



Does a History of Depression Affect Employability?



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Aims of this study

Negative stigmatizing attitudes towards mental illness may create employment discrimination (e.g. Stuart, 2006). This research examines whether jobs are as likely to be offered to a candidate with a known mental illness (depression) than to an identical candidate without mention of the illness



Hypothesis



- We hypothesized that participants who were told that the job candidate had a mental illness would report being less likely to hire the candidate than participants who were not told that the job candidate had a mental illness.

Results

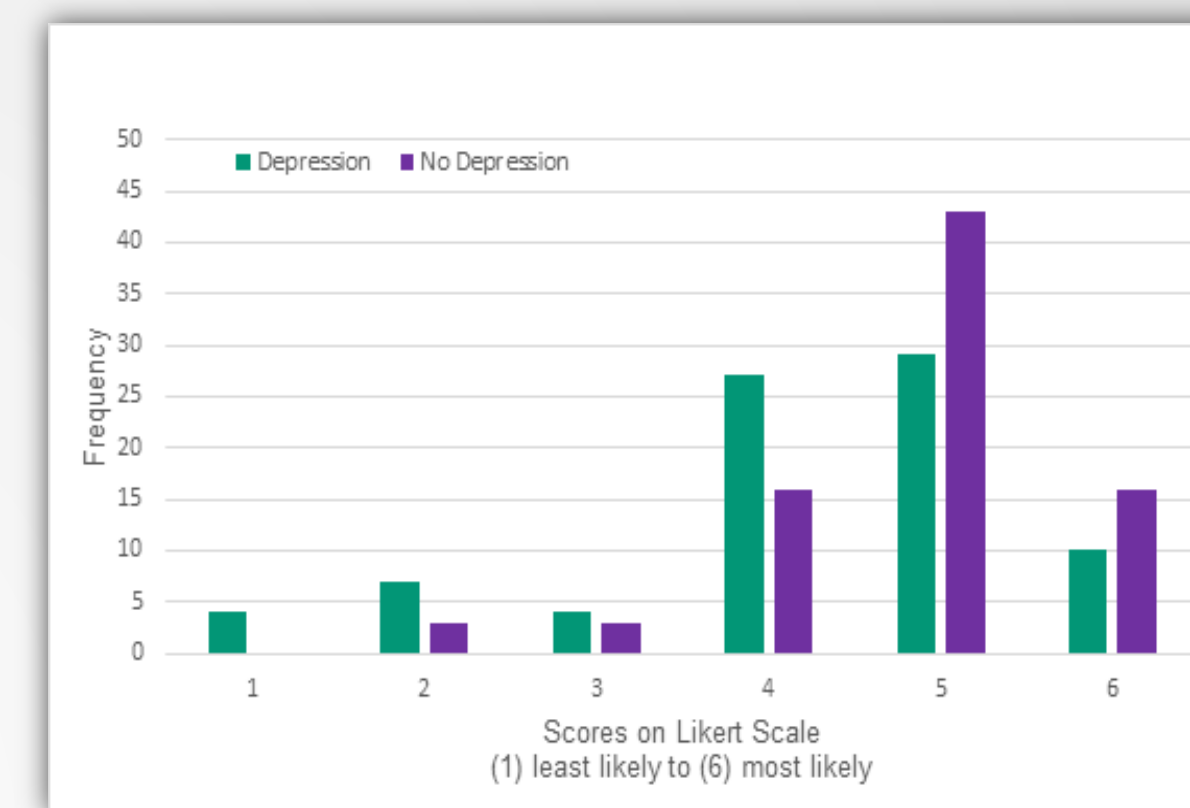


Figure 1. Likelihood of hiring the candidate where a diagnosis of depression was mentioned vs. hiring a candidate with no mention of depression

An one tailed independent-measures t-test revealed that the participants were significantly less likely to hire the candidate with depression than the candidate without, $t(160) = -3.30, p < 0.01$ (see Figure 1). The mean score ($M = 4.23, SD = 1.29$) in the experimental condition where depression was mentioned was significantly lower than the mean score ($M = 4.81, SD = 0.92$) from the control condition where depression was not mentioned

