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Disclosing A Mental Illness When Returning To Work After Sickness Absence

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Abstract

As part of the RETURN study, a mixed-methods, multi-center, cluster-randomized controlled trial that surveyed inpatients with mental disorders in psychiatric units in the greater Munich area, it was our aim to gain a better understanding of individual disclosure experiences and their effects and consequences. We conducted 15 interviews with persons with mental disorders that had been hospitalized in psychiatric clinics and returned to their workplace afterwards. The participants showed individual disclosure strategies and viewed their decisions as highly situational. A main reason for non-disclosure was fear of negative consequences, whereas a common reason for disclosure was the level of trust. In all interviews, the importance of mental illnesses being recognized as equivalent to somatic illnesses was stressed. Supporting people in their disclosure decision is about decision-making and finding a way to deal with the outcome of the personal disclosure situation and thus feeling comfortable enough to return to the workplace. Employers should support this process by fostering an attitude that accepts mental illnesses and reduces prejudice and stigmatization.

Keywords: disclosure, mental illness, employment, workplace, stigma

Disclosing a mental illness when returning to work after sickness absence

The decision whether to disclose one's mental illness is complex and individually challenging (Peterson et al., 2017), especially for those returning to their workplace after a leave of absence due to a mental illness (Lang et al., 2020). As mental illnesses are often experienced as concealable, individuals have a level of control whether they want to disclose or not (Baldwin, 2021; Bril-Barniv et al., 2017; Brohan et al., 2012; Ragins, 2008). They have to weigh the potential risks, such as discrimination or negative career consequences, against potential benefits, such as support and workplace adjustments (Korsbek, 2013; Munir et al., 2005; Rüsch et al., 2017).

The decision whether to disclose or conceal is not a dichotomous one, as different settings (e.g. family, friends, workplace) can lead to different disclosure decisions which lie on a continuum between complete secrecy and active broadcasting of their own experience with mental illness (Rüsch & Kösters, 2021). Disclosure decisions are also influenced by various intrinsic and extrinsic factors (Hatchard, 2008; Hielscher & Waghorn, 2015; Munir et al., 2005). It is contextualized and describes a "particular experience of disclosure for a particular individual in a particular setting" (Jones, 2011, p. 217). It is an ongoing process, that is subject to changing context factors as well as personal goals and experiences (Bril-Barniv et al., 2017; Hielscher & Waghorn, 2015). Toth and Dewa (Toth & Dewa, 2014) describe disclosure decisions in the workplace as continuous, leading to subsequent decisions as well as further triggering situations. For employees with a mental illness, this means they may have to make this decision several times throughout their working lives (Hielscher & Waghorn, 2015).

Up to date there is still little research on potential factors that influence disclosure decisions and their consequences at the workplace, especially for people with a severe mental illness who are currently employed (Dewa et al., 2020; Gignac et al., 2021; Toth et al., 2022). It was the aim of this study to gain a deeper understanding of disclosure decisions from the perspective of persons with a severe mental illness that had returned to their workplace after a longer leave of absence: what are the reasons for non-disclosure, disclosure, and different personal strategies as well as their effects and consequences.

Method

This study is part of RETURN, a mixed-methods, multi-center, cluster-randomized controlled trial that surveyed inpatients with mental disorders in psychiatric units in the greater Munich area. It was funded by the innovation fund of the Federal Joint Committee (G-BA), Germany. Inclusion criteria of RETURN were age 18-60, diagnosis of a mental illness according to ICD-10 chapters F2, F3, F4 and F6 (schizophrenia, affective disorders, anxiety, personality disorders) and an existing employment relationship. Exclusion criteria were cognitive

impairment, insufficient proficiency in German language as well as a diagnosis of an organic mental disorder (chapter F0), substance abuse (chapter F1) or eating disorders (chapter F5) (Riedl et al., 2020). Ethics approval for the study was granted by the institutional review board of the Technical University of Munich (reference: 437/18 S-KK). The trial was registered in the German Clinical Trials Register (registration number DRKS00016037). The focus of the main study was to examine the effect of return-to-work experts, who supported patients regarding workplace-related needs. The primary outcome was number of days at work within 12 months after hospital discharge (Hamann et al., 2023). As part of that larger study, qualitative interviews with mental health service users were conducted to examine their views on whether to disclose the mental illness when returning to the workplace.

