the employer on opportunities to support and maintain mutually beneficial employment relationships for these employees.

Improving General Business Practice

Improving general business practices related to the employment of individuals with mental health issues has tremendous potential. However, it is likely to take a strategic or long-term commitment, which requires leadership support. Business practices certainly can improve, and through those improvements it is also expected that the social and legal environmental issues can be addressed over time. The most significant areas of improvement for businesses are likely to be achieved through training and education programs and expanded work with existing EAP resources.

Leadership support for mental wellness as a strategic objective aligns well with caring cultures that many organization promote. Additionally, it aligns with diversity and inclusion efforts recognizing that a cross-section of the organization is managing mental health issues. Leaders are not immune from the impacts of mental health both personally and within their family and social circles. Leadership support is a key way in which social barriers and stigmas can be diminished within organizations.

Educational opportunities identified in this study included mental health awareness for all employees and manager and HR training on responding to employees with mental health issues. Mental health awareness training is essential for the general employee population in order to

address societal and workplace stigmas. Mental health issues go undiagnosed, and undiagnosed issues frequently worsen without treatment. Increasing awareness of mental health issues in general may help surface issues early, encourage individuals to seek care, and better manage issues. Additionally, building awareness may help individuals recognize others' mental health issues, and these may be individuals in the workplace or within families or social circles.

Employee awareness of mental health issues is often limited. Limited knowledge can lead to fears and discomfort when issues arise. Improving the level of awareness of mental health conditions, can help alleviate uneducated reactions and responses and may create greater support from coworkers as issues arise.

Employee assistance programs were found to be the most common program utilized by employers in supporting employees with mental health issues. Mental health professionals in the study noted that EAP provided sessions generally only accomplish the creation of a recommended treatment plan. Ensuring transition from EAP resources to medical coverage treatment options for mental health is needed.

EAP support sessions were noted in only limited cases to either begin as a referral from employers when a need arose or to facilitate discussion between the mental health professional and the employer to discuss workplace accommodations that may be helpful. Confidentiality must be respected. However, organizations, particularly HR professionals need to develop a relationship with the EAP provider to refer cases when workplace issues arise to directly engage employees with care.

Also, offering interactions involving the employee, employer and mental health professional as a routine, optional step in the treatment process presents opportunities. This open dialogue may build increased understanding of specific areas of ability versus focusing strictly on limitations and may open up options to make the workplace accommodations mutually

beneficial. It can also build increased understanding of specific areas of ability versus focusing strictly on limitations.

It was further noted that aligning employees with specialized mental health providers is essential to ensure appropriate treatment and support. EAP transition of support should be closely monitored to understand how frequently employees need further treatment and if they have access to care beyond the EAP sessions. This can help evaluate gaps in care and opportunities that employers may be able to address.

Potential Application Strategies

Strategies for applying the learnings from this study have great potential for businesses within the hospitality industry and beyond. These potential applications identified in the following paragraphs are aligned with the general business practice improvements already noted. These include leadership support, education and enhanced EAP programs. Additionally, introduced in this section is exploration of existing community programs designed to train or retrain individuals and assist them in securing employment.

As with any strategic application, influence should begin at the executive leadership level. Examining existing businesses strategies to evaluate how support of mental wellness and individuals with mental health issues fits into existing strategies is an important application to make. Organizational strategies likely exist today, such as diversity and inclusion strategies that would also embrace further efforts related to mental wellness. Other strategic areas of focus may exist arising from the COVID-19 pandemic that promote safety and wellbeing of the workforce and clients and staff employment and retention strategies. These strategic areas of focus can easily include efforts that support employees with mental health issues.

Identification of leadership support is necessary for the advancement of any strategic effort. Gathering examples of executive and other leadership support for mental health issues to

share with executive leaders helps demonstrates the importance of this topic. Sharing the

strategic potential of supporting mental wellness may begin with a small group of executive

leaders who may have the most to gain, such as the executive human resources leader to test the

strategic alignment with other key objectives.

Educational strategies that exist today for organizations can also be examined for

potential application. Educational strategies may already address diversity and inclusion and

reinforcement of existing policies and programs. Finding applications within existing programs

to better support mental wellness and support for employees with mental health issues is an easy

extension of existing resources. Evaluating training programs that exist is an essential area of

application that would benefit organizations. Different training programs on mental health will

target different objectives. Mental health awareness education may increase awareness and

reduce stigmas on mental health. Separately, training may be available on how to identify and

respond to individuals with mental health issues. This type of training may be beneficial to HR

professionals and possibly managers. Understanding the various types of training available and

applicable to an organization's need is an important area of application.

Evaluation of EAP programs in place in an organization is an area of application that can

be undertaken. A review of the programs in place and in particular how they support employees

with mental health issues is a good starting point for those organization already using EAPs.

Examining EAP existing metrics in this area can provide some benchmark data to be regularly

monitored. Additionally, exploring the level of services offered and how these map to positive or

negative outcomes for individuals would further support the benefits of these programs. EAP

service offerings should also be examined as any benefit offerings evolve in what can be secured

to support organizations and their employees. Ensuring a full evaluation is done related to EAP

benefits, similar to the analyses done related to health insurance benefits, is a worthy application in evaluating the current and potential value derived from these programs.

Another area of application that is worthy of additional exploration by organizations is to evaluate existing community retraining programs supporting individuals with mental health issues. One program referenced by a participant in this study described a program available in Fort Wayne, Indiana. This program provides employment preparedness training and job search support for individuals struggling to obtain and sustain gainful employment, including individuals with mental health issues. This program, in existence today, provides the participants with skills and training related to sustaining employment relationships, assistance in finding and securing employment, and mentoring for one-year post employment to manage through issues that arise. Community program resources may well be available that could assist organizations in achieving staffing objectives and promoting mental health. Understanding what is available in the community and how they can be leveraged to meet strategic objectives is another area of application worthy of focus.

Summary of Application to Professional Practice

The HR profession is already supporting the issues that arise in the workplace due to mental health. Providing proactive efforts such as educational awareness may encourage employees to seek support early and may prevent workplace issues. HR professionals indicated in this study that neither they nor managers are getting training from their organizations on how to handle issues that arise. Rather, HR professionals are learning from personal experience and then guiding managers. The HR profession should recognize that this approach will lead to variation in methods and practices that could impact employees, teams and the greater organization. HR has the opportunity to lead the organization through strategic discussions on

the topic of mental wellness and support of employees with mental health issues to further the overall business objectives.

Recommendations for Further Study

The area of mental health is getting more attention, partly due to the increase in issues throughout the COVID-19 pandemic (Brooks & Ling, 2020). It stands to reason that this attention will shift to the workplace as well. However, studies of issues in the workplace, like this one, are challenging to pursue due to employer and human resource concerns for confidentiality and due to other priorities. Further research is needed in a few areas related to mental health in the workplace.

The first area recommended for further research is education opportunities on mental health in the workplace. Training programs exist, but there is a need to demonstrate to executive leaders that there is a benefit to be derived from focus on mental health. Additionally, employees may benefit from education on mental health awareness related to coworkers and themselves. Managers and HR professionals may benefit from education on how to assess, support, and manage situations that arise due to mental health issues. Research is needed to evaluate program types and benefits for organizations.

Another area recommended for further research is company provided mental health programs and benefits. Evaluation of employee assistance programs are needed to determine how organizations monitor usage, promote use of mental health benefits, and how well these benefits link recipients to further care needs through benefits or local resources. Evaluation of social service training programs for individuals seeking gainful employment is another program that could be research to determine the viability of such programs in supporting staffing needs within the hospitality industry.

Reflections

The following paragraphs focus on the opportunities this research brought to the research. The professional growth opportunities were expected, but the personal growth areas were more convicting. The biblical perspectives gained were not surprising but are welcomed reinforcements in how to treat everyone as a beloved child of God.

Personal and Professional Growth

Personally, the researcher has taken advantage of mental health training programs and gathered insights into other programs in development. Through these trainings, the researcher has gained additional knowledge and training and has been leveraged with resources in her own work team. Additionally, on a personal level, this work has been a source of conviction, as time was taken to evaluate how work related situations could have been better managed with employees. While reporting findings that skills are lacking for other HR professionals, it is obvious that more training would benefit this researcher as well.

