

# “We Don’t Get a Chance to Prove Who We Really Are”: A Qualitative Inquiry of Workplace Prejudice and Discrimination Among Black Adults With Serious Mental Illness

Oyenike Balogun-Mwangi<sup>1</sup>, Nicole R. DeTore<sup>2</sup>, and Zlatka Russinova<sup>3</sup>

<sup>1</sup>Department of Psychology, Salve Regina University

<sup>2</sup>Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, United States

<sup>3</sup>Sargent College of Health and Rehabilitation Sciences, Center for Psychiatric Rehabilitation, Boston University

**Objective:** Studies focused on prejudice and discrimination have traditionally explored the impact of one kind of prejudicial experience (e.g., race, gender, criminal history) within a particular context and thus, there is weak base of understanding about the experiences of individuals who may contend with concurrent prejudicial and/or discriminatory experiences across multiple characteristics. In this study, our aim was to better understand the prejudicial and/or discriminatory work experiences of Black adults with serious mental illness (SMI). Specifically, we highlight instances where individuals endorse the salience of multiple sources of prejudice and discrimination during a given workplace incident. **Method:** Using a semistructured interview guide and a grounded theory approach, we interviewed 24 Black adults with SMI recruited from two clubhouses in the Boston metropolitan area. To validate findings, we also conducted follow-up focus groups with participants ( $n = 9$ ) at each recruitment site. **Results:** We identified 19 personal attributes/characteristics contributing to the prejudicial/discriminatory experiences of Black adults with SMI in the context of work. We also found that respondents would organize these prejudicial/discriminatory experiences in clusters whereby two or more characteristics were viewed as the reasons for prejudice and discrimination during a given workplace incident. **Conclusions and Implications for Practice:** Black adults with SMI contend with a range of prejudicial and discriminatory experiences, often experienced simultaneously, highlighting the importance of an intersectional framework in research designs and/or clinical interventions addressing the needs of this population.

## Impact and Implications

This qualitative inquiry reports on experiences of workplace prejudice and discrimination among Black adults with SMI. Giving credence to the intersectional discriminatory experiences that ethnic minorities may face is a necessary next step to more adequately inform research designs and more efficacious clinical interventions.

**Keywords:** race, serious mental illness, prejudice, intersectional discrimination, work

Data from a national survey in the United States indicate that employment participation among individuals with disabilities is notably low, with unemployment rates ranging from 80% to 90% (Lauer & Houtenville, 2018). When data are disaggregated to more specifically focus on individuals with SMI, the impact on this subpopulation is alarming. For example, in a study of 2,326

individuals with schizophrenia, Salkever et al. (2007) found a 14.5% competitive employment rate.<sup>1</sup> Also, in a study exploring the employability of individuals with prior criminal involvement

<sup>1</sup>Competitive employment was defined as work, including sheltered workshop work, that resulted in earned income in the past month.

This article was published Online First June 13, 2022.

Development of this article was supported with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR, ARRT Grant #90AR5018). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this article do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.

Oyenike Balogun-Mwangi played lead role in conceptualization, data curation, formal analysis, investigation, project administration, validation, visualization, writing of original draft, and writing of review and editing and supporting role in funding acquisition, methodology, resources, software,

and supervision. Nicole R. DeTore played supporting role in conceptualization, data curation, formal analysis, validation, visualization, writing of original draft, and writing of review and editing and equal role in software. Zlatka Russinova played lead role in funding acquisition, project administration, resources, and supervision, supporting role in conceptualization, data curation, investigation, validation, visualization, writing of original draft, and writing of review and editing and equal role in formal analysis, methodology, and software.

Correspondence concerning this article should be addressed to Oyenike Balogun-Mwangi, Department of Psychology, Salve Regina University, Newport, RI 02840, United States. Email: [o.balogunmwangi@salve.edu](mailto:o.balogunmwangi@salve.edu)

(50.4% of participants were employers,  $n = 596$ ), findings show that hypothetical job seekers with intellectual and psychiatric disabilities received the lowest employability ratings, lower than those with prior criminal involvement and individuals with chronic medical illnesses or physical and/or sensory disabilities (Graffam et al., 2008).

Fictitious job candidates with histories of mental illness are over 45% less likely to receive callbacks when compared to individuals with histories of physical injury (Hipes et al., 2016). These disparities in employment come at a high societal cost, primarily related to lost productivity and health care expenditure (Banerjee et al., 2017) calculated in the billions of dollars (Greenberg et al., 2015). Importantly, Title 1 of the Americans Against Disabilities Act (ADA) prohibits employers from discriminating against individuals with disabilities in all aspects of the employment process (including hiring; US Department of Labor, n.d.). That there is an urgent need to address SMI-related discrimination and prejudice in employment practices and workplace settings is without question.

Researchers contend that due to existing societal attitudes, individuals with SMI disproportionately experience hiring- and employment-related prejudice and discrimination (Biggs et al., 2010; Corrigan et al., 2004, 2007; Dietrich et al., 2014; Follmer & Jones, 2017). These experiences, investigators posit, stem from a combination of employer concerns about performance (trustworthiness, competence, independence, interactions with the public) and fear-based beliefs about dangerousness and unpredictability. Additionally, some of these discriminatory hiring experiences relate to cost avoidance by employers who anticipate inconsistent work attendance, shortened tenures, and expensive accommodations (Arboleda-Flórez, 2003; Cook, 2006; Crisp et al., 2000; Diska & Rogers, 1996; Farina & Feliner, 1973; Hand & Trysenaar, 2006; Scheid, 2005; Stuart, 2004, 2006). Notably, about 36% of individuals (aged 18–55) with mental illness report workplace discrimination during the preceding 5 years (McAlpine & Warner, 2002). Researchers have also shown that employees with SMI report both direct and indirect experiences of prejudice and discrimination (e.g., Russinova et al., 2011). Specifically, individuals with SMI may endure a range of prejudicial and discriminatory experiences in the workplace, including patronizing statements, condescending remarks, doubts about competence, as well as social exclusion and harassment (Russinova et al., 2011). Additionally, these work-related encounters can be related to the individual's specific job duties or a wide variety of interpersonal interactions with coworkers (i.e., when the individual's mood and behavior is invariably attributed to their mental illness without regard for other situational factors; Russinova et al., 2011).