Interview guide

Based on preliminary findings of the main study regarding conditions for disclosure, an interview guide was developed with the aim of gaining a deeper understanding of factors that influence the decision-making process. To ensure compliance with quality criteria, the interview guide was discussed in a qualitative research workshop at the University of Ulm, as well as within the RETURN research group. It was further tested through a pilot interview. The interview guide included the following themes: individual approach to disclose one's mental illness at the workplace, reactions from supervisors and colleagues when returning to the workplace, support in the decision-making process, self-stigma as well as attitudes toward mental illness in companies (see appendix for the full interview guide).

Sampling and recruitment

Participants for the qualitative analysis were selected through purposive sampling (Palinkas et al., 2015), with the objective of obtaining a maximum variation of cases included: (non-) disclosure experiences, positive/negative outcomes of (non-) disclosure, different diagnoses of mental illness. Cases were suggested by the research associates (AL, RL, AB) from both intervention and control group and discussed within the RETURN research group. Potential participants were then approached during follow-up interviews of the main study and informed about the content of the additional interview. Altogether 16 persons were approached, and 15 interviews were conducted from January till August 2020. One participant could no longer be reached via telephone or email after the initial contact. At the time of the interviews all participants were still employed. All participants gave written informed consent. A detailed description of the sample is summarized in Table 1.

Procedures

The interviews were conducted by a psychologist who was part of the research team (AL) and trained in qualitative research and interviewing. There were no pre-existing relationships between participants and interviewer. Due to pandemic restrictions, 14 interviews were conducted via video using the online tool RED medical. One interview was conducted in person at the participant's home before the Covid pandemic. The interviews had a mean duration of 22 minutes, were audio-recorded, and transcribed verbatim. As no new themes emerged in the 15th interview, we assumed theoretical saturation and no further interviews were conducted.

Table 1: Sample Description

Variable	**Mean (SD)/frequency (%)**
Age (years)	37.9 (11.3)
Gender, female	10 (67%)
Education	
Up to 10 years	2 (13%)
>10 years	13 (87%)
Duration of mental illness (years)	8 (8.5)
Number of previous psychiatric hospitalizations	1.7 (1.8)
ICD-10 Main diagnosis	
Schizophrenia	2 (13%)
Major depression	10 (67%)
Anxiety	3 (20%)
Duration of current employment in years	6.4 (7.7)

Data analysis

After each interview an interview protocol and a brief summary of the case were created. Transcripts were analyzed using qualitative content analysis (Kuckartz, 2014) using MAXQDA 2022.2. The transcripts were not returned to the participants for comment or correction, nor did the participants provide feedback on the findings.

The main categories were developed working closely with the themes of the interview guide as well as the interview transcripts. For the implementation of quality criteria in line with qualitative research the method of consensual coding was applied. In a first step, all interviews were read in their entirety and relevant notes were made. Codes were then developed for the first four transcripts and a preliminary coding system was developed by one researcher (AL). Relevant text passages of the four coded transcripts were then presented in a qualitative research workshop at the University of Ulm and the developed coding system was discussed. Subsequently the remaining transcripts were coded, and the coding system was revised and enhanced. In a next step, the revised coding system was then presented and discussed with a member of the RETURN advisory board, a counselor in company social services. Relevant text passages were presented along with the developed coding system. After a further revision, the coding system was presented and discussed. A common understanding of each code was established within the RETURN research group (JH, AL, LR, AB). Subsequently, all transcripts were then coded according to the final coding system. As the coding system was evaluated over several steps within different groups, the quality criteria of intersubjective comprehensibility (Steinke, 1999) can therefore be considered as fulfilled.

