Stigma in the Workplace

This call is being recorded.

Gretchen Grappone:

Hi everybody. Good morning. I ask that everyone put themselves on mute, please. So can you all hear me? Okay. So my name is Gretchen Grappone and I work in the training division here at the Center for Psychiatric Rehabilitation at Boston University and I'm going to be the moderator for today's event, and we're going to spend the next hour answering your questions on the topic of stigma in the workplace. Please post your questions in the chat box and we'll answer as many as possible today. And since I have lived experience of mental illness and also experience developing interventions for workplace stigma, I'm going to probably be adding a little bit more to the discussion than I usually do as moderator. Today's event is funded by the National Institute on Disability, Independent Living and Rehabilitation Research. The content of the webinar does not represent the views or policies of the funding agency. This webinar is going to be recorded, transcribed and posted as an archive on our center's website. The territory on which the center stands is that of the Wampanoag and Massachusetts people. And our Center is a place to honor and respect the history and continued efforts of the native and indigenous communities. Big thank you to Melody Riefer today for her tech support. And as I said, if you just joined us, please keep yourselves on mute. Our speaker today Dr. Zlatka Russinova is the director of research at the Center for Psychiatric Rehabilitation, and is a research associate professor in the department of occupational therapy at BU Sargent College of Health and Rehabilitation Sciences. She's led several projects on aiming to develop and evaluate recovery oriented interventions that promote employment and community participation. She's investigated issues related to prejudice and discrimination, including manifestations of stigmatizing experiences in the workplace. Now before we get into the questions, we want to acknowledge that there isn't any agreed upon definition of stigma. In fact, there's about a hundred different definitions of stigma in the research literature. So, the definition that we're going to kind of go with today is one that I use in my trainings a lot. I actually say stigmatization because it's more of a process. So today we're going to think of it as processes operating on interpersonal, intrapersonal and structural levels involving labeling of differences, stereotypes, prejudice, and discrimination causing loss of status and separation from non-stigmatized people. And really, that's kind of just a fancy way of saying, stigmatizations are actions or inactions that ultimately results in lost opportunities for people with mental illness, substance use disorders, or other mental health conditions. All right. So let us get into our first question. First question is what are some of the myths about people with mental illness or mental health conditions and their ability to work?

Dr. Russinova:

Thank you, Gretchen. And I just want to say good morning to everybody, to thank everybody for being with us today. I believe all of you care about what we could do to eliminate prejudice and discrimination at the workplace, and that's why we're all together. And we will be very happy to share our experience in research and training around those issues. I just want to follow up also before I respond to the question; I would like to say a couple of words about the terminology that we use and we'll be using today, and also that you'll see in some of the resources, publications that we have sent you. As Gretchen mentioned there are different terms, different definitions in different terms. People are using the terms of prejudice discrimination, and stigma and in general, stigma tends to be a term that is over encompassing and includes the concepts of prejudice and discrimination. Prejudice tends to be representing negative attributes, devaluing, discrediting people, because there is certain characteristic that people may have, and prejudice reflects negative attitudes and also prejudicial behaviors that may not raise to the level of discrimination, which typically from a legal standpoint of view is examined as a violation of people's civil and legal rights because of certain characteristics that people may possess. I also want to acknowledge that there has been a trend in our field to minimize the use of the term stigma because it's believed to be kind of reinforcing some level of stigmatization. This is a trend that has been strongly supported in our service communities by SAMHSA, PRA, the Psychiatric Disability Association, and our Center as well. I just want to acknowledge that through the years we have been entirely supporting this approach at the same time you see some of our publications and today using goes to the term stigma, just acknowledging that the term stigma is more widely, kind of used in the scientific community. It's a more conventional term for different scholars to relate to. Also I think sometimes it's used for kind of brevity and ease of expression. Like for example, you know, most people easily relate to the term self-stigma, stigma-resistance, stigma-resilience. So with this kind of introduction, I would like to say that we have been, against all stereotypes relevant to the prejudices and discrimination against people with the lived experience of mental illness and our use of the term stigma in no way reiterates or supports those stereotypes, just the opposite. Our work has been really focusing on dispelling those stereotypes. So I think this is a segway to the first question, which is about the myths surrounding, you know, people's capacity to work and to be successful workers. And, what do we mean by myths? The myths are all beliefs or stereotypes grounded in insufficient knowledge. So, probably all of you are aware about the myths surrounding people's capacity to recover, which were more kind of prevalent 20, 30 years ago. I think for those of us who have been in the field longer, we're well familiar with those myths. And with the mental health system moving into a recovery oriented system, I think the myths around recovery are less and less reinforced. However, there have been some specific myths or beliefs about people's capacity to work successfully. So what are those beliefs? Number one, an older one, probably less and less