A key learning taken from interactions with mental health professionals is the need to change how individuals with mental health issues are referenced. Society tends to label individuals with a mental diagnosis, such as suggesting an individual is schizophrenic or committed suicide. Rather stating an individual is struggling with schizophrenia or died by suicide, respects that the person is not just the condition. This use of person centered language is a small but insightful learning gained through this study.

From a personal perspective, the writer also acknowledges the overwhelming limitations every individual involved in these situations brings to the table. Because every situation is unique, it is virtually impossible to have a great depth of confidence and knowledge on how to handle it. Recognizing that policy and program designs will provide tools for many, but that they will not meet all needs is another important learning gained in this study.

Professionally, this study has reinforced for the researcher the magnitude of need and opportunities for the HR profession and for business growth. Relationships were developed with key HR professionals across a number of hospitality organizations, and the contacts are now individuals that could be tapped for further development of business opportunities. The magnitude of need was expected at the onset of this research to be focused on employees. However, the greatest magnitude of need identified is to provide relevant training for HR professionals, who are directly involved in determining how to work through workplace situations that arise with employees with mental health issues.

Exposure to some of the unique programs shared primarily by mental health professionals is a source of motivation to explore these programs further. Further research into how these programs may specifically benefit the researcher's employer and the hospitality industry at large is exciting. This prospect is both professional inviting and terrifying, because it suggests another wave of contact development and relationship building that presented significant challenges when seeking participants.

Biblical Perspective

God created humankind in his image, and his creation is good. Christians working in the secular world are called to bring the value of all men and women into every conversation. This biblical principle can be seen in action through diversity and inclusion efforts within businesses today and should also extend to those with mental health issues. Value of the individual over the issue should be considered in conversations where a manager or HR professional is working through issues that arise related to the mental health conditions of a team member. Treating all employees with the same level of respect and care is essential to bringing godly perspectives into the workplace.

God's plan for reaching the world with his message of good news leveraged a team of disciples and apostles all from different walks of life. Each had their own gifts and many had specific areas of focus in ministry. This design of outreach was to ensure that all mankind was included in hearing the good news. God's message of salvation is not just for a chosen nation or just for good people or just for well people or just for mentally capable people. The Bible demonstrates here that all individuals have equal importance.

God also created mankind for relationship with him and others. He broke down barriers of those who suffered isolation by society, as in the story of the ten lepers. Jesus demonstrated that isolation from him and others is not good. In our society today, we tend to isolate those with mental health issues, because of stigmas and fear. Breaking down barriers that create this isolation in the workplace, may bring about stronger relationships for individuals with mental health issues, their managers, and their coworkers.

The Bible also speaks to traumatic events that can trigger mental crises and how they can drive individuals into isolation. The Old Testament prophet, Elijah isolates himself and laments about desiring his own death rather than continuing as God's prophet after his own life is threatened. God brings Elijah out of his isolation and the barriers created by his fears, and God leads him to a new partnership with Elisha (*New International Version Bible*, 1973/1984, 1 Kings 19). Here again the bible demonstrates that support and care is found through relationship and not in isolation.

Biblical stories and references suggest that key leaders may have struggled with mental health issues. David, a beloved leader that God position to lead Israel, appeared to struggle with mental challenges. "How long, Lord? Will you forget me forever? How long will you hide your face from me? How long must I wrestle with my thoughts and day after day have sorrow in my heart?" (Ps 13:1-2) It is such a source of encouragement that bouts of mental anguish, such as

David expressed, do not have to debilitate individuals in carrying out work that contributes, not only to society and businesses, but also to God's divine plan.

The world including organizations, leaders, other HR professionals, managers, and co-workers are often focused on top performance and are often not tolerant of individuals who are unique or have different needs. However, these same organizations want to have and portray a caring culture. Leveraging the organizational values that align with biblical teachings, such as promoting a caring culture for employees, is a key way in which Christians can balance the objectives of both.

Additionally, it is equally important to remember that no single person will handle any issue as well as Christ would, because of the presence of sin. Working with others on areas of improvement must always be positioned through the lens of grace and not judgment. Leaders, managers and HR must recognize that mistakes may occur. However, it is equally important to recognize that working with professionals with expertise in a particular field is a biblically sound approach. Professionals in the field of mental health can bring expertise to education and training opportunities and when working through workplace issues that arise or accommodations that may be needed.

Summary of Reflections

This research study focused on gathering insights from HR Professionals and Mental Health Professionals working in or with individuals within the hospitality industry. The real life experiences shared in the interviews conducted contributed to the applications to professional practice outlined above. Gaps in the study that were noted contributed to the opportunities identified for further research. The reflections noted above by the writer summarize the areas of personal growth and biblical perspective gained throughout the research effort.

At the onset of topic selection for this research project, it was anticipated that this study could prove meaningful. The additional insights gained have provided personal development for the writer. Additionally, it is demonstrated above, that these same insights have the potential for meaningful contribution to the human resources profession and to the hospitality industry.

Summary of Section 3

In summary, the findings of this study focused on key themes that were identified, environmental and relationship influences, and details captured from the interview questions. Key themes that arose noted that employees with mental health conditions can be successful employees. However, the themes also demonstrated that mental health stigmas present barriers, EAP programs are prevalent but inadequate, and managers and HR professionals are poorly equipped. Another theme noted the importance of workplace relationships in supporting employees with mental health issues.

Relationship of Findings

Relationship of the findings in the study compared the issues experienced by the employee, coworkers and managers. Employees are primarily concerned with their performance and absenteeism issues, and struggle to resolve them when simultaneously managing mental health issues. Coworkers, a significant source of support to the employee fears and is discomfited by the issues that arise and often withdraw out of caution or apathy. Managers' most frequent issue is the desire to help offset by their overall frustration and lack of understanding. All of these overwhelmingly support the need for greater awareness of mental wellness and mental health issues.

Interview Questions

Findings from interview questions revealed that employment is very important to individuals with mental health issues and that they take great pride in their work. No correlation

was found between the ability for individuals with mental health issues to sustain employment

and a specific type of job. Knowledge of mental health issues of employees was found to be

overwhelmingly lacking and is generally a result of confidentiality concerns and employee fears

due to stigmas that persist. When issues arise in the workplace, coworkers often respond out of

fear and managers acknowledge desire but lack of knowledge on how to respond.

Positive responses were reported in the form of accommodations, leaves of absence,

access to EAP resources, and in a few circumstances direct access to mental health professionals.

Employer programs most frequently provided are limited to EAP resources, and overwhelmingly

organization support is considered limited or non-existent. The largest gap reported by

participants is the lack of training for HR professionals and managers.

Environmental and Relationship Influences

The conceptual framework depicted the various environmental influences for the

employee with mental health issues as societal, regulatory, employer, and job. The most

significant findings related to environmental influences is that stigmas and legal requirements

directly impact employees with mental health issues and their employers. Additionally, employer

programs are guided by these influences and may be limited due to regulatory concerns. The job

was not found to have direct influence on employment circumstances.

Relationships in the work environment were noted as very important. The most frequent

source of interaction noted was the HR professional followed by the manager. However, the

most important relationship noted was the coworkers. Those involved in managing and

supporting employees with mental health issues are isolated to the HR professional and manager.

The finding is that employees are somehow obtaining support through existing coworker

relationships absent involvement by the employer, and there may be opportunity to leverage

these avenues of support in sustaining employment.

Summary and Study Conclusions

The workplace is an environment in which individuals with mental health issues are present. Opportunities to reach, connect and educate individuals regarding mental health are not being leveraged in the workplace environment. Rather, the focus on mental health issues in the workplace is managing the issues that arise, providing legally required support, frequently providing EAP resources, and otherwise treating employees with mental health issues like all others.

The need for training in the workplace related to mental health issues is a key study conclusion. The training needs begin with general education of employees to increase their knowledge and recognition of their own or others' issues and how to help. The significance of the coworker relationship in supporting employees with mental health issues was also a key conclusion of this study. Training of all employees will better enable associates to understand how they can appropriately help.

Training needs continue and are essential for managers and HR professionals to provide them skill in responding to employees, managing issues and providing appropriate support. Managers and HR professionals were found to be ill-equipped to deal with the issues that arose in their workplace. The focus of HR, and ultimately managers who are typically directed by HR, is guided primarily by legal and policy requirements as a result. Training has the potential to open up areas of support that are more meaningful for employees with mental health issues.

