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**Title: The paradox of mental illness and employment: a person-job fit lens**

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## **Abstract**

Mental illness is highly stigmatized and much of the extant research has focused on the ways in which having a mental illness detracts from employees' productivity. In this study, we aim to obtain a more holistic understanding of how mental illness impacts employees' work experiences. We do this by examining both the positive and negative characteristics associated with mental illness by conducting two exploratory qualitative studies consisting of 257 qualitative in-depth surveys and 15 interviews with employees with mental illness. Using a person-job fit lens, we demonstrate how positive characteristics are associated with good needs-supplies fit while negative characteristics are associated with poor demands-abilities fit. This paradox illustrates how having a mental illness affords employees unique skills and qualities that enable them to excel in their roles; yet, the negative characteristics resulted in tendencies to overwork, increased stress, and reduced abilities to cope. Our findings highlight that the characteristics of mental illness simultaneously enhance and hinder different types of P-J fit. We believe employees with mental illness and their employers should be aware of the paradoxical benefits of mental illness, and develop strategies to support the effective balancing of the unique strengths and weaknesses of mental illness in the workplace.

**Keywords:** mental illness, person-job fit, self-worth, well-being, stress

**Data availability statement:** The data that support the findings of this study are available from the corresponding author, upon reasonable request.

## **The paradox of mental illness and employment: a person-job fit lens**

### **Introduction**

Evidence has shown that the rates of individuals experiencing mental illness are on the rise (Weissman et al., 2017), especially among working-age individuals. Worldwide, it has been estimated that mental illness affects approximately 15% of adults (World Health Organization, 2019), many of whom are actively employed. While employees with mental illness have been the focus of academic research in health and psychiatric-related disciplines, the field of management continues to lag behind (Follmer & Jones, 2018). Much of the extant literature has tended to focus on the negative characteristics associated with mental illness, such as reduced performance and increased costs to organizations (Greenberg et al., 2015; Hilton et al., 2010). This approach, however, presents an unbalanced portrait of the workplace experiences of employees with mental illness – particularly because it does not consider the ways in which having a mental illness might also afford employees unique skills and abilities. Indeed, focusing on the positive characteristics of mental illness aligns with the strength-based approach to studying individuals, which is only just emerging in organizational contexts (Bakker & van Woerkom, 2018). Thus, to fully understand the work experiences of individuals with mental illness it is necessary to pursue investigation of both the positive and negative characteristics associated with these disorders.

Attending to the work experiences of employees with mental illness is important for many reasons. The World Health Organization (Kessler et al., 2009) estimates that between 18% and 36% of the global population will experience a mental illness at some point in their lifetime. The age of onset for many of these disorders is during prime working years and affect millions of individuals who are actively involved in the workforce. Despite these high prevalence rates, mental illness remains a highly stigmatized identity as individuals with mental illness are perceived as less employable (Dietrich et al., 2014) and less productive

(Biggs et al., 2010). Due to this stigma, employees with mental illness are often excluded from or mistreated within the workplace (Follmer & Jones, 2018).

Perhaps one reason that the stigma of mental illness persists is due to a disproportionate amount of research focused on the costs associated with employing these individuals (Greenberg et al., 2015). For example, The World Health Organization (2019) has estimated that depression and anxiety disorders cost the global economy one trillion US dollars per year due to lost productivity and absenteeism rates. From a purely financial angle, a more complete understanding of the experiences of people with mental illness could help managers mitigate some of the material costs associated with employee mental illness. Further, it could support talent management by allowing organizations to access and leverage the skills of this population throughout their careers.

Additionally, there are growing ethical imperatives to improve the employment opportunities of people with mental illness. The United Nations Convention on the Rights of Persons with Disabilities (2007) offers a human rights paradigm which is more holistic, proactively enabling persons with disabilities to access their rights. It states that countries should combat stereotypes and prejudices to promote the capabilities of persons with disabilities, and that they have equal rights to work. Employment is a basic human right that yields substantial life benefits, including financial stability, social cohesion, and human dignity (World Health Organization, 2011). In addition, emerging evidence continues to demonstrate that organizations benefit by implementing strong diversity and inclusion efforts (Kennedy et al., 2019). By focusing primarily on the costs associated with mental illness, the extant literature fails to holistically capture the ways that employees affect organizations, both positively and negatively. Taken together, there is a need to examine the ways in which mental illness presents both opportunities and challenges for employees and employers.

The studies presented here expand upon the extant literature by focusing on both the positive and negative characteristics of mental illness and how they influence employees' self-perceived work experiences. Through two exploratory qualitative studies we asked employees to reflect on the positive and negative aspects of having a mental illness in the workplace. Through our inductive analysis, person-job (P-J) fit emerged as a helpful lens to make sense of employees' work experiences, particularly as our data suggested that mental illness, at times, enhanced employees' perceived fit with their jobs, while, at other times, was perceived as ill-matched with employees' job requirements. Thus, a paradox emerged in which mental illness could both enhance and diminish perceived P-J fit. By drawing upon the P-J fit literature to explain the work experiences of employees with mental illness, we demonstrate that the positive characteristics of mental illness support good needs-supplies fit while the negative characteristics of mental illness contributed to poor demands-abilities fit. These conflicting perceptions of fit also had serious implications for employees' performance and well-being.

