Disclosure of Mental Illness in the Workplace: A Literature Review

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Given the stigma attached to mental illness, workers with mental illness worry about their illnesses being disclosed in the workplace. At the same time, the Americans with Disabilities Act of 1990 makes disclosure necessary if these workers want to obtain workplace accommodations. This literature review summarizes the research evidence on the characteristics and outcomes of workplace disclosures of mental illness. The available research on disclosure characteristics indicates that disclosure to supervisors is more common than disclosure to coworkers. Outcomes of disclosure have included increased support in some workplace relationships; other relationships—especially relationships with coworkers—have become more strained after disclosure. Future studies using more carefully defined disclosure definitions and prospective, longitudinal designs will elucidate more information about the characteristics and outcomes of workplace disclosures.

Workers with mental illness often worry about what will happen if others in the workplace know about their illnesses. Their worries can be traced to the stigma attached to mental illness. Goffman included "mental defectives" in his explanation of the term "stigma" when he introduced it in 1963 (Goffman, 1963), and people with mental illness have remained "among the most stigmatized of those with disabilities," (Campbell & Kaufmann, 1997, p. 224). In fact, employers are among those affected by the

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stigma attached to mental illness; research suggests that many employers don't want employees who have a mental illness (Glozier, 1998; Stuart, 2006).

With the introduction of the Americans with Disabilities Act (1990), the landscape changed for workers with mental illness. Now they could ask for accommodations that would help them improve their job performance. Obtaining these accommodations requires disclosure about mental illness—and risks stirring up negative, stigma-based reactions from other people in the workplace. People with mental illness are left to wonder: If I decide to disclose information about my illness, how should I do that? And what is likely to happen to me at work if I disclose?

This literature review was undertaken to address those questions. Using terms such as "disclosure," "mental illness," "work," and "job," the databases PsychINFO (years 1887 to 2010) and MEDLINE (years 1865 to 2010) were searched for studies on the characteristics and effects of workplace disclosures of mental illnesses. All writings presenting new data on the characteristics or outcomes of workplace disclosures of mental illness were retained for this review; several commentaries on disclosure strategies were excluded from this review because they referenced only other published studies. In general, researchers have yet to agree upon a single definition of "disclosure" or a method of disclosure measurement. To capture as much information as possible for this review, disclosure was defined broadly as the sharing of any information about an individual's mental illness within an employment setting.

The final list of 23 studies for this literature review includes 22 journal publications and one dissertation (Rollins, 2002). (See Table 1 for study descriptions.) Ten of these studies used quantitative data, 12 used qualitative data, and 1 used both quantitative and qualitative data. Sample sizes for these studies ranged from 1 to 1,301, and data collection methods included interviews, surveys, and focus groups. Ten studies (eight quantitative studies and two qualitative studies) involved individuals in vocational programs.

These studies are reviewed in two sections: the first section describes what is known about the characteristics of workplace disclosures of mental illness, while the second section focuses on the workplace experiences and job outcomes that relate to disclosure of mental illness in the workplace.

TABLE 1. Studies included in literature review

Study	Study Type	Sample	Data Source
Banks, Novak, Mank, & Grossi (2007)	Quantitative	162 workers with psychiatric disabilities in 10 supported employment programs	Survey completed by supported employment staff member most familiar with each supported employee
Baron (2002)	Qualitative	38 individuals with serious mental illnesses	Semistructured interviews
Bergmans, Carruthers, Ewanchuk, James, Wren, & Yager (2009)	Qualitative	4 women who completed an intervention for people with recurrent suicide attempts and returned to work	Narratives women wrote describing their return to work after recurrent suicide attempts
Cook, Razzano, Burke-Miller, Blyer, Leff, Mueser, et al. (2007)	Quantitative	1,273 people with severe mental illness randomized to supported employment or a control condition across 7 sites	Interviews
Dalgin & Gilbride (2003)	Qualitative	11 people self-identified as having psychiatric disabilities	Focus group and semistructured interviews
Dinos, Stevens, Serfaty, Weich, & King (2004)	Qualitative	46 people with psychiatric diagnoses	Interviews
Ellison, Russinova, MacDonald-Wilson, & Lyass (2003)	Quantitative	350 professionals and managers with serious psychiatric conditions	National mail survey
Fabian & Waterworth (1993)	Quantitative	30 workers with serious mental illness who were clients of a supported employment program	Individual job coach files and follow-up interviews with individual job coaches