reinforced and hard to encounter nowadays, is the belief that people with serious mental illnesses cannot work. This one has been, I think, dispelled in recent years, pretty much entirely by the evidence that we have about the effectiveness of the supported employment model, IPS. Probably many of you are familiar; there have been so many studies documenting the effectiveness of this model to help people get jobs. So what are some other myths that have been relevant to work capacity? One myth has been about people being able, but people with psychiatric disabilities, being able to get and keep, to the extent possible, only low level menial jobs. I don't know how many of you have heard at least, in the nineties, this was a common kind of statement about the four F's of jobs that people with psychiatric disabilities were most likely to have: food, flowers, field, and filing. And this was a pretty strong belief. And, we have conducted a study, you may have seen, you may take a look at the resources and references that Gretchen sent you, and that we'll be sending to again. In the late nineties we conducted a survey, a national survey, because we wanted to see if people have the capacity to get and keep professional and managerial level jobs. In the paper that you have in the reference list, you know, you could kind of take a look, but the bottom line is, it was a study that completely debunked the myth that people cannot keep professional and high level jobs. We found, you know, it was a study with approximately 500 people, and we found that people are able to have higher level jobs in any industry pretty much. So not just in advocacy, not just in mental health, not just in health, but about 50% of our participants were having higher level jobs in all other industries, not related to the health field and advocacy. So this was that solid evidence I believe we produced to kind of dismiss this myth. The second myth that has been really circulating for years and maybe to some extent, even today, is about the belief that people with psychiatric disabilities cannot sustain competitive employment or cannot keep their jobs for a longer period of time. So we have conducted another study. You'll see the reference in your list is the relationship between sustained employment and psychosocial adjustment. And, we documented that actually people with psychiatric disabilities not only are able to get jobs at high levels, but those there are able to keep their jobs for long periods of time, for years, not just for months, but four years. Again, I could talk about this study you know, for an hour, but I'm going to stop here and just say, please take a look at the paper and you'll see very solid evidence that people could sustain their jobs. And then the third, the last myth, you know, actually that we conducted a study to start debunking is probably the hardest and most challenging. It is the myth that people with psychiatric disabilities, once receiving disability benefits, social security benefits, are not able to leave the social security roles. Yes, we do know that for the time being the percentage of people who are leaving the disability roles is very small. However, we provided evidence that it is possible. People do it. And for those of you who are interested in this particular topic, you could take a look at the paper about financial self-sufficiency of people who are employed in competitive jobs. And you could take a look at the factors that help people move beyond the disability roles. So why is it so

important for us to be talking about those myths. As I said, because those myths actually inform the negative stereotypes that kind of represent the foundation or that ground on which any prejudicial and stigmatizing the discriminating behaviors are based. So this is the first step for us to start with changing people's beliefs, providers, families, community members, and ourselves.

Gretchen Grappone:

Thank you so much. And I'm glad you brought up disability and benefits because that reminds me, we did get a question about that, that we're going to actually move to our next Ask Me Anything Webinar, because we decided that's such an important topic that we want to spend a whole hour on. Okay. So our next question, what are some of the more subtle ways that people experience prejudice and discrimination at work?