The opportunities for employers are significant as a potential strategy in attracting and retaining staff. The study reflected that employees with mental health issues are frequently able to perform their jobs and demonstrate a loyalty to employers when they are supported. However, employer programs in place to assist employees with mental health issues are limited. Initial

access to mental health professionals for assessment is often available, but it is not connected to longer term support.

The lack of interaction between employers and mental health professionals is also a key finding. While expected, due to issues of confidentiality and ongoing environment concerns related to stigma, there is tremendous opportunity to work together to better identify opportunities to sustain mutually beneficial employment relationships between employers and individuals with mental health issues. Success was noted in a few circumstances in which mental health professionals engaged with managers or HR to determine how the employer could better support a specific individual's needs. Collaboration at a higher level between mental health providers and HR professionals could lead to improvements in these employment relationships.

References

A Guide to Disability Rights. (2009). U.S. Department of Justice, Civil Rights Division,

    Disability Rights Section. https://www.ada.gov/cguide.htm

Adams, C., & van Manen, M. (2017). Teaching phenomenological research and writing.

    Qualitative Health Research, *27*(6), 780–791.

    https://doi.org/10.1177/1049732317698960

Almalki, S. (2016). Integrating quantitative and qualitative data in mix methods research –

    challenges and benefits. *Journal of Education and Learning*, *5*(3), 288-296.

    doi:10.5539/jel.v5n3p288

Ameri, M., Schur, L., Adya, M., Bentley, F., McKay, P., & Kruse, D. (2018). The disability

    employment puzzle: A field experiment on hiring behavior. *ILR Review*, *71*(2), 329–364.

    https://doi.org/10.1177/0019793917717474

Anderson, V. (2017). Criteria for evaluating qualitative research. *Human Resource Development*

    Quarterly, *28*(2), 125–133. https://doi.org/10.1002/hrdq.21282

Andrade, L., Alonso, J., Mneimneh, Z., Wells, J., Al-Hamzawi, A., Borges, G., Bromet, E.,

    Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Hinkov, H., Hu,

    C., Huang, Y., Hwang, I., Jin, R., Karam, E., Kovess-Masfety, V., … Kessler, R. (2014).

    Barriers to mental health treatment: Results from the WHO World Mental Health

    surveys. *Psychological Medicine*, *44*(6), 1303–1317.

    https://doi.org/10.1017/S0033291713001943

Aronson, J. (1995). A pragmatic view of thematic analysis. *The Qualitative Report*, *2*(1), 1–3.

    https://doi.org/10.46743/2160-3715/1995.2069

Baynton, M. (2014). Supporting employee success when mental health is a factor. *Plans & Trusts*, *32*(5), 6–11. http://ezproxy.liberty.edu/login?url=http://search.ebsco host.com/login.aspx?direct=true&db=bth&AN=97945698&site=ehost-live&scope=site

Bell, M. (2015). Mental health at work and the duty to make reasonable adjustments. *Industrial Law Journal*, *44*(2), 194–221. https://doi.org/10.1093/indlaw/dwv009

Berkowitz, A., Downes, J., Ericsson, K., & Patullo, J. (2014). The latest developments on coverage and reasonable accommodation under the amended ADA. *Employee Relations Law Journal*, *40*(2), 3–25.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true& db=s3h&AN=97143641&site=ehost-live&scope=site

Bezborodovs, N., & Thornicroft, G. (2013). Stigmatisation of mental illness in the workplace: Evidence and consequences. *Die Psychiatrie*, *10*(2), 102–107. https://doi.org/10.1055/s-0038-1670862

Blank, A., Harries, P., & Reynolds, F. (2013). The meaning and experience of work in the context of severe and enduring mental health problems: An interpretative phenomenological analysis. *Work*, *45*(3), 299–304. https://doi.org/10.3233/WOR-121519

Bovopoulos, N., Jorm, A., Bond, K., LaMontagne, A., Reavley, N., Kelly, C., Kitchener, B., & Martin, A. (2016). Providing mental health first aid in the workplace: A Delphi consensus study. *BMC Psychology*, *4*(1), 1–10. https://doi.org/10.1186/s40359-016-0148-x

Boysen, E., Schiller, B., Mörtl, K., Gündel, H., & Hölzer, M. (2018). Preliminary analyses showed short-term mental health improvements after a single-day manager training. *International Journal of Environmental Research and Public Health*, *15*(1), 108. https://doi.org/10.3390/ijerph15010108

Bradbury-Jones, C., Irvine, F., & Sambrook, S. (2010). Phenomenology and participant

feedback: Convention or contention? *Nurse Researcher*, *7*(2), 25–33.

https://doi.org/10.7748/nr2010.01.17.2.25.c7459

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A.

T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in*

psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and

biological (pp. 57–71). American Psychological Association.

https://doi.org/10.1037/13620-004

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). *Handbook of research methods in health*

social sciences. Springer. https://doi.org/10.1007/978-981-10-5251-4_103

Brooks, C. D., & Ling, J. (2020). Are we doing enough: An examination of the utilization of

employee assistance programs to support the mental health needs of employees during

the COVID-19 pandemic? *Journal of Insurance Regulation*, *39*(8), 1–34.

http://www.naic.org/store_jir.htm

Byrne, G. (2015). Narrative inquiry and the problem of representation: Giving voice, making

meaning. *International Journal of Research & Method in Education*, *40*(1), 36–52.

https://doi.org/10.1080/1743727X.2015.1034097

Cadorette, M., & Agnew, J. (2017). Mental health in the workplace. *Workplace Health & Safety*,

65(9), 448–448. https://doi.org/10.1177/2165079917716188

Carlier, B., Schuring, M., & Burdorf, A. (2018). Influence of an interdisciplinary re-employment

programme among unemployed persons with mental health problems on health, social

participation and paid employment. *Journal of Occupational Rehabilitation*, *28*(1), 147–

157. https://doi.org/10.1007/s10926-017-9704-3

Carvalho, V., Chambel, M., Neto, M., & Lopes, S. (2018). Does work-family conflict mediate the associations of job characteristics with employees' mental health among men and women? *Frontiers in Psychology*, *9*, 966. https://doi.org/10.3389/fpsyg.2018.00966

Cibangu, S., & Hepworth, M. (2016). The uses of phenomenology and phenomenography: A critical review. *Library & Information Science Research*, *38*(2), 148–160. https://doi.org/10.1016/j.lisr.2016.05.001

Coduti, W., Anderson, C., Lui, K., Lui, J., Rosenthal, D., Hursh, N., & Young-An, R. (2016). Psychologically healthy workplaces, disability management and employee mental health. *Journal of Vocational Rehabilitation*, *45*(3), 327–336. https://doi.org/10.3233/JVR-160833

Considine, R., Tynan, R., James, C., Wiggers, J., Lewin, T., Inder, K., & Kelly, B. (2017). The contribution of individual, social and work characteristics to employee mental health in a coal mining industry population. *PloS One*, *12*(1), 1–15. https://doi.org/10.1371/journal.pone.0168445

Creswell, J. (2016). *Essential skills for the qualitative researcher.* Sage.

Creswell, J., & Poth, C. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.

Cross, S. (2017). Who owns the data, shares the stories, and has final responsibility? The borderland spaces between narrative inquiry and funded grant work. *Curriculum & Teaching Dialogue*, *19*(1–2), 143–147. http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=126136907&site=ehost-live&scope=site

Darke, P., Shanks, G., & Broadbent, M. (1998). Successfully completing case study research:

    Combining rigour, relevance and pragmatism. *Information Systems Journal*, *8*(4), 273–

    289. https://doi.org/10.1046/j.1365-2575.1998.00040.x

Denzin, N., & Lincoln, Y. (2013). *Strategies of qualitative inquiry.* Sage.