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Study	Type	Sample	Method
Gervey & Kowal (2005)	Quantitative	45 individuals with psychiatric disabilities who sought job placement services	Job development activity log used by vocational program staff member to record activities
Gioia & Brekke (2003)	Qualitative	20 people with schizophrenia who worked before schizophrenia onset	Semistructured interviews
Goldberg, Killeen, & O'Day (2005)	Qualitative	32 current or former recipients of Social Security benefits for a psychiatric disability	2 semistructured interviews
Granger (2000)	Qualitative	People with psychiatric disabilities who had used a job coach/job developer or who were currently employed	Focus groups
Granger, Baron, & Robinson (1997)	Quantitative	194 job coaches and job developers serving people with psychiatric disabilities	Mailed survey
Hatchard (2008)	Qualitative	1 person returning to work after diagnosis with bipolar disorder	Case study using vignettes
Joyce, McMillan, & Hazelton (2009)	Qualitative	29 employed nurses with psychiatric disorders	Interviews
Kirsh (2000)	Qualitative	36 consumers of mental health services who were employed or who had recently left jobs	Interviews
Lucca, Henry, Banks, Simon, & Page (2004)	Quantitative	90 consumers in a supported employment and education program in Massachusetts	Preexisting records and databases
Michalak, Yatham, Maxwell, Hale, & Lam (2007)	Qualitative	52 individuals, including 35 people with bipolar disorder, 5 of their caregivers, and 12 of their health-care professionals	Interviews

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TABLE 1. Continued

Study	Study Type	Sample	Data Source
Pandya, Bresee, Duckworth, Gay, & Fitzpatric (2010)	Quantitative	258 people self-reporting diagnoses of schizophrenia or schizoaffective disorder	Online survey
Rollins (2002)	Quantitative	86 individuals with severe mental illness enrolled in one of two types of employment programs	Interviews
Rollins, Mueser, Bond, & Becker (2002)	Quantitative	104 employed individuals with severe mental illness in one of two types of employment programs	Interviews
Tschopp, Perkins, Hart-Katuin, Born, & Holt (2007)	Qualitative	13 vocational service providers	Focus groups
Wahl (1999)	Quantitative & qualitative	1,301 consumers surveyed; 100 completed follow-up interviews	Quantitative survey, followed by qualitative interviews

CHARACTERISTICS OF WORKPLACE DISCLOSURES OF MENTAL ILLNESS

The concept of disclosure initially seems quite simple: Did a person disclose about his or her mental illness in the workplace or not? It turns out that the phenomenon is quite complex, with many different factors affecting the particular experience of disclosure for a particular individual in a particular setting. The research findings about disclosure characteristics are summarized in Table 2.

From these findings, some of the characteristics of workplace disclosures of mental illness begin to emerge. For people in vocational programs, the people disclosing workers' mental illnesses are often not the workers themselves; instead, those disclosures are made by vocational program staff members, or through employers' familiarity with vocational programs (Banks, Novak, Mank, & Grossi, 2007; Granger et al., 1997). Workers likely to have information about their illnesses disclosed are those with the most noticeable or serious problems related to their illnesses, as indicated by diagnoses of psychotic disorders instead of mood disorders and increased displays of symptoms at work (Banks et al., 2007), increased numbers of diagnoses (Cook et al., 2007), and trends relating increased disclosure to increased symptoms (Rollins, 2002). Several studies have found evidence that disclosure to supervisors is more common than disclosure to coworkers (Ellison, Russinova, MacDonald-Wilson, & Lyass, 2003; Granger, 2000; Granger et al., 1997; Rollins, 2002; Rollins et al., 2002). According to the results of a few studies, disclosures tend to occur before job starts or early in job tenure (Banks et al., 2007; Ellison et al., 2003; Granger et al., 1997). Vocational programs can influence the occurrence of disclosure, with evidence that disclosure is more likely for workers with any vocational program involvement (Granger, 2000), or for individuals whose vocational programs result in group placements instead of individual placements (Rollins, 2002). (Notably, Cook and colleagues' 2007 comparison of disclosure rates in supported employment programs and control condition programs did not find any significant differences; however, the variety of control condition programs makes drawing conclusions from this disclosure rate comparison difficult.) Reasons for disclosure vary, with study findings repeatedly emphasizing the roles of disclosure in building supportive workplace environments (Banks et al., 2007; Ellison et al., 2003; Fabian & Waterworth, 1993; Gioia & Brekke, 2003;

