Speaker 1:

Welcome to the Keys to Financial Inclusion Podcast, brought to you by National Disability Institute's Center for Disability-Inclusive Community Development. Hear from thought leaders in the disability and financial communities who will share insights, analysis and emerging strategies to improve and increase investing, lending and service activities for people with disabilities, and now here's your host, Michael Morris.

Michael Morris:

Welcome. My name is Michael Morris, and I am your host. Today, I am so pleased to introduce to you Marjorie Baldwin, a Professor at Arizona State University. She is a health economist for the international reputation for her research on employment discrimination against workers with serious mental illness. She is the author and co-author of more than 50 articles and books. Her most recent book, Beyond Schizophrenia: Living and Working with a Serious Mental Illness analyzes the barriers to employment, encountered by persons with this disability from the dual perspectives of a health economist and a parent.

Michael Morris:

Professor Baldwin's research has been supported by the National Institute of Mental Health and the National Institute on Disability and Rehabilitation Research and many other private and public funders. Marjorie, welcome. So glad to have you here today.

Marjorie Baldwin:

Thank you for inviting me.

Michael Morris:

Let's go to some questions. Mental illness is a term not well-understood. Can you help our audience understand what we mean by mental illness and share some examples?

Marjorie Baldwin:

Yes. A mental illness is a health condition that affects a person's thinking, feelings, behavior or mood. Mental illnesses are generally characterized by some combination of abnormal thoughts, perceptions, emotions or relationships with others. Examples of mental illnesses include depression, bipolar disorder, anxiety disorders such as obsessive compulsive disorder, schizophrenia and other psychotic disorders, eating disorders, post-traumatic stress disorder, and of course, there are others. It's important to note that mental illnesses are diseases of the brain that are beyond an individual's control, and this is sometimes hard to remember.

Marjorie Baldwin:

When you see someone behaving unusually, you think, "Well, why don't they just change their behavior?" If it's disease related, they cannot. Many scientists believe that mental illnesses result from problems with communication between neurons in the brain. We don't understand the precise causes of most mental illnesses, but current research suggests that mental illness is triggered by a combination of genetic and environmental factors.

Michael Morris:

Your research focus on employment, and employment supports for individuals with serious mental illness is unusual. Can you share with our audience, as a labor economist, why this focus, and help us understand your current research activities?

Marjorie Baldwin:

Well, my research from, beginning with my PhD dissertation has focused on persons with disabilities in the labor market, in particular, the impact of stigma and discrimination on their employment outcomes, as well as the effect of the Americans with Disabilities Act, which established their rights to reasonable accommodations at work. As a result of those studies, it became apparent to me that persons with mental illnesses hit some of the poorest outcomes compared to workers with other types of disabilities. They had very low employment rates and low wages. In 1999, my own son was diagnosed with schizophrenia, and after that, I began to focus my research more exclusively on employment of persons with serious mental illness, which I define as major depressive disorder, bipolar disorder, schizophrenia, or schizoaffective disorder. One of the hurdles that a person with serious mental illness faces when they want to work is whether or not to disclose their illness to their employer.

Marjorie Baldwin:

If they need job accommodations, which are mandated under the Americans with Disabilities Act, then they have to have some level of disclosure. They have to explain to the employer why they need the accommodation, but disclosure can also result in stigma and discrimination, and the stigma against people with mental illness can be intense. In 2017, my colleagues and I began a research study to study workplace disclosure of serious mental illness. This has been a multi-year study, and it was sponsored by the National Institute of Mental Health. Our purpose is to learn what factors influence a worker to disclose or not, what is the effect of disclosure on their employment, and how do characteristics of the workplace and the supervisor and co-workers affect the response to disclosure?

Marjorie Baldwin:

Today, we've completed surveys with more than 800 with workers with serious mental illness who are working or have worked in competitive jobs, and by a competitive job, we mean a job that pays at least the minimum wage, is not set aside for workers with disabilities, and was not obtained with help from a mental health services employment program.

Michael Morris:

This is really groundbreaking research, the number of people that you're interviewing. You must be really beginning to establish some key learnings or trends that you could share with us.