Researchers have associated SMI-related prejudice and discrimination to losses in self-esteem (e.g., Abiri et al., 2016) avoidant behaviors (Abiri et al., 2016; Watson et al., 2007); a sense of futility, unworthiness, and hopelessness (e.g., Corrigan et al., 2016); reduced self-efficacy, poor work performance, and decrements in attitude (e.g., Perlick et al., 2001); higher levels of self-stigma, as well as employment fears (Hielscher & Waghorn, 2017). In a study of 85 individuals with SMI (68% male, 58% African American), participants who reported having been harmed as a result of such negative workplace experiences were less likely to be working or have ever worked (Corrigan et al., 2012). Given that work has been associated with a number of positive benefits among individuals with SMI including increased self-esteem, and improved quality of

life and psychosocial functioning, prejudicial and discriminatory workplace experiences pose a significant barrier to life-enhancing professional experiences (e.g., Modini et al., 2016).

The literature focusing on experiences of Black adults with SMI in the context of work is relatively thin. Overall, researchers have concluded that Black individuals contend with prejudice and discrimination across all facets of life including employment (Banks, 2020; Delman & Adams, 2022). The cumulative impact of systemic race-based inequities on Black individuals explains disparities in education (Ewert et al., 2014), more frequent encounters with the criminal justice system (Brame et al., 2014), decreased access to vocational development services (Ji et al., 2015), and lack of culturally responsive services (Alston et al., 2007; Vryhof & Balcazar, 2020), all of which have implications for employment outcomes. That these disparities extend to Black adults with SMI, is also supported by a 5-year study of supported employment where Black adults with SMI were less likely to be competitively employed than White adults with SMI receiving the same services (Burke-Miller et al., 2006). Similarly, in a study that included 2,122 Black and 4,284 White participants with mental illness, Black participants were more likely to be unemployed and to receive less vocational support when in contact with rehabilitation agencies (Lukyanova et al., 2014).

Intersectionality (Crenshaw, 1989) is an apt framework from which to understand the experiences of Black adults with SMI. The term refers to the ways in which multiple sources of social disadvantage (e.g., race, gender, and class) can interact to worsen and intensify the lived experiences of individuals. In a sense, this describes a simultaneous discrimination which contributes to systemic patterns of prejudice and discrimination. While there is information disaggregating the role of SMI and its impact on job outcomes, it is not often considered as one factor of several that could negatively impact a person's experience. Generally, study findings indicate the positive role of education and male gender while noting the negative role of age in work experiences for individuals with SMI (Salkever et al., 2007). The value of an intersectional framework becomes clear when we examine studies that employ this frame. For example, while older age has a negative impact on employment, the role of gender and race amongst other factors is important to highlight. Specifically, older women experience discrimination at earlier ages than men (Neumark et al., 2019) and are punished more severely for perceived lack of competence with technology (van Borm et al., 2021). Black women, in particular, have been found to have shorter work lives than White women (Goldin & Katz, 2018) and Black adults have been shown to be targets of hiring and workplace discrimination when wearing Afrocentric hairstyles (Opie & Phillips, 2015). Mong and Roscigno (2010), in their study of verified workplace discrimination cases, found that Black men had higher rates of discriminatory firing and more instances of discrimination in contexts of hiring and promotion.

Researchers have concluded that ethnic minorities are more likely to report higher levels of stress related to discriminatory workplace experiences (Glover et al., 2010), which has been associated with poorer mental and physical outcomes (Pascoc & Smart Richman, 2009). Also, there is evidence to show that Black adults suffer reverberating effects on their work outcomes as a result of experiences of prejudice and discrimination. For Black adults with mental illness, these challenges are often compounded by disparities in

treatment outcomes that reduce the likelihood of returning to work (Eack & Newhill, 2012). These findings point to the urgency of examining SMI as an additional factor of oppression in the experiences of racial minorities in work contexts.

This study aims to address a gap in the current literature by investigating the workplace experiences of individuals who may contend with multiple discriminatory and prejudicial assaults in a given context (e.g., race and mental illness in the context of work). We address the following research questions specific to these aims: What kinds of prejudicial and/or discriminatory experiences do Black adults with SMI contend with in the context of work? How can an intersectional framework expand our understanding of prejudicial and/or discriminatory experiences among Black adults with SMI? In embarking on this study, we hope to amplify the experiences of this population while informing future research and practice.

## Method

### Sample and Recruitment

We recruited Black adults living with SMI from two clubhouses in the Boston metropolitan area. Inclusion criteria for the study included: identification as Black/African American, self-reported diagnosis of a SMI, work experience (either part-time or full-time) during the preceding 5 years, and endorsement of workplace prejudice and discrimination while employed. In this study, SMI is defined as

someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020).

Twenty-four Black adults with SMI (13 men and 11 women), who met inclusion criteria, were enrolled in the study. The sample ranged in age from 24 years to 63 years ( $M = 46.54$ ,  $SD = 12.61$ ). The majority were single ( $n = 19$ ). Fourteen respondents had completed some high school (8 of this number had earned a high school diploma), and seven had completed some college. Six participants endorsed only one psychiatric diagnosis while the rest reported multiple diagnoses. The majority of participants reported a schizophrenia spectrum disorder ( $n = 16$ ). Bipolar disorder, major depression, posttraumatic stress disorder (PTSD), and anxiety were also frequently endorsed. At the time of the interviews, 17 participants were unemployed (see Table 1).

Clubhouses were created as nonclinical spaces for individuals with lived experiences of mental illness, striving to provide empowering, therapeutic working communities in which members and staff participate. Embedded in the fabric of clubhouses is a focus on community, shared ownership, and responsibility (Dougherty, 1994; Doyle et al., 2013; Mowbray et al., 2006). The clubhouses in the present study were located in a large, urban area and provided a range of services and programs to ethnically diverse individuals with SMI. Specifically, both clubhouses provided peer-run and recovery-oriented programs focused on employment, housing, education, wellness, and advocacy. Flyers about the study were posted in each clubhouse directing members to program staff who were familiar with the study protocol. Program staff then provided consent-to-contact forms to interested individuals. Completed consent-to-contact forms were sent to the first author who made contact with the interested member to schedule a phone or in-person screening.

**Table 1**

*Participant Demographic Characteristics (N = 24)*

Characteristic	<i>n</i>	%
Age		
20–24	1	4
25–34	5	21
35–44	2	8
45–54	9	38
55–64	7	29
Gender		
Female	11	46
Male	13	54
Relationship status		
Single	19	79
Married	2	8
Separated/divorced	3	13
Education		
Up to 8th grade	1	4
Some high school	6	25
High school graduate/ General Educational Development (GED)	8	33
Some college	7	29
Bachelor's degree	1	4
Master's degree	1	4
Employment status at time of interview		
Employed	7	29
Unemployed	17	71

  

	Females	Males	Total	
	<i>n</i>	<i>n</i>	<i>n</i>	%
Psychiatric diagnoses by self-report				
Schizophrenia spectrum disorder	7	9	16	66.7%
Bipolar disorder	7	6	13	54%
Major depressive disorder	6	6	12	50%
Anxiety disorder	4	2	6	25%
Posttraumatic stress disorder	4	1	5	20.8%

Altogether, we received 30 consent-to-contact forms from program staff at the clubhouses. Six individuals were either not interested in going forward with the study or could not be reached.