Discussion



- It was shown that results from fictitious scenarios generated similar results to those found from studies where real-world workplace situations were assessed (Drehmer & Bordieri, 1985; Farina & Felner, 1973).
- We have seen in studies that people with higher levels of education were less likely to hold stigmatizing attitudes towards those with depression (Cook & Wang, 2010). Other studies showed a decrease in stigma after being educated through awareness campaigns (Dietrich, et al., 2010).
- If we found stigma towards mental illness among a population of highly educated students at a university with a large psychology program, what might we find in the general population.
- It would be good to conduct longitudinal studies in North America comparable to those conducted in Germany where awareness campaigns were shown to reduce stigma of mental illness over short periods of time (Dietrich, et al., 2010).
- Important question to ask next would be: Is employment discrimination towards mental illness similar across all sections in the workforce? (For instance comparing positions for a lawyer or a police officer to that of a fast food worker or labourer)

Introduction

- In 2015, 43.4 million adults in the US were diagnosed with a mental illness (National Institute of Mental Health, 2017). Statistics Canada released results from a mental health survey from 2012, which stated that major depression is the most commonly reported type of mental health illness and affects roughly 3.2 million Canadians (Statistics Canada, 2012, The Daily, 2013). A global cross-sectional survey rated depression as the first most taxing disease for higher income countries and the third most taxing disease globally (Lasalvia, et al., 2013)
- In the study done by Stone and Colella, physical disabilities and psychiatric disabilities served as a classic contrast (Stone & Colella, 1996) because research has shown that people with a physical disability face less discrimination in the workforce than those with a mental illness (Mendel, Kissling, Reichhar, Bühner, & Hamann, 2015). In one study in which human resources professionals were given a choice to hire an applicant with either a physical disability ("uses a wheelchair") or an applicant with a mental disability ("takes medication for a depressive illness"), 87.7 % chose the candidate with the physical disability (Koser, Matsuyama & Kopelman, 1999)
- Research using hypothetical situations, such as presenting participants with fictitious scenarios of a person with a mental illness and asking them to answer questions regarding their employability, has shown that people with a history of mental illness are significantly less likely to be hired than other candidates (Berven & Driscoll, 1981; Rickard, Triandis, & Patterson, 1963; Stone & Sawatzki, 1980).
- One study showed a decrease in stigmatizing attitudes towards people with depression after being exposed to a public awareness campaign, however these effects were not long lasting. After retesting two years later with no further exposure to the campaign, the experimenters discovered that attitudes had reverted to similar results from the pre-test (Dietrich, et al., 2010).
- Research has shown that gender has a significant influence on the perception of someone with a mental illness and that men and women hold different attitudes towards mentally ill people. It has been claimed that women are more tolerant and accepting of people who have been diagnosed with a mental illness (Cook & Wang, 2010; Hinkleman & Granello, 2003; Mann, & Himelein, 2004).

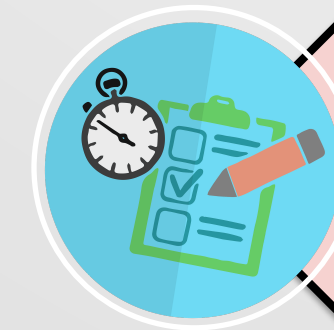
Methods



Participants: 162 undergraduate students from Glendon Campus. Half of the participants (n=81; M=20.8 years old, SD=3.4 40 males & 41 females) were informed that he has a major depressive disorder, and the other half (n=81; M=20.36, SD=3.44; 40 of males & 41 females) were not.



Materials: Consent form, Debriefing notes



Questionnaires There were two questionnaires, each consisting of a one paragraph fictitious scenario in which a man named John was applying for a position as a sales representative. In the scenario, John's experience, education and characteristics were listed. The content of both scenarios was identical except that in one questionnaire it was mentioned that John had been diagnosed with depression and in the other questionnaire there was no mention of a diagnosis of depression. We measured the target question "To what degree do you think John is qualified for this position?" by using the Likert Scale and asked the participant to mark an X in one of 6 places along the scale. The scale measurements were from Very Unlikely (1) to Very Likely (6).



Procedure: We stood outside the cafeteria of Glendon campus and asked students to participate in our research study and receive a candy for participation. If the potential participant confirmed that they understood and agreed to participate, we handed them a questionnaire from the appropriate envelope and a pen.