Results

Thirteen of the 15 participants reported having disclosed their mental illness in some way within their workplace. Nine of these 13 participants had specifically disclosed their diagnosis. Only two participants indicated they had not disclosed their mental illness at their workplace at all, with one of them having disclosed during a previous employment.

We identified six main themes that underscore underlying factors that are significant for individuals in the decision-making process (Table 2): 1) Attitudes towards mental illness and work; 2) reasons for (non-) disclosure; 3) emotional ambivalence; 4) individual disclosure strategy; 5) effects and consequences; and 6) expectations towards employers and companies.

Table 2 Themes and frequencies

Main Themes	Subthemes	Frequency
Attitudes towards mental illness and work *Attitudes of the participants themselves as well as the attitudes the participants experience in their companies and in society towards mental illness and work*	• Attitudes of the individual	(53)
	• Attitudes of the company	(48)
	• Attitudes of society	(53)
Reasons for (non-) disclosure *Reasons of the participants for (non-) disclosure at the workplace*	• Reasons for disclosure	(59)
	• Reasons for non-disclosure	(32)
Emotional ambivalence *Personal struggles of the participants during their decision-making process*		(22)
Individual disclosure strategy *Disclosure strategies of the participants in accordance with their own personal situation*	• Time of disclosure	(18)
	• Level of disclosure	(48)
	• Disclosure differentiated according to recipient	(38)
Effects and consequences *Experienced reactions at the workplace after disclosure as well as conclusions drawn for future disclosure decisions*	• Interpersonal context	(69)
	• Workplace context	(23)
	• Personal consequences for the future	(18)
Expectations towards employers and companies *Expectations of the participants towards employers and companies on how to deal with employees with a mental illness*		(32)

Attitudes towards mental illness and work

The quotes in this main theme fall into three categories: attitudes of the individual, attitudes of the companies, and attitudes of society.

Attitudes of the individual

Some participants perceived their mental illness as an obstacle for their work. They did not feel at their normal level and had to mobilize so much energy to deal with their mental illness that there was not enough left to deal with work (female, approx. 40, research associate). Others, however, did not see mental illness as an impediment to master the challenges of working life.

"People with a mental illness can function and work in the same way as other healthy people can." (male, approx. 40, hotel manager)

The individual attitude was also result of an acceptance process, i.e. moving from self-stigma (being mentally ill and therefore incompetent) towards a normalization of mental illnesses and a comparability to physical illnesses. However, reaching acceptance was a struggle for many participants (quotation 1, table 3). Once acceptance was reached, some perceived their mental illness as a resource in everyday work (quotation 2, table 3), while for others, being mentally ill was a very private matter.

"In the end, you can't deal with it openly, because the psyche is often in part something very private." (female, approx. 35, laboratory assistant)

Attitudes within the company

Some participants described their companies as understanding and open, showing a pro-active approach to the topic of mental illness. This included offering both measures of prevention and support if needed (male, approx. 40, hotel manager).

In other companies, an avoidance or even overall denial of the topic of mental illness was reported (quotation 3, table 3). Even in companies that portrayed a picture of understanding and support—reality sometimes proved different, as discrepancies between theory and practice of openness and tolerance towards mental illness were observed. One participant described his company as very open-minded but said he had not disclosed his mental illness at work as he was not only worried about his probation period but also about how his performance and capabilities might be judged (male, approx. 20, tax consultant). However, for most participants the key issue was not the attitude of the whole company towards mental illness but the mindset of individual supervisors and colleagues (quotation 4, table 3).

Attitudes within society

For some participants, the attitudes of the company reflected the perspective of society on this topic. This included feelings of stigma and prejudice (female, approx. 35, laboratory assistant) and a lack of understanding for mental illnesses.

"Many people quickly reach their limit of understanding. And then you hear things like: Come on, get up. (…). It can't be that difficult!" (female, approx. 35, IT specialist)

However, most participants reported that they were surprised how many people had had their own experiences with mental illness, either within their private network or at work.

