



Early Intervention in the Real World

Formal plan for self-disclosure enhances supported employment outcomes among young people with severe mental illness

Ellie McGahey,¹ Geoffrey Waghorn,^{2,3,4} Chris Lloyd,³ Shirley Morrissey¹ and Philip Lee Williams⁵

Abstract

Aim: Young people with mental illness experience high levels of unemployment, which can be related to stigma and discrimination. This may result from poor choices in disclosing personal information, such as their mental illness diagnosis, in the workplace. The aim of this study was to investigate the predictive validity of a formal plan to manage personal information (PMPI) during the early stages of supported employment. The focal question was: does the use of a brief structured PMPI lead to more employment outcomes for young people with a mental illness?

Methods: A sample of 40 young unemployed mental health service users (mean age 23.9 years), who were also attending employment services on the Gold Coast, was asked about their disclosure preferences. If they

preferred not to disclose at all, they did not complete a plan for managing personal information. If they preferred to disclose some personal information, they were provided with assistance to complete a PMPI. Baseline information was gathered from two equal groups of 20 individuals. Employment status was ascertained at a 6-week follow-up interview.

Results: Those who completed a plan to manage their personal information had 4.9 times greater odds of employment at 6 weeks than those who preferred not to disclose any personal information.

Conclusions: A formal PMPI has promising predictive validity with respect to job seekers not opposed to pragmatic forms of self-disclosure. Further research is needed to examine other properties of this decision-making tool.

Key words: psychotic disorder, self-disclosure, severe mental illness, supported employment.

¹School of Psychology, Griffith University,
²Early Psychosis Service, Gold Coast
Health Service District, Gold Coast,
³Queensland Centre for Mental Health
Research (QCMHR), The Park Centre for
Mental Health, ³Behavioural Basis of
Health, Griffith University, and ⁴The
School of Medicine, The University of
Queensland, Brisbane, Queensland,
Australia

Corresponding author: Dr Geoffrey
Waghorn, Queensland Centre for Mental
Health Research, The Park Centre for
Mental Health, Locked Bag 500, Sumner
Park BC, via Brisbane, Qld. 4074,
Australia. Email:
geoff_waghorn@qcmhr.uq.edu.au

Received 4 April 2014; accepted 16
September 2014

INTRODUCTION

Employment can be elusive for young people with first-episode psychosis^{1,2} who may fail to make a successful transition from school to work.^{3,4} Employment is also important for maintaining mental health and promoting recovery among those who have experienced mental health problems.⁵ One of the key barriers to obtaining employment is employer stigma. This typically consists of negative beliefs about people with mental illness and their employability.^{6–8} Employer stigma often leads to unfair discrimination in recruitment.⁹ For instance, if a person discloses on a job application that they

have schizophrenia, they are most unlikely to be selected for an interview.^{8,10} Such stigma and discrimination can result in difficulties disclosing personal information in the workplace,^{11–13} or may entrench a pattern of disclosure avoidance.^{8,14} In this context, personal information is any sensitive information, such as mental health status, diagnostic category, medications, side effects of medications, subjective experiences of illness, other health conditions, treatment history, hospital admissions, past adverse events, forensic history, treatment plans and any legal restrictions on employment.

To overcome stigma and discrimination, a variety of vocational approaches have been utilized.⁶ The

most effective of these for young adults with severe mental illness is the Individual Placement and Support (IPS) approach.^{15–19} This approach recommends specific attention to supporting clients' individual disclosure preferences and can be successful even when the preference is for non-disclosure.²⁰ However, Waghorn and Spowart²¹ recommended a more structured decision-making approach to encourage the pragmatic disclosure of relevant personal information. This is suggested as a way to avoid triggering stigma and unfair discrimination, and to provide enough information to employers to justify accommodating work restrictions. This, in turn, enables the employers to better manage workers in order to optimize their productivity. Other authors agree that those seeking employment need to determine how to disclose their mental illness in the workplace, and if so, to who, when and the extent of the disclosure.^{10,11} Disclosure is not considered a once only event but needs to be viewed as an ongoing process where the demand for potentially discrediting information emerges whenever new individuals and situations are encountered.⁸

The form of disclosure chosen can have costs and benefits for individuals with mental illness. The costs of disclosure can include the triggering of stigma reactions in others and subsequent self-stigma in the person making the disclosure.^{22,23} Goffman²⁴ defined stigma as a complex process where community members differentiate individuals with a spoiled identity using labels to maintain social distance from the person through social avoidance and social disapproval.