Additional Results

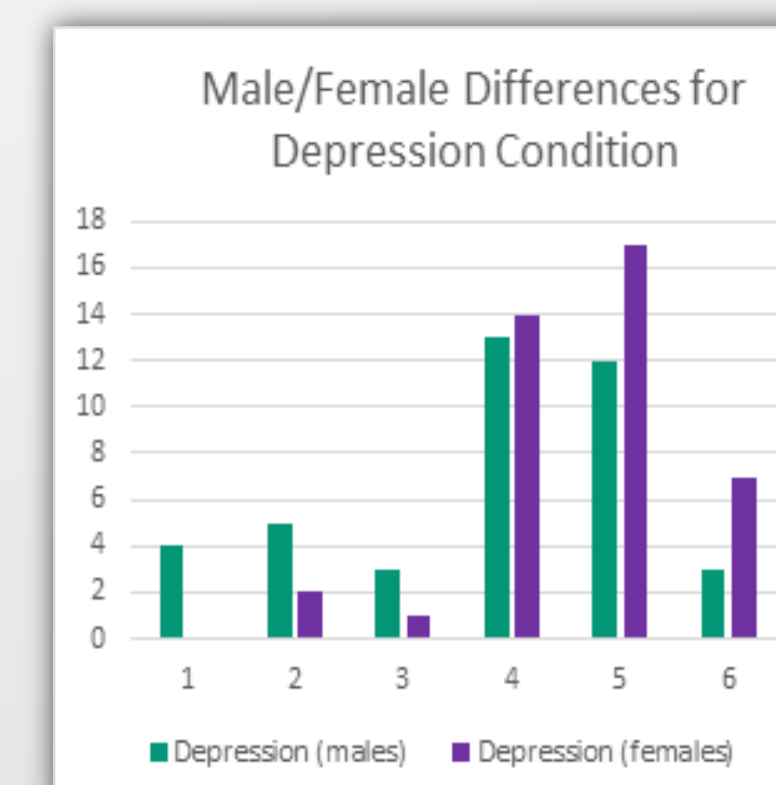


Figure 2. Male/female differences in the likelihood of hiring the candidate where a diagnosis of depression was mentioned

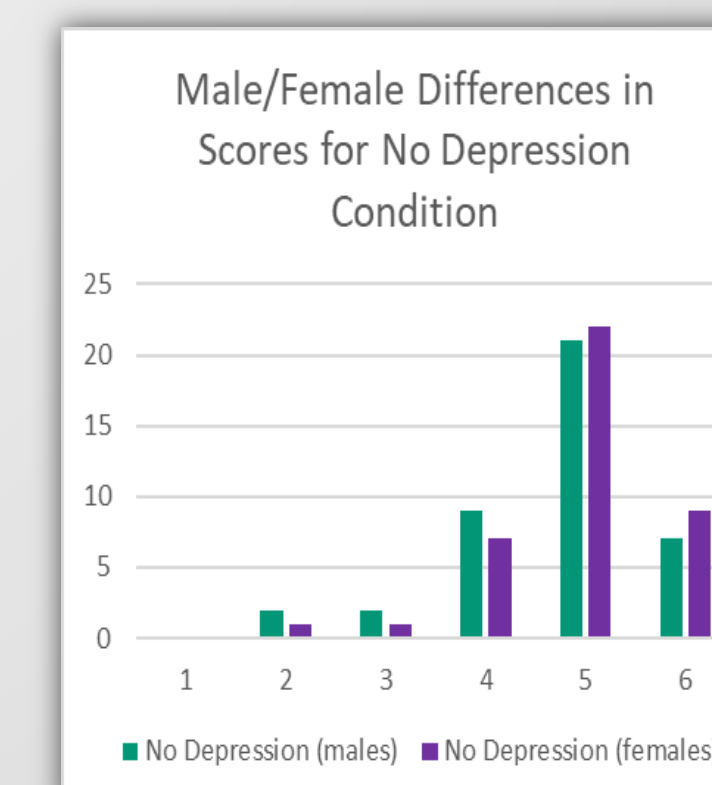


Figure 3. Male/female differences in the likelihood of hiring the candidate where a diagnosis of depression was not mentioned

Acknowledgements

- We would like to thank Dr Joséé Riverst for the supervision in this research