"In my social circle, practically everyone responded with: I know this, because xyz also had to deal with depression." (female, approx. 35, IT specialist)

One participant described the feeling of experiencing a change in thinking in society:

"With this whole depression education and so on. You notice that things are changing." (female, approx. 35, laboratory assistant)

Reasons for (non-) disclosure

Some participants had received advice in their decision-making process, e.g. from mental health professionals, friends, or return-to-work experts in the context of the RETURN study.

For participants who had either not or only partially disclosed their mental illness at work, a main reason was the fear of encountering adverse outcomes. This included lack of understanding, prejudices, not being considered for promotion, or losing one's job (female, approx. 50, psychologist; female, approx. 35, laboratory assistant; female, approx. 35, IT specialist; male, approx. 50, researcher). In addition, protecting one's own privacy was an important factor. Further, some participants started with a default position of non-disclosure from which they only shifted away if necessary (quotation 5, table 3). Non-disclosure was made more likely by structural working conditions following the pandemic restrictions. As some participants worked solely from their home office, they had no personal interaction with colleagues or supervisors and, therefore, felt no need to disclose. A further factor leading to non-disclosure was the topic of suicidal tendencies. Affected persons perceived this to be an even greater taboo in society (quotation 6, table 3).

In some cases, disclosure was not a deliberate decision: symptoms of the mental illness were noticeable for colleagues at the workplace (quotation 7, table 3), someone else had informed the workplace of their mental condition, or they experienced

implicit or explicit pressure to disclose their mental illness. One participant reported the need to explain to colleagues that it was not their fault he was sick (male, approx. 40, hotel manager), while another participant had been asked several times why she was sick and then decided to disclose (female, approx. 25, florist).

In the case of a deliberate disclosure decision, a major factor was trust. Some viewed their colleagues as close friends, while others felt they could confide in their supervisors when trust had been established. A further important factor was to generate understanding for illness-related temporarily reduced job performance (presenteeism), absenteeism or reduced working hours (male, approx. 20, tax consultant; female, approx. 60, works council representative; female, approx. 30, purchasing agent). Some participants just wanted to be honest and "put their cards on the table" (male, approx. 20, automotive mechanic), while others saw it as their duty to try and change the attitudes towards mental illness of their colleagues or supervisors by coming out.
"At least I can start in small areas and show that it is a pretty normal thing." (male, approx. 40, artist)

Emotional ambivalence
Some participants experienced a strong ambivalence in their decision-making process. They perceived the decision of whether to disclose as a "double-edged sword". On the one hand, they wanted to be taken seriously and preferred to protect their own privacy. On the other hand, they wanted to be open and longed for support and understanding (quotation 8, table 3).

Even following their disclosure decision, some still experienced emotional ambivalence. One participant was happy with the decision to disclose but still had to deal with the fear of reduced career possibilities, e.g. not being considered for a promotion or being seen as not fit for the job (quotation 11, table 3). Another participant reported the concern of carrying the load of secrecy, which meant constantly having explanations and excuses ready (male, approx. 20, tax consultant).

Individual disclosure strategies
Individual disclosure strategies fell into three categories: time of disclosure, level of disclosure, and the recipient of the disclosure.

Time of disclosure
Some participants had already disclosed their mental illness prior to their hospital stay, mostly due to a long history of mental illness, while one participant mentioned the need to inform his supervisor about the reasons for his longer leave of absence (male, approx. 20, automotive mechanic). Some disclosed their mental illness during their hospital stay. This was the case, e.g., if colleagues reached out and asked where they were and if they could visit them. Others disclosed after returning to the workplace. This either happened deliberately or in response to the question why they had been absent. In some cases, the decision was made in many steps over different periods of time to different recipients.