Ethical review of human subjects' research was approved by the Institutional Review Board (IRB) of the Massachusetts Department of Mental Health (Reference # 2017-07). The IRB approved a waiver of consent for the preliminary screening of participants. However, written consent was obtained from individuals screened into the study.

### Data Collection

Data were collected using in-depth, semistructured interviews conducted by the first author between May 2017 and June 2018. We used an interview guide, which included questions that covered the following areas: participants' lived experiences of mental illness, job history, experiences of prejudice and discrimination in the workplace, and ways of coping with stigma-related experiences. The first author, guided by Patton (2014), developed the semistructured interview questions. First, focus areas of the study were identified and stated explicitly as research questions. Secondly, semistructured items were developed and carefully worded to prompt for these foci. As a third step, the first and third author met to review each question, edit for clarity, and ensure ease of understanding. Interviews lasted approximately 40–60 min. Participants also completed a demographic questionnaire. To ensure privacy

and confidentiality, we conducted interviews in private rooms at each clubhouse. Every interview was audio-recorded and then transcribed.

In June 2018, to validate results from the interviews, we conducted a 60-min focus group at each clubhouse. We informed all participants of the focus group at the time of their individual interviews and obtained a separate written consent for those interested in participating in the culminating focus group. During each focus group, we presented preliminary findings and asked participants to share their thoughts on whether results accurately reflected the experiences they shared. We prompted participants to comment on the categories and themes we identified. Importantly, preliminary themes were presented in aggregate form to protect the privacy and confidentiality of individual participants. Finally, we sought participant input on any findings that were unclear and asked that they provide general suggestions and/or comments about the results of the study. Nine participants (8 men and 1 woman) contributed to the focus groups. Each focus group was also audio-recorded and transcribed.

## Data Analysis

To adequately capture the findings that emerged from analysis, we utilized the grounded theory approach (Corbin & Strauss, 2014) enhanced with the constant comparative method (Kolb, 2012). Overall, analysis followed an inductive process with no predetermined codes. All data collected as part of the study were analyzed by the three authors as part of multiple data analysis meetings. Authors independently reviewed and coded transcripts in consecutive order prior to corresponding research team meetings.

At the first level, we used a line-by-line open coding process to develop a list of categories. We used an iterative process to group similar data under tentative coding categories. We used the emerging list of categories to code subsequent transcripts while simultaneously refining this list through an ongoing iterative process of asking questions and making comparisons among identified categories and subcategories. All coding categories as well as codes applied to each transcript were based on consensus among the three authors. We engaged in extended reflexive discussions when disagreements would arise until we were able to reach a consensus.

A conceptual framework emerged around participants' reports of prejudice and discrimination across multiple characteristics (race, gender, appearance etc.), which is in line with the second level of grounded theory analysis (axial coding). Essential to the process in this stage, was identifying categories under which initial codes could be grouped to represent different patterns of prejudice and discrimination at work and outside of work. During this phase of the analysis, we differentially coded experiences of prejudice and discrimination that occurred in the workplace from experiences in other contexts (e.g., housing, public spaces, dating relationships). Finally, we focused on the third level of analysis (selective coding), where we established a coherent framework for understanding the various ways in which concurrent experiences of prejudice and discrimination were clustered by the participants. Throughout analysis, we focused on the role of gender as it related to the types of prejudice and discrimination experienced as well as the clustering patterns of each respondent. While we did not establish saturation criteria before data analysis, we identified the point of saturation when already identified codes were confirmed by new data, but new codes did not emerge (Given, 2015).

## Validity

In this study, we established data validity in several ways. First, the process of analysis was consensus driven (Hill et al., 2005). When we disagreed about how responses would be coded, we discussed the merits of each code and the ways in which the data supported the same. We referred to the ways in which similar responses had been previously coded, akin to an audit trail, and examined how the text in question differed or mirrored these. We kept detailed memos with questions, observations, and patterns emerging from the data and tracked codes that typically challenged consensus. As an additional measure of validity in qualitative research, memo-keeping is used as a tool to enhance reflexivity and boost rigor (Corbin & Strauss, 2014). Finally, we validated our initial findings using a participatory approach where findings were presented to and confirmed by study participants via culminating focus groups. This step was introduced as a form of member checking (Barbour, 2001) and participant verification (Lincoln et al., 1985), which, in the context of qualitative inquiry, has been found to strengthen the accuracy, validity, and usefulness of findings. During the focus group, participants were presented with preliminary findings and then invited to provide feedback (a summary of findings from the focus group is included in the results section). We finalized results from the study after validating the results with information from the focus groups.

## Results

Data analysis revealed two distinct findings pertinent to the experiences of Black adults with SMI in the context work: (a) Personal attributes/characteristics contributing to experiences of prejudice and discrimination at work; (b) Explanatory patterns for experiences of prejudice and discrimination. We detail these findings below.

### Personal Attributes/Characteristics Contributing to Experiences of Prejudice and Discrimination at Work

Participants described 19 distinct personal attributes/characteristics that contributed to their prejudicial and/or discriminatory experiences in the context of work. We present these endorsements and their frequencies in Table 2. Workplace prejudice and discrimination due to race, mental illness, and gender were the most frequently endorsed by participants. Participants indicated that these experiences played detrimental roles in their access to job opportunities or their on-the-job experiences. Specifically, participants described experiences where race, mental illness, age, weight, and criminal history impacted access to job interviews and/or job offers. For example, a 54-year-old, female participant reported that she lost several promising job opportunities when hiring managers met her in person and discovered she was Black. She noted,

Over the phone, she [hiring manager] acted like I had the job and when she saw me in person ... she said, "... I didn't recognize your voice!" ... and people keep saying that on the phone, that I sound like I'm White. [Participant ID #9]

Additionally, we identified some gendered differences in the endorsements of workplace prejudices and discrimination. For example, all men in the sample endorsed workplace prejudice and