Based upon the findings from our two studies, this research makes several contributions to the literature. First, we provide a balanced understanding of both positive and negative implications of mental illness in the workplace, and their inter-related nature; integrating the positive implications of mental illness can give a more complete picture. Second, we make a theoretical contribution to P-J fit by disentangling the unique roles of needs-and-supplies and demands-abilities fit for an underrepresented population that often experiences barriers in employment. Although previous studies have showed the discriminant validity of both needs-and-supplies and demands-abilities fit (Cable & DeRue, 2002), we refine understanding of P-J fit more broadly by explicating how these two elements of fit operate simultaneously and sometimes in paradoxical ways. More specifically, the findings suggest that individuals self-select into sectors that fulfil their needs to feel valued and useful

through the positive characteristics of their mental illness, thereby achieving a good needs-supplies fit. However, our results also highlight the challenges that these individuals experience, including difficulties dealing with stress and high workloads – demonstrating poor demands-abilities fit. Our results extend previous studies that focused on the positive outcomes of person-job fit (Kristof-Brown et al., 2005) by showing how needs-supplies fit and demands-abilities fit operate simultaneously and counter to one another. Applying this perspective to a population with additional barriers can highlight the interplay of the elements of P-J fit.

Finally, and on a more practical level, this study expands our evidence-based understanding of individuals who have traditionally been overlooked in organizational research – namely, those with mental illness. The results of these studies enable us to propose human resource practices that can improve workplace experiences for employees with mental illness by leveraging their strengths and providing support to minimize the challenges they experience.

## **Literature Review**

### **Mental illness at work**

The American Psychiatric Association (APA, 2013), defines a mental illness as “a clinically significant disturbance in an individual’s cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning”. The Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition lists 157 different mental illnesses, and individuals can be diagnosed with one or several illnesses. Despite the high prevalence of mental illness across the globe, almost two-thirds of individuals fail to seek professional help because of the lack of understanding, stigma, and discrimination surrounding mental health issues (WHO, 2013).



Work is important for individuals as it gives them a sense of purpose, belonging, security, and self-worth. This particularly holds for people with mental illnesses (Halliday et al., 2015), who may struggle to find a sense of purpose and control in addition to facing impairments in terms of social functioning (Hennekam et al., 2020; Hessels et al., 2017). Unfortunately, individuals with mental illness may fail to reap the full benefits of employment for several reasons that are often beyond their control.

These individuals are often negatively perceived by others, including supervisors and co-workers (Elraz, 2018; Follmer & Jones, 2018). Previous research shows that workers with mental illnesses are stereotyped as unstable, incompetent, crazy, or dangerous (Corrigan et al., 2005). The societal stigma of mental illness contributes to structural discrimination in workplace settings (Baldwin & Marcus, 2007), such that individuals with mental illness have reduced access to quality jobs and are less likely to be perceived as promotable (Corrigan et al., 2004). Having fewer job and career development opportunities negatively impacts employees' lives in the form of reduced well-being and fewer financial resources (Baker & Proctor, 2014). Evidence suggests that mental illness has profound and long-term negative implications for employees, but researchers have failed to capture how mental illness benefits employees and organizations.

#### Mental illness as a positive attribute at work

Scholars have recently called for researchers to employ a strengths-based approach to understanding organizational phenomena (Bakker & van Woerkom, 2018), which may be particularly useful for studying individuals with mental illness. Personal strengths are defined as “the characteristics of a person that allow them to perform well or at their personal best” (Wood et al., 2011, p. 15). Preliminary evidence suggests that having a mental illness can be objectively functional (e.g., Elraz, 2018) and may emerge as a personal strength that enables an employee to perform at their best. For example, research has shown that having a mental

disorder such as schizophrenia and bipolar disorder is associated with holding jobs in creative professions (Kyaga et al., 2011). Anxiety has been linked to being detail-oriented and hypervigilance which can be helpful in some professions (Bradley et al., 1999), while other conditions, such as ADHD, have been found to be advantageous for developing an entrepreneurial mindset (Moore et al., 2019).

Mental illness also affords subjective benefits that may manifest in the workplace. Forgeard et al. (2016) defined Positive Beliefs about Mental Illness (PBMI) as “perceptions of specific positive qualities, benefits, or advantages individuals associate with their disorder(s) or symptoms” (p.198). These benefits fall into three categories: functional consequences of symptoms, creativity and cognition, and growth through adversity. Much of the prior research has focused on the PBMI associated with specific mental illnesses, including bipolar disorder (e.g., empathy, realism; Galvez et al., 2011) and autism spectrum disorders (e.g., memory capacity, quantitative skills; Treffert, 2009). Forgeard et al. (2016) found that high PBMI was associated with fewer symptoms of depression, higher levels of psychological well-being, and better functioning, suggesting that positive beliefs can be part of an effective coping strategy.

Other researchers have shown that people with mental illness who closely identify with the stigmatized group may adopt empowering beliefs, thereby rejecting negative stereotypes about mental illness and becoming energized to display righteous anger against those who unjustly label them (Corrigan & Watson, 2002). This line of research suggests that employees have the ability to perceive their mental illness in a positive light as well as leverage their mental illness to improve their workplace experiences and career decisions.

#### The Impact of Mental Illness on Perceptions of Person-Job Fit

In the workplace, employees must simultaneously balance the positive and negative characteristics outlined above. Accordingly, maximizing P-J fit can be a complex process for

those with mental illnesses. P-J fit can be defined as the relationship between a person's characteristics and those of the job or tasks that are performed at work (Kristof, 1996), and has been conceptualised in two ways. In demands-abilities fit, the individual seeks alignment between a job's demand for certain skills and their own skills and abilities. In needs-supplies fit, an individual looks for fit between their needs and desires, and the outcomes or rewards supplied by the job (Kristof-Brown et al., 2005). More specifically, *complementary fit* occurs when "a person's or an organization's characteristics provide what the other wants" (Cable & Edwards, 2004; p. 822). Complementary fit aids in the fulfillment of important psychological needs (such as autonomy or belongingness) which can influence employees' workplace attitudes and outcomes. Prior research has shown that good P-J fit yields positive outcomes for employees, such as increased job satisfaction and organizational commitment, while poor P-J fit is related to reduced job satisfaction and well-being, and greater strain (Kristof-Brown et al., 2005; Warr & Inceoglu, 2012). Emerging evidence suggests that P-J fit is not a fixed phenomenon; rather, individuals can alter their workplace job demands in order to obtain better needs-supplies and demands-abilities fit over time (Tims et al., 2016).