Dr. Russinova:

Great. So this is also a very important question. Why, because it's in our efforts to reduce combat, and eliminate prejudice and discrimination at the workplace, and we really need to better understand how it's enacted at the workplace. And, probably all of you are well aware about the typical forms of discrimination, right? Not hiring people, firing people, not promoting people, not providing training opportunities, and so on. These are the most blatant forms of discrimination that we are all aware of. There has been research and it is well-documented. However, I think it's really important for us to be aware of more subtle manifestations of prejudice at the workplace because those subtle manifestations are really there. They frequently may not be addressed at the workplace and people who are exposed could be exposed on a daily basis. And those forms could also have a very negative impact on people's ability to do their jobs and keep their jobs. So how do we know about those subtle forms? As part of the sustained employment study that I mentioned, we wanted to document people's capacity to sustain employment, which was conducted with 529 people across the country, so it was another national sample, pretty much representing all states in the country. We asked people about their experience of negative attitudes at the jobs that they have at the moment. And also with a subset of this group, we ask about the worst experiences of prejudice and discrimination that people have experienced due to their mental health condition. So, as a result of the data that we collected from this large group of successful workers, we were able to develop a taxonomy of the different types of experiences or manifestations of prejudice and discrimination that people could encounter at the workplace. So there is a paper in the resource list you see, and you could definitely find more details, but very briefly, what we identified is that people experienced, you know, prejudice and discrimination, on a continuum from very subtle expressions to the blatant expressions, as I mentioned, we are all aware. The manifestations of prejudice and discrimination at work are relevant to all

kinds of aspects of people lives, you know, at the workplace: work performance at work; we are there because we have kind of jobs to do, but also we interact with our colleagues. So we were able to identify specific manifestations of prejudice and discrimination relevant to people's work performance, and then relevant to collegial interactions. Again, we were able to document this continuum from subtle to more blatant manifestations of prejudice and discrimination. So, the question is about the subtle manifestations of prejudice. Usually when we talk about subtle expressions of stigma of discrimination, we really mean prejudicial behaviors that may not necessarily impinge on people's civil and legal rights, however, they have a negative impact on them. What we mean by subtle expressions of prejudice and described in this paper, which by the way, was published 10 years ago, so it's kind of old. In more recent years, people probably have come across terms as microaggressions and microaggressions are the types of subtle expressions of prejudice at the workplace and beyond. So, I'm also going to suggest that if you're interested in this question, you take a look at another reference we sent you, and it is a technical assistance guide to eliminate prejudice and discrimination at the workplace. And we have developed at the Center and as part of the development of this guide, and I could talk more about this guide, how to kind of eliminate the prejudices and discrimination in the workplace. We further operationalized this taxonomy of manifestations of prejudice and discrimination in the workplace that really helps us take a closer look exactly at those more subtle expressions of prejudice. So, we identified three areas that could be more easily identified and addressed at the workplace: manifestations of prejudice, relevant to expectations about workers with psychiatric disabilities, the expectations of supervisors and also the expectations of coworkers. So, let me say a couple of words about those. So based on our study, we identified that people could experience prejudicially lower expectations about their work performance, as well as higher expectations when people felt that a supervisor or a boss was not accounting for their disability status and need of certain accommodations. So the bottom line is that the expectations of supervisors at the workplace need to be kind of reflective of where the person is to be able to best do their job. Also, another interesting thing that probably you have encountered is about the expectations of coworkers, and when somebody is provided with reasonable accommodations. So, people have reported that they may encounter the resentment of coworkers. We felt that this is another important area that needs to be addressed through education of employees at the workplace. What else? One thing that really, really was a major discovery in our study was the importance of language or the verbal expressions of prejudice. And, uh, we were able to identify different types of verbal expressions that represent such subtle manifestations of prejudice that could be that directed toward a person with the lead experience or could be just comments, jokes about mental illness in general that are not directed towards a specific worker. However, those kinds of comments,language insensitivity, also could have a very negative impact on workers. So this is another thing for us to be particularly