TABLE 2. Empirical findings on disclosure characteristics

Disclosure Characteristic	No. Studies	Empirical Findings
Disclosure frequency	9	• 82% of people in supported employment programs (Banks et al., 2007). • 73% of people in supported employment programs (Cook et al., 2007). • 87% of professionals and managers (Ellison et al., 2003). • 60% of current or former social security benefits recipients (Goldberg et al., 2005). • 81% of people in vocational programs (Granger et al., 1997). • 35% of jobs held by consumers in an Individual Placement and Support program (Lucca et al., 2004). • Using a scale of 1 (no openness) to 4 (complete openness) about their diagnosis, people with schizophrenia gave a mean rating of 2.2 ($SD = 1.2$) for their openness to employers and a mean rating of 2.1 ($SD = 1.1$) for their openness to coworkers (Pandya et al., 2010). • 68% of supervisors and 43% of coworkers for people in two different vocational programs (Rollins, 2002). • 70% of supervisors and 61% of coworkers for people in two different vocational programs (Rollins et al., 2002).
Identity of discloser	2	• Vocational program staff (54%); nobody, because of employers' prior familiarity with vocational program services (45%); workers themselves (29%, Banks et al., 2007). • Nobody, because of employer familiarity with vocational program or client (38%); workers themselves (32%); vocational program staff members (29%) (Granger et al., 1997).
Worker characteristics related to disclosure		
Demographics	4	• Significantly more likely for males (Banks et al., 2007; Pandya et al., 2010). • Significantly more likely for those who do not have federal disability benefits (Ellison et al., 2003). • Significantly more likely for older workers, white workers (Rollins, 2002).

Illness-related variables	3	• Significantly more likely for workers with diagnoses other than mood disorders (e.g., schizophrenia and other psychotic disorders); more likely for those who display symptoms at work (Banks et al., 2007).
		• Significantly more likely for workers who also have either a learning disability or both a cognitive disability and a physical disability (Cook et al., 2007).
		• Trends indicating disclosure to supervisors more likely for workers with higher scores on the positive symptom subscale of the Positive and Negative Syndrome Scale (PANSS) and the PANSS overall score. Trend indicating disclosure to coworkers more likely for workers with higher score on the PANSS hostility subscale (Rollins, 2002).
Worker knowledge and experience	2	• Workers with more knowledge of the Americans with Disabilities Act (Ellison et al., 2003).
		• Worker with recent negative disclosure unlikely to disclose in the future (Goldberg et al., 2005).
Disclosure Recipient		
Identity of disclosure recipients	5	• 80% of supervisors, 73% of coworkers; both supervisors and coworkers for 62% of workers (Ellison et al., 2003).
		• Disclosure to supervisors favored over disclosure to coworkers (Granger, 2000).
		• Immediate supervisors ranked as most likely to know about workers' mental illnesses; immediate coworkers ranked as least likely to have that information (Granger et al., 1997).
		• 68% of supervisors and 43% of coworkers for people in two different vocational programs (Rollins, 2002).
		• Trend indicating more disclosure to supervisors than coworkers for people in two different vocational programs (Rollins et al., 2002).
Selectivity of disclosure	1	• Some reports of disclosure to everyone or concealment from everyone, but most report some selectivity about the people to whom they disclosed (Michalak et al., 2007).
Information disclosed	2	• Edited versions of their illnesses (e.g., "severe depression" instead of schizophrenia, Dinos et al., 2004).
		• Diagnoses (64%), the fact that they had a mental illness (59%), symptom descriptions (51%), medication-related information (31%), and problems experienced maintaining their jobs (19%, Ellison, et al., 2003).