Persons with disabilities (such as those with mental illness) may require work adjustments to maintain their productivity, making good P-J fit especially important for this population. Preliminary evidence supports the importance of obtaining a match between individual characteristics and job characteristics. Bond and colleagues (2013) examined the job-seeking processes of individuals enrolled in supported employment programs. They found that individuals tended to obtain employment in jobs that aligned with their pre-employment preferences; however, being hired into an occupation that matched one's interest did not predict job satisfaction or tenure. The authors concluded that finding a job that matches individuals' occupational preferences often results in a 'rough match', and that further job matching based on more in-depth characteristics is needed to obtain better

employment outcomes. Leufstadius and colleagues (2009) conducted in-depth interviews with employees with mental illness to understand their perceptions of meaningful work. Their findings demonstrated that work was perceived as meaningful when it had the ‘just right challenge’, such that there was a good fit between the individual’s capacity and the demands of the job. Finally, among employees with intellectual disabilities, P-J fit has been associated with higher work engagement and lower exhaustion (Ybema et al., 2019), and is a predictor of success for those with mental health conditions (Leufstadius et al., 2009). On balance, these results indicate that: 1) P-J fit is nuanced and that a rough match is not sufficient for creating positive workplace outcomes, 2) P-J fit aids in creating perceptions of meaningful work, and 3) P-J fit can help enhance positive workplace outcomes and well-being.

The extent to which an employee perceives good P-J fit is dependent upon perceptions regarding their ability to complete the job at hand. Job self-efficacy is the belief that an individual has the ability to perform their job well (Chen et al., 2004), and prior work has shown that job self-efficacy intersects with P-J fit (Nguyen & Borteyrou, 2016). For individuals with mental illness, self-efficacy may be particularly important in the evaluation of P-J fit, especially across disorders. For example, prior research suggests that self-efficacy perceptions vary across types of mental illness. ADHD (Ohan & Johnston, 2002; Helseth et al., 2016) and schizophrenia (Gould et al., 2013) have been associated with a likelihood to overestimate one’s abilities, while depression and anxiety have been linked to a self-perceived underestimation of one’s skills (Bögels & Zigterman, 2000; Schwert et al., 2018). In addition, mental illness is a highly stigmatized identity (Follmer et al., 2020) that is often associated with perceptions of decreased competence and performance. When individuals internalize these negative stereotypes, it can result in negative self-perceptions, including beliefs about their own abilities (Corrigan et al., 2009). Because individuals with mental illness may experience low self-efficacy as a result of their disorder and associated

stereotypes, it may be the case that these self-views influence perceptions of fit within a job context. Indeed, whether someone perceives a particular characteristic as a strength “depends on its match to the person’s context, suggesting that a strength in one situation may be a weakness in another” (King & Trent, 2013, p. 199). Alternatively, if one perceives that their mental illness offers unique workplace benefits, it may positively influence their beliefs about fit within certain workplace contexts. When individuals can use their strengths, they will feel valued for their unique qualities, which gives a boost to their self-esteem (Van Woerkom et al., 2016).

Taken together, our research aids in the expansion of knowledge related to P-J fit among employees with mental illness. Importantly, we extend prior work by focusing specifically on individuals who occupy competitive employment roles, rather than individuals enrolled in supportive employment programs who might receive greater assistance in obtaining work that aligns with their personal preferences. Second, we illustrate the role that self-efficacy plays in forming perceptions of P-J fit among employees with mental illness. Finally, we build upon prior work by considering if, and to what extent, needs-supplies fit and demands-ability fit co-occur to the shape workplace experiences of employees with mental illness.

### **Material and methods**

Through two exploratory qualitative studies we examined the way individuals with mental illness navigated the workplace. In study 1, 257 employees with mental illness were surveyed with 24 open-ended questions about their workplace experiences, leading to themes related to participants’ employment experiences and decisions. Study 2 built upon the survey results with 15 semi-structured, in-depth interviews to further develop the conceptual model. Both studies helped us to identify themes, gather rich insights in the lived experiences of individuals with mental health conditions, and use those insights to build a conceptual model.

Recruitment and sample: Study 1 participants were recruited through a mix of social media, and networks and professional associations related to mental health/illness. The inclusion criteria specified that individuals had been formally diagnosed with a mental illness by a healthcare professional and were currently employed. The final sample was 257 working adults, with 92% identified as female. The overrepresentation of females might be due to their greater presence on mental illness forums and blogs (Campbell & Longhurst, 2013) or their greater inclination to participate in scientific research (Whitaker et al., 2017). This gender distribution does not reflect the mental illness population, as the WHO estimates that overall rates of psychiatric disorders are almost identical for men and women.

The average age was 34.8 years and participants were geographically dispersed: 42% British, 29% North American/Canadian, 13% European, 11% Australian, 3% African, and 2% Asian. Participants worked in a variety of sectors including healthcare, retail, administration, customer services, and education. In Study 1, 91% of participants reported being diagnosed with more than one mental illness (see Table 1), which is double the estimated comorbidity rate of 45% in the United States (National Institute of Mental Health, 2017).