mindful of the language that we use and also other verbal expressions that could be kind of not so subtle when they're directed toward a specific person. It's about gossip, making comments in front of the person, behind the person's back, or ridicule. An interesting manifestation that we came up with, you know, as part of the study was using the person's mental health status or background as a manipulation power strategy. So what is that, you know, people describe situations when they are going to have an argument or a discussion with a coworker or with a supervisor, and in the midst of this discussion, the other person is going to make reference to their mental health background or history, just to get an upper hand on the discussion and the conversation; very powerful thing. So, I'm mindful of the time, again, I could talk about those things for a long, long time. So, another subtle manifestation of prejudice in the context of work performance is micromanagement. People reported that micromanagement by a supervisor or a boss actually is perceived as prejudicial when it is not requested. So, this is something that is very important as you see the subtleties, but we may not even think about it. So that's something very important to kind of, be mindful of and to take steps in addressing at the workplace. And I could talk a little more if people are interested, if there is a question I could say a little more about steps to address, for example, micromanagement. Then I have one last example about the subtle manifestations of prejudice in the area of social interactions with coworkers. This is one that for me was surprising, but very important upon reflection, was patronizing. Sometimes coworkers may think that they really kind of may make well-mannered comments, like for example, a person described: "Oh, my boss is asking me, you know, in the morning, 'did you take care of medications?'". Actually, you know, this was experienced as a negative prejudicial statement when it's not requested. So we need to be really mindful about things that we say that we may even mean well, but they could be experienced in a negative way. So I will stop there.

Gretchen Grapone:

Thank you. So we did have a question asking where these references are. So I guess some people didn't get it; there's a reminder email to all registrants, where we included the references and the links we're talking about. In the follow-up email I will send those again and I think we're going to try to get those references also posted in the chat box for you. So I'm looking for those. Okay. Our next question: What can you tell us about the intersection between prejudice and discrimination and disclosing a mental health status at work?

Dr. Russinova:

Again, it's a critical question because there is such a link between prejudice and discrimination at work and disclosing. We do know that a certain level of disclosure is a requirement for people to get an accommodation, either formal or informal. People need

to disclose some aspect of having a medical condition that would be suitable for an accommodation or change to their work responsibilities. It's really that disclosing which exposes people to the prejudicial attitudes or discriminatory practices in the workplace. And what we have found out is that actually many people may be reluctant to request an accommodation or to disclose exactly because they're afraid of being subjected to prejudice and discrimination in the workplace. Actually, I would like to make a caveat and make a comment that when we talk about prejudice and discrimination and stigma, it's important to distinguish between the prejudice and discrimination that people experience and they are subjected to, and then what we call anticipated prejudice and discrimination. So the anticipated prejudice and discrimination is really about the fears that people have, that something may happen to them. Then the third type of personal stigma experience as we're all familiar, is the self stigma, when we internalize certain negative stereotypes about ourselves. But going back to experience versus anticipated prejudice and discrimination, I would like to mention a very interesting large European study that was led by Dr. Croft. He's a kind of a leader in the in the area of prejudice and discrimination. And interestingly enough, this international study demonstrated that the most prevalent type of stigma was anticipated stigma, that about 78% of participants in this study reported anticipated stigma. People reported lower levels, about 56% of experienced stigma and then self stigma was encountered and reported among about a third of the study participants. Why do I mention this? Because it's more evidence that anticipated stigma, the fears that people have about what's going to happen if they disclose, or if people find out about their condition are really, really important. And, I think it's also another important thing. So why do we need to address stigma? Because then people will have more opportunity, less fears to request the changes that they need to be successful workers. One other comment I would like to make is that, you know, at first glance we could think that stigma is relevant only to, you know, people who have disclosed or people who are afraid of disclosing. In fact, in our study we identified findings that actually indicate that even people who do not disclose feel the negative impact of prejudice and discrimination and the anticipated prejudice and discrimination. Maybe you're going to say in what way? I mean, people, first of all, were afraid that somehow their condition may become known, that people may need to have a hospitalization or experienced symptoms and then it will become known. Also, there are people who reported experiencing some internal pressure to work harder, you know, to kind of hold themselves to higher levels of expectations, self expectations and standards and making things even harder for themselves. People were reluctant to request a day off if they needed, you know, time off, and interestingly enough, people reported being afraid of saying no to certain requests, because it could have been experienced like a vulnerability and again, going along with those internal, higher expectations. So, stigma, prejudice, and discrimination are a challenge for those to disclose and for those who do not disclose. So it's a pervasive problem that we need to figure out how to address.

Gretchen Grappone:

Yeah. And I just wanted to say as someone who decided a long time ago, that I was just going to reject self stigma, out of a sense of all the reasons that you say having self-stigma is so harmful, there's actually, you know, anecdotal experience for me, but there's also research that shows that when you do disclose it has some beneficial effects. So I don't know if you can speak to that at all, if you've done any research around that.

