

STIGMA, DISCLOSURE & HELP-SEEKING: A SEX AND GENDER-BASED ANALYSIS



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WHAT DO WE MEAN BY STIGMA, DISCLOSURE & HELP-SEEKING?

- **Stigma** can be described as a [process](#) that involves awareness and/or endorsement of stereotypes, labelling, separation, prejudice and discrimination in a context in which social, economic or political power is exercised to the detriment of members of a social group.
- Stigma comes in different forms such as [anticipated stigma](#) which is anticipation of personally being perceived or treated unfairly and [treatment stigma](#) where stigma is associated with seeking or receiving treatment for mental ill health.
- Regardless of which form, stigma is one of the leading barriers to disclosure and help-seeking for mental health at work.⁽¹⁻³⁾ For instance, one [Canadian survey](#) shows that just 35% of participants would be 'likely' to openly discuss their mental health with their boss; Similarly, one [American survey](#) shows that only 25% disclosed anxiety disorder to their employers- 38 %were concerned bosses would think it was an excuse to get out of work, while 34% thought it would negatively impact their promotion opportunities.
- "Telling a supervisor or member of your workplace's human resources team about a diagnosis of any health problem is called **disclosure**."⁽⁴⁾ There are benefits and disadvantages of deciding to disclose mental health issues in a work context.
 - **To disclose** ... Employees who disclose can work with their supervisor to find accommodations and strategies that may help them work. Workplaces are required by law to try to find 'reasonable' accommodations for people experiencing disability, including mental illness. Disclosing may be also helpful to co-workers as changes in the behaviour of person experiencing mental health issue may become easier to understand.⁽⁴⁾
 - **Or not disclose** ... Disincentives to disclosure are: personal beliefs that mental illness is a private matter not to be shared with others in a work setting, dissatisfaction with and distrust of EAP services, limited managerial support and fear of loss of promotion opportunities and employment/financial loss.^{(1,5) (4-6)}

- **Help-seeking** refers to “an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern.”(p.6).(7) Help-seeking may be **formal** (e.g., from mental health professionals, family doctor, work supports, manager, etc.) or **informal** (e.g., from family and friends.)⁽⁷⁾

DIVERSE EXPERIENCES OF STIGMA, DISCLOSURE & HELP-SEEKING

- **Gender:** Canadian [women are almost twice more likely than men](#) to seek professional help for mental and emotional problems. **Lower rates of help-seeking among men** have been found to be linked to masculine gender roles that are traditional in many cultures and that discourage the expression of emotion and vulnerability.⁽⁸⁻¹⁰⁾ Gender disparity in help-seeking has also been found for [the utilization of EAP counseling](#).
- **LGBTQ:** LGBTQ2+ individuals face unique challenges when it comes to help-seeking, including (fear of) discrimination, confidentiality concerns and lack of cultural sensitivity of service providers.⁽¹¹⁻¹⁴⁾ Likelihood for help-seeking varies between different LGBTQ2+ groups⁽¹³⁾ and work contexts, depending on managers’ and employees’ cultural knowledge. Concealment can lead to isolation and poor well-being.⁽¹⁵⁻¹⁷⁾ Disclosure can be an effective strategy for dealing with discrimination and stigma.^(16,18)
- **Indigenous people:** A lack of culturally safe services poses significant barriers to disclosure and help-seeking by First Nations, Inuit and Métis people.^(19,20)
- **Racial Minorities:** Many racial minority groups have much lower rates of help-seeking and receiving treatment for mental health problems.^(21,22) [A Canadian study](#) of South Asian, Chinese, and black respondents had lower rates of mental health service use.
 - Gender and race intersect to hinder help-seeking. A US study of African American men found that frequent everyday racism and masculinity norm silence contributed to higher barriers to help-seeking.⁽²³⁾

Box 1: Supporting the Transition of Transgender Employees

Transgender employees, especially during the transitioning process, can be [more vulnerable to workplace discrimination, and in turn, mental health issues](#). One [study](#) showed that 71% of transgender employees tried to hide their gender or gender transitions and 57% decided to postpone their transitions to avoid workplace discrimination.

- Challenges to gender transition at work include [non-acceptance, hostility and stigmatization by co-workers, fear of environments with gender presentation requirements \(e.g., uniforms\) or gender binary spaces \(e.g., bathrooms or locker rooms\), out-of-date policies](#) and [lack of support or information for employers](#).