Insert Table 1 about here

The most common disorder combinations were mood and anxiety disorder (16%), personality, mood and anxiety disorders (9%), personality and mood disorders (9%) and mood, anxiety, trauma- and stress-related and personality disorders (7%). Further, personality disorders were most prevalent in our sample, but according to the WHO, global data indicates mood disorders are most common. Both differences could be due to our sampling technique which drew from social media. Individuals addicted to social media have comorbidity rates that are 2.5 times higher than individuals without social media addiction (r, 2014), and individuals with personality disorders are more likely to also have an internet addiction and

therefore could be overrepresented on the social media websites where we sampled our participants (Zadra et al., 2016).

Study 2 used the same recruitment methods and inclusion criteria as Study 1. The final sample of 15 participants (female, 11; male, 4) had an average age of 40.9 years and was geographically dispersed: 20% (n=3) British, 33% (n=5) North-American, 40% (n=6) European, and 7% (n=1) Australian. Among Study 2 participants, 73% reported being diagnosed with more than one mental illness, as shown in Table 2.

Insert Table 2 about here

### Instruments and approach<sup>1</sup>

This study used a sequential exploratory approach. Study 1 identified important themes through a qualitative survey, which aids in defining and investigating variation in populations (Jansen, 2010) and aims to capture the lived experiences of individuals (Fink, 2003). This type of survey is not driven by frequencies or descriptive statistics but rather determines the diversity of some topic of interest within a given population - in this case the experiences of people with mental illness at work. Participants answered 24 open-ended online essay questions addressing general demographic information; their functioning at work; workplace adaptations/accommodations; and their identity and stigma. The survey was administered both in English and Dutch, and back-and-forth translation ensured consistency between the two versions.

Here, we report on the following questions:

1. Are there positive aspects to having your illness(es) at work? Can you explain?
2. What are the negative aspects to having your illness(es) at work? Can you explain?

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<sup>1</sup> Due to word limit constraints the interview protocol could not be included in the full manuscript. Questions regarding the line of inquiry used in the interviews can be directed to the first author.

3. Do you think certain jobs, sectors, or forms of work particularly fit individuals with the same illness(es) as you have? What makes you say that?
4. Do you feel your mental illness influences your functioning at work? Can you explain?

The findings of Study 1 were then used to develop the interview protocol for Study 2, in which we conducted 15 semi-structured interviews, both in person and by telephone/Skype for those who were geographically dispersed. Most interviews lasted between 60 and 90 minutes and were held in English, Dutch or French, depending on the preference of the interviewees. The use of semi-structured interviews provided a systematic procedure for data collection yet allowed the researchers to follow-up on participants' responses for clarity or elaboration purposes. All interviews were transcribed and translated into English by two native speakers of the three languages involved.

### Analysis

The data analysis was conducted using NVivo software, which merged survey and interview data. During the first step of the analysis, all the responses were read to generate an overall understanding of the data and several themes started to emerge, such as the perception of the participants that their mental illness allowed them to show empathy and relate to others. When reading the transcripts, a paradox began to emerge from participants' experiences. Individuals reported self-selecting into jobs because they perceived a good fit between the characteristics of their mental illness and the requirements of the job. Yet, these individuals also explained how their mental illness often resulted in increased stress and tendencies to overwork. What then, could explain how mental illness aided in fulfilling employees' needs while simultaneously taxing their abilities? Following the tenets of qualitative data analysis, we reviewed existing literatures to help refine the study's findings (Straus, 1987). Specifically, we drew upon person-job fit theory, as the emerging



phenomenon aligned with the needs-supplies and demands-abilities dimensions of P-J fit theory.

Next, we developed the codebook using P-J fit as our theoretical lens. This codebook evolved as we added new codes, created sub-codes, and/or merged codes as the existing codes were tested against each new case. The first-order codes consisted of a range of characteristics that the participants considered to be valuable in their job and how this helped them to perform well in their eyes. In step two of the analysis, we focused on the connections between the codes and the identification of higher-order conceptual codes. We moved away from the descriptive formulation of first-order codes, in which participants' actual words were used, to a higher level of abstraction where meaningful themes were created based on the first-order themes. We created clusters of positive and negative characteristics and regrouped statements that revealed a good needs-supplies fit and a poor demands-abilities fit. In the third step, connections between the different themes and concepts that were conceptually meaningful were explored to provide an evocative model of the paradoxical impact of employment on individuals with mental illness(es) through a P-J fit lens.

## **Results**

Figure 1 shows the conceptual model outlining the positive and negative characteristics of having a mental illness at work, how these characteristics affect perceptions of person-job fit, and the positive and negative individual outcomes with regards to work and mental health.

Insert Figure 1

### **The positive characteristics of having a mental illness at work**

Positive aspects of mental illness were shared by 83% of the participants, while 10% reported no positive aspects at all. The remaining 7% was unsure. The participants explicitly related their mental illness to certain qualities they possessed. Around 60% of the participants

mentioned that being perfectionistic, organized and having eye for detail were helpful in their work. As one participant said, “My anxiety makes me very observant. I have repeatedly caught hazards that others more experienced or qualified have missed” (32 y.o. male, hospital porter, personality, autism-spectrum disorders).

Thirty percent of the participants believed that the characteristics of their mental illness positively shaped their work attitudes and work ethic. The most commonly mentioned was their tendency to overdeliver, which made them high-achieving valuable employees:

*My disorder makes me want to do the best I can, so I was always a high achiever. I always did a lot of work, and it was always carefully thought through. I made the company a lot of money (21 y.o. female, sales assistant, personality, psychotic, mood and anxiety disorders).*

For some participants their conditions enabled them to uniquely perceive and process information, leading them to see things differently and propose alternative solutions or ideas. As one participant explained, “Hypomania has given me periods of outstanding work that impressed senior management. Being obsessed by an issue allows me to solve problems others cannot” (34 y.o. female, government worker, personality and eating disorders).