Dr. Russinova:

Absolutely. I think this is a question about the choice of disclosure and the control that people have over the decision to disclose or not. And when people feel that it's their choice and they could disclose, the experience could be very, very empowering. We have heard those stories that people really feel empowered by the ability to disclose and many people actually report very positive experiences as a result of disclosing.

Gretchen Grappone:

Great. I know that every once in a while, I'll run into someone who's heard me tell my story about experiencing mental illness. And they'll say, you know, hearing you prompted me to go get treatment or care, or just, you know, having those kinds of really positive interactions. I just wanted to highlight that good things can happen from disclosure. But of course it has to be a very personal decision for each person. Another question: as an employment specialist who works with people with serious mental illness, what are some tips for addressing stigma when connecting with potential employers?

Dr. Russinova:

So, I would like to kind of answer this question and first start thinking with a broader answer and say that, you know, in recent years, there has been a growing effort to develop interventions to help people with psychiatric conditions, to deal with prejudice and discrimination, and especially a growing number of interventions, helping people to reduce self stigma. However, you know, to the best of my knowledge to this day, there is no intervention that is helping people navigate and deal with prejudice and discrimination in the workplace. Interestingly enough, even supported employment IPS, the IPS model, you know, so going to what supported employment specialists could do, actually for those of you who are familiar with the model, the issue of prejudice and discrimination, and dealing with prejudice and discrimination at the workplace and guiding clients with whom people work to deal with those issues, is not addressed at all. As you're aware, addressing issues of disclosure is part of IPS fidelity, but not stigma. So this is a gap that actually we're right now in the midst of an effort to submit a grant and actually develop a module to integrate into IPS, to address issues of prejudice and discrimination, as far as

how employment specialists could address those issues with employers. What we have found, you know, from people in the field is that one way is not to identify the agency where you work with-- that it's specific to people with a psychiatric disability to the extent possible just to protect people's confidentiality if a client desires to do so. And then to work closely with the client and with the employer around disclosure and the person's choice, you know, if their condition is disclosed, it will be one approach. Obviously if your client does not desire disclosure, you will be working in a completely different way with the potential employer, not disclosing the person's status.

Gretchen Grappone:

Great. Thank you. Another question: can you say a bit more about micromanagement as a form of stigma?

Dr. Russinova:

Yes. So, micromanagement has been described as a form of prejudicial treatment at work because people feel that they may be supervised, kind of watched, you know, their work could be, maybe kind of monitored and supervised to a greater extent than the work of other coworkers. And most importantly, I want to emphasize that this level of oversight and supervision is not requested by the person. There is a big difference if the person is requesting, you know, a higher level of support, because this is an accommodation we know that requires requesting additional supervision, additional support, additional instructions, is a well-known and important accommodation, formal/informal, that people could request. It's about when people are not kind of desiring this level of oversight. So, you know, when developing this technical assistance guide to help workplaces and employers basically promote an environment that is stigma free, actually, we were talking about our dream being for us to have a kind of initiative for us to establish zero tolerance of stigma at the workplace. So, we work with a large mental health agency to develop this process and interestingly enough we took an approach that I think is very important, and using this opportunity to kind of talk about, you know, what we could do to create better workplaces. An approach that seems to be working when you combine a top down approach with a bottom up approach and you integrate the two when you want to make changes at the workplace. So, we work with a group of employees of staff from this agency, and they were the folks who identified, you know, from reviewing the whole list of subtle to less subtle, more blatant types of prejudice and discrimination. For example, they chose micromanagement as one area that they wanted to address at the policy level in their agency because they felt that, you know, they were recovery oriented and yet they have to do more work. There was an opportunity for more work in those areas of subtle manifestations of prejudice. So they made the decision to have a policy statement about micromanagement. Then, to be part of the documentation of the agency, then what we

did is we had an indicator about micromanagement and this indicator was the employee satisfaction with the level of supervision that they're getting. So, from the policy, we moved to the indicator and then we set the group, we were the consultants, the group, the agency set a benchmark for this indicator. They felt that starting with this initiative, having 90% of their employees in the agency report being satisfied with their level of oversight and supervision was an acceptable benchmark.