**Table 2**  
*Types of Prejudice and Discrimination Reported in the Workplace*

Stigma type	Total		Male	Female	Participant quote
	<i>n</i> = 19	<i>n</i> = 24	<i>n</i> = 13	<i>n</i> = 11	
Race		19	13	6	"I believe I was looked over [job] because I was Black." [024]
Mental illness		17	10	7	"But because I have a mental issue . . . they [coworkers] treated me instead of like a staff, I mean as a person working there, they treated me like a person that ain't had no sense or a person that has a mental illness, and I struggled with them and I had a lot of arguments with them." [014]
Gender		7	4	3	"I was in the office with him [manager] talking about my hours or something like that and he started unbuckling his pants in front of me. So I left. It was a very hostile work environment." [005]
Weight		3	1	2	"You go to a job interview, you are supposed to look your best. You are a beautiful woman but you weigh 350 pounds. People only see the weight, not the person inside." [009]
Criminal history		3	2	1	"Then trying to find employment with a record. When on top of it, you have a disability. Then they see all the gaps in times you've worked, they wonder why you haven't been able to string together a level of employment." [029]
Appearance		2	0	2	"She [Manager] was talking about my body parts and it really bothered me . . . she was making derogatory comments about my body on the job . . . right in front of everyone else." [005]
Substance use/history		2	2	0	"That would support their reasons for targeting me. Along with prejudice, you know. For one, I'm Black. Two, I've been diagnosed with depression. Three, I'm a recovering addict." [022]
Socioeconomic status/poverty		2	1	1	"Like other people may have a college education and a job, while you just have living in a group home without a car." [019]
Medical condition		1	0	1	"Only the discrimination I gotten at the job, because when I tell them I have to go to the bathroom, they're tell me if they're paying me for the bathroom. I feel embarrassed . . . Yes, but I got the letter from my doctor, tell them, explaining to them why I have to go to the bathroom because it's part of my diabetes. Yes, they're making joke of me. One day they told me, 'use diaper, why you don't use diaper to keep the pee?' [001]
Geographic place of residence		1	0	1	"They [coworkers] would make little derogatory comments on the job . . . I lived in [city] at the time, and [coworker] said, 'oh she's [customer] is from [city] that's why she thinks it's okay to give her baby Kool-Aid. She was just saying things like that . . . she stereotypes [city] as being predominantly Black and Hispanic, which I'm not going to lie for the most part it is. However, she's the type of person who would see a Black person and automatically think, well you must live in the hood.'" [005]
Low status job		1	1	0	"As a Black woman working retail . . . they [customers] don't have respect for you. They want to get you fired. Any little thing you say, they're talking to the manager." [018]
English language skills (immigrant status)		1	1	0	"They say, 'oh this is his first language,' or they try to say something to make you feel bad. But anyway, I never give up because I know English is my second language." [015]
Physical size		1	1	0	"[It's] the stigma of being a big Black man." [029]
Skin color/tone		1	1	0	"And [I'm] dark-skinned." [016]
Being a parent		1	0	1	" . . . retail is a revolving door . . . and you are easily replaced. So I don't need anybody thinking that I can't be there. I mean even telling someone you have a child. You know you can have the child, but you don't have to disclose it. Don't ask. Don't tell. So that's how I see it." [018]
Being single		1	0	1	"[Employer's assume] I'm probably a single mother any way . . . and childcare." [018]
Age		1	0	1	"They said, 'Well, we have enough people' and it made me feel bad because I felt discriminated against because I wasn't like the rest of the young kids. I was slower than everybody else . . . because of that they got rid of me." [017]
DMH/service recipient		1	1	0	"That's what I think happens to a lot of DMH clients. We don't get a chance to prove who we really are." [019]
Learning disability		1	0	1	"Yeah, because I have a learning disability and it takes me a while to comprehend it . . . it's like one minute I'll ask, and then the next day I say . . . I'll ask the same question. It takes me a while to get the question. . . . I applied to different places, and they're not hiring people because of people got a [learning] disability or a diagnosis. That's what a lot of people said." [023]

*Note.* DMH = Department of Mental Health.



discrimination related to their race compared to a little over half of the women. When racial incidents were endorsed, participants described overt racial slurs (e.g., “being called the N-word”), being subject to relatively higher levels of criticism by supervisors, experiences of excessive monitoring, and assumptions of incompetence.

Male- and female-identified participants reported gender-related prejudice and discrimination at relatively similar rates. For Black women, these experiences were sexually harassing in nature, while Black men described gender-related experiences where others perceived them as dangerous, threatening, and/or incompetent. Other gender-related patterns emerged, including prejudicial and discriminatory experiences that were exclusively endorsed by either men or women. Specifically, negative experiences related to appearance, being single, being a parent, age, medical condition, geographic/place of residence, and having a learning disability were endorsed only by women in the sample. On the other hand, men reported prejudice and discrimination related to English language skills, substance use/history, physical size, skin color/tone, and being a Department of Mental Health (DMH) service recipient. Both women and men described workplace prejudice and discrimination related to weight, criminal history, and socioeconomic status; SES (poverty).

When mental illness was identified as the cause of experiences of prejudice and discrimination, participants reported feelings of being rejected, patronized, and being held to much lower expectations. Participants indicated that they were often assigned less demanding tasks with assumptions that they were more fragile than their coworkers. A 51-year-old, male corrections officer noted this: “... they would always put me in a booth, or in the towers and things like that. Not actually on the yard.” [Participant ID #24]

A small number of participants endorsed neither race nor mental illness as a source of prejudice and discrimination in the workplace. We identified five individuals, all women, who did not endorse race-related prejudicial and/or discriminatory experiences in the workplace. Seven individuals did not endorse mental illness as a source of prejudice and discrimination in the workplace. Among the whole sample, only two women endorsed neither race nor mental illness in experiences of workplace prejudice and/or discrimination.

## Explanatory Patterns for Experiences of Prejudice and Discrimination at Work

### Clustered Explanatory Patterns

When participants identified multiple personal attributes as likely triggers for a prejudicial and/or discriminatory workplace incident, we organized them in a grouping we labeled a cluster. We identified 13 distinct clusters based on the experiences of participants in the study (see Table 3). We identified race as a component in 10 of the 13 clusters. Mental illness was a component in seven of the clusters and gender in eight of the clusters. Race and mental illness emerged as the types of prejudice and discrimination most frequently included in a cluster. Overall, race and gender were combined the most; co-occurring as components in eight of the clusters. Notably, the race and mental illness cluster was predominantly reported by the men in the sample. Cluster sizes varied and included two-component clusters ( $n = 5$ ), three-component clusters ( $n = 5$ ), and four-component clusters ( $n = 3$ ). Primarily, male participants described the majority of complex clusters (3-component and