De Spiegelaere, S., Van Gyes, G., De Witte, H., & Van Hootegem, G. (2015). Job design, work

    engagement and innovative work behavior: A multi-level study on Karasek's learning

    hypothesis. *Management Revue*, *26*(2), 123–137. https://www.jstor.org/stable/24570254

Don, A. (2018, November 23). Retail chiefs call on PM for workplace mental health support. *The

    Grocer.* https://www.thegrocer.co.uk/community/retail-chiefs-call-on-pm-for-workplace-

    mental-health-support/574122.article

Elraz, H. (2017). Identity, mental health and work: How employees with mental health

    conditions recount stigma and the pejorative discourse of mental illness. *Human

    Relations*, *71*(5), 722–741. https://doi.org/10.1177/00187267177167

Emerson, J. (2018). *Mental illness in the workplace: The role of managers when managing

    mentally ill employees* (Unpublished doctoral dissertation). Northcentral University, San

    Diego, California. http://ezproxy.liberty.edu/login?url=https:// search-proquest-

    com.ezproxy.liberty.edu/docview/2084017222?accountid=12085

Employers call for improved management of mental health. (2014). *Occupational Health*, *66*(5),

    7. http://ezproxy.liberty.edu/login?url=https://search-proquest-

    com.ezproxy.liberty.edu/docview/1528476494?accountid=12085

Etikan, I., Musa, S., & Alkassim, R. (2016). Comparison of convenience sampling and purposive

    sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1–4.

    https://doi.org/10.11648/j.ajtas.20160501.11

Fairclough, S., Robinson, R., Nichols, D., & Cousley, S. (2013). In sickness and in health: Implications for employers when bipolar disorders are protected disabilities. *Employee Responsibilities & Rights Journal*, *25*(4), 277–292. https://doi.org/10.1007/s10672-013-9221-2

Fink, A. (2000). The role of the researcher in the qualitative research process. A potential barrier to archiving qualitative data. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *1*(3), 1–15. https://doi.org/10.17169/fqs-1.3.1021

Follmer, K., & Jones, K. (2017). Mental illness in the workplace: An interdisciplinary review and organizational research agenda *Journal of Management*, *44*(1), 325–351. https://doi.org/10.1177/0149206317741194

Fusch, P., Fusch, G., & Ness, L. (2018). Denzin's paradigm shift: Revisiting triangulation in qualitative research. *Journal of Social Change*, *10*(1), 19–32. https://doi.org/10.5590/JOSC.2018.10.1.02

Gabriel, P., & Liimatainen, M. R. (2000). *Mental health in the workplace: Introduction, executive summaries.* Cornell University. https://hdl.handle.net/1813/76480

Gates, L., Akabas, S., & Oran-Sabia, V. (1998). Relationship accommodations involving the work group: Improving work prognosis for persons with mental health conditions. *Psychiatric Rehabilitation Journal*, *21*(3), 264–272. https://doi.org/10.1037/h0095303

Gayed, A., Bryan, B., Petrie, K., Deady, M., Milner, A., LaMontagne, A., & Harvey, S. (2018). A protocol for the HeadCoach trial: The development and evaluation of an online mental health training program for workplace managers. *BMC Psychiatry*, *18*(1), 25. https://doi.org/10.1186/s12888-018-1603-4

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. (2008). *British Dental Journal: Official*

Journal of the British Dental Association, *204*(6), 291–295.

https://doi.org/10.1038/bdj.2008.192

Goetzel, R., Ozminkowski, R., Sederer, L., & Mark, T. (2002). The business case for quality

mental health services: Why employers should care about the mental health and well-

being of their employees. *Journal of Occupational and Environmental Medicine*, *44*(4),

320–330. https://doi.org/10.1097/00043764-200204000-00012

Hancock, M. (2018). Prevention, detection, intervention: The big wins for mental health. *The*

Lancet, *392*(10157), 1499–1500. https://doi.org/10.1016/s0140-6736(18)32269-4

Hanisch, S., Twomey, C., Szeto, A. C., Birner, U., Nowak, D., & Sabariego, C. (2016). The

effectiveness of interventions targeting the stigma of mental illness at the workplace: A

systematic review. *BMC Psychiatry*, *16*(1), 1–11. https://doi.org/10.1186/s12888-015-

0706-4

Hardy, L. (1990). *The fabric of this world: Inquiries into calling, career choice, and the design*

of human work. William B. Eerdmans.

Harmer, J. (2012). Keep an open mind over mental health. *Caterer & Hotelkeeper*, *202*(4731), 5.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&

db=oih&AN=77240187&site=ehost-live&scope=site.

Harper, L., & McCunn, R. (2017). Hand in glove: Using qualitative methods to connect research

and practice. *International Journal of Sports Physiology & Performance*, *12*(7), 990–993.

https://doi.org/10.1123/ijspp.2017-0081

Harvey, S., Modini, M., Joyce, S., Milligan-Saville, J., Tan, L., Mykletun, A., Bryant, R.,

Christensen, H., & Mitchell, P. (2017). Can work make you mentally ill? A systematic

meta-review of work-related risk factors for common mental health problems.

Occupational and Environmental Medicine, *74*(4), 301–310.

https://doi.org/10.1136/oemed-2016-104015

Hatchard, K. (2008). Disclosure of mental health. *Work*, *30*(3), 311–316.

https://content.iospress.com/articles/work/wor00699

Hauck, K., & Chard, G. (2009). How do employees and managers perceive depression: A

worksite case study. *Work*, *33*(1), 13–22. https://doi.org/10.3233/WOR-2009-0839

Heath, J., Williamson, H., Williams, L., & Harcourt, D. (2018). It's more than just personal:

Using multiple methods of qualitative data collection to facilitate participation in research

focusing on sensitive subjects. *Applied Nursing Research*, *43*(2018), 30–35.

https://doi.org/10.1016/j.apnr.2018.06.015

Heneman, H., Judge, T., & Kammeyer-Mueller, J. (2015). *Staffing organizations* (8th ed.).

McGraw Hill.

Huang, S., Li, R., Huang, F., & Tang, F. (2015). The potential for mindfulness-based

intervention in workplace mental health promotion: results of a randomized controlled

trial. *PloS One*, *10*(9), e0138089. https://doi.org/10.1371/journal.pone.0138089

Izzaamirah, I., Shahrul, S., Julizaazwani, I., Norfazira, C., Nur Atikah, A., Nur Atikah, S., &

Nurul, F. (2018). Work, financial, life stress and workplace mental health among

manufacturing workers in Malaysia. *Global Business & Management Research*, *10*, 797–

804. http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com

/login.aspx?direct=true&db=bth&AN=133618174&site=ehost-live&scope=site

Jarman, L., Martin, A., Venn, A., Otahal, P., Blizzard, L., Teale, B., & Sanderson, K. (2016).

Workplace health promotion and mental health: Three-year findings from partnering

Healthy@ Work. *PloS One*, *11*(8), 1–14. https://doi.org/10.1371/journal.pone.0156791

Jones, J. (2012). Discouraging voluntary disclosure: EEOC v. C.R. England and confidentiality

under the ADA. *Brigham Young University Law Review*, *2012*(2), 559–574.

https://digitalcommons.law.byu.edu/lawreview/vol2012/iss2/12

Jung, H., & Yoon, H. (2016). Why is employees' emotional intelligence important? The effects

of EI on stress-coping styles and job satisfaction in the hospitality industry. *International

Journal of Contemporary Hospitality Management*, *28*(8), 1649–1675.

https://doi.org/10.1108/IJCHM-10-2014-0509

Kaminer, D. (2016). Mentally ill employees in the workplace: Does the ADA Amendments

Act provide adequate protection? *Health Matrix: Journal of Law-Medicine*, *26,* 205–

253. http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/

login.aspx?direct=true&db=mnh&AN=27263253&site=ehost-live&scope=site

Keller, T., & Alsdorf, K. (2012). *Every good endeavor: Connecting your work to God's work.*

Dutton.

Kemble, R. (2014). The intolerable taboo of mental illness. *Social Alternatives*, *33*(3), 20–23.

https://doi.org/10.3316/informit.854853271523904

Kensbock, J., & Boehm, S. (2016). The role of transformational leadership in the mental health

and job performance of employees with disabilities. *International Journal of Human

Resource Management*, *27*(14), 1580–1609.

https://doi.org/10.1080/09585192.2015.1079231

Kirsh, B., Krupa, T., & Luong, D. (2018). How do supervisors perceive and manage employee

mental health issues in their workplaces? *Work*, *59*(4), 547–555.

https://doi.org/10.3233/WOR-182698

Kleinman, A., Estrin, G., Usmani, S., Chisholm, D., Marquez, P., Evans, T., & Saxena, S.