Level of disclosure
While there was one participant that had not disclosed at all, as she had taken a vacation for her hospital stay (female, approx. 45, software trainer), two participants decided to give alternative explanations for their leave of absence, as pretending to have had a somatic illness seemed less dangerous for them. Some participants reported not having disclosed anything to colleagues. One participant reported not having spoken to his supervisor as his mental illness was an open secret: "I know that he knows, but we don't talk about it." (male, approx. 40, artist). If participants had decided to disclose, some gave rather general information, such as that they were having psychological problems, while others decided to disclose more details (quotation 9, table 3).

Disclosure differentiated according to recipient
For many participants, their disclosure decision depended on the recipient's role in the company. Many participants decided to disclose to their supervisors as they had the responsibility at the workplace (quotation 10, table 3). Also, contact points for support, such as the human resources department or the company's integration management, were confided in. In addition, the relationship with the recipient played a major role. As mentioned above, the level of trust with long term colleagues seen as good friends or a supervisor that conveyed understanding and support was reported as decisive.

Effects and consequences
All participants had already returned to their workplace and were able to report on their experiences with (non-) disclosure.

Interpersonal context (negative/positive reactions from supervisors/colleagues)
Most participants reported positive reactions after their disclosure. Besides receiving support, the most helpful reaction was not making a big deal out of it (quotation 12, table 3). One participant reported his surprise at the extent to which many colleagues had their own experiences with mental illness, either within their family or social circles, resulting in a high

level of understanding. However, some participants also experienced negative reactions. In some cases, the supervisors continuously asked colleagues about the participant's condition instead of directly asking them how they were doing (female, approx. 35, laboratory assistant). One participant even reported the feeling of her supervisor crossing boundaries as he had insisted on speaking with her doctor and therapist (female, approx. 40, research associate). Others received accusations of not wanting to work or just a lack of understanding and support.

"As I came back, I was treated like I didn't want to work. Even my supervisor more or less told me this in an E-Mail." (female, approx. 60, works council representative)

Workplace context (negative/positive impact on the workplace)

Many participants experienced advantages at the workplace after disclosing their mental illness. It was easier to explain if they were not feeling well, had difficulties with their assignments, or needed different workplace adjustments. Also, the feeling of being looked after and receiving more understanding was mentioned. One participant even reported that his company had introduced mindfulness trainings for employees after his disclosure (male, approx. 40, hotel manager).

On the other hand, participants experienced being passed over for promotion, withdrawal of responsibilities, or reduction of working hours up to a complete withdrawal of work assignments. One participant even experienced discrimination regarding her diagnosis:

"You said you have a depression. (…) It is questionable whether you can stay in your position. In our job the external image is very important, and your external image is bad." (female, approx. 60, works council representative)

Personal consequences for the future

When asked if they would stick to their disclosure decision in future situations, only one participant said she would decide differently in the future (female, approx. 60, works council representative). For the most part, participants stated that it is a decision that cannot be generalized and depends very much on the particular situation (quotation 14, table 3). For one participant it was not about making a different decision but about maintaining her own boundaries and privacy in the future (female, approx. 40, research associate).

Expectations towards employers and companies

First and foremost, all participants stressed the importance of mental illnesses being as recognized and accepted as somatic illnesses are (quotation 13, table 3). They wish both openness and a reduction of prejudice towards people with mental disorders. Several participants also emphasized the importance that employers take each individual situation into account.

"Not all mentally ill people are alike." (female, approx. 25, florist)

To enable more understanding and less prejudice many believe that providing psychoeducation to the company staff or designating representatives in the company to deal with the topic of mental illness can be beneficial.

Table 3 Quotations from the interviews

Main theme	Subtheme	Quotation
Attitudes towards mental illness and work	Attitudes of the Individual I	But I didn't want to deal with it, because it could shake things up or bring things to the surface, and that would be much worse. That's why I hid it. And up until my suicide attempt [in] 2018, I was actually hiding behind a mask. (male, approx. 40, artist)
Attitudes towards mental illness and work	Attitudes of the Individual II	So, I think that it has just strengthened my empathy. And all of that psychological knowledge, that I had to gain because of myself, because of my illness, I can use it. (female, approx. 30, nursing service manager)
Attitudes towards mental illness and work	Attitudes of the company I	It is, I think, according to the management, they deal with it as if it did not exist at our company. (female, approx. 60, works council representative)
Attitudes towards mental illness and work	Attitudes of the company II	But I think the company can't do anything about it. It depends on how every individual lives it. (female, approx. 30, purchasing agent)