This also explains how employers may discriminate against people with psychiatric conditions. The diagnostic label (e.g. schizophrenia) may trigger media portrayals of the illness with inaccurate negative connotations. In the case of schizophrenia, these often include multiple personalities or violence. This, in turn, may lead employers to deny employment opportunities even though anti-discrimination laws are intended to prevent such unfair discrimination. This risk can be accommodated within a disclosure plan by avoiding diagnostic labels.^{8,25} For those uncomfortable with any form of disclosure, there are also risks to consider. These include inadvertent disclosure by third parties such as health professionals, employment specialists, previous employers and job application referees.¹⁹ Another risk of non-disclosure is forced disclosure when the employee suddenly becomes unwell and needs to explain their absence from the workplace.^{8,12}

On the contrary, the benefits of planned disclosure can include improved psychological well-being,

improved interpersonal relationships and greater access to workplace accommodations when these are needed.¹² Relationships with employers can also strengthen by avoiding secrecy⁸ and by allowing employers to get to know the worker as a person, and at the same time, they both learn how the worker's health conditions can be managed to optimize work performance.^{8,25} Another potential benefit is that disclosure enables access to legislation in most developed countries that protect against unfair discrimination.⁸ Yet despite the potential benefits of planned disclosure, the negative consequences of past disclosures can make some job seekers disclosure avoidant or secretive about any aspect of their mental health status.^{8,25} This, in turn, can preclude access to workplace accommodations.

In order to prevent employer stigma and avoid unfair discrimination, job seekers with mental illness need to carefully consider how they intend to describe themselves and their mental health status to employers.^{8,19,23} To facilitate this step, Waghorn and Spowart²¹ developed a Plan for Managing Personal Information (PMPI), which, if successful, is expected to enhance vocational rehabilitation outcomes. The plan provides a structure for employment specialists and job seekers to jointly discuss disclosure strategies and clearly identify which items of personal information they wish to share (or not) with potential employers, and the exact words preferred by the job seeker to convey this information to potential managers, supervisors and co-workers. This plan makes the disclosure strategy explicit and accountable and shifts the decision-making power to the job seeker, by detailing how the employment specialist will enact the person's disclosure preferences. Such an approach is likely to reduce stress, anxiety and feelings of stigma associated with disclosing mental illness.⁷

The PMPI is expected to enhance employment commencement through giving individuals control over an explicit and pragmatic plan, which includes information about their personal strengths related to employment. The PMPI covers: (i) the person's vocational goals and specific jobs or employers of interest; (ii) personal strengths of the individual, including personal characteristics, qualifications, previous employment experience, and relevant knowledge and skills; (iii) sensitive information, such as diagnostic labels, medication, side effects of medication and forensic history; (iv) work restrictions that may be consequences of a mental illness or of the side effects of medication; (v) agreed language to be used to describe work restrictions in both formal and non-formal

settings; and (vi) workplace assistance and accommodations that might be needed to improve productivity.

The plan is not intended to be shared with employers. Instead, it is used to generate a valid description using only agreed terms, which the person and the employment specialist can consistently use to describe the person to employers, managers and supervisors. This is the formal application of the plan. Its informal use is in guiding the person in informal settings (lunch room, after work) where the same consistent description is needed in communicating informally with co-workers and customers. Not having such a plan increases the risk of divergent descriptions of the person emerging, which could adversely affect the person's credibility in the workplace.

Although the PMPI has high face validity, several other important psychometric properties require investigation. The most relevant of these are client acceptability, service provider utility, inter-rater reliability, generalizability, test-retest reliability, stability, flexibility, concurrent validity and predictive validity.¹⁹ This study investigated short-term predictive validity and client acceptability.

We expected to find that those who completed a plan to manage personal information (PMPI) would be more likely to commence employment by 6 weeks compared with those who preferred to avoid any disclosure of personal information. We also expected that those who completed a PMPI and who gained employment would be more satisfied with their employment than those who preferred to avoid disclosure.

METHODS

Ethical approval for this study was obtained from Human Research Ethics and Governance Committees of the Gold Coast Health Service District and of Griffith University. Participants were 40 young adults with mental health conditions attending both a youth mental health service and a supported employment agency on the Gold Coast. Participants consisted of 26 males and 14 females that ranged in age from 18 to 32 years ($M = 23.90$, $SD = 4.19$). The sample was almost exclusively unemployed. Only one participant was currently employed at baseline and seeking alternative employment. The majority of participants were diagnosed with a psychotic disorder. Ethnicity was not formally assessed. All participants were observed to be of Caucasian appearance and all spoke fluent English.