    (2016). Time for mental health to come out of the shadows. *The Lancet*, *387*(10035),

    2274–2275. https://doi.org/10.1016/s0140-6736(16)30655-9

Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. Part 2:

    Context, research questions and designs. *European Journal of General Practice*, *23*(1),

    274–279. https://doi.org/10.1080/1384788.2017.1375090

Kotera, Y., Adhikari, P., & Van Gordon, W. (2018). Motivation types and mental health of UK

    hospitality workers. *International Journal of Mental Health Addiction*, *16*(3)*,* 751–763.

    https://doi.org/10.1007/s11469-018-9874-z

Kuhn, K. (2012). Minds are not fair game. *Caterer & Hotelkeeper, 202*(4734), 14.

    http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&

    db=oih&AN=77700249&site=ehost-live&scope=site

Kuhn, S. (2017). Opioid addiction and implications for employers. *Benefits Quarterly*, *33*(1), 33.

    http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com

    /login.aspx?direct=true&db=mnh&AN=29465184&site=ehost-live&scope=site

LaMontagne, A., Milner, A., Allisey, A., Page, K., Reavley, N., Martin, A., Tchernitskaia, I.,

    Noblet, A., Purnell, L., Witt, K., Keegel, T., & Smith, P. (2016). An integrated workplace

    mental health intervention in a policing context: Protocol for a cluster randomized control

    trial. *BMC Psychiatry*, *16*(1), 49. https://doi.org/10.1186/s12888-016-0741-9

Lather, P. (1986). Issues of validity in openly ideological research: Between a rock and a soft

    place. *Interchange*, *17*(4), 63–84. https://doi.org/10.1007/bf01807017

LaVan, M., LaVan, H., & Martin, W. (2016). Managerial challenges of employees with mental

    illnesses: Best practices. *SAM Advanced Management Journal*, *81*(3), 27–37.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=t

rue&db=bth&AN=118506737&site=ehost-live&scope=site

Lecompte, M. (2002). The transformation of ethnographic practice: Past and current challenges.

Qualitative Research, *2*(3), 283–299. https://doi.org/10.1177/146879410200200301

Lee, N., Roche, A., Duraisingam, V., Fischer, J., & Cameron, J. (2014). Effective interventions

for mental health in male-dominated workplaces. *The Mental Health Review*, *19*(4), 237–

250. https://doi.org/10.1108/MHRJ-09-2014-0034

Lewis, S. (2015). Qualitative inquiry and research design: Choosing among five approaches.

Health Promotion Practice, *16*(4), 473–475. https://doi.org/10.1177/1524839915580941

Lipson, S., Zhou, S., Wagner, B., III., Beck, K., & Eisenberg, D. (2016). Major differences:

Variations in undergraduate and graduate student mental health and treatment utilization

across academic disciplines. *Journal of College Student Psychotherapy*, *30*(1), 23 III.,41.

https://doi.org/10.1080/87568225.2016.1105657

Lund, C., Tomlinson, M., De Silva, M., Fekadu, A., Shidhaye, R., Jordans, M., & Thornicroft, G.

(2012). Prime: A programme to reduce the treatment gap for mental disorders in five

low-and middle-income countries. *PLoS Medicine*, *9*(12), e1001359.

https://doi.org/10.1371/journal.pmed.1001359

Maclean, J., Webber, D., & French, M. (2015). Workplace problems, mental health and

substance use. *Applied Economics*, *47*(9), 883–905.

https://doi.org/10.1080/00036846.2014.982856

Malterud, K., Siersma, V., & Guassora, A. (2016). Sample size in qualitative interview studies.

Qualitative Health Research, *26*(13), 1753–1760.

https://doi.org/10.1177/1049732315617444

Martin, A., Woods, M., & Dawkins, S. (2016). Managing mental health in the workplace.

    Rotman Management, 74–79. https://search.ebscohost.com/login.aspx?direct=true

    &db=bth&AN=112762354&site=bsi-live.

Martin, A., Woods, M., & Dawkins, S. (2015). Managing employees with mental health issues:

    Identification of conceptual and procedural knowledge for development within

    management education curricula. *Academy of Management Learning & Education*, *14*(1),

    50–68. https://doi.org/10.5465/amle.2012.0287

McAlpine, L. (2016). Why might you use narrative methodology? A story about narrative.

    Estonian Journal of Education, *4*(1), 32–57. https://doi.org/10.12697/eha.2016.4.1.02b

McGinty, E. (2016). Why mental health programs are good for business. *Employee Benefit News*,

    30(10), 26. http://ezproxy.liberty.edu/login?url=http://search.

    ebscohost.com/login.aspx?direct =true&db=bth&AN=118840274&site=ehost-

    live&scope=site

Mello, J. (2015). *Strategic human resource management* (4th ed.). South-Western.

Modrek, S., Hamad, R., & Cullen, M. R. (2015). Psychological well-being during the great

    recession: Changes in mental health care utilization in an occupational cohort. *American*

    Journal of Public Health, *105*(2), 304–310. https://doi.org/10.2105/AJPH.2014.302219

Moll, S., Patten, S., Stuart, H., Kirsh, B., & MacDermid, J. (2015). Beyond silence: Protocol for

    a randomized parallel-group trial comparing two approaches to workplace mental health

    education for healthcare employees. *BMC Medical Education*, *15*(78), 1–9.

    https://doi.org/10.1186/s12909-015-0363-9

Mowbray, C., & Holter, M. (2002). Mental health and mental illness: Out of the closet? *Social*

    Service Review, *76*(1), 135. http://ezproxy.liberty.edu/login?url=http:

//search.ebscohost.com/login.aspx?direct=true&db=bth&AN=6288278&site=ehost-live&scope=site

Murray, S., & Holmes, D. (2014). Interpretive phenomenological analysis (IPA) and the ethics of body and place: Critical methodological reflections. *Human Studies*, *37*(1), 15–30. doi:10.1007/s10746-013-9282-0

Naslund, J., Aschbrenner, K., Marsch, L., & Bartels, S. (2016). The future of mental health care: Peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, *25*(2), 113–122. https://doi.org/10.1017/S2045796015001067

National Alliance on Mental Illness. (2018). www.nami.org/Learn-More/Mental-Health-Conditions

Nelson, R. (2021). Now and again: Reappraising disability leave as an accommodation. *Brigham Young University Law Review*, *46*(6), 1489–1547. https://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=152222354&site=ehost-live&scope=site

New International Version Bible. (1984). Concordia Publishing House (Original work published 1973).

Newsdesk. (2017, November 28). Mental health struggles dominate in hospitality. *The Caterer*. https://www.thecaterer.com/news/hotel/mental-health-struggles-dominate-in-hospitality

Netto, J., Yeung, P., Cocks, E., & McNamara, B. (2016). Facilitators and barriers to employment for people with mental illness: A qualitative study. *Journal of Vocational Rehabilitation*, *44*(1), 61–72. https://doi.org/10.3233/JVR-150780

Nexø, M., Kristensen, J., Grønvad, M., Kristiansen, J., & Poulsen, O. (2018). Content and quality of workplace guidelines developed to prevent mental health problems: Results from a systematic review. *Scandinavian Journal of Work, Environment & Health*, *44*(5), 443–457. https://doi.org/10.5271/sjweh.3731

Neyman, J. (1934). On the two different aspects of the representative method: The method of

stratified sampling and the method of purposive selection. *Journal of the Royal Statistical

Society*, *97*(4), 558–625. https://doi.org/10.1007/978-1-4612-4380-9_12

North, C., Pfefferbaum, B., Hong, B., Gordon, M., Kim, Y., Lind, L., & Pollio, D. (2013).