Reasons for (non-) disclosure	Reasons for non-disclosure	Because, as long as you don't have any obvious problems or anything, then you don't go peddling with it. Maybe not peddling but you don't have to talk about it. (female, approx. 35, laboratory assistant)
Reasons for (non-) disclosure	Reasons for non-disclosure	The reason I left the part about my suicidal tendencies out, was that I think it is a topic, that may not be appreciated by others. You don't know if they had cases in their family or they know someone and after all, we're talking about death. (male, approx. 40, artist)
Reasons for (non-) disclosure	Reasons for disclosure	I think, on the one hand, it was the feeling of being overwhelmed by the severity of my illness, that I really did not have any other choice, because the symptoms were clearly visible at the workplace. (female, approx. 30, nursing service manager)
Emotional ambivalences		Sometimes I am quite ambivalent. On the one hand, I want to be taken seriously and on the other, I want to have some protected space. (female, approx. 50, psychologist)
Emotional ambivalences		I'm worried that if I, for example in two or three years, apply for a team leader position, it will have consequences then. (female, approx. 35, IT specialist)
Individual disclosure strategy	Level of disclosure	I openly say, I was sick with a depression, a severe depression. I was not at work for five months. I'm receiving treatment. I'm going to outpatient psychotherapy. And I take medication. (female, approx. 35, IT specialist)
Individual disclosure strategy	Disclosure differentiated according to recipient	… in particular the manager, because he has the responsibility, and in the end, he is the person that I must report to. (female, approx. 40, research associate)
Effects and consequences	Interpersonal context	That nobody made a big deal out of it. But they rather, very objectively, pointed out, that if I need help, I should go and get it, but they treated me just as they did before. (male, approx. 40, hotel manager)
Effects and consequences	Personal consequences for the future	I don't dare give a general answer to this question. Because, if it would be the same, with the same colleagues, supervisors, then yes, definitely. Different situation, different workplace, different colleagues, then it would depend on how the attitude is towards mental illnesses. (female, approx. 30, nursing service manager)
Expectations towards employers and companies		It should be seen as an illness. I think that is the most important point. And not: Now he's gone crazy. (male, approx. 40, hotel manager)

Discussion

Our study findings demonstrate that disclosure decisions are both individual and multifaceted. Similar to previous studies (Brohan & Thornicroft, 2010; Dewa et al., 2020; Ellison et al., 2003) the majority of the participants had disclosed their mental illness at the workplace in one way or another and for the most part reported positive experiences. Disclosure vs. non-disclosure is not a black or white matter as it can lie on a continuum between complete secrecy and sharing all details of the mental illness. It is a decision that is influenced by various factors: the underlying understanding of mental illnesses, anticipated perceptions as well as the attitudes in

society and companies, workplace structures, timing as well as the personal approach that is chosen with its different effects, and consequences.

Accordance with previous research and additional insight

The reasons for (non-) disclosure mentioned in the interviews are in line with previous research (Dewa et al., 2020, 2021; Ellison et al., 2003; Rüsch et al., 2017). The findings on various disclosure approaches with regard to time and level of disclosure (Hielscher & Waghorn, 2015; Pahwa et al., 2017) as well as the different strategies with regard to the recipient of the disclosure message (Pahwa et al., 2017) can also be found in other studies. An important result, that further highlights the unique character of disclosure, as also demonstrated in past studies (Ellison et al., 2003), is that it is not always a deliberate decision but in many cases a reaction to specific situations: symptoms of the illness being obvious at the workplace, others disclosing for the participants, or simply reacting to pressure and continuous inquiries by colleagues or supervisors.