**Table 3**

*Clustering Patterns for Prejudice and Discrimination in the Workplace*

Cluster type	Total	Male	Female
$n = 13$	$n = 24$	$n = 13$	$n = 11$
Race × Mental illness	5	4	1
Race × Gender	3	1	2
Race × Gender × Mental illness	1	1	0
Race × Gender × Mental illness × Criminal history	1	1	0
Race × Gender × Skin color/tone × Physical size	1	1	0
Race × Gender × Socioeconomic status/poverty	1	0	1
Race × Gender × Mental illness × Socioeconomic status/poverty	1	1	0
Race × Single × Parent	1	0	1
Race × Gender × Weight	1	1	0
Race × Gender × Substance use/history	1	1	0
Mental illness × Age	1	0	1
Mental illness × Substance use/history	1	1	0
Mental illness × Criminal history	1	1	0

4-component). To illustrate a two-component cluster, here is how a 58-year-old male respondent described the salience of both race and mental illness: “It [discrimination] had to do with both my mental [illness] and also to do with who I am ... a person of color” [Participant ID #14]. In the same way, a 48-year-old male participant illustrates his use of three-component cluster in describing a workplace incident: “That would support their reasons for targeting me. Along with prejudice, you know. For one, I’m Black. Two, I’ve been diagnosed with depression. Three, I’m a recovering addict.” [Participant ID #22]. In illustrating a four-component cluster, we use the example of a 37-year-old male participant who identifies his race, gender, physical size, and skin tone: “The stigma of being a big, Black man” [Participant ID #16]).

### Single-Factor Explanatory Patterns

More than half of the participants described workplace experiences of prejudice and/or discrimination by identifying one characteristic as the source of prejudice and discrimination (e.g., race or medical condition). Men and women used this pattern in almost equal numbers. To illustrate this pattern, we use the narrative of a 56-year-old, female participant who singled out one source for prejudicial/discriminatory experiences related to her attempts to find employment:

... When I fill an application for the job, they always say they don’t hire people and I see the sign they hire people ... I think my weight ... because my doctor always asked me to lose the weight and I know now when I’m looking for the job, they’re looking for skinny people. They’re not looking for fat people like me. [Participant ID #1]

Of the types of prejudice and discrimination identified by our respondents, medical condition, appearance, geographic/place of residence, English language skills, DMH/service recipient, and learning disability were not clustered with other types in describing negative workplace experiences. Alternatively, race, mental illness, criminal history, substance use/history, physical size, skin color/

tone, weight, and gender were utilized in both clustered and single-factor patterns.

### ***Focus Group Validation of Initial Findings***

Two 90-min culminating focus groups were scheduled after study results were analyzed. Focus group participants unanimously shared appreciation for having the opportunity to hear the findings and largely indicated that the results validated their lived experiences. In one focus group, participants suggested an additional experience of prejudice and discrimination that was not broached during the initial interviews. Specifically, style of dress was described by one respondent as a source of prejudice and discrimination and this observation was supported by several others. Endorsers explained that style of dress or choice of attire led to negative perceptions or assumptions about criminality, competence, and/or reliability in the workplace. They noted feeling pressure to approximate styles of dress that were not their natural preference but if worn, would minimize bias from others about their skills and abilities in particular work contexts.

Also, there was overwhelming agreement among male attendees in one focus group that race-based prejudice and discrimination was pervasive and ubiquitous for Black men with SMI in ways that were different for women. The men in this focus group suggested that Black women were more likely to encounter sexual harassment in the workplace rather than race-based discrimination. Essentially, male participants questioned whether Black women were harmed in the same ways they were in the contexts of work. Given that only one woman attended either focus group, there wasn't a quorum of women who could offer a response to these observations from male-identified participants.

When the results on clustered explanatory patterns were presented (see results above), focus group participants shared mixed reactions about whether each discriminatory and/or prejudicial experience (within a cluster) shared equal salience or if some were more potent than others. Some respondents indicated that some components were more salient than others (e.g., race) while others thought the components worked together as a cohesive "bubble" where it was difficult to separate the impact of one over another.

### ***Discussion***

The findings in this study contribute to the research on workplace discrimination in several ways: first, we find that individuals understand their experiences of workplace prejudice and discrimination to come from multiple sources, an area that is underexplored in the current literature. Second, this study may offer a framework for understanding how individuals make sense of these multiple experiences of prejudice and discrimination in the workplace. Specifically, our results demonstrate that Black adults with SMI encounter a wide range of prejudicial and discriminatory experiences in the workplace, many of these in addition to challenges associated with their mental health conditions. Importantly, Black adults with SMI appear to make sense of multiple prejudices and discriminations in a complex matrix of clusters that account for the multiple sources of disadvantage that inform each negative workplace interaction. Given that these findings result from a small, qualitative study, it is likely that future research may further populate this list of workplace experiences and begin to highlight interventions that may better address the needs of this population.

Participants in this study disclosed a range of distinct prejudicial and discriminatory experiences in the workplace that were perceived to be triggered by both visible characteristics (race, appearance, weight, skin color hue, etc.) and those not immediately apparent (medical condition, learning disability, mental illness, criminal history, etc.). That workplaces are often spaces of discrimination and prejudice is supported by the existing literature (e.g., Jones & King, 2014). Often, researchers have examined the work experiences of individuals who contend with a specific type of prejudicial/discriminatory experience in the workplace. For example, Watson et al. (2018) examine the impact of obesity in the workplace. Here in this study, we extend these findings by presenting the ways our respondents make sense of their experiences of multiple prejudicial/discriminatory workplace experiences. For example, Black men in our study endorsed more sources of intersectional discrimination than Black women (often citing three or four characteristics as sources of discrimination in a given workplace incident). When we consider this information in the context of reported mental health outcomes for Black men, we see remarkable disparities. The suicide death rate for Black men is four times the rate of Black women (Centers for Disease Control and Prevention [CDC], 2021). Additionally, only about 26% of Black men (age 18–44) who report experiencing daily symptoms of anxiety or depression are likely to utilize mental health services (Blumberg et al., 2015). The importance of expanding research in this way is stressed by Remedios and Snyder (2015) who argue that attention to the intersectional experiences of prejudice and discrimination is a move toward more inclusion and acknowledgement of diversity within social groups. One particularly important example is the emergence of research that focuses on evidenced-based interventions that show particular promise for improving the work outcomes for Black adults with SMI (e.g., DeTore et al., 2021).