Workplace response of companies exposed to the September 11 World Trade Center

attack: A focus-group study. *Disasters*, *37*(1), 101–118. https://doi.org/10.1111/j.1467-

7717.2012.01295.x

Olrik, M. (2020, November 19). Talking about mental health in work is a two-way street. *EG:

Estates Gazette*. https://www.egi.co.uk/news/talking-about-mental-health-in-work-is-a-

two-way-street/

O'Reilly, S. (2009). Mindful approach. *Occupational Health*, *61*(6), 22–24.

http://ezproxy.liberty.edu/login?url=https://search-proquest-

com.ezproxy.liberty.edu/docview/207325346?accountid=12085

Pantic, I. (2014). Online social networking and mental health. *Cyberpsychology, Behavior, and

Social Networking*, *17*(10), 652–657. https://doi.org/10.1089/cyber.2014.0070

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins,

P., Cooper, J., Eaton, J., Herrman, H., Herzallah, M., Huang, Y., Jordans, M., Kleinman,

A., Medina-Mora, M., Morgan, E., Niaz, U., Omigbodun, O., & UnÜtzer, J. (2018). The

Lancet Commission on global mental health and sustainable development. *The Lancet*,

392(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

Paterson, C., Leduc, C., Maxwell, M., Aust, B., Amann, B. L., Cerga-Pashoja, A., Coppens, E.,

Couwenbergh, C., O'Connor, C., Arensman, E., & Greiner, B. A. (2021). Evidence for

implementation of interventions to promote mental health in the workplace: A systematic

scoping review protocol. *Systematic Reviews*, *10*(1), 1–8. https://doi.org/10.1186/s13643-020-01570-9

Pattussi, M., Olinto, M., Canuto, R., da Silva Garcez, A., Paniz, V., & Kawachi, I. (2016). Workplace social capital, mental health and health behaviors among Brazilian female workers. *Social Psychiatry And Psychiatric Epidemiology*, *51*(9), 1321–1330. https://doi.org/10.1007/s00127-016-1232-5

Perry, L., Lamont, S., Brunero, S., Gallagher, R., & Duffield, C. (2015). The mental health of nurses in acute teaching hospital settings: A cross-sectional survey. *BMC Nursing*, *14*(1), 1–8. https://doi.org/10.1186/s12912-015-0068-8

Pescud, M., Teal, R., Shilton, T., Slevin, T., Ledger, M., Waterworth, P., & Rosenberg, M. (2015). Employers' views on the promotion of workplace health and wellbeing: A qualitative study. *BMC Public Health*, *15*(1), 1–10. https://doi.org/10.1186/s12889-015-2029-2

Place, A. (2020, June 23). Mental health stigma still a barrier during coronavirus: Employees are cautious about discussing mental health at work but addressing these challenges can lower healthcare costs. *Employee Benefit News*, *34*(4). https://www.benefitnews.com/news/mental-health-stigma-still-a-barrier-during-coronavirus

Pohl, C. D. (2011). Hospitality and the mental health of children and families. *American Journal of Orthopsychiatry*, *81*(4), 482–488. https://doi.org/10.1111/j.1939-0025.2011.01111.x

Pomaki, G. (2017). Return-to-work strategies for employees with mental health conditions. *Benefits Quarterly*, *33*(1), 50–55. http://ezproxy.liberty.edu/login? url=https://search-proquest-com.ezproxy.liberty.edu/docview/1867129093?accountid= 12085

Raderstorf, M., & Kurtz, J. (2006). Mental health issues in the workplace: Maintaining a

  productive work force. *AAOHN Journal*, *54*(8), 360–367.

  https://doi.org/10.1177/216507990605400804

Richmond, M., Pampel, F., Wood, R., & Nunes, A. (2017). The impact of employee assistance

  services on workplace outcomes: Results of a prospective, quasi-experimental study.

  Journal of Occupational Health Psychology, *22*(2), 170–179.

  https://doi.org/10.1037/ocp0000018

Rubio, D., Berg-Weger, M., Tebb, S., Lee, E., & Rauch, S. (2003). Objectifying content validity:

  Conducting a content validity study in social work research. *Social Work Research*,

  27(2), 94–104. https://doi.org/10.1093/swr/27.2.94

Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M., & Cheraghi, M. A. (2014). Ethical

  challenges of researchers in qualitative studies: The necessity to develop a specific

  guideline. *Journal of Medical Ethics and History of Medicine*, *7*(1), 14.

  http://jmehm.turns.ac.ir/index.php/jmehm/article/view/106

Saunders, M. (2015). The (re) emergence of mixed methods research: to combine or not

  combine. In *Keynote address ECRM conference, Malta, June 11-12*.

  https://www.academia.edu/12957380/The_re_emergence_of_mixed_methods_research_t

  o_combine_or_not_combine

Schuring, M., Robroek, S., & Burdorf, A. (2017). The benefits of paid employment among

  persons with common mental health problems: Evidence for the selection and causation

  mechanism. *Scandinavian Journal of Work, Environment & Health*, *43*(6), 540–549.

  https://doi.org/10.5271/sjweh.3675

Scott, K., Lim, C., Al-Hamzawi, A., Alonso, J., Bruffaerts, R., Caldas-deAlmeida, J., Florescu,

  S., de Girolamo, G., Hu, C., de Jonge, P., Kawakami, N., Medina-Mora, M.,

Moskalewicz, J., Navarro-Mateu, F., O'Neill, S., Piazza, M., Posada-Villa, J., Torres, Y., & Kessler, R. (2016). Association of mental disorders with subsequent chronic physical conditions world mental health surveys from 17 countries. *JAMA Psychiatry*, *73*(2), 150–158. https://doi.org/10.1001/jamapsychiatry.2015.2688

Shann, C., Martin, A., & Chester, A. (2014). Improving workplace mental health: A training needs analysis to inform beyond blue's online resource for leaders. *Asia Pacific Journal of Human Resources*, *52*(3), 298–315. https://doi.org/10.1111/1744-7941.12032

Shann, C., Martin, A., Chester, A., & Ruddock, S. (2018). Effectiveness and application of an online leadership intervention to promote mental health and reduce depression-related stigma in organizations. *Journal of Occupational Health Psychology*, *24*(1), 20–35. https://doi.org/10.1037/ocp0000110

Sharma, I., & Pathak, A. (2015). Women mental health in India. *Indian Journal of Psychiatry*, *57*(2), 201–204. https://doi.org/10.4103/0019-5545.161478

Silcox, S. (2011). Help to work towards a healthy mind. *Occupational Health*, *63*(8), 19–21. http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/887911051?accountid=12085

Silva, B., Rodrigues, J., de la Torre Díez, I., López-Coronado, M., & Saleem, K. (2015). Mobile-health: A review of current state in 2015. *Journal of Biomedical Informatics*, *56*, 265–272. https://doi.org/10.1016/j.jbi.2015.06.003

Slade, M., & Longden, E. (2015). Empirical evidence about recovery and mental health. *BMC Psychiatry*, *15*, 285–298. https://doi.org/10.1186/s12888-015-0678-4

Slemp, G., & Vella-Brodrick, D. (2014). Optimising employee mental health: The relationship between intrinsic need satisfaction, job crafting, and employee well-being. *Journal of Happiness Studies*, *15*(4), 957–977. https://doi.org/10.1007/s10902-013-9458-3

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.

Sousa, D. (2014). Validation in qualitative research: General aspects and specificities of the descriptive phenomenological method. *Qualitative Research in Psychology*, *11*(2), 211–227. https://doi.org/10.1080/14780887.2013.853855

Spaulding, S. (2015). Phenomenology of social cognition. *Erkenntnis*, *80*(5), 1069–1089. https://doi.org/10.1007/s10670-014-9698-6

Stuckey, H. L. (2015). The second step in data analysis: Coding qualitative research data. *Journal of Social Health and Diabetes*, *3*(1), 007-010. https://doi.org/10.4103/2321-0656.140875

Suddaby, R. (2006). From the editors: What grounded theory is not. *Academy of Management Journal*, *49*(4), 633–642. https://doi.org/10.5465/amj.2006.22083020

Sutton, J., & Austin, Z. (2015). Qualitative research: data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, *68*(3), 226–231. https://doi.org/10.4212/cjhp.v68i3.1456

Swinton, J. (2015). Time, hospitality, and belonging: Towards a practical theology of mental health. *Word & World*, *35*(2), 171–181. http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a6h&AN=ATLAn3778554&site=ehost-live&scope=site

The Power of Prevention. (2012). *Caterer & Hotelkeeper*, *202*(4734), 26–29. http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ofm&AN=77700259&site=ehost-live&scope=site

Thurgate, C. (2018). Supporting those who work and learn: A phenomenological research study. *Nurse Education Today*, *61*, 83–88. https://doi.org/10.1016/j.nedt.2017.11.010

Tighe, M. (2015). Family and medical leave act. *Georgetown Journal of Gender and the Law*, *16*(14), 141–167.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=103214410&site=ehost-live&scope=site

Tse, S., Tsoi, E., Hamilton, B., O'Hagan, M., Shepherd, G., Slade, M., Whitley, R., & Petrakis, M. (2016). Uses of strength-based interventions for people with serious mental illness: A critical review. *International Journal of Social Psychiatry*, *62*(3), 281–291. https://doi.org/10.11770020764015623970