Persons with a mental illness are still often seen differently than persons with a physical illness. Mental illnesses still widely remain misunderstood (Rüsch, 2023; Waugh et al., 2017). Therefore, an adequate understanding of mental illness needs to be conveyed, as employees not only experience attitudes of acceptance but also stigmatization.

Even though research on influencing factors and consequences of disclosure decisions is increasing, the disclosure experiences of persons with a severe mental illness and an existing employment relationship are still underrepresented in the disclosure literature. This study contributes to gaining a more comprehensive understanding of the important individual nuances involved in the disclosure process, especially for this group. It portrays the reasons for (non-) disclosure and highlights individual struggles and thought processes in the course of decision-making. While some participants experienced feelings of ambivalence even after having made a satisfactory decision, others experienced discrepancies between theory and practice in their companies regarding the acceptance of mental illness. Furthermore, the impact of the individual mindset, whether of supervisors and colleagues or the own personal mindset, played an important role. Some participants reported a personal development in their mindset from self-stigmatization towards an acceptance of their mental illness and with this a feeling of empowerment.

Competitive employment can promote stability, structure and is associated with improved mental health (Frederick & VanderWeele, 2019; Jäckel et al., 2017). However, persons with mental illness are at risk of voluntary or involuntary employment termination (Nelson & Kim, 2011). Understanding the perspective of these individuals is important in providing effective measures of support, including help in dealing with the question of (non-) disclosure.

Implications for people with mental illness

The decision of whether to disclose is deeply personal and calls for an individual strategy that aligns with the current personal circumstances. Furthermore, it is highly situational and resists generalization due to its ongoing nature, necessitating reassessment in response to different situations (Bril-Barniv et al., 2017; Hielscher & Waghorn, 2015). For many individuals, making this decision is not easy, as it also involves dealing with emotional ambivalence and calculating risks and benefits. However, most participants that had disclosed their mental illness experienced positive reactions and found it easier to explain rough patches and adjust the workplace and its requirements according to their present situation. For people with mental illness it can be beneficial to receive support from return-to-work experts or interventions such as HOP (Honest, Open, Proud) (Rüsch & Kösters, 2021) as they can support them in making strategic and successful disclosure decisions. Also, knowledge about existing disability laws can be helpful in the decision-making process. For example, employees with a severe disability are entitled to accommodations that fit their needs such as adjustments of the workplace, work environment, or the work hours (Kock, 2004).

Implications for mental health professionals

Considering the individual context factors is crucial when providing support to individuals with mental illness in navigating the decision of whether to disclose within their workplace. Individuals make their decision based on assessments at various levels (Pahwa et al., 2017), as could also be shown in our study, and it is important to take all of them into consideration when discussing the risks and benefits of the decision. However, disclosure is not always a deliberate decision but rather the reaction to specific circumstances. Many interventions have focused on decision aids that assess the risks and benefits of (non-) disclosure (Henderson et al., 2013; Janssens et al., 2020; Stratton et al., 2019). When supporting people with a mental illness, a holistic approach is necessary. It is important to not only look at the pros and cons of disclosure but to help the individual deal with the outcome of their personal disclosure situation. This can help them feel confident and comfortable enough to be able to return to the workplace, as it can be a stabilizing factor (Boardman et al., 2003).

Implications for companies and society

As mentioned by all participants, the most important step is that of mental illnesses being recognized and accepted equally as somatic illnesses thus leading to a reduction in prejudice and the fostering of understanding. By introducing contact-based anti-stigma programs (Rüsch, 2023; Thornicroft et al., 2022) in companies, a better understanding of mental illnesses can be achieved. Previous research has shown that supervisors play an important role in disclosure decisions (Waugh et al., 2017). However, dealing with employees with mental health problems can be challenging (Kirsh et al., 2018). It has been shown that interventions to promote the understanding of supervisors for mental health problems can be effective (Hanisch et al., 2016), leading to more acceptance and support.