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TABLE 2. Continued

Disclosure Characteristic	No. Studies	Empirical Findings
Disclosure timing	4	• Most commonly selected times: during job development (72%), during job acquisition and hiring (13%), and while receiving ongoing support (8%, Banks et al., 2007).
		• 49% reported information about their mental illness was known before they received a job offer (Ellison et al., 2003).
		• More reactive disclosures (under negative circumstances like new diagnosis of mental illness or hospitalization) occurred significantly later (an average of 6 months after job start) than more proactive disclosures (average of 1 month after job start, Ellison et al., 2003).
		• Suggestion that later disclosure can help because others in the workplace can get to know worker first (Goldberg et al., 2005).
		• 64% of job coaches reported their clients' mental illnesses were disclosed before they received a job offer (Granger et al., 1997).
Disclosure setting		
Employment settings	5	• Disclosure rates by profession: 95% for those employed in mental health settings; 81% for those in health and social service-related professions; 87% for those in technical, business, or educational settings (Ellison et al., 2003).
		• Some workers chose jobs that minimize the need for disclosure, such as jobs requiring minimal contact with other people (Dalgin & Gilbride, 2003; Granger, 2000).
		• Voluntary disclosures more likely for nurses in supportive environments (Joyce, McMillan, & Hazelton, 2009).
		• Workplace culture affects whether and how disclosure occurs (Kirsh, 2000).
Vocational programs	3	• No significant difference in disclosure rates for people in supported employment programs (75% disclosure rate) vs. people in one of a wide variety of control vocational programs (71% disclosure rate, Cook et al., 2007).
		• Disclosure occurred more often when workers were involved in vocational programs (Granger, 2000).

		• Disclosure rates for workers with mental illnesses placed in jobs as a group were significantly higher (80% disclosure rate for supervisors, 78% disclosure rate for coworkers) than disclosure rates for workers placed in jobs by themselves (58% disclosure rate to supervisors; 18% disclosure rate to coworkers; Rollins, 2002).
Reasons for disclosure	10	• Most commonly selected reasons: to obtain support of people at work (80%); to negotiate accommodations (68%); to address symptoms or crises (62%, Banks et al., 2007).
		• 38% reported positive reasons, including their comfort with job security, bosses, colleagues, and other positive aspects of their work situation; approximately half reported their disclosures occurred for at least one negative reason, including the need to explain symptoms (32% of all disclosures) or hospitalizations (20% of all disclosures; Ellison et al., 2003).
		• To obtain education and training for employers and coworkers, as well as supports for workers (Fabian & Waterworth, 1993).
		• To allow worker to perform job better, to make work environment less stressful, and to prepare others in the workplace to provide support when problems occur (Gioia & Brekke, 2003).
		• For one worker, because of the belief that disclosure was necessary to avoid being caught in a lie (Goldberg et al., 2005).
		• To obtain personal support or needed accommodations (Granger, 2000; Granger et al., 1997; Hatchard, 2008).
		• As an expression of trust or because of the need for support from disclosure recipients; as an explanation of unusual workplace behavior (Joyce et al., 2009).
		• To alleviate stress associated with hiding illness or to obtain needed accommodations (Kirsh, 2000).
Disclosure methods	4	• Vocational program staff member's presence at the job interview (Gervey & Kowal, 2005).
		• Employers' prior familiarity with workers or their vocational program's purpose (Granger et al., 1997).
		• Workers or others provide education to other workplace personnel about mental illness and the challenges it presents (Hatchard, 2008; Tschopp et al., 2007).