Gender transition guidelines: Some organizations have [created gender transition guidelines for both managers and employees building on anti-harassment policies](#).

- Examples of promising transition guidelines include [Support for employees and managers by Government of Canada](#), which provides information, best practices in employee conduct and outlines a list of resources.
- **Training for transitioning employees:** Training can range [from small meetings, inclusion in larger diversity training courses or consultation from external trainers](#). The [Ontario Hockey Federation](#) has recently launched a new training module for team officials, to provide support for trans-inclusive hockey in Ontario. The Human Rights Campaign (HRC) recommends gender identity training be delivered by [someone with specific experience in transgender issues](#).

- The inclusion of gender identity in diversity training [prior to an employee revealing their transition can benefit the transitioning employee, the employer and co-workers](#).

PROMISING SGBA+ PRACTICES TO ADDRESS STIGMA & SUPPORT DISCLOSURE AND HELP-SEEKING

UNDERSTAND AND ACT IN ACCORDANCE WITH RELEVANT LEGISLATION

- **Duty to accommodate:** Canadian employers [are not allowed to discriminate against or fire employees with illnesses or disabilities \(either overt or perceived\); indeed they must try to accommodate them](#). Duty to accommodate, however, has some limits. Employers are expected to accommodate to the point of [undue hardship](#); this means they do not have to accommodate if they can show that reasonable accommodation for a specific employee would be almost impossible.
- **Duty to inquire:** Recently, Ontario Human Rights Commission released a policy guiding employers to intervene under circumstances [when an employee is clearly not well or perceived as having a mental health issue](#).

IMPLEMENT POLICIES, PROGRAMS AND TOOLS TO SUPPORT DISCLOSURE

- **Disclosure policies and practices:** Some organizations in Canada and internationally have policies for disclosure, or diversity policies that show they welcome employees from diverse communities, including people with disabilities.^(1,24) For instance, [IBM diversity policy](#) emphasizes “business activities such as hiring, promotion, and compensation of employees are conducted without regard to disability.” (in addition to gender, race, ethnicity and other factors).
- **Anti-stigma campaigns:** Anti-stigma interventions at the workplace [improve co-worker knowledge and supportive behavior](#) towards employees with mental health issues.
 - The [Elephant in the Room Anti-Stigma Campaign](#) helps to break down the invisible barrier that stigma poses to help-seeking and support for mental health. Vale Canada Ltd’s Sudbury operations have partnered with the Mood Disorders Society of Canada. They have invited all employees who received Mental Health First Aid training to bring a blue elephant into the workplace to signal that employees have been trained and have created safe spaces for talking about mental health.
 - Gender influences employees’ engagement in anti-stigma campaigns with [men reporting less contact with people with a mental illness than women](#). Taking a **gender-based approach** to these campaigns is necessary.
- **Decision-aid tools:** Decision aid tools [have been designed to help employees to make informed decisions about disclosure of mental health problems to the employers](#).
 - [READY](#) is the first online disclosure decision-aid tool for employees that presents users [with opportunity to consider potential consequences of \(non\)-disclosure, weighing pros and cons, their needs and values, timing and process of disclosing while displaying an interactive summary of their responses](#). One [study](#) evaluating this tool has shown that close to 30% of READY users disclosed, and did better in terms of mental health improvement than those who did not disclose. When used in male-dominated industries, such tools need to incorporate positive aspects of disclosing.⁽¹⁾

COVID-19 AND STIGMA, DISCLOSURE AND HELP-SEEKING

- In the context of Covid-19, there is evidence of stigmatization of: ethnically Chinese communities populations ⁽²⁵⁾; the likelihood of stigmatization of health care workers and providers, and others ^(26,27); and individuals or employees who face stigma and shame because of mental health issues that may or may not be associated with Covid-19.
- In the workplace, there has been some suggestion that some employee benefits will not be utilized in the Covid-19 context because of the “shame and fear” associated with mental health issues. ⁽²⁸⁾ There is some suggestion that “...the current circumstances of Covid-19 risks sending us many steps back and reaffirming damaging stigmas (of mental health).”⁽²⁹⁾ However, other opinions suggest that the pandemic offers an opportunity to move forward and provide parity of mental illness with physical illness. ⁽³⁰⁾
- Stigma associated with mental health problems that may have been aggravated by Covid-19-related stress and anxiety, may limit employees’ willingness to *disclose* their mental illness for fear of negative impacts on promotion and other opportunities in the workplace. While stigma is one of the leading barriers to workplace disclosure and help-seeking for mental health, there has been little research conducted to date to suggest that Covid-19 has either increased or decreased *disclosure* of mental health issues in the work context.
 - Evidence from one survey suggested that “nearly half of employees surveyed would feel uncomfortable disclosing a health concern to their employer during the Covid-19 pandemic”, and more than one in ten employees were concerned about losing their jobs at this time, if they disclosed serious health concerns, including mental health.⁽²⁹⁾
 - However, another source suggested, on the contrary, that the current situation might indeed encourage disclosure of pre-existing mental health issues. ⁽³¹⁾
- With respect to help-seeking, there is some evidence of increased use of helplines in the context of the pandemic. ^(32,33) One report based on past experience of influenza epidemics, noted that health workers are reluctant to seek psychosocial support services because of stigma and negative impacts on their professional reputation or employment.^(34, p. 32)
- While there have been some reports which affirm the importance of recognizing different types of vulnerability among different population groups (e.g., gender, age, and socioeconomic status), and differences across identities and communities with respect to prevalence and experience of mental health and stigma ⁽³⁵⁾, in the context of Covid-19, there is little evidence to date of specific impacts of Covid-19 on stigma, disclosure and mental health help-seeking of different groups.
 - In Canada, some SGBA related-research with respect to Covid-19 is underway. ⁽³⁶⁾ However, more research is needed to examine Covid-19-associated workplace stigma, disclosure and help-seeking of people of diverse identities.

VIGNETTE: STIGMA, DISCLOSURE AND HELP-SEEKING

Valerie is a transgender woman who works in a policy department in the federal government. Her work can be quite stressful, especially when there are policy deadlines to meet. The team she is in generally works well together. A while ago she decided to affirm her gender identity by undergoing transition. Although she feels really good about this decision, not everyone sees it the same way. Her colleagues at work, who she got along well with before, seem confused by how to refer to her. Sometimes they use terms that really bother her like 'he/she' or 'she-male'. Others shorten her name to Val which makes her wonder whether they are doing this because it's more gender neutral. Others don't use her name at all. She wonders whether they realise that these are micro-aggressions. Another problem she experiences is unsolicited advice, as if anyone knows what it is like to transition or to be transgender.

Valerie's manager took some time to inform herself of what is involved in supporting an employee who is transitioning. Her best advice to her manager was to stay flexible and realize there isn't a one-size-fits all approach. Valerie also found a trans resources guide for her manager to use. It is really the unspoken and intangible forms of discrimination that are the most difficult to overcome. It takes a lot of emotional energy to put her colleagues at ease.

Box 2: Important SGBA considerations for managers/supervisors

Applying an SGBA lens to the issues of disclosure of MH and transitioning at work faced by an employee is one step towards understanding the situation described in the vignette. It will help you to better understand the issue, address it appropriately with the employee, and ensure a solution that is acceptable and fair.

Based on the vignette and using the evidence you have just read:

- Think about how Valerie's **identities** (*being Black, transgender and transitioning*) impact on her experiences of transitioning and depression, and her decision to disclose or not in the workplace.
 - How might the manager's and co-workers' awareness of her different identities shape the way they treat her?
- How might workplace culture impact more broadly on diverse identities, and lead/contribute to mental health issues? How might workplace culture, stigma and discrimination affect individuals' decisions to disclose or not, or seek help or not? (*e.g., black transgender woman in the process of transitioning may feel unsupported and stressed leading to MH issues. Disclosure might result in stigmatization*).

As a manager/supervisor think about **your employee's life as a part of a larger context** before you and your employee make any plans to address the situation. Consider:

- How might the wider context, including e.g., cultural norms/ traditions, influence employees' mental health (*e.g., Valerie's culture not accepting transgender individuals*).
- In addition to sex/gender, how are the impacts and experience of disclosing mental health issues at work, or seeking help associated with other individual identities (e.g., race, age, disability)?

GLOSSARY

Disclosure: Telling a supervisor or member of your workplace’s human resources team about a diagnosis of any health problem (including MH issue).

LGBTQ2+: an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit. The + encompasses sexually diverse people who do not identify with the aforementioned labels.

Trans or transgender: the term refers to “a person whose gender identity differs from what is typically associated with the sex they were assigned at birth. It includes people who identify with binary genders (i.e. trans men and women), and people who do not fit within the gender binary, i.e. non-binary, gender non-conforming, genderqueer, agender, etc.”⁽³⁷⁾

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