Psychiatric Bulletin (2003), 27, 177-178

original papers

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Does having been on a 'section' reduce your chances of getting a job?

AIMS AND METHOD

To ascertain employers' attitudes to interviewing and hiring job applicants with a history of mental illness and, in particular, to assess the potential effect on job prospects for applicants with a history of admission under the Mental Health Act 1983. A postal tick-box questionnaire was sent to

174 companies; there was a 32% response rate.

RESULTS

The main factors influencing employers' hiring decisions were medical opinion regarding an applicant's fitness to work and their employment and sickness records. In about three-quarters of small

companies and half of large companies, questions about mental illness are simply never asked.

CLINICAL IMPLICATIONS

Approved social workers have no reason to caution people assessed under the Mental Health Act 1983 that being detained could harm their job prospects.

It is good practice for approved social workers to advise a patient that there could be implications for the future should they be detained under the Mental Health Act 1983. This research was motivated by the fact that, in our experience, it is quite common for social workers to tell patients who have been 'sectioned' that detention under the Mental Health Act 1983 could adversely affect their visa and employment prospects. In fact, there is clear evidence that in the vast majority of cases, visa applications are not affected by being 'sectioned' (Allen & Allen, 1994).

Although there is research showing ways of improving employment outcomes for persons with severe mental illness (Lehman *et al*, 2002), we could find no information in the literature about the attitude of employers towards employing someone with a history of mental illness. The only information we found was a letter by Laird (1990) indicating that a person was less likely to get a job if they had a criminal record than if they had a history of mental illness. There was no reference to detention under mental health legislation.

Method

We wanted to compare small companies, where it was less likely that there would be access to an occupational health service, with larger ones. We obtained details of 83 companies with between one and ten employees and sales of less than £100 000, and 91 companies with between 100 and 1000 employees in the High Wycombe area. The questionnaire was divided into three sections. The first section determined when, if at all, an employer would ask a prospective employee if they have a history of mental illness. The second asked how the employer would proceed if a prospective employee were to give a history of mental illness. The third section asked which factors would influence an employer in respect of appointing someone; one of the options in this section was 'previous compulsory admission under the Mental Health Act'.

Results

The main findings are summarised in Table 1. Values for P were calculated for the differences between the small and large companies for all results, using the standard error of the difference between percentages (based on table 2.5, Armitage, 1971). The only significant difference found was that no small companies would refer to occupational health compared with nine (28%) large companies (P < 0.001).

Discussion and conclusion

This research is clearly based on a small sample size and therefore, one has to take into account the possibility of response bias. The likelihood is that those companies that did not reply would be less likely to adopt good practice with regard to screening job applicants.

The most interesting finding is that, in about three-quarters of the small companies and half of the large ones in our sample, questions about mental illness were simply never posed. Also, when a history of mental illness is ascertained, the response is primarily one of seeking more information. Most companies will wish to discuss matters relating to mental health with the applicant. Large companies are more likely to utilise their occupational health doctors — this was the only significant difference between the two types of company in our research. Small companies, by contrast, are more likely to ask the applicant directly about their mental health. Furthermore, just over half the companies indicated that they would also want to speak with the applicant's general practitioner.

When it comes to factors influencing job appointment, employers across the board are more concerned with a prospective employee's employment and sickness record than with their mental health history. All companies are interested in medical opinion about an applicant's fitness to work, with large companies putting more weight on this. About a third of companies are influenced by a history of hospital admission under the Mental



Table 1. Summary of results				
Surveys (n=174)	Small companies	Large companies	Total	Percentage of total
Surveys mailed	83	91	174	100.00
Returned but not completed	6	0	6	3.45
Not returned	54	59	113	64.94
Completed and returned surveys	23	32	55	31.61
Questions revealing mental illness (n=55)				
Asked before interview	3	4	7	12.73
Asked during interview	3	6	9	16.36
Asked after interview	1	6	7	12.63
Not asked	17	16	33	60.00
Response to applicant revealing mental il	Iness (n=55)			
Refuse to interview	1	2	3	5.45
Refer to occupational health	0	9	9	16.36
Request general practitioner report	10	18	28	50.91
Ask applicant about mental health	14	13	27	49.09
Not pursue the issue	1	1	2	3.64
Factors influencing appointment to job (r	n=55)			
Employment record	17	26	43	78.18
Sickness record	15	23	38	69.09
Diagnosis	9	11	20	36.36
Mental Health Act admission	8	12	20	36.36
Medical opinion regarding fitness to work	15	28	43	7.18
All of the above	6	10	16	29.09

Health Act 1983 and similar numbers are influenced by the applicant's diagnosis. However, for those companies indicating that an applicant's history of mental illness was relevant in their decision-making process, the majority indicated that it was just one aspect of a multi-factorial hiring decision.

A major caveat would have to be that the questionnaire measures companies' stated intentions rather than their actual behaviour, which could, of course, be markedly at odds with this. Clearly, there is scope for research into this aspect.

In terms of our original motivation for carrying out the research, it would seem that there is currently no evidence base for cautioning patients that detention under the Mental Health Act 1983 might be deleterious to their chances of employment. In fact, one might speculate that, as detention could facilitate early treatment, such detention could actually improve work prospects by shortening the overall time a person is off sick.

Declaration of interest

None.

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