Granger, 2000; Granger et al., 1997; Hatchard, 2008; Joyce et al., 2009); obtaining needed accommodations (Banks et al., 2007; Granger, 2000; Granger et al., 1997; Hatchard, 2008; Kirsh, 2000); alleviating stress associated with hiding illness (Gioia & Brekke, 2003; Kirsh, 2000); or explaining symptoms or crises that affect workers' ability to perform their jobs (Banks et al., 2007; Ellison et al., 2003; Joyce et al., 2009).

Research findings on other characteristics of disclosure allow fewer conclusions to be drawn. Few studies have examined questions about worker demographics related to disclosure, selectivity of disclosure, type of information disclosed, employment settings related to disclosure, or methods of disclosure. However, disclosure frequency has been examined relatively frequently, and the resulting disclosure rates range from 35% (Lucca, Henry, Banks, Simon, & Page, 2004) to 87% (Ellison et al., 2003). The differences in these findings most likely result from the variety of study populations, data collection methods, and data analysis techniques employed by the studies. For example, the populations of some studies included workers using supported employment programs or job coaches (Banks et al., 2007; Granger et al., 1997; Lucca et al., 2004; Rollins, 2002; Rollins et al., 2002), while other studies included ''professionals and managers'' (Ellison et al., 2003). Data collection methods ranged from self-report by workers on surveys or interviews (Ellison et al., 2003; Rollins, 2002; Rollins et al., 2002) to reports by vocational program staff members (Banks et al., 2007; Granger et al., 1997) to preexisting vocational program database records (Lucca et al., 2004). Units of analysis included the workers themselves (Banks et al., 2007; Ellison et al., 2003; Rollins, 2002; Rollins et al., 2002), the vocational program staff members helping a number of different workers (Granger et al., 1997), and jobs, some of which were obtained by the same workers (Lucca et al., 2004).

Adding to this confusion is the variety of disclosure definitions employed in the literature. For example, some studies count as disclosures only instances where workers with mental illness themselves tell supervisors or coworkers about their illnesses (e.g., Ellison et al., 2003; Lucca et al., 2004); other studies include in their disclosure counts any case where someone in the workplace comes to know about a worker's mental illness, regardless of who told them or how they found out (e.g., Banks et al., 2007; Granger et al., 1997; Rollins, 2002; Rollins et al., 2002). The complexities of

disclosure likely contribute to the absence of a universally accepted definition of the phenomenon.

Despite these difficulties in measuring workplace disclosures of mental illness, some researchers have managed to examine the outcomes of these disclosures. Their findings are described below.

DISCLOSURE OUTCOMES

Researchers have begun to gather data on the effects of workplace disclosures of mental illness; however, they have yet to conduct a prospective study that can more definitively measure the effects of these disclosures. Instead, much of the available research has focused on linking disclosure to the qualities of workers' relationships at work or the effects of disclosure on hiring and job tenure. A few studies include information on other outcomes of disclosure. All these study findings are summarized in Table 3.

The research on disclosure's links to workplace relationships indicates that these disclosures are related to both rewards and risks in relationships at work. Some research findings have emphasized the link between positive, supportive relationship characteristics and disclosure (Banks et al., 2007); a few studies have quantified the positive qualities in workers' relationships with supervisors (Rollins, 2002; Rollins et al., 2002), and one found evidence of more emotional support from coworkers after disclosure (Rollins et al., 2002). Research indicating problems can occur in relationships after disclosure tends to focus on problems of relationships with coworkers (Bergmans et al., 2009; Granger et al., 1997; Rollins, 2002; Wahl, 1999), though one qualitative study (Baron, 2002) recorded problems with a supervisor after disclosure. Perhaps most realistic about the possible effects of disclosure on workplace relationships are those study results emphasizing both positive and negative effects on workplace relationships after disclosure (Granger, 2000; Kirsh, 2000; Pandya, Bresee, Duckworth, Gay, & Fitzpatric, 2010).