Marjorie Baldwin:

Well, it's actually taken us four years to collect the data, and so we're only beginning to analyze the final dataset, but we do have some preliminary findings. In conjunction with these surveys, we also conducted in-depth follow-up interviews with 50 of the workers in our sample. We asked these workers to tell us in their own words their story of how they disclosed or whether why they did not disclose to their employer and how their employer responded, and so we've seen from these in-depth interviews that among the workers who had not disclosed, the overwhelming reason was fear of stigma and discrimination in the workplace, but some workers also said their mental illness was nobody else's business. Among the workers who did disclose, they mentioned a variety of reasons. About a third of them said that they disclosed to request job accommodations.

Marjorie Baldwin:

Others disclosed in the hope that a supervisor or a manager would understand them better, or in response to a supervisor's questions about their mood or their behavior, or because they had been outed in some way, and by outed, we mean perhaps a co-worker knew that they had a mental illness and told the employer or some other way. Interestingly, in contrast to this overwhelming fear of stigma and discrimination if you disclose, we found many workers who told us about their employer's positive responses to disclosure. These positive responses included expressions of empathy, concern, offers of help with their job duties, and supervisors even relating personal stories of their experience with mental illness themselves or with members of their family. In fact, fewer than one in five of the workers that we talked to said that their employer responded with stigma and discrimination. Now, remember that this is this a very small sample.

Marjorie Baldwin:

These are the 50 workers that we talked to in-depth, and we think that the surprising number of positive responses may reflect selection effects in our data, and by that, we mean these workers chose to disclose to their employer. Perhaps the fact that they chose to disclose meant that they had assessed the workplace and their supervisor, and were inclined from what they knew about their workplace to believe that they would get a more positive response.

Michael Morris:

In our current economic climate, we're beginning finally, to come out of the social restrictions of COVID-19, but what we're finding now, as the economy's coming back into full steam, employers are complaining about their inability to attract workers for open positions, and that's across market sectors. Now, what advice do you have for employers to better attract and retain workers with serious mental illness?

Marjorie Baldwin:

Well, the first step, I think is to recognize that many persons with even the most serious mental illnesses are capable of working and want to work. The stereotype of mental illness is a person is incompetent, and so you wouldn't even think of recruiting them, but many people are capable of working, and they can be employed in a wide range of occupations. In our survey, we talked to workers who were employed as accountants, cashiers, data analysts, nurses, teachers, office managers, sales associates, heavy equipment operators and many others. We interviewed a college Dean, several professors, and even a number of company vice presidents, so I think first, recognizing that there are people with serious mental illness who are capable of holding jobs and want to be employed. Another step is for the employer to educate themselves and their managerial team about mental illness.

Marjorie Baldwin:

What is it like to experience a mental illness? What are the symptoms? What kinds of job accommodations can help people with mental illness succeed in the competitive workplace? The employer and the managerial team should also know about the rights of workers with disabilities under the Americans With Disabilities Act. We did a small pilot study of interviews with employers or supervisors of workers with mental illness in conjunction with our larger study, and a few of the questions asked these employers about their knowledge of the Americans With Disabilities Act, and we were surprised that many didn't even know the most basic features of the act.

Marjorie Baldwin:

For example, the law covers both physical and mental disabilities. Workers with disabilities have a right to reasonable accommodations so long as the accommodations don't impose an undue hardship on the employer, and workers with disabilities also have a right to privacy. If an individual reveals a mental illness and requests job accommodations, the employer can't reveal that information to other workers. Finally, I would say employers should work to create a culture in the workplace that is accepting of differences among workers, treats all workers as human beings that have different abilities and needs, and is intolerant of stigma and discrimination of any kind.

Michael Morris:

Thank you. That's really great advice for employers of all different sizes, different market sectors. I want to turn to the work we're doing here at National Disability Institute with the Center for Disability-Inclusive Community Development. We're trying to build deeper, wider relationships between the disability and financial community, and particular attention under the Community Reinvestment Act, we know banks can receive credit for support of workforce development activities. Do you have some advice for how employers could design and implement a workforce development effort that really takes into consideration the necessary supports for individuals with mental illness?