Gretchen Grappone:

Great. And I just wanted to say that I know it's possible to implement a stigma reduction initiative because I want to give a shout out to the Mental Health Center Greater Manchester up in New Hampshire. We got a grant to do just that. And, if people have interest in hearing, you know, what went into that feel free to reach out to me, email me and we'll give you some information about that, but we were able over a six month period to train every single employee in stigma reduction and make really specific, nuanced, structural changes, through HR, through other things and with the clients and with staff, and we were able to reduce some perceived stigma and self-stigma. So, I do want to as much as we can, highlight that there are good things happening and it is positive to make change, even though over the last few decades, levels of stigma have really stayed the same.

Dr. Russinova:

Yes, actually, it's a great point, Gretchen. It's not easy, but it is possible and we have more and more kinds of means and ways to be doing it in a promising way.

Gretchen Grappone:

Okay. Next question. Has it been helpful to work with a person's therapist to help reduce self stigma and develop ways to address microaggressions that people may face?

Dr. Russinova:

I'm sorry, what was the beginning of the question?

Gretchen Grappone:

Has it been helpful to work with a person's therapist to reduce self stigma?

Dr. Russinova:

Absolutely. You know, in addition to my kind of wearing researcher hat, I have been kind of working as a clinician. So absolutely, as a therapist who has worked with people, you

know, for many years, I think it's absolutely essential, you know, for therapists to be able to kind of, to be open and to be able to support people to metabolize the internalized negative beliefs about themselves. Where things get a little tricky is that traditionally, you know, mental health professionals, therapists are not trained to address work related issues. So I would say it's possible that some therapists may be shying away from addressing and engaging into issues relevant toward performance, but absolutely yes. You know, I think it's critical. And in addition to individual therapy, whatever their kind of practice, as I mentioned, they're having interventions, you know, the majority of those interventions have been group interventions to really help people reduce self stigma and proactive coping. We have developed one intervention of this kind. You'll see two references in the list that you received or are about to receive. It's really, really important for us to figure out ways to empower people. The field now is talking about developing stigma resistance. What is stigma resistance? You know, I like to use the shield metaphor that stigma resistance is about being able to create the shield that all the negative influences, you know, just kind of, I have been thinking like kind of a little bit like arrows coming our way, you know, we do not let those negative poisonous arrows, get to our skin and hurt us. And we have the means to reject. Because people are vulnerable, especially people with longer histories, more challenging experiences, you know, people have internalized some of those beliefs. The other part of those interventions is to help people, again, metabolize, and clean out of their systems, those negative beliefs, and really focus on their strengths, not on all the negative labels that they have heard about through the years.

Gretchen Grappone:

Great. And then that reminds me of one of the things that we did in developing our sigma initiative in a community mental health center is, having done a ton of stigma trainings, most of the time clinicians say-- “oh, you know, I want to talk about, I want to ask about stigma, but I don't really know how,”, so we developed a standardized clinical assessment that has not been studied, and only used in one setting, but that's also something that if people are interested, shoot me an email and I'll share with you what kind of, what we came up with. But even just for clinicians to have a worksheet to go over with people that they're working with, not to say, okay, here's what self-stigma is, is it something you experienced, and if so, would you like some help with that? And so for clinicians to have that to prompt them to ask them, they're probably going to find out some things they wouldn't have found out otherwise. I think it's also, for the client or the person receiving services, really validating when a healthcare provider acknowledges that there are a lot of different types of stigma that they are experiencing or can be experiencing.

Dr. Russinova:

And along those lines, you know, Gretchen, I just want to add absolutely. I think it's our responsibility as a field to educate mental health professionals, you know, different levels about the complex manifestations, the types of stigma, prejudice, and discrimination, because many people don't know about those things. And, we have to figure out ways to educate mental health professionals, therapists, case managers, people who work on a daily basis to be able to address those issues.

Gretchen Grappone:

Yeah. And I find that when I do a training, most people that come think-- "Oh, it's not health professionals that have the problem, it's society, the public", but then when they see all the data about the ways that different health professionals can perpetuate stigma, they kind of step back and say-- "oh, okay, maybe this is something that I need to address." Okay. Next question. Someone was asking about, do you know of any specific businesses, someone was saying that Google used to train people with mental illness and hire them, do you know of any businesses that really focus on offering jobs to people with mental illness?