The links between disclosure and workers' ability to obtain and maintain a job are somewhat unclear as well. In a few different studies, workers reported they did not receive job offers because of their disclosures (Dinos, Stevens, Serfaty, Weuch, & King, 2004; Goldberg, Killeen, & O'Day, 2005; Wahl, 1999); however, significantly more job offers were reported for job applicants who disclosed by having their job developers accompany them to job

TABLE 3. Empirical findings on disclosure outcomes

Disclosure Outcome	No. Studies	Empirical Findings
Workplace Relationships		
Overall	3	• People in workplace significantly more likely to provide support to workers whose mental illnesses have been disclosed (Banks et al., 2007).
		• Problems and positive experiences with employers and coworkers (Granger, 2000).
		• Understanding and acceptance from some, poor treatment from others (Kirsh, 2000).
Supervisor–worker relationships	4	• One worker reported her boss treated her as "stupid and incompetent" after disclosure, so she wouldn't disclose again (Baron, 2002, p. 43).
		• After disclosure to supervisors, 38% of workers reported being treated worse, 45% report being treated no differently, and 18% report being treated better (Pandya et al., 2010).
		• Trend-level positive association between disclosure to supervisors and supervisors' emotional support ($r = .24$) and a significant relationship between disclosure to supervisors and workers' satisfaction with their relationships with supervisors ($r = .39$; Rollins, 2002).
		• Significant positive association between disclosure to supervisors and emotional support provided by supervisors ($r = .31$; Rollins et al., 2002).
Coworker–worker relationships	6	• Coworkers discouraged worker participant from talking about his or her illness (Bergmans et al., 2009).
		• One third of vocational program staff participants reported their clients had increased conflict or discomfort with coworkers after disclosure (Granger et al., 1997).
		• After disclosure to coworkers, 35% of respondents reported being treated worse, 52% reported being treated no differently, and 13% reported being treated better (Pandya et al., 2010).
		• Significant association between disclosure to coworkers and stressfulness in worker-coworker relationships ($r = -.40$; Rollins, 2002).
		• Significant positive association between disclosure to coworkers and emotional support provided by coworkers ($r = .37$; Rollins et al., 2002).
		• 28% of workers reported their coworkers were seldom or never accommodating after disclosure (Wahl, 1999).

Job tenure	6	• Workers who disclosed received accommodations and maintained their jobs for a median of 20 months, while individuals who did not disclose (and therefore received no accommodations) held their jobs for an average of 3.6 months (Fabian & Waterworth, 1993). • Sense of safety and support after disclosure helps workers not quit jobs when problems come up (Gioia & Brekke, 2003). • Workers with mental illness report being fired after disclosure or quitting to avoid disclosure (Granger, 2000). • Workers' reporting disclosure allows them to obtain accommodations that help them keep their jobs (Kirsh, 2000). • No statistically significant relationship found between disclosure and job tenure (Lucca et al., 2004). • Significant positive correlation ($r = .33$) between disclosure to coworkers and job tenure (Rollins, 2002).
Job offers	4	• 5 people said they were not selected by colleges or employers because their mental illness was known (Dinos et al., 2004). • Applicants whose job developers accompanied them to interviews were nearly four times more likely to receive job offers than applicants who interviewed alone (Gervey & Kowal, 2005). • One participant linked disclosure during job interview to not being hired for the job (Goldberg et al., 2005). • 32% reported disclosure prevented them from receiving job offers (Wahl, 1999).
Other outcomes	3	• Workers whose illnesses were disclosed had job acquisition and management experiences that were rated significantly less typical than workers whose illnesses were not disclosed. Workers who self-disclosed had job acquisition experiences rated significantly more typical than workers whose illnesses were disclosed by vocational program staff (Banks et al., 2007). • Significant links between disclosure and provision of workplace accommodations for workers, provision of training and supports for others in the workplace (Banks et al., 2007). • Avoidance of disclosure resulted in feelings of shame, stress, and isolation (Dinos et al., 2004). • Disclosure makes it harder to integrate normally into the workplace (Goldberg et al., 2005)

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interviews (Gervey & Kowal, 2005). Some research findings linked disclosure to increased job tenure (Fabian & Waterworth, 1993; Rollins, 2002) or credited the accommodations and support that follow disclosure with preventing shortened stays at jobs (Gioia & Brekke, 2003; Kirsh, 2000). Other research linked disclosure to premature job termination (Granger, 2000) or found no link between disclosure and job tenure (Lucca et al., 2004).