Marjorie Baldwin:

One idea would be to develop and implement training programs for managers and workers. That would include the value that persons with disabilities in general and persons with mental illness in particular can bring to the labor market. There's a saying in the disability community, that people with disabilities are the last hired and the first fired, so I think we need to educate employers that it doesn't have to be that way. You'll be surprised at the number of people ... If you start talking about mental illness, it's surprising the number of people who have personal experience of mental illness, either themselves or with close friends or family members, so a training session, opening up a conversation about mental illness in the workplace could encourage some of the people to share their stories, and people might be surprised that a co-worker they had no idea had struggled with a serious mental illness.

Marjorie Baldwin:

In my health economics classes, I always try to do a lecture on mental illness and employment. Every single time, there are students who volunteer their personal stories, and others who come up after class and thank me for opening up a topic that is seldom discussed. I believe the more we break down the barriers that prevent people from talking about mental illness in the university, in the workplace, in communities, groups, the more accepting society will become.

Michael Morris:

That's really, really very helpful, specific steps that employers could make regarding workforce development programs. Marjorie, if you could advise the financial community on ways they could support Community Reinvestment Act activities related to workforce development and supportive, talented individuals with mental illness in the workplace, what could change over the next five years?

Marjorie Baldwin:

In our research, we found that self-employment is more common among persons with mental disorders than among the labor force overall. We didn't interview self-employed workers for the study I talked about above because, of course, there would be no one to disclose to if you're self-employed, but we found this information on self-employment in nationally representative surveys, such as the Survey for Income and Program Participation, and we did talk with some self-employed individuals in a pilot study that we did for our current research. They told us that self-employment allows them the flexibility to manage their mental illness on their own. For example, I recalled one respondent who was working as a self-employed massage therapist. They were taking medications for their illness that left them groggy in the mornings, so they simply scheduled all their appointments for later in the day, but starting up in self-employment often requires an investment for licensing, bonding, certification, insurance, purchasing space, marketing materials or equipment.

Marjorie Baldwin:

Now, here's an area where the financial community can help. Are there possibilities to partner with mental health services to offer loans to individuals with mental illness who want to start a business? My own son started a business with initial funding from my husband and me, but what about people with mental illness whose families don't have the resources to offer that support? It would be great if the financial community could step in and help here.

Michael Morris:

That's a great, great suggestion, and we've been doing more research on, really ownership of a business as a great opportunity for people with disabilities, so I appreciate that suggestion. Let's go to another area, technology. We're surrounded by it. During this past year of COVID, everyone became dependent on technology in terms of communication, working, everything you can think of, purchasing of products. Are there technology solutions that are proving to be more promising today to support positive mental health in the workplace, or is it likely an area you believe will bring even more innovation in the future?

Marjorie Baldwin:

Well, technology is really not my area of expertise, and when I need to learn any new technology, I go to my granddaughter, who is a wiz at this, but I did some investigating and I was really excited to find that there's a number of digital resources already available or being developed to promote positive mental health, and it could be adapted for workplace. You can find more information about these on the website of the National Institute of Mental Health, but some of the most promising trends are self-management apps. These can be programmed to give medication reminders, to help workers with disabilities deal with stress or anxiety. They could be potentially used at work to provide reminders of important deadlines or lists of job tasks to workers who need some help with organization. Then, there are skills training apps, apps for improving thinking skills or for dealing with anxiety.

Marjorie Baldwin:

Then, there's a set of illness management apps. These connect workers directly with a peer support person or a mental health provider. If they just have a time in the workday when they are feeling anxious or feel symptoms recurring, they can connect immediately with someone who can kind of talk them down and help them through that. One group that I think is really promising are apps that are being developed to provide passive symptom monitoring. In other words, the worker or the person with mental illness doesn't have to do anything. These apps just collect data through sensors built into their smartphones.