Recruitment and procedures

Participants were recruited one of two ways. Participants were referred by either the Gold Coast Early Psychosis Team or by local employment agencies to participate in the study. Participants were asked to indicate whether they were willing to disclose personal information through the completion of the PMPI. Consent was sought to recontact all participants after 6 weeks to ascertain whether they were successful in obtaining employment. Overall, the interview took between 30 and 50 minutes, depending upon the participant's willingness to disclose their personal information.

Group assignment

Participants were assigned to one of two groups based upon their initial attitude to disclosure of personal information to a potential employer. The PMPI group included individuals who were uncertain or willing to disclose some personal information to potential employers and willing to participate in an interview to complete the PMPI. The non-disclosure group consisted of those who definitely preferred not to disclose any personal information and unwilling to complete the PMPI. Participant characteristics by group are shown in Table 1. Each group was then examined for systematic differences in individual characteristics between the two disclosure conditions.

Measures and analysis

The primary outcome was employment status (employed in competitive employment or not) at 6 weeks post baseline interview. The acceptability of the PMPI was assessed by asking participants to rate their satisfaction with the use of the PMPI compared with their other disclosure strategies. Participants were also asked to indicate how helpful it was to have completed the PMPI, in comparison to other methods of disclosure they may have used. Details of their other disclosure strategies and methods were not collected. Information about actual disclosures made by the job seeker or by the employment specialist in each disclosure group was not collected. Analysis was performed with SPSS version 22 (IBM, New York) using descriptive statistics, Wald chi-square, odds ratios and 95% confidence intervals.

RESULTS

Participant characteristics

Participant characteristics are shown in Table 1. The disclosure conditions did not differ significantly by

TABLE 1. Participant characteristics by intervention group

Participant characteristics		PMPI (<i>n</i> = 20) <i>n</i> (row %)	No PMPI (<i>n</i> = 20) <i>n</i> (row %)
Age (years)	Mean (SD)	22.3 (3.67)	25.5 (4.15)
Sex	Male	14	12
Diagnostic category (DSM-IV)	First-episode psychosis	5 (55.5)	4 (44.4)
	Schizophrenia	7 (58.3)	5 (41.7)
	Bipolar affective disorder	5 (41.7)	7 (58.3)
	Depression and other	3 (42.9)	4 (57.1)
	Disability support pension	2 (33.3)	4 (66.7)
Government income support	Abstudy, newstart or youth allowance	14 (48.3)	15 (51.7)
	None	4 (80.0)	1 (20.0)
	1–3	10 (58.8)	7 (41.2)
Number of previous jobs held	4 or more	10 (43.5)	13 (56.5)
	Within 12 months	10 (52.6)	9 (47.4)
	More than 12 months	10 (47.6)	11 (52.4)
Duration of previous employment	Less than 12 months	10 (45.5)	12 (54.5)
	More than 12 months	10 (55.6)	8 (44.4)
Educational attainment	Did not complete year 12	8 (53.3)	7 (46.7)
	Year 12 or higher	12 (48.0)	13 (52.0)

Note: Wald chi-square tests of between-group differences by row were all found to be not statistically significant at the 95% confidence level. PMPI, plan to manage personal information.

any of these characteristics. One person was employed at baseline and this person was only to be counted as gaining employment if they had achieved their goal of a new job by the 6-week follow-up interview.

Employment status at 6 weeks

In total, 37.5% of participants (15 of 40) were employed by 6 weeks. In the PMPI group, 11 of 20 commenced employment at 6 weeks compared to 4 of 20 in the group that did not complete the PMPI. There was a significant association between completion of the PMPI at baseline and employment status at 6 weeks (chi-square = 5.23, $P = 0.02$). The odds ratio for this association was 4.89 (95% confidence interval 1.2–19.9), indicating that the odds of commencing employment was 4.9 times greater for those who completed the PMPI compared with those who did not.