Another notable discovery is how individuals organized multiple sources of prejudice/discrimination that were salient in a given situation. Race and mental illness were clustered by the largest number of participants. This suggests that for Black adults with SMI, race and mental illness are likely to be grouped as co-occurring triggers for workplace prejudice and discrimination. This phenomenon of clustering is particularly important in that further study may examine the perceived role of each type of prejudicial/discriminatory source within the cluster. Specifically, whether one source is perceived as a more active or powerful component within the cluster. Previous researchers on race have argued that race often has grandmaster status and is most salient for people of color in oppressive situations (e.g., Robinson-Wood, 2010). This is an area in which future research may shed more light. Moreover, our findings may begin to hit against the central question of intersectional research which is whether the measured impact of these multiple experience of prejudice/discrimination on any one individual is additive or multiplicative (e.g., Bauer, 2014).

We also noted some patterns in the use of clustered or single-factor patterns for describing workplace prejudice and discrimination. Specifically, our respondents either selected a single source as the trigger for workplace prejudice/discrimination or clustered two to four as co-occurring sources for a given workplace incident. Again, there is fodder for future research here to examine whether particular contexts pull for the use of certain clusters or an exclusive focus on a single source.

Given that all participants were Black-identified and living with a mental illness by self-report, it was notable that some did not endorse workplace prejudice or discrimination associated with race and/or mental illness. We identified a gender-related pattern to this finding, as all five respondents who did not report race-based prejudice and discrimination were female. One way to make meaning of this finding is to consider the study by Rattan et al. (2019) who affirm the work of intersectional theorists who have stressed that the other group memberships occupied by women can influence race salience in work contexts. Conversely, all the men in the sample endorsed race as a source of prejudice and discrimination in the workplace. This finding may suggest that for Black men, race-related workplace prejudice and discrimination is particularly salient. The work of critical race theorists (e.g., Kim, 2001) highlight the notion that for individuals who may endure multiple simultaneous oppressions, the one that poses the greatest barrier to advancement may be perceived as most salient.

Another finding worth noting is the way in which gender-based prejudice and discrimination in the workplace was reported by men and women. In our study, both Black men and Black women reported gender-based workplace interactions driven by assumptions of their inferiority and low competence in the workplace. For men, gender-based prejudice and discrimination was associated with assumptions of dangerousness and criminality. Specifically, Black men in our sample reported a general hyperawareness of Black male masculinity in the workplace by colleagues and supervisors. Black male respondents also explained that while there was a focus on their physical power, there was an invalidation of their professional abilities whereby they felt less powerful in their job roles and positions. For women, gender-based stigmatization was associated with sexual harassment. This finding is in line with the U.S. Equal Employment Opportunity Commission (EEOC) report (2016), which states that women who are racial minorities are more likely to experience higher rates of workplace sexual harassment than their counterparts.

There are important limitations to note in this study. First, the participants were exclusively recruited from the Boston metro area and were a clubhouse population who may have more limited opportunities to engage in supported employment services. Given the aims of the study to focus on experiences of prejudice and discrimination in the context of work, it is notable that the majority of participants, at the time of the study, were not actively engaged in full-time or part-time employment. While employment status at the time of the study does not diminish the narratives shared, we are aware that participants were reporting on past experiences which may not be recalled with sufficient detail and clarity.

## Conclusion and Implications for Research and Practice

This study revealed that Black adults with SMI contend with a wide range of prejudice and discrimination in the workplace. For this reason, this study has tremendous implications for research, theory, and clinical practice as it provides the groundwork for understanding the ways in which multiple prejudices and discriminations are clustered when they co-occur among ethnic minorities with SMI. Additionally, it also provides a framework for understanding the ways individuals vulnerable to workplace prejudice and discrimination make sense of their negative experiences.

## References

- Abiri, S., Oakley, L. D., Hitchcock, M. E., & Hall, A. (2016). Stigma related avoidance in people living with severe mental illness (SMI): Findings of an integrative review. *Community Mental Health Journal*, 52(3), 251–261. <https://doi.org/10.1007/s10597-015-9957-2>
- Alston, R. J., Gayles, T., Rucker, R., & Hobson, M. (2007). The centrality of race in rehabilitation: Views of former clients who are African American. *Journal of Applied Rehabilitation Counseling*, 38(1), 12–19. <https://doi.org/10.1891/0047-2220.38.1.12>
- Arboleda-Flórez, J. (2003). Considerations on the stigma of mental illness. *Canadian Journal of Psychiatry*, 48(10), 645–650. <https://doi.org/10.1177/070674370304801001>
- Banerjee, S., Chatterji, P., & Lahiri, K. (2017). Effects of psychiatric disorders on labor market outcomes: A latent variable approach using multiple clinical indicators. *Health Economics*, 26(2), 184–205. <https://doi.org/10.1002/hec.3286>
- Banks, N. (2020). Cultural competencies in delivering counselling and psychotherapy services to a Black multicultural population: Time for change and action. In R. Majors, K. Carberry, & T. S. Ransaw (Eds.), *The international handbook of Black community mental health* (pp. 181–197). Emerald Publishing. <https://doi.org/10.1108/978-1-83909-964-920201014>
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *BMJ (Clinical Research Ed.)*, 322(7294), 1115–1117. <https://doi.org/10.1136/bmj.322.7294.1115>
- Bauer, G. R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*, 110, 10–17. <https://doi.org/10.1016/j.socscimed.2014.03.022>
- Biggs, D., Hovey, N., Tyson, P. J., & MacDonald, S. (2010). Employer and employment agency attitudes towards employing individuals with mental health needs. *Journal of Mental Health (Abingdon, England)*, 19(6), 505–516. <https://doi.org/10.3109/09638237.2010.507683>
- Blumberg, S. J., Clarke, T. C., & Blackwell, D. L. (2015). *Racial and ethnic disparities in men's use of mental health treatments* [NCHS Data Brief No. 206]. <https://files.eric.ed.gov/fulltext/ED578186.pdf>
- Brame, R., Bushway, S. D., Paternoster, R., & Turner, M. G. (2014). Demographic patterns of cumulative arrest prevalence by ages 18 and 23. *Crime and Delinquency*, 60(3), 471–486. <https://doi.org/10.1177/001128713514801>
- Burke-Miller, J. K., Cook, J. A., Grey, D. D., Razzano, L. A., Blyler, C. R., Leff, H. S., Gold, P. B., Goldberg, R. W., Mueser, K. T., Cook, W. L., Hoppe, S. K., Stewart, M., Blankertz, L., Dudek, K., Taylor, A. L., & Carey, M. A. (2006). Demographic characteristics and employment among people with severe mental illness in a multisite study. *Community Mental Health Journal*, 42(2), 143–159. <https://doi.org/10.1007/s10597-005-9017-4>
- Centers for Disease Control and Prevention. (2021). *Racial and ethnic disparities in men's use of mental health treatments*. <https://www.cdc.gov/nchs/products/databriefs/db206.htm>
- Cook, J. A. (2006). Employment barriers for persons with psychiatric disabilities: Update of a report for the President's Commission. *Psychiatric Services*, 57(10), 1391–1405. <https://doi.org/10.1176/ps.2006.57.10.1391>
- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage Publications.
- Corrigan, P. W., Bink, A. B., Schmidt, A., Jones, N., & Rüsch, N. (2016). What is the impact of self-stigma? Loss of self-respect and the “why try” effect. *Journal of Mental Health (Abingdon, England)*, 25(1), 10–15. <https://doi.org/10.3109/09638237.2015.1021902>
- Corrigan, P. W., Larson, J. E., & Kuwabara, S. A. (2007). Mental illness stigma and the fundamental components of supported employment. *Rehabilitation Psychology*, 52(4), 451–457. <https://doi.org/10.1037/0090-5550.52.4.451>
- Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin*, 30(3), 481–491. <https://doi.org/10.1093/oxfordjournals.schbul.a007096>