Dr. Russinova:

Actually there are a number of kinds of, and probably a growing number of employers, especially larger organizations that have policies and they promote the employment of people with disabilities. I think it's the Business Leadership Network that members have been kind of discussing those issues and promoting employment of people with disabilities. And also, I would like to emphasize that our colleagues from the University of Massachusetts, you know, the medical school in Worcester, Massachusetts, they have been a leader, you know, they initiated work without limits. They have been working when employers, they have annual conferences where they kind of share experiences of employers kind of promoting employment of people with psychiatric disability. So, absolutely. Yes.

Gretchen Grappone:

So, I'm just curious about, in your vast experience of researching this topic for so many decades. Is there anything that's been, especially surprising to you about your findings?

Dr. Russinova:

You know, two of the surprises we already discussed. The subtle manifestations, the multitude of subtle manifestations of prejudice, the importance of language, and then there is another more recent area of recent research and work that it's really important is really looking at the experience of prejudice and discrimination from a intersectional

point of view, and accounting for different types of stigmas or sources of prejudice and discrimination that people may be encountering. You know, to me, it's really surprising that there is voluminous literature, you know, obviously I'm dealing with the literature to be able to draw those things that I described, but there is a voluminous literature on prejudice and discrimination associated with mental illness. For years we have, as a field, as you know, kind of scholars, we have been addressing the issue of prejudice and discrimination soley connected with mental illness. And we have been really not addressing in a systematic, organized, consistent way, different types of stigmas that people are encountering. And I'm going to mention a study that was conducted a couple of years ago with a former postdoctoral fellow at our center and, Nika did a small qualitative study actually with the 24 Black individuals with the experience of mental illness who reported experiences of prejudice and discrimination in the workplace. We really wanted to look at first, we thought it would be the intersection between race and mental illness, and actually it was a fascinating study of discoveries. So number one, out of those 24 people, they described 23 different sources of prejudice and discrimination that they have experienced, of course, starting with trace, mental illness, gender, criminal background, weight, you know, probably many of you who are in kind of doing work services, you hear it. We hear it, but we haven't been addressing. So the list of social stigmatizing experiences is humongous. So the second thing that we discovered, you know, as part of Nika's study is that those types of stigmas cause them. And actually they form complex clusters. For example, we identify that some people reported clusters of three to four stigmas that they would experience simultaneously at one job. The intersection is really something important that we need to better understand and address. And then lastly, the last surprise from that study was about the fact that the work environment matters, the job matters because the same person would describe different types of stigmatizing clusters depending on the job. So one job may be associated with one type of stigma and yet in another job the person may experience the simultaneous impact of three or four types of stigma. We also kind of started to notice gender differences in the experiences of multiple stigmas at the workplace.

Gretchen Grappone:

Oh, thanks. I'm glad you bring up intersectionality for a couple of reasons. One is I believe Melody posted in the chat box, the link for our last 'Ask Me Anything About Employment'. It was with two lawyers who addressed intersectionality at work. So check that out. If you did not listen, it's a great webinar. And just the other thing I'll say about intersectionality and stigmatization is, as part of a grant that's funded by the same funding source that's funding this webinar, I'm working with some people from the Center to develop a specific training and consulting package around intersectionality-- stigmatizing intersectional stigmatization for workplaces. So we're exactly starting to address that. So stay tuned for more on that part. All right. Looks like we only have a couple of minutes

left. So I do want to thank everyone for joining us today and for all your questions, if you still have questions that didn't get answered, feel free to shoot me an email and we'll get those answered for you. We're going to be sending out a survey for you to give us feedback about this webinar. Also we will include a section for if you want additional information about training and technical technical assistance from us you can give us your contact information as well. So, I'd really like to say a huge thank you to Dr. Russinova for this discussion today. And I'm sure we will continue talking about stigmatization and the good news about addressing it in the future. So thank you everyone. Goodbye.

Dr. Russinova:

Thank you everybody. Goodbye.