Satisfaction with employment obtained

We expected that individuals who completed the PMPI would be more satisfied with their employment compared with those who were disclosure avoidant. Due to the small subsample sizes, formal analysis was not attempted. Nevertheless, inspection of group means indicated no substantial difference between the PMPI group ($M = 3.1$, $SD = 0.7$) and the non-disclosure group ($M = 3.0$, $SD = 0.8$) on

TABLE 2. Acceptability to jobseekers of the PMPI (*n* = 20)

Acceptability of PMPI		Frequency	Percent
Satisfaction	Not at all satisfied	0	0
	A little satisfied	2	10
	Moderately satisfied	6	30
	Very satisfied	11	55
	Extremely satisfied	1	5
Helpfulness	Not at all helpful	1	0
	A little helpful	3	15
	Moderately helpful	7	30
	Very helpful	9	55
	Extremely helpful	0	0

PMPI, plan to manage personal information.

satisfaction with employment. Satisfaction with employment was not enhanced by using the PMPI.

Acceptability to job seekers

Participants were asked to rate their satisfaction with the use of the PMPI compared with their other disclosure strategies. Participants were also asked to indicate how helpful it was to have completed the PMPI. As shown in Table 2, the majority of participants (55%) were very satisfied, and more than half of the participants indicated that the PMPI was very helpful.

Utility to employment service providers

The utility of the PMPI to service providers was not formally assessed. However, its potential utility is

FIGURE 1. A case study.

To illustrate utility from the service provider perspective, a single case was examined in more depth. The participant of interest, a 22-year-old unemployed male was employed approximately 12 months prior to his commencement in this study. His employment had ended due to the onset of psychosis. His highest level of education was completing Year 11 and he was currently studying at a Technical and Further Education institute (TAFE). His primary diagnosis was a first episode psychosis and he was taking anti-psychotic medication. Inspection of his questionnaire data revealed that he had high levels of self-efficacy, optimism and social resourcefulness.

At first, this person was hesitant about disclosing anything about his mental illness due to previous negative experiences. However, he was willing to accept assistance to complete a plan to manage personal information (PMPI) as it allowed him to be in control of how information would be disclosed. This participant's plan is shown in Table 3. He had clear short term and long term employment goals and a number of personal strengths could be readily identified. He believed these contribute to his ability to work in multiple settings. In the short term he was interested in casual employment in the hospitality industry, whilst he continued studying for his TAFE qualification. He was able to identify several work restrictions resulting from his diagnosis of psychosis. These restrictions included memory and attention difficulties, and the experience of anxiety. Information about how he preferred to describe these restrictions is shown in Table 3. He carefully phrased these restrictions to de-emphasise the negative impact of his mental health diagnosis. For example, he reported that he can become anxious when surrounded by large groups of people and when not kept busy.

This person was also able to suggest methods of assistance that could be put in place by himself or a potential employer to reduce the impact of work restrictions. Following completion of the plan, this participant indicated that he felt more in control of what information he would disclose to a potential employer. He indicated feeling very satisfied with the plan as it allowed him to highlight his personal strengths whilst also providing solutions to any restrictions that may arise due to his mental illness. He also indicated that completion of the plan allowed him to feel more comfortable and prepared for future discussions about his mental illness when looking for employment. The feedback provided by this participant was consistent with the high satisfaction and helpfulness reported in the follow-up questionnaire. This participant was also successful in obtaining employment within six weeks.

illustrated in the case study. This shows the individual nature of the PMPI and how it can be developed in partnership with the client. The outcome of a successful plan is expected to be a pragmatic disclosure strategy (a written description of the client to be used by the client and by the employment specialist) that has the support of both parties and can inform employers and help identify job designs and workplace accommodations for sustaining employment (Fig. 1 and Table 3).

DISCUSSION

This study aimed to examine the predictive validity and client acceptability of the PMPI. The results

revealed that individuals who completed the PMPI had 4.9 times greater odds of becoming employed by 6 weeks than those who were disclosure avoidant. This result is consistent with previous studies finding an employment advantage for disclosure in the workplace.^{11,12} This result supports further investigation of the PMPI as a potentially promising enhancement to supported employment programmes. The PMPI seems to help clients develop consistent and pragmatic disclosure strategies, which may facilitate their entry into the workforce.