As with the study findings on the characteristics of disclosure, differences among these studies in study populations, study design, and disclosure definitions probably account for some of these inconsistent findings on disclosure outcomes. An additional layer of complexity is the possibility that these so-called disclosure outcomes are (at least in some cases) actually causing disclosures. For example, although it is possible that disclosure positively or negatively impacts workplace relationships, it is also plausible that positive or negative characteristics in existing workplace relationships could cause workers to disclose. Only prospective study designs that measure disclosure and its possible outcomes over time will allow researchers to tease apart causes and effects related to workplace disclosures of mental illness.

CONCLUSIONS AND FUTURE DIRECTIONS

The available literature on workplace disclosures of mental illness presents few definitive facts about the characteristics or outcomes of disclosure. How, then, should workers with mental illness think about the issue of disclosure? These workers could start by identifying what they think disclosure or nondisclosure could impact in their particular situations. If they are hoping to obtain particular accommodations that will improve their ability to perform their jobs or their workplace experiences, then some sort of disclosure is probably necessary. On the other hand, if they are hoping to improve their workplace relationships or obtain more interpersonal support, disclosure is more risky. In the end, workers considering disclosure must balance their needs for accommodations and interpersonal support against the possibility of stigmatizing reactions and interpersonal problems at work. If they choose to disclose, these workers can consider all disclosure characteristics as they develop individualized disclosure strategies that maximize the potential for benefits and minimize the probability of negative reactions or outcomes.

Of course, future research could provide further clarification about disclosure characteristics and effects that these workers could use. These studies could include clear definitions of what exactly constitutes disclosure, along with as much information as possible about each disclosure characteristic, including the identities of the discloser and disclosure recipient; the characteristics of the worker about which the disclosure is made; the information included in the disclosure; the worker's employment setting and vocational program; the timing of the disclosure; the reasons for the disclosure; and the disclosure methods. Disclosure measures could provide further clarification about the disclosure process by obtaining disclosure-related information from everyone involved in the work situation, including workers, their supervisors and coworkers, and any vocational program staff with whom they work.

To increase knowledge about disclosure outcomes, larger longitudinal studies with quasiexperimental designs would help elucidate the direction of the relationships between disclosure and the proposed disclosure outcomes. Given the complex, multifaceted situations in which disclosures occur, more complex designs that can be analyzed using hierarchical regression or path analysis might be required. This research also could advance understanding of the conflicting findings on the link between disclosure and job tenure. Does disclosure generally lead to shorter or longer job tenures, or is there no relationship? Looking at job tenure's relationship to the different proposed disclosure variables might begin to unravel the mystery. As researchers continue to develop their understanding of disclosure outcomes, methods of positively affecting those outcomes can be systematically examined.

Finally, researchers could round out their understanding of disclosure of psychiatric disability in the workplace by studying the characteristics and outcomes for workers whose illnesses are not disclosed to others in the workplace. Do they generally have to work to conceal their illnesses from others, or is nondisclosure usually just a form of inaction? What are the effects of this nondisclosure? Although other authors have emphasized the stress associated with undisclosed mental illnesses (Dinos et al., 2004; Goldberg et al., 2005) and other stigmatized characteristics such as homosexuality (Ragins, Singh, & Cornwell, 2007), very little work has been done in this area thus far.

Although interest in the topic of disclosure of mental illness in the workplace most often focuses on disclosure outcomes, the

available research underscores the need for care in measuring and describing the complex construct of disclosure. In order to improve the understanding of disclosure of mental illness in the workplace, future research will need to clearly delineate the type of disclosure being measured and carefully explore how the characteristics of workers with mental illness and their workplaces relate to the disclosure of mental illness and its outcomes.

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