Vagle, M. (2009). Validity as intended: Bursting forth toward bridling in phenomenological research. *International Journal of Qualitative Studies in Education*, *22*(5), 585–605. https://doi.org/10.1080/09518390903048784

Vagle, M. (2018). *Crafting phenomenological research.* Left Coast Press. https://doi.org/10.4324/9781315173474

Valenti, A. (2014). Amendments to the Americans with Disabilities Act: How will it change judicial consideration of employees' claims of discrimination. *Southern Law Journal*, *24*(1), 89–111.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=99728854&site=ehost-live&scope=site

Van Manen, M. (2017). But is it phenomenology? *Qualitative Health Research*, *27*(6), 775–779. https://doi.org/10.1177/1049732317699570

Vaughn, A., Drake, R., & Haydock, S. (2016). College student mental health and quality of workplace relationships. *Journal of American College Health*, *64*(1), 26–37. https://doi.org/10.1080/07448481.2015.1064126

Verkuil, B., Atasayi, S., & Molendijk, M. (2015). Workplace bullying and mental health: A

meta-analysis on cross-sectional and longitudinal data. *PLOS One*, *10*(8), 1–14.

https://doi.org/10.1371/journal.pone.0135225

Vertilo, V., & Gibson, J. M. (2014). Influence of character strengths on mental health stigma.

Journal of Positive Psychology, *9*(3), 266–275.

https://doi.org/10.1080/17439760.2014.891245

Vishwakarma, A., Mishra, V., & Kumar, S. (2018). Workplace bullying: A noxious treatment for

employee mental health. *Indian Journal of Health & Wellbeing*, *9*(5), 730–734.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&

db=asn&AN=130685935&site=ehost-live&scope=site

Wahlbeck, K. (2015). Public mental health: the time is ripe for translation of evidence into

practice. *World Psychiatry*, *14*(1), 36–42. https://doi.org/10.1002/wps.20178

Warszewska-Makuch, M., Bedyńska, S., & Żołnierczyk-Zreda, D. (2015). Authentic leadership,

social support and their role in workplace bullying and its mental health consequences.

International Journal of Occupational Safety & Ergonomics, *21*(2), 128–140.

https://doi.org/10.1080/10803548.2015.1028230

Weissman, J., Russell, D., Jay, M., Beasley, J., Malaspina, D., & Pegus, C. (2017). Disparities in

health care utilization and functional limitations among adults with serious psychological

distress. *Psychiatric Services*, *68*(7), 653–659. https://doi.org/10.1176/appi.ps.201600260

Wilday, S., & Dovey, A. (2005). All in the mind? *Occupational Health*, *57*(9), 25–28.

http://ezproxy.liberty.edu/login?url=https://search-proquest-

com.ezproxy.liberty.edu/docview/207370035?accountid=12085

Woolfson, D. (2016). I can't be seen to be weak. *Publican's Morning Advertiser*, (226), 22–23.

http://ezproxy.liberty.edu/login?url=http://search.ebscohost.com/

login.aspx?direct=true&db=bth&AN=113365910&site=ehost-live&scope=site

World Health Organization. (2014). *Social determinants of mental health*. World Health

Organization. https://www.who.int/mental_health/publications/

gulbenkian_paper_social_determinants_of_mental_health/en/

Yin, R. (2014). *Case study research: Design and method* (5th ed.). Sage.

Appendix A: Prospective Participant Phone Interview

Opening comments: Thank you for responding to the request or participants in a study on mental health in the workplace. This study is being done by me as a doctoral student at Liberty University in the School of Business. The purpose of today's discussion is to share some more information about this research study and to gather enough information about you to determine if and how you may participate in this study. This phone interview will last approximately 10-15-minutes.

Purpose of the Research Study: The purpose of this research is to gather detailed workplace experiences about employees dealing with mental health issues and from employers of employees dealing with mental health issues. The employee perspective is being gathered through mental health professional interviews and the employer perspective is being gathered through human resource professional interviews. The findings will be used to provide insights for businesses on programs and practices that can help sustain mutually beneficial employment relationships for individuals with mental health issues.

Participant Confidentiality: The researcher will know the identity of each participant. Personal identification information will be gathered by the researcher for analysis purposes, but it will be secured and will not be published in the study. You will be asked to share real-life experiences, but you will be asked not to provide the names of individuals. References in published materials will be coded to maintain the privacy of participants.

Before completing this interview, please let me know if you have any questions and if you are willing to continue our conversation to determine if you will participate in the research study.

Questions:

Personal Information

What is your name and is that what you like to be called (note nickname if any)?	
What is your age (are you over 18)?	

Employment Information

What work do you do for a living?	
What industry do you work in?	

Type of Participation

Will your participation be as a mental health professional or human resource professional?	
Mental Health Professional Participants Only: Have you worked with an employee who has a mental health condition?	
HR Professional Participants Only:	

Have you managed or worked with managers of employees with a diagnosed mental health condition?	

Availability and Participant Method of Contact

Are you able to participant in one to three, 60-90 minute, interviews from July 1 to August 31?	
What is the best way to conduct interviews (Phone; Zoom; In Person) and provide contact details?	Phone Number:
	Email:
	Location:

Closing Comments: Thank you for taking the time to complete this interview with me. At this time… (choose one of the following statements)

- I would like to ask you to formally become a participant in this research study. Are you willing to participate?
  - If participant agrees:
    Thank you. I am going to collect some additional contact information from you in order to send you a consent form for the study. Also, I want to have a means to send you gift cards after each interview.

Phone Number:	
Email Address:	
Mailing Address (gift card):	
Preferred Gift Card Vendor:	
Interview Date / Time:	

  - If participant does not agree, state…
    I understand, and I want you to know that I appreciate the time you spent with me today. If you were to change your mind, please feel free to contact me via email at xxxxxxx@liberty.edu.
    I will not be extending an invitation to you to participate in this research study, because of your ("lack of availability" or "lack of relevant work experiences"). However, I appreciate the time you spent with me today.

Appendix B: Mental Health Professional Consent Form

Mental Health in the Workplace
Laura Goff
Liberty University School of Business

You are invited to be in a research study on mental health in the workplace. The purpose of this study is to gather insights from the real-life workplace experiences of employees with mental health issues, as viewed by their mental health professionals, and their employers within the hospitality industry.

You were selected as a possible participant because you are 18 years of age or older and are a mental health professional working with employees with mental health issues who work in the hospitality industry. Please read this form and ask any questions you may have before agreeing to be in the study.

Laura Goff, a student and doctoral candidate in the School of Business at Liberty University, is conducting this study.

Background Information: The purpose of this study is to provide insights into ways to sustain mutually beneficial employment relationships for employees with mental health issues. The central research question to be answered is, "What are the real-life workplace experiences of individuals with perceived and diagnosed mental health conditions?"

Procedures: If you agree to be in this study, I would ask you to do the following things:
1. Be available for a minimum of one and a maximum of three interview sessions to last 60- 90 minutes between the dates of July 1, 2021 and August 31, 2021.
2. Answer the interview questions openly and honestly.
3. Allow the interview(s) to be recorded, in audio only, to ensure the transcript accurately captures the interview questions and responses.
4. Review the interview transcript from your interview(s) to ensure it captures your responses accurately.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. If heightened emotions surface during the course of an interview making it difficult to proceed, the participant or researcher may ask to suspend the interview in order to reschedule it or to discuss termination of participation.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society include improving the understanding of the workplace practices and programs that help and hinder successful employment relationships for individuals with mental health issues.

Compensation: Participants will be compensated for participating in this study. For each interview session conducted, participants will receive a $50 gift card to the participant's preferred retail establishment. Gift cards will be given, sent, or emailed to participants after the completion of an interview session.

Confidentiality: The records of this study will be kept private. Participants will share information about particular employees but will not reveal identities. In any sort of report I might

publish, I will not include any information that will make it possible to identify a participant. Research records will be stored securely, and only the researcher will have access to the records.

- Participants will be assigned a pseudonym; and interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Laura Goff. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at xxx-xxx-xxx or xxxx@liberty.edu. You may also contact the researcher's faculty chair, Dr. Amy Puderbaugh, at xxxxxxxx@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

_____
Signature of Participant   Date

_____
Signature of Investigator   Date

Appendix C: Human Resource Professional Consent Form

Mental Health in the Workplace
Laura Goff
Liberty University School of Business

You are invited to be in a research study on mental health in the workplace. The purpose of this study is to gather insights from the real-life workplace experiences of employees with mental health issues and their employers, represented by Human Resource Professionals, within the hospitality industry.