Contrary to expectations, satisfaction with the employment obtained was not related to having a PMPI. This result, although based upon a small

TABLE 3. Example of a completed plan to manage personal information (PMPI)

Vocational goals, jobs, or employers of interest	Personal strengths	Sensitive information	Associated barriers or work restrictions	Agreed terms to describe and explain work restrictions in both formal and informal situations	Terms for use by client, employment specialist, supervisor	Workplace assistance or accommodations that may be needed
<u>Vocational goal:</u>	<u>Qualifications:</u> Certificate 2 in Agriculture/Horticulture	<u>Diagnosis:</u> Psychosis	Concentration	<u>Formal/Informal:</u> May have difficulty with concentration when working for extended periods of time	Client, Employment Specialist and Employer	Should be given tasks and instructions individually. Setting one task at a time will maintain focus, memory and allow for him to get tasks done. Should be given the option to take a break if needed. This will help with maintaining focus and reducing or avoiding feelings of anxiousness.
<u>Short-term:</u> To gain casual or part-time employment in the hospitality industry. A role such as kitchen hand would be appropriate	<u>Experience:</u> Has worked in the food industry and remained working for a long period of time. Has experience with food preparation, customer service and cleaning		Memory/Attention	Difficulty with remembering instructions and/or information if too much is given at once		
<u>Long-term:</u> Utilize TAFE qualification and work in Agriculture industry	<u>Personal qualities:</u> Great communication skills, presents self well, reliable, dependable, punctual, trustworthy, hardworking, calm persona. Is a good listener and follows instructions. Friendly and motivated to learn/work and be challenged.		Anxiety	Can become anxious when around large groups of people and when not kept busy		Should be kept busy by always having tasks to complete
Client signature						
Employment specialist signature						
Plan to be next reviewed on						

sample, indicates that other factors, such as the attention paid to individual job preferences and job characteristics, are more likely to cause job satisfaction.

The PMPI generated high client acceptability among those who were positive or uncertain about disclosure. This was encouraging but requires further investigation among those more reluctant to discuss disclosure. This is important because generalizability to those with disclosure avoidant attitudes has yet to be established^{19,25} and this group in particular could benefit from this process. Related research recently conducted in the UK¹¹ found that an employment disclosure decision-making tool reduced decisional conflict and enhanced employment outcomes for those with initial disclosure uncertainty. A promising line of investigation would be to determine whether the PMPI could also reduce decisional conflict and moderate initial disclosure avoidant attitudes.

Limitations

The main limitations of this study were the small group sizes and the non-random group assignment. Participation was limited to those with a goal of competitive employment, and this is in keeping with the purpose of the PMPI, which is to help people form a strength-based pragmatic disclosure strategy for use in an employment context, in either a supported employment or other vocational rehabilitation programme.

The small sample size and the absence of randomization precluded multivariate analysis of covariates, or of mediating or moderating variables. The most promising of client characteristics was age, where younger persons were less disclosure avoidant, suggesting older persons may be influenced by accumulating negative experiences of past disclosure.

The short follow-up period of 6 weeks can also be considered a limitation. During this period, 15 of 40 (37.5%) gained employment, and it is possible that there is no real difference between groups over a longer period of 6–12 months. Nevertheless, this result suggests that short-term benefits of the PMPI can be expected in terms of commencing employment, and these could be investigated further with longer term follow-up periods of 12 months or more.

A consequence of these limitations is that this study cannot show that having a PMPI causes better employment outcomes. Other factors associated with attitudes to disclosure, or with actual disclosures made, may account for these results. It is also

possible that those in the non-disclosure group had different employment preferences, which may take longer than 6 weeks to attain. Despite these limitations, the results support the continuing investigation of the potential utility of this tool in vocational rehabilitation and supported employment programmes.

Conclusion and future directions

The PMPI shows promise for helping young people with mental illness to form strength-based disclosure strategies that facilitate employment prospects. Although there is much more to learn about this intervention, it is potentially an important and often overlooked step in psychiatric vocational rehabilitation. This study identified the potential value in giving young job seekers with mental illness the opportunity to plan self-disclosure of their personal information, and highlighting their strengths and identifying possible workplace solutions for any work restrictions resulting from their mental health conditions or current life circumstances.

The findings indicate the PMPI has high client acceptability and short-term predictive validity. However, the psychometric properties of generalizability, reliability, stability, construct validity, concurrent validity, cross-cultural validity, longer term predictive validity and service provider utility, all require further investigation. In addition, the relationships to decisional conflict and to the disclosure decision-making tool developed in the UK¹¹ also warrant further study.