Limitations

The study focused on people with severe mental illnesses who had not only taken a leave of absence due to a mental illness but had also been hospitalized. Disclosure decisions may be different for people with "common mental disorders", such as stress related disorders or minor depression. They are more likely able to conceal their illness, as the symptoms are not as severe (Ellison et al., 2003) and usually do not result in longer leaves of absence or hospitalization. Research suggests that employees with a mental illness start from a default position of non-disclosure and only move away from it if they see a need, such as fear of stigmatization (Toth & Dewa, 2014). This may be the case for people with a concealable mental illness rather than the group of interviewed people in this study. In many cases, the possibility of a deliberate disclosure decision was limited. Therefore, it would be advantageous in further research to combine the experiences of both groups.

Conclusions

As noted earlier, in many cases, mental illness is concealable and therefore people affected have a certain amount of control whether they want to disclose or not. And still, disclosure is an important aspect, as it "can impact nearly every domain of a person's life and well-being" (Chaudoir & Fisher, 2010, p. 13). It is a very individual matter and linked to multiple factors that lie within the person and also the (work) environment (Ragins, 2008; Rüsch & Kösters, 2021). It is important to keep this in mind, when supporting people with a mental illness in their decision-making process. The individual and workplace circumstances should be taken into consideration and disclosure should be seen as a unique process for every individual (Hielscher & Waghorn, 2015). With this, it is possible to help people with a mental illness make deliberate disclosure decisions in the future and thus enable a sense of empowerment (Bril-Barniv et al., 2017).

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Appendix Interview questionnaire guide: Dealing with mental illness at the workplace

Introduction: In our study „Return-to-Work" we are, among other things, interested in finding out how you have been dealing with your mental illness at the workplace so far and which experiences you have made regarding this. We are interested in your personal view and your personal experiences.

Topic	Stimulus	Aspects	Further questions
1. Dealing with disclosure of a mental illness at the workplace	Please tell me what it was like to return to your workplace. I am particularly interested in whether you spoke about your mental illness and in what way you spoke to colleagues and supervisors about it.	• Advantages/disadvantages of disclosure • Advantages/disadvantages of concealment	*How did you feel about it? Did anything change since then? Do you deal differently with your mental illness at the workplace?*
2. Reactions at the workplace after returning	How did the people at your workplace react when you returned after a longer leave of absence.	• Behavior/reactions of colleagues • Behavior/reactions of supervisors • Discrimination vs. support	*How did your colleagues behave/react? How did your supervisors behave/react? What was helpful?* *What would you have wished*

			for from your colleagues/supervisors?
3. Support during decision making	How did it come that… (refer to answer of question 1 - e.g., …you only spoke to your colleague/to your supervisor)	• Support/consultation in the hospital • Support/consultation in private surroundings • Support/consultation from other qualified personnel • Intuitive decision/ "gut-feeling "	*Did you think about this before?* *Did something/someone help you in your decision?* *Would you have needed something else?*
4. Satisfaction with decision	Are you satisfied with how you have dealt with your mental illness so far? How do you think you will decide in the future?	• Feeling of having made the right/best decision • Decision-making pressure	*Do you think you will stick to your decision?*
5. Self-stigmatization	Does your mental illness have any impact on your work or your daily work routine? Can you give me any examples?	• Impact on work • Impact on self-efficacy	*Did your mental health change the way you assess your own performance? Is there anything that you do better/worse due to your mental illness respectively your experiences with it?*
6. Attitudes in the company towards mental illness	What do you think, how does your company deal with mental illnesses? Is this something that is talked about? <u>Last interview question:</u> What do you think: How should the attitude towards mental illness be at the workplace?	• Stigmatization vs. openness and acceptance • Own experiences • Observed experiences of others	*What attitude do you think your colleagues/your supervisors have towards mental illness?* *Can you give me some examples?* *Have you experienced this yourself?*
Conclusion: We have reached the end of our conversation, and I have received a lot of very important information from you. Thank you for your very valuable support! From my point of view, we have addressed all important topics. Are there any topics left, that are important to you, that we have not yet discussed? *If no:* Once again, thank you very much for participating in this interview!			