You were selected as a possible participant because you are 18 years of age or older, have work experience in the hospitality industry, and have experience as a human resource professional interacting with employees with mental health issues. Please read this form and ask any questions you may have before agreeing to be in the study.

Laura Goff, a student and doctoral candidate in the School of Business at Liberty University, is conducting this study.

Background Information: The purpose of this study is to provide insights into ways to sustain mutually beneficial employment relationships for employees with mental health issues. The central research question to be answered is, "What are the real-life workplace experiences of managers of individuals with perceived and diagnosed mental health conditions?"

Procedures: If you agree to be in this study, I would ask you to do the following things:
1. Be available for a minimum of one and a maximum of three interview sessions to last 60-90 minutes between the dates of July 1, 2021 and August 31, 2021.
2. Answer the interview questions openly and honestly.
3. Allow the interview(s) to be recorded, in audio only, to ensure the transcript accurately captures the interview questions and responses.
4. Review the interview transcript from your interview(s) to ensure it captures your responses accurately.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. If heightened emotions surface during the course of an interview making it difficult to proceed, the participant or researcher may ask to suspend the interview in order to reschedule it or to discuss termination of participation.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society include improving the understanding of the workplace practices and programs that help and hinder successful employment relationships for individuals with mental health issues.

Compensation: Participants will be compensated for participating in this study. For each interview session conducted, participants will receive a $50 gift card to the participant's preferred retail establishment. Gift cards will be given, sent, or emailed to participants after the completion of an interview session.

Confidentiality: The records of this study will be kept private. Participants will share information about particular employees but will not reveal identities. In any sort of report I might publish, I will not include any information that will make it possible to identify a participant or participant's employer. Research records will be stored securely, and only the researcher will have access to the records.

- Participants will be assigned a pseudonym; and interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Laura Goff. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at xxx-xxxxxxx or xxxx@liberty.edu. You may also contact the researcher's faculty chair, Dr. Amy Puderbaugh, at xxxxxxx@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.
The researcher has my permission to audio-record me as part of my participation in this study.

_____

Signature of Participant   Date

_____

Signature of Investigator   Date

Appendix D: Mental Health Professional Interview Guide

       The purpose of this interview is to learn about personal workplace experiences of employees with mental health conditions. If you may have experiences to share about more than one employee, you will be asked to identify your responses separately regarding each unique individual. The questions will guide our discussion, but there are no correct answers. Your responses should include what you think is important to know about experiences. If you are uncomfortable with any of the questions, you do not need to answer. If you need a break at any time, please let me know. In order for me to capture all the details you share correctly, I would like your permission to record this conversation. Do you have any questions or need anything before we begin?

I.   Nature of the employees' work (reference Employee 1, 2, etc. if multiple)
      A.   What job does/did the employee hold?
      B.   How long has the employee worked there?
      C.   Describe the work environment.
      D.   Describe the people the employee interacted with.

II.   Value of work
      A.   Describe how the employee felt about the job held.
      B.   Describe how the employee felt about working in general.
      C.   What does/did the employee values/valued about going to work?
      D.   What does/did the employee not like about going to work?

III.   Nature of mental health issues
      A.   What mental health condition does/did the employee have?

IV.   Mental health issues and work
      A.   Did mental health issues affect the employees' work? If so, how?
      B.   Did the employees' co-workers know about the mental health concerns?
            1.   Which co-workers?
            2.   How did they learn about it?
            3.   How did co-workers respond to the employee?
            4.   Were specific challenges experienced with co-workers.
            5.   Describe any positive experiences with co-workers.
      C.   Did the employees' manager know about the mental health concerns?
            1.   What does the manager know?
            2.   How did the manager learn about it?
            3.   How did the manager respond?
            4.   Were specific challenges experienced with the manager.
                   a)   What initiated it?
                   b)   What was done to assist the employee?
                   c)   What was the outcome?
                   d)   What was handled well?
                   e)   What could have been handled better?
            5.   Describe any positive experiences with the manager.
                   a)   What initiated it?
                   b)   What was handled well?

          c)   What could have been handled better?

D.   Did the employees' human resource partners know about the mental health concerns?

    1.   What did HR know?

    2.   How did HR learn about it?

    3.   How did HR respond?

    4.   Were specific challenges experienced with HR.

        a)   What initiated it?

        b)   What was done to assist the employee?

        c)   What was the outcome?

        d)   What was handled well?

        e)   What could have been handled better?

    5.   Describe any positive experiences with HR.

        a)   What initiated it?

        b)   What was handled well?

        c)   What could have been handled better?

V.   Organizational response to mental health issues

A.   Did the employee share if others at the workplace had mental health challenges at work? Please provide details.

B.   How the employee describe the organizations' reaction toward mental health issues?

    1.   What did the organization provided that was helpful for the employee?

        a)   Benefits (i.e., health insurance, paid time off, EAP, etc.)

        b)   Time Off (i.e., FMLA, other types of leave, accommodations, etc.

        c)   Flexibility

        d)   Accommodations

    2.   What things did the organization require of the employee or do that was not helpful?

    3.   If you recommended accommodations for the employee, did the organization provide them? Why or Why not?

    4.   Do you have suggestions on things organizations should do to better assist employees with mental health issues?

VI.   Have you ever engaged in discussions with employers related to assisting employees with mental health issues?

VII.   Is there anything you would like to share that we have not had the opportunity to discuss?

Appendix E: HR Professional Interview Guide

The purpose of this interview is to learn about your personal workplace experiences as an employer of individuals with mental health issues. If you may have experiences to share about more than one employee, you will be asked to identify your responses separately regarding each unique individual. The questions will guide our discussion, but there are no correct answers. Your responses should include what you think is important to know about your experiences. If you are uncomfortable with any of the questions, you do not need to answer. If you need a break at any time, please let me know. In order for me to capture all the details you share correctly, I would like your permission to record this conversation. Do you have any questions or need anything before we begin?

I.   Nature of the employees' work (reference Employee 1, 2, etc. if multiple)
        A.   What job does/did the employee hold?
        B.   How long has the employee worked there?
        C.   Describe the work environment.
        D.   Describe the people the employee interacted with.

II.   Value of work
        A.   Describe how the employee felt about the job held.
        B.   Describe how the employee felt about working in general.
        C.   What does/did the employee values/valued about going to work?
        D.   What does/did the employee not like about going to work?

III.   Nature of mental health issues
        What mental health condition does/did the employee have?
        A.   How did you learn about the issues?
        B.   Did his manager know about the mental health condition?
        C.   How did the manager learn about it?

IV.   Managing employees with mental health issues
        A.   How well equipped was the employee's manager to handle the issues that arose?
        B.   How well equipped were you to handle the issues that arose?
        C.   How did the employee's mental health issues influence the manager?
        D.   How did the employee's mental health issues influence co-workers?
        E.   How did the condition impact the employee's work?
        F.   How did the condition impact the employee's relationships at work?
        G.   How did the condition impact the work environment?

V.   Managing a team when an employee has mental health issues
        A.   Did coworkers know about the mental health condition?
        B.   How did coworkers learn about it?
        C.   How did team members respond to the employee?
        D.   How have team members responded to the manager?
        E.   Tell me about specific challenges experienced with team members.
        F.   Describe any positive experiences you had with team members.

VI.   Organizational response to mental health issues

      A.   How would you describe the organizations' reaction toward mental health issues?

      B.   What things has your organization provided to assist your employees who have experienced mental health issues?

            1.   Benefits (i.e., health insurance, paid time off, EAP, etc.)

            2.   Time Off (i.e., FMLA, other types of leave, accommodations, etc.)

            3.   Flexibility

            4.   Accommodations

      C.   What things has your organization required of employees that were not helpful?

      D.   Are there things you would like to see changed?

      E.   How has your organization supported managers of employees with mental health issues?

            1.   What things has your organization provided to assist managers?

                 a)   Resources or information

                 b)   Training

                 c)   Other

            2.   What things has your organization required of managers of these employees that is not helpful?

VII.   Are there things you would like to see changed?

VIII.   Is there anything you would like to share that we have not had the opportunity to discuss?