REFERENCES

1. Killackey E, Allott K, Cotton SM *et al.* A randomized controlled trial of vocational intervention for young people with first-episode psychosis: method. *Early Interv Psychiatry* 2013; **7**: 329–37.
2. Killackey E, Jackson HJ, McGorry PD. Vocational intervention in first-episode psychosis: Individual Placement and Support versus treatment as usual. *Br J Psychiatry* 2008; **193**: 114–20.
3. Browne D, Waghorn G. Employment services as an early intervention for young people with mental illness. *Early Interv Psychiatry* 2010; **4**: 327–35.
4. Waghorn G, Saha S, Harvey C *et al.* Earning and learning in those with psychotic disorders: the second Australian national survey of psychosis. *Aust N Z J Psychiatry* 2012; **46**: 774–85.
5. Moll S, Huff J, Detwiler L. Supported employment: evidence for a best practice model in psychosocial rehabilitation. *Can J Occup Ther* 2003; **70**: 298–310.
6. Corrigan PW, Larson JE, Kuwabara SA. Mental illness stigma and the fundamental components of supported employment. *Rehabil Psychol* 2007; **52**: 451–7.
7. Dinios S, Stevens S, Serfaty M, Weich S, King M. Stigma: the feelings and experiences of 46 people with mental illness: qualitative study. *Br J Psychiatry* 2004; **184**: 176–81.

8. Waghorn G, Lewis SJ. Disclosure of psychiatric disabilities in vocational rehabilitation. *Aust J Rehabil Couns* 2002; **8**: 67–80.
9. Goldberg SG, Killeen MB, O'Day B. The disclosure conundrum: how people with psychiatric disabilities navigate employment. *Psychol Public Policy Law* 2005; **11**: 463–605.
10. MacDonald-Wilson KL, Russinova Z, Rogers ES et al. Disclosure of mental health disabilities in the workplace. In: Schultz IZ, Rogers ES, eds. *Work Accommodations and Retention in Mental Health*. New York: Springer, 2011; 191–217.
11. Henderson C, Brohan E, Clement S et al. Decision aid on disclosure of mental health status to an employer: feasibility and outcomes of a randomised controlled trial. *Br J Psychiatry* 2013; **203**: 350–7.
12. Jones AM. Disclosure of mental illness in the workplace: a literature review. *Am J Psychiatr Rehabil* 2011; **14**: 212–29.
13. Reavley NJ, Jorm AF. Willingness to disclose a mental disorder and knowledge of disorders in others: changes in Australia over 16 years. *Aust N Z J Psychiatry* 2013; **48**: 162–8.
14. Brohan E, Henderson C, Wheat K et al. Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry* 2012; **12**: 1–14.
15. Bond GR, Drake RE. Making the case for IPS supported employment. *Adm Policy Ment Health* 2014; **41**: 69–73.
16. Bond GR, Drake RE, Becker DR. An update on randomized controlled trials of evidence-based supported employment. *Psychiatr Rehabil J* 2008; **31**: 280–90.
17. Kinoshita Y, Furukawa T, Kinoshita K et al. Supported employment for adults with severe mental illness. *Cochrane Database Syst Rev* 2013; (9): CD008297.
18. Marshall T, Goldberg RW, Braude L et al. Supported employment. Assessing the evidence. *Psychiatr Serv* 2014; **65**: 16–23.
19. Nuechterlein KH, Subotnik KL, Turner LR et al. Individual Placement and Support for individuals with recent onset schizophrenia: integrating supported education and supported employment. *Psychiatr Rehabil J* 2008; **31**: 340–9.
20. Allott K, Turner LR, Chinnery GL et al. Managing disclosure following recent-onset psychosis: utilizing the Individual Placement and Support model. *Early Interv Psychiatry* 2013; **7**: 338–44.
21. Waghorn G, Spowart CE. Managing personal information in supported employment for people with mental illness. In: Lloyd C, ed. *Vocational Rehabilitation in Mental Health*. Oxford, UK: Wiley Blackwell, 2010; 201–10.
22. Corrigan PW, Larson JE, Rusch N. Self-stigma and the 'why try' effect: impact on life goals and evidence-based practices. *World Psychiatry* 2009; **8**: 75–81.
23. Corrigan PW, Powell KJ, Rusch N. How does stigma affect work in people with serious mental illnesses? *Psychiatr Rehabil J* 2012; **35**: 381–4.
24. Goffman E. *Stigma. Notes on the Management of Spoiled Identity*. Ringwood, Victoria, Australia: Penguin Books, 1963.
25. Link BG. Understanding labeling effects in the area of mental disorders: an assessment of the effects of expectations of rejection. *Am Sociol Rev* 1987; **52**: 96–112.