In addition, approximately 60% of the participants mentioned that their mental illness helped them be more empathetic and understanding which allowed them to relate broadly to others. As one participant explained, “I’m a lot more patient and sensitive with people. I understand the frustration the people I look after have, and so will be more supportive” (21 y.o. female, care assistant, psychotic, personality, anxiety, obsessive-compulsive and mood disorders). Around 30% of participants said that their empathy, patience, and understanding were especially valuable in interactions with their co-workers, as illustrated here: “I’m super

aware when others are having a bad day or struggling and can work to uplift them” (28 y.o. female, call center worker, personality and anxiety disorders).

### The negative characteristics of having a mental illness at work

The participants also mentioned a range of negative characteristics, related to having trouble concentrating, being sensitive to stress, having difficulties controlling their emotions, and finding it hard to communicate and socialize with others. Approximately 30% of the participants reported feelings restless and having difficulties concentrating, and around 25% of the participants mentioned that they perceived themselves to be sensitive to stress. They noted that this sometimes negatively affected their own mental well-being and made it difficult to handle the demands at work, as the following participant explains: “Anxiety makes it difficult to cope with stressors that to other people are not a big deal. I get upset and stressed easily and have to take time to calm down so that I can continue to work” (31 y. o. female, food service management, personality- and trauma- and stressor-related disorders).

Another negative characteristic of having a mental illness noted by around 20% of participants was their struggle to control their emotions, as illustrated by the following participant: “I have a hard time controlling my emotions when I get the slightest bit upset or feel rejection of any sort” (44 y. o. female, retail customer service worker, personality- and trauma- and stress-related disorders). Controlling emotions was often related to their difficulties to communicate and socialize with others, a problem which was mentioned by around 50% of the participants that hindered their ability to build positive relationships at work and led to social isolation. As one participant explained: “I tend to withdraw myself from others around me” (27 y.o. female, special needs teacher, eating-, mood- and personality disorders).

### Good needs-supplies fit

The participants reported a range of both positive and negative characteristics of having a mental illness at work. Regarding the positive characteristics outlined above, it follows that participants reported that work that involved interacting with others with mental illness particularly matched their skills and needs because their personal experiences helped them to understand what others were going through. As one participant explained: “Working in mental health when you have these issues gives you massive insight into it – I feel I am better at understanding people with my disorders because I have lived through them” (21 y.o. female, care assistant, psychotic, personality, anxiety, mood and obsessive-compulsive disorders).

Around 30% of participants also mentioned that providing emotional support to others helped them manage their own mental health, increasing their own well-being, satisfaction and feelings of self-worth. We share several examples below:

*It makes me feel useful. What I do has meaning to me, I am valuable. This is a fantastic feeling! It makes me feel I'm worth it to live and can contribute meaningfully to society. It gives me a sense of satisfaction too, which decreases my depressive feelings (39 y.o. female, social worker, mood and anxiety disorder).*

*I think jobs that rely on being empathic suit BPD [Borderline Personality Disorder]. Your emotions can be overwhelming sometimes and using that energy to show empathy and kindness is a good way to manage the symptoms (23 y.o. male, retail worker, personality and anxiety disorder).*

*My job gives me the stability and ability to be open and also make me feel like I am healing much of my past and experiences by helping others. I am a very emotional and deep person with my disorder and my job very much reflects this (43 y.o. female, mental health peer support worker, personality disorder).*

Our data suggests that the match between participants' qualities and the needs of the service and care sectors led to positive outcomes for the individuals themselves.

As noted, many of our participants had multiple mental illness diagnoses, and therefore each participant had a unique mix of symptoms and illnesses. Still we observed some patterns in the positive and negative characteristics associated with different mental illness categories (see Table 3). For example, in the positive category, participants with personality, anxiety, and mood disorders noted being empathetic. Perfectionism and rule-following applied to those with personality and anxiety disorders as illustrated by the following quote.

*I am conscientious about my work. I want to please customers, clients and bosses and when I am able to do that I am validated and they are generally very happy with my performance also (48 y.o. female, commercial property manager, mood-, anxiety-, personality-, neurodevelopmental- and trauma- and stress-related disorders).*

Those with anxiety and obsessive-compulsive disorders were observant and attentive to detail. We also note that those with trauma- and stressor-related disorders reported no positive characteristics of mental illness. Many participants were aware of the ambivalent effects of their illness, influencing their mental health on the one hand and work-related outcomes on the other. As one participant explained:

*My mental health is more challenged by my work, but is very much the core of my role. At times my mental health enhances my work performance and other times it will be challenged very much (43 y.o, female, mental health peer support worker, personality disorder).*

Insert Table 3 about here

### Poor demands-abilities fit

Despite the benefits that having a mental illness afforded employees, 65% of the participants reported that their mental illness affected their capacity to deal with stress and high workloads as explained by the participant below.

*Working is very overwhelming for me. If my medication is not working the best it should, I end up having meltdowns or extreme mania that makes it impossible to work (23 y. o. female, retail worker, mood-disorder).*

This was detrimental for their own mental health. For example:

*My job is extremely stressful as I have huge responsibilities and am always working under extreme deadlines. The advertising agency life is extremely cut throat and bitchy. When manic, this can be very destructive to me (39 y.o. male, web producer, mood and anxiety disorders).*

Participants reported the paradox that comes with their perfectionist tendencies, which led them to overwork and potential burnout. The following quotes illustrate participants'

remarkable self-awareness of their own tendencies, and that they sometimes struggled to find the right balance between challenging work and psychological well-being:

*I stretch myself frequently to 'make it across the line' some weeks. It costs me and my ability to parent/love and look after myself when I overdraw on my emotional and mental resources for work. Sadly, it happens a fair bit (38 y.o. male, youth social worker, personality and mood disorder).*

*It's kind of weird. On the one hand it makes me really happy to be such a good care provider, which is energizing and inspiring, but on the other hand it takes all my energy and leaves me exhausted and depressed as I take the issues of others as my own (60 y.o. female, care provider, anxiety disorder).*

Regarding the specific mental illness conditions, the negative characteristics displayed in Table 3 show that those with anxiety and mood disorders feel they have difficulty socializing and being around people. Those with anxiety and trauma- and stressor-related conditions report they are sensitive to stress and feeling overwhelmed.