- Corrigan, P. W., Powell, K. J., & Rüsch, N. (2012). How does stigma affect work in people with serious mental illnesses? *Psychiatric Rehabilitation Journal*, 35(5), 381–384. <https://doi.org/10.1037/h0094497>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex. *Feminist legal theory* (pp. 57–80). Routledge.
- Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *The British Journal of Psychiatry*, 177(1), 4–7. <https://doi.org/10.1192/bjp.177.1.4>
- Delman, J., & Adams, L. B. (2022). Barriers to and facilitators of vocational development for Black young adults with serious mental illnesses. *Psychiatric Rehabilitation Journal*, 45(1), 1–10. <https://doi.org/10.1037/prj0000505>
- DeTore, N. R., Balogun-Mwangi, O., Mueser, K. T., & McGurk, S. R. (2021). Comparison of Black and White participants with severe mental illness in response to cognitive remediation as an augmentation of vocational rehabilitation. *Schizophrenia Research*, Article S0920-9964(21)00361-3. Advance online publication. <https://doi.org/10.1016/j.schres.2021.09.001>
- Dietrich, S., Mergl, R., & Rummel-Kluge, C. (2014). Personal and perceived stigmatization of depression: A comparison of data from the general population, participants of a depression congress and job placement officers in Germany. *Psychiatry Research*, 220(1–2), 598–603. <https://doi.org/10.1016/j.psychres.2014.06.044>
- Diska, E., & Rogers, E. S. (1996). Employer concerns about hiring persons with psychiatric disability: Results of the employer attitude. *Rehabilitation Counseling Bulletin*, 40(1), 31–44.
- Dougherty, S. J. (1994). The generalist role in clubhouse organizations. *Psychosocial Rehabilitation Journal*, 18(1), 95–108. <https://doi.org/10.1037/h0095531>
- Doyle, A., Lanoil, J., & Dudek, K. (2013). *Fountain house*. Columbia University.
- Eack, S. M., & Newhill, C. E. (2012). Racial disparities in mental health outcomes after psychiatric hospital discharge among individuals with severe mental illness. *Social Work Research*, 36(1), 41–52. <https://doi.org/10.1093/swr/svs014>
- Ewert, S., Sykes, B. L., & Pettit, B. (2014). The degree of disadvantage: Incarceration and inequality in education. *The Annals of the American Academy of Political and Social Science*, 651(1), 24–43. <https://doi.org/10.1177/0002716213503100>
- Farina, A., & Felner, R. D. (1973). Employment interviewer reactions to former mental patients. *Journal of Abnormal Psychology*, 82(2), 268–272. <https://doi.org/10.1037/h0035194>
- Follmer, K. B., & Jones, K. S. (2017). Stereotype content and social distancing from employees with mental illness: The moderating roles of gender and social dominance orientation: FOLLMER and JONES. *Journal of Applied Social Psychology*, 47(9), 492–504. <https://doi.org/10.1111/jasp.12455>
- Given, L. M. (2015). *100 questions (and answers) about qualitative research*. Sage Publications.
- Glover, C. M., Corrigan, P., & Wilkniss, S. (2010). The effects of multiple categorization on perceptions of discrimination, life domains, and stress for individuals with severe mental illness. *Journal of Vocational Rehabilitation*, 33(2), 113–121. <https://doi.org/10.3233/JVR-2010-0520>
- Goldin, C., & Katz, L. F. (2018). *Women working longer: Increased employment at older ages*. University of Chicago Press. <https://doi.org/10.7208/chicago/9780226532646.001.0001>
- Graffam, J., Shinkfield, A. J., & Hardcastle, L. (2008). The perceived employability of ex-prisoners and offenders. *International Journal of Offender Therapy and Comparative Criminology*, 52(6), 673–685. <https://doi.org/10.1177/0306624X07307783>
- Greenberg, P. E., Fournier, A.-A., Sisitsky, T., Pike, C. T., & Kessler, R. C. (2015). The economic burden of adults with major depressive disorder in the United States (2005 and 2010). *The Journal of Clinical Psychiatry*, 76(2), 155–162. <https://doi.org/10.4088/JCP.14m09298>
- Hand, C., & Tryssenaar, J. (2006). Small business employers' views on hiring individuals with mental illness. *Psychiatric Rehabilitation Journal*, 29(3), 166–173. <https://doi.org/10.2975/29.2006.166.173>
- Hielscher, E., & Waghorn, G. (2017). Self-stigma and fears of employment among adults with psychiatric disabilities. *British Journal of Occupational Therapy*, 80(12), 699–706. <https://doi.org/10.1177/0308022617712199>
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52(2), 196–205. <https://doi.org/10.1037/0022-0167.52.2.196>
- Hipes, C., Lucas, J., Phelan, J. C., & White, R. C. (2016). The stigma of mental illness in the labor market. *Social Science Research*, 56, 16–25. <https://doi.org/10.1016/j.ssresearch.2015.12.001>
- Ji, E., Schaller, J., Paze, B., & Glynn, K. (2015). Education and employment outcomes from the RSA data file for transition-age African American, White, and hispanic youth with learning disabilities. *Journal of Applied Rehabilitation Counseling*, 46(3), 15–24. <https://doi.org/10.1891/0047-2220.46.3.15>
- Jones, K. P., & King, E. B. (2014). Managing concealable stigmas at work: A review and multilevel model. *Journal of Management*, 40(5), 1466–1494. <https://doi.org/10.1177/0149206313515518>
- Kim, L. (2001). "I was [so] busy fighting racism that I didn't even know I was being oppressed as a woman!": Challenges, changes, and empowerment in teaching about women of color. *NWSA Journal*, 13(2), 98–111. <https://www.jstor.org/stable/4316816>
- Kolb, S. M. (2012). Grounded theory and the constant comparative method: Valid research strategies for educators. *Journal of Emerging Trends in Educational Research and Policy Studies*, 3(1), 83–86. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.301.9451&rep=rep1&type=pdf>
- Lauer, E. A., & Houtenville, A. J. (2018). Estimates of prevalence, demographic characteristics and social factors among people with disabilities in the USA: A cross-survey comparison. *BMJ Open*, 8(2), Article e017828. <https://doi.org/10.1136/bmjopen-2017-017828>
- Lincoln, Y. S., Guba, E. G., & Pilotta, J. J. (1985). Naturalistic inquiry. *International Journal of Intercultural Relations*, 9(4), 438–439. [https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8)
- Lukyanova, V. V., Balcazar, F. E., Oberoi, A. K., & Suarez-Balcazar, Y. (2014). Employment outcomes among African Americans and Whites with mental illness. *Work (Reading, Mass.)*, 48(3), 319–328. <https://doi.org/10.3233/WOR-131788>
- McAlpine, D., & Warner, L. (2002). *Barriers to employment among persons with mental illness: A review of the literature*. Center for Research on the Organization and Financing of Care for the Severely Mentally Ill, Institute for Health, Health Care Policy and Aging Research, Rutgers University.
- Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R. A., Mitchell, P. B., & Harvey, S. B. (2016). The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry*, 24(4), 331–336. <https://doi.org/10.1177/1039856215618523>
- Mong, S. N., & Roscigno, V. J. (2018). African American men and the experience of employment discrimination. *Qualitative Sociology*, 33(1), 1–21. <https://doi.org/10.1007/s11133-009-9142-4>
- Mowbray, C. T., Lewandowski, L., Holter, M., & Bybee, D. (2006). The clubhouse as an empowering setting. *Health & Social Work*, 31(3), 167–179. <https://doi.org/10.1093/hsw/31.3.167>
- Neumark, D., Burn, I., & Button, P. (2019). Is it harder for older workers to find jobs? New and improved evidence from a field experiment. *Journal of Political Economy*, 127(2), 922–970. <https://doi.org/10.1086/701029>
- Opie, T. R., & Phillips, K. W. (2015). Hair penalties: The negative influence of Afrocentric hair on ratings of Black women's dominance and professionalism. *Frontiers in Psychology*, 6, Article 1311. <https://doi.org/10.3389/fpsyg.2015.01311>

- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554. <https://doi.org/10.1037/a0016059>
- Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage Publications.
- Perlick, D. A., Rosenheck, R. A., Clarkin, J. F., Sirey, J. A., Salahi, J., Struening, E. L., & Link, B. G. (2001). Stigma as a barrier to recovery: Adverse effects of perceived stigma on social adaptation of persons diagnosed with bipolar affective disorder. *Psychiatric Services*, 52(12), 1627–1632. <https://doi.org/10.1176/appi.ps.52.12.1627>
- Rattan, A., Steele, J., & Ambady, N. (2019). Identical applicant but different outcomes: The impact of gender versus race salience in hiring. *Group Processes & Intergroup Relations*, 22(1), 80–97. <https://doi.org/10.1177/1368430217722035>
- Remedios, J. D., & Snyder, S. H. (2015). Where do we go from here? Toward an inclusive and intersectional literature of multiple stigmatization. *Sex Roles*, 73(9–10), 408–413. <https://doi.org/10.1007/s11199-015-0543-4>
- Robinson-Wood, T. (2010). Is that your mom? A qualitative investigation of White mothers of non-White children in the United States and in New Zealand. *Journal of Ethnographic and Qualitative Research*, 4(4), 226–238.
- Russinova, Z., Griffin, S., Bloch, P., Wewiorski, N., & Rosoklijia, L. (2011). Workplace prejudice and discrimination toward individuals with mental illnesses. *Journal of Vocational Rehabilitation*, 53(3), 227–241. <https://doi.org/10.3233/JVR-2011-0574>
- Salkever, D. S., Karakus, M. C., Slade, E. P., Harding, C. M., Hough, R. L., Rosenheck, R. A., Swartz, M. S., Barrio, C., & Yamada, A. M. (2007). Measures and predictors of community-based employment and earnings of persons with schizophrenia in a multisite study. *Psychiatric Services*, 58(3), 315–324. <https://doi.org/10.1176/ps.2007.58.3.315>
- Scheid, T. L. (2005). Stigma as a barrier to employment: Mental disability and the Americans with Disabilities Act. *International Journal of Law and Psychiatry*, 28(6), 670–690. <https://doi.org/10.1016/j.ijlp.2005.04.003>
- Stuart, H. (2004). Stigma and work. *Healthcare Papers*, 5(2), 100–111. <https://doi.org/10.12927/hcpap.16829>
- Stuart, H. (2006). Mental illness and employment discrimination. *Current Opinion in Psychiatry*, 19(5), 522–526. <https://doi.org/10.1097/01.yco.0000238482.27270.5d>
- Substance Abuse and Mental Health Services Administration. (2020). *Mental health and substance use disorders*. <https://www.samhsa.gov/find-help/disorders>
- US Department of Labor. (n.d.). *Americans with disabilities act*. <https://www.dol.gov/general/topic/disability/ada>
- Van Borm, H., Burn, I., & Baert, S. (2021). What does a job candidate's age signal to employers? *Labour Economics*, 71, Article 102003. <https://doi.org/10.1016/j.labeco.2021.102003>
- Vryhof, J., & Balcazar, F. E. (2020). African Americans and the vocational rehabilitation service system in the United States: The impact on mental health. In R. Majors, K. Carberry, & T. S. Ransaw (Eds.), *The international handbook of Black community mental health* (pp. 275–292). Emerald Publishing. <https://doi.org/10.1108/978-1-83909-964-920201018>
- Watson, A. C., Corrigan, P., Larson, J. E., & Sells, M. (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin*, 33(6), 1312–1318. <https://doi.org/10.1093/schbul/sbl076>
- Watson, L., Levit, T., & Lavack, A. (2018). Obesity and stigmatization at work. In S. B. Thomson & G. Grandy (Eds.), *Stigmas, work and organizations* (pp. 11–34). Palgrave Macmillan US. [https://doi.org/10.1057/978-1-137-56476-4\\_2](https://doi.org/10.1057/978-1-137-56476-4_2)

Received December 30, 2021

Revision received March 14, 2022

Accepted April 6, 2022 ■