Marjorie Baldwin:

In the future, such apps might be able to recognize changes in behavior patterns that precede a mood episode such as mania, depression or psychosis before it occurs so that something could be treated before the full-blown episode happens. This is an area where I think we're going to see huge advances in the future. National Institute of Mental Health is investing heavily, between 2009 and 2015, they awarded over 400 grants, totaling $445 million for technology-enhanced mental health intervention, and these grants were all for studies of computer-based interventions designed to prevent or treat mental health disorders, so I was very excited just to see what's going on.

Michael Morris:

Wow, that's really, really eye-opening view of technology changes everything about our world and the possibilities and in terms of, as you said, both active intervention, but also passive, supporting individuals is just wonderful to think about for the future.

Marjorie Baldwin:

Especially for people with mental illness, because one of the characteristics of mental illness is that it affects your brain, so you may not realize that you're ill, or you may have trouble keeping track of things, that people with other types of disorders don't, so the possibilities of technology are just fabulous.

Michael Morris:

If you were to think about these years you've changed the focus of your life because of your son, it gave you new interests, new understanding, if you were to think ahead about the path you've taken as a labor economist, how could you encourage others who are economists to think about a similar path so that we continue to learn about and find ways to support people with serious mental illness?

Marjorie Baldwin:

Well, happily, more and more economists are exploring the area of health economics. Many of them, of course, are focused on the structure of the health economy and the Affordable Care Act and so forth, so I think it's just an education process for people in general to realize that people with mental disorders are capable of a lot more than we think they are. Much of the research in the area of people with mental illness and work has focused on supported employment programs, and supported employment is fantastic for people with mental illness who may have trouble with getting their symptoms into remission or who are just not at a level where they feel comfortable entering a mainstream-competitive job, but we don't want to pigeonhole ourselves into thinking that everyone with mental illness needs the supports of these systems. Others, as we've put, the people we've talked to are capable of independent, competitive work, and I think it's important that employers recognize that, but also that economists recognize that and begin to do more research into competitive employment settings and what enables workers with mental illness to be successful there.

Michael Morris:

I hope in the future we'll see many others following your lead, particularly on the economic side.

Marjorie Baldwin:

Thank you.

Michael Morris:

This is more than just social science research. It's about this intersection of disability and mainstream thinking, participation in the economy. Things you've shared today have been really enlightening, insightful. If you were to reemphasize one point from our conversation today for employers, the financial community, others who may listen in, what would you want to share?

Marjorie Baldwin:

It would be that many persons with even the most serious mental illnesses can work and want to work. Many persons with serious mental illness say that paid employment is their number one recovery goal, and it's so important to people with mental illness. The experience of being diagnosed with mental illness can be devastating to your self-confidence, to your feeling that, will you ever regain a normal life? Getting a job is an important step to regaining a normal life, to being more than a person with bipolar disorder, rather than saying, "I'm bipolar," and say, "I'm a teacher." Work adds structure and purpose to the lives of people with mental illness, and so it's very, very important in the recovery plan.

Marjorie Baldwin:

Inclusive policies that are focused on workers with serious mental illness can be good for the individual, good for the employer and good for society, and we should focus on gainful, competitive employment, and by that, I mean employment where they are able to obtain financial security and independence so that they don't need the supports of a disability program, and those kind of interventions can be good for society as well.

Michael Morris:

Wonderful. Way to sum up. Thank you for joining us today. I hope, for our listeners, they have a new understanding and sensitivity to people with serious mental illness, and I think for employers, for all of us, is with understanding comes changes in behavior, changes in expectations, as you've shared today, about people with serious mental illness who want to be a part of the economy are part because of the people you're interviewing in all kinds of jobs that you share, really changes perceptions, and I can't wait to what will be the findings when you complete your research, and Marjorie, is there another book that will come out of this?

Marjorie Baldwin:

Oh, I don't know. The book took way longer than I thought it would, but hopefully, there will be a lot of research articles and we aim to put many of these into journals that are accessible to people who are involved in mental health services and to employers, and thank you for offering the opportunity to just share this work with a broader audience.

Michael Morris:

Thank you so much.

Speaker 1:

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