### Individual work-related outcomes

Participants reported both positive and negative work-related outcomes, depending on their perceptions of fit. When they perceived a good needs-supplies fit they reported greater levels of satisfaction, for example: "I see the value in the work I do so it gives me satisfaction" (32 y.o. male, hospital porter, personality, autism-spectrum disorders). They also stressed that their condition made them better at their jobs, as illustrated by the following participant: "I'm doing what I'm good at as my work matches my abilities, which includes

my mental health conditions. This enhances my performance, so it's a win-win for everyone" (44 y. o. male, programmer, autism-spectrum disorder). Also, a good fit between their mental illness and their work enhanced their motivation as reported by one participant: "Having a job you love (which I do) helps with motivation and being able to do the job" (29 y. o. female, nurse, mood- and anxiety-disorder). Finally, they reported that their work and its fit with their condition enhanced their self-worth. As one participant stated: "I work supporting children with emerging mental health issues. I feel more able to empathise due to my own issues. My work gives me a feeling of worth as my mental health can be used to a positive effect" (38 y. o. female, educator/counsellor, mood- and anxiety-disorders).

However, when there was a poor demands-abilities fit, these work-related outcomes were negatively affected. In one example, a participant writes: "I just cannot perform at the level they're expecting from me. The amount of work they're asking for isn't feasible for me, so I'm constantly underperforming" (29 y. o. female, engineer, personality- and anxiety-disorders). Poor demands-abilities fit can have a negative impact on their sense of self-worth or self-confidence to perform, as this participant describes: "Having to take time off frequently makes me feel useless. I feel crap because even a cleaning job seems to be too much for me (36 y. o. female, cleaner, obsessive-compulsive- and anxiety-disorders).

### Individual mental health outcomes

Participants reported on negative and positive consequences of their work for their own mental health. On the negative side, the high workload and stress had a negative impact on their own mental well-being as one participant reported: "High stress levels can actually lead to schizophrenia episodes, despite medication" (45 y.o. male, doctor, psychotic, personality and mood disorder). Similarly, participants reported on how their weak performance made them feel bad about themselves: "It absolutely influences how I feel about



myself. To see other people able to go to work and take on tremendous workloads and rise above all the obstacles that they face and then having the harsh realization that I am not wired to be able to live up to those standards makes one feel incredibly "less than" (58 y. o. female, customer service worker, mood- and anxiety-disorders).

Additionally, some participants reported that while work made them feel good about themselves, it simultaneously worsened their own conditions as illustrated by the following participant: "I also have a cleaning job that makes me feel better for helping an elderly couple, however it does trigger my OCD because the next day I find it harder to resist cleaning impulses" (23 y. o. female, sales advisor and cleaner, obsessive-compulsive-, mood- and anxiety-disorders).

On the positive side, work functioned as a distraction and provided a structured routine which reduced their symptoms, as explained by the following participant: "Work actually distracts me from my mental illness, even at times when I feel like I don't want to leave my bed, I have to go to work" (40 y. o. female, warehouse worker, personality- and mood-disorders). In addition, work made them feel good about themselves, as one participant reported: "I am able to care for other people which is one thing I can feel good about" (25 y. o. female, support worker, mood-, anxiety- and personality-disorders).

To summarize, our findings suggest that individuals with mental illness perceive themselves to possess both positive and negative characteristics related to their mental illness. Moreover, the participants made the link between these characteristics and how this sometimes matched the required skills of work in their respective sectors, leading to a good needs-supplies fit which seemed to be related to positive outcomes both in terms of work-related concepts and their own mental health. Yet, the findings also highlight examples of poor demands-abilities fit, which has been related to more negative work-related and mental health-related outcomes.

## **Discussion**

This exploratory study examined the self-perceived positive aspects of having a mental illness at work by drawing on both qualitative surveys and in-depth interviews. We contribute to the growing body of positive psychology (Seligman & Csikszentmihalyi, 2014) by focusing on the positive implications of mental illnesses. Our findings are in line with the suggestion by Wiklund and colleagues (2018) that it is possible that the very symptoms and traits associated with certain illnesses may be advantageous and provide benefits in certain jobs, sectors, or employment forms. A primary contribution of this study is the development of a conceptual model on the employment of individuals with mental illness using a person-job fit lens.

The findings highlight that employees with mental illnesses perceive themselves to possess unique skills and qualities, which they believe contribute to their effectiveness at work. These skills are related to their symptoms, and have been further developed throughout their lives as they cope with adversity and build compensatory strategies that become skills (Williams et al., 2017). These characteristics emerged across a sample of diverse participants who had been diagnosed with multiple mental illnesses, complementing prior research that has tended to focus on discrete populations (e. g., White & Shah, 2011).

Further, our results demonstrated that many of our participants self-selected into job sectors that allowed them to capitalize on the strengths of their mental illness. When individuals can use their personal strengths, this is positively related to work engagement, feelings of self-efficacy, self-esteem, well-being and job performance, while it is negatively related to stress and absenteeism (van Woerkom, Bakker & Nishii, 2016; van Woerkom & Meyers, 2015; van Woerkom, Oelemans, & Bakker, 2016; Wood et al., 2011). In addition, earlier research on mental health care shows that strengths-based practices have a positive

impact on the stress tolerance and social skills of individuals with mental illness (Stanard, 1999). Jobs providing care and support to others allowed them to draw upon their personal experiences with mental illness, which is in accordance with a selection effect.

Simultaneously, work also provided a treatment effect, as engaging in meaningful work that aligned with their skills increased their feelings of accomplishment (Fan et al., 2012). We find evidence for a good needs-supplies fit: by working in sectors that align with their preferences, employees' needs to feel valued, to be recognized for what they do, and to obtain meaningful work are being met. This aligns with Bakker and van Woerkom (2018) who argue that organizations should encourage employees to use their strengths, because when employees capitalize on their strong points, they can be authentic, feel energized, and flourish.

However, there is also a paradox, because the very same qualities that lead to good fit could result in negative mental health consequences. Participants noted their own tendencies to overwork, as well as the reduced coping skills that could occur with their mental illness, which suggests a lack of demands-abilities fit (Kristof-Brown et al., 2005). In our sample, employees with mental illness struggled to deal with the stress and the workload that was prevalent in their job sectors. This made it difficult for them to meet the demands of the job and made their work psychologically straining. This poor demands-abilities fit seems to be related to a deterioration of their own mental health.

Thus, we contribute to the person-job fit literature in the context of mental illness by highlighting that both the needs-supplies fit and demands-abilities fit seem to operate simultaneously, relating to both positive and negative outcomes for employees with mental illness. While a good needs-supplies fit seems to be related to positive outcomes for individuals, the poor demands-abilities shows a relationship with negative outcomes. It is

important to stress here that our data does not allow to establish causal relationships. We therefore only observe tendencies and report on the explanations provided by the participants.

While our study sheds light on the positive aspects of having a mental illness, our study also presents some limitations and provides some avenues for future research. First, this study focuses on themes and patterns found across a range of mental illnesses, with participants varying in symptoms and their severity. Additional data with distinct types of illnesses, such as mood or anxiety disorders, should be done to provide more specific and detailed findings. Given the prevalence of comorbidity, we also encourage future studies to further explore how several mental illnesses interact with one another in a workplace context and how comorbidity may contribute to unique experiences and outcomes for employees.

Second, our participants came from a range of cultures, and perceptions of mental illness stigma, fit and career choices may be influenced by the cultural characteristics of a given region. The impact of national culture context on the experiences of employees with mental illness is therefore an interesting avenue for future research. Third, women were overrepresented in our sample, limiting the understanding of how men and women differentially perceive person-job fit. In addition, for certain mental illness types, the interview sample of Study 2 consisted exclusively of females or males, which may have further impacted the findings. Finally, our sample included only individuals who reported to be clinically diagnosed with one or more mental illness(es) were included in the study, but this is based on participants' self-reports and not on a standardized clinical interview that would have led to higher validity regarding diagnoses.

### Practical Implications

Despite the difficulties related to having a mental illness, it is important to highlight the ways in which people with a mental illness can meaningfully contribute to society through employment, with several benefits for both the employee and the employer. Our

model suggests that some coping strategies employees with mental illness use to manage their work and improve their P-J fit might be detrimental for their mental health in the long run. If we consider that an employee's mental health symptoms are relatively unchangeable and that some form of ongoing coping may be required, then opportunities lie in modifying their coping strategies – which can be supported by managers and through more inclusive and enlightened organizational policies for the population of employees with mental illness.

First, our results demonstrated that individuals with mental illness perceived many positive characteristics of their illnesses that enabled them to succeed at work. When participants perceived a match between their personal characteristics and the requirements of the job, they reported increased positive workplace outcomes. One way that organizations can leverage these results is by providing employees opportunities to engage in job crafting, which enables employees to make changes to their jobs to align with their preferences, motives, and passions (Tims et al., 2016). This strategy can help employees to reflect on their own strengths derived from their mental illness and to utilize these strengths in a targeted way in the workplace. Additionally, when tasks align with employees' self-perceived strengths, it may increase their self-efficacy as well as perceptions of meaningfulness on their jobs. These findings may be especially important in helping to counteract the pervasive negative stereotypes applied to individuals with mental illness. In other words, by leveraging employees' strengths, they can rebut the perceptions that employees with mental illness are incompetent or poor performers. Since mental illness is an individualized experience, employers should employ a person-centred approach to crafting the work to individual employees (Howard & Hoffman, 2018). In addition, everyone has strengths, although individuals tend to focus on their weaknesses rather than their positive qualities as they struggle to identify their personal strengths (Roberts et al., 2005). Organizations can help individuals become more aware of their strengths by using a strengths inventory or by

conducting feed-forward interviews in which individuals are invited to talk about an experience at work in which they felt energized (Kluger & Nir, 2010). By analyzing this experience, individuals can better understand what makes them flourish at work.

Second, our results revealed that employees can perceive good fit in some dimensions while perceiving a lack of fit in others, suggesting that P-J fit is a complex phenomenon for those with mental illness. In this study, employees' strengths derived from having a mental illness resulted in good needs-supplies fit, while also diminishing demands-abilities fit due to increased stress and work overload. Organizations can help employees to achieve better demands-abilities fit by discussing work-related challenges and re-evaluating their workloads. Furthermore, providing and supporting workplace accommodations to employees with mental illness may help them to better handle the challenges associated with their work responsibilities. Workplace adaptations can include flexible work options, the possibility to take time off when they are unwell, or quiet work spaces for individuals who find it difficult to be around others. While research suggests that workplace accommodations can increase tenure and work ability among those with mental illness (McDowell & Fossey, 2015), many individuals fail to use these policies because of the stigma surrounding mental illness (Moll et al., 2013). Efforts to reduce the stigma surrounding mental illness may encourage employees to disclose their mental illness at work, thereby enabling them to receive accommodations to help improve demands-abilities fit.

Relatedly, there is a general lack of knowledge surrounding mental illness among managers (Martin et al., 2015). Managers who do not understand what mental illness is or how it might impact employees' work attitudes and behaviors will be less successful in supporting employees' P-J fit and/or accommodation requests. Thus, we recommend providing training for managers to acquire requisite knowledge about mental illness in the workplace, including teaching them to recognize warning signs (Dimoff & Kelloway, 2018).

Without training, managers might incorrectly attribute fluctuating performance to poor work ethic instead of the symptomology of psychiatric illnesses or poor demands-abilities fit (De Lorenzo, 2014).

Third, our findings highlight that certain symptoms of a mental illness can be considered a strength for certain jobs. Individuals who were able to use their skills and personal qualities felt good about themselves and reported well-being, satisfaction and feelings of self-worth, diminishing the symptoms of depression for example. This is in line with Lasky and colleagues (2016) who found that work environments that are stimulating, challenging, intrinsically motivating, full of novelty, and require multitasking diminished the symptoms of people diagnosed with ADHD. However, there is a potential paradox here in the sense that when a strength is overplayed this can turn into weaknesses (Kaplan & Kaiser, 2009). For example, the great levels of empathy expressed by the participants in this study enabled them to support others on the one hand but also made them more vulnerable as they took on the problems of others on top of their own issues. A similar paradox has been found in research studying entrepreneurs with mental illnesses (Antshel, 2018). It is therefore important that individuals are mindful of their own limits when engaging in work and that colleagues and managers help them set appropriate boundaries.

Overall, our findings show that employees with mental illness can contribute their unique skills to the workplace, and we encourage managers and organizations to consider how to support the inclusion of this population.

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**Table 1**

Study 1 percentages of reported disorders based on DSM-5 classification

<b>Disorder</b>	<b>Percentage</b>
Personality Disorders	59% (94% female; 6% male)
Anxiety Disorders	54% (93% female, 7% male)
Mood Disorders	53% (92% female; 8% male)
Trauma- and Stressor-Related Disorders	26% (92% female; 8% male)
Obsessive-Compulsive Disorders	15% (100% female)
Eating Disorders	7% (100% female)
Autism-spectrum disorders	3% (67% female; 33% male)
Psychotic Disorders	3% (100% female)
Neurodevelopmental Disorders	2% (80% female; 20% male)

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N =257. Percentages total more than 100% due to participants reporting multiple diagnoses.

**Table 2**  
Study 2 demographic characteristics

	<b>Gender</b>	<b>Age</b>	<b>Nationality</b>	<b>Mental Illness Type(s)</b>	<b>Job Title</b>
1	Male	26	Dutch	Autism-Spectrum	Sports coach
2	Female	31	American	Anxiety/Mood	Music teacher
3	Male	58	American	Mood	Administrative worker
4	Female	36	Dutch	Obsessive-Compulsive/Anxiety	Cleaner
5	Female	38	Australian	Anxiety	Primary school teacher
6	Female	46	American	Trauma- and Stress-related/Mood	Bookshop
7	Female	29	British	Personality/Anxiety	Engineer
8	Male	44	British	Autism-Spectrum	Programmer
9	Female	32	American	Eating/Mood/Anxiety	Business analyst
10	Female	38	American	Personality/Mood	Psychologist
11	Female	41	American	Mood	Doctor
12	Male	56	Dutch	Psychotic/Mood/Anxiety	Deliverer
13	Female	60	Dutch	Anxiety	Care provider
14	Female	37	French	Anxiety/Obsessive-Compulsive/Mood	Personal assistant
15	Female	42	French	Anxiety/Mood	Designer

**Table 3**

Self-perceived positive and negative characteristics by mental illness type

<b>Type of mental illness</b>	<b>Self-perceived positive characteristics</b>	<b>Self-perceived negative characteristics</b>
Personality	<ul style="list-style-type: none"> <li>- Perfectionistic (especially borderline)</li> <li>- Empathetic/good listener/sensitive</li> <li>- Driven</li> <li>- Follow rules/black-and-white thinking/systematic</li> </ul>	<ul style="list-style-type: none"> <li>- Difficulty to control emotions</li> <li>- Lack of confidence</li> <li>- Difficulty to concentrate/focus</li> <li>- Inability to complete tasks</li> </ul>
Anxiety	<ul style="list-style-type: none"> <li>- Perfectionistic</li> <li>- Over-delivering</li> <li>- Observant</li> <li>- Empathetic</li> <li>- Organized/follows rules</li> </ul>	<ul style="list-style-type: none"> <li>- Difficulty to be around people</li> <li>- Difficulty to communicate</li> <li>- Sensitive to stress/feeling overwhelmed</li> <li>- Vigilant/restless</li> </ul>
Mood	<ul style="list-style-type: none"> <li>- Empathetic/compassionate/can relate</li> <li>- Energetic/intense/full on/confident (bipolar, when mania)</li> </ul>	<ul style="list-style-type: none"> <li>- Difficulty to concentrate/focus</li> <li>- Being slow, lack of energy/drive</li> <li>- Irritability</li> <li>- Difficulty to socialize</li> </ul>
Trauma- and Stressor-Related	None reported	-Sensitive to stress
Obsessive-Compulsive	<ul style="list-style-type: none"> <li>- Attention to detail/precision</li> <li>- Clean/neat</li> <li>- Tidy/organized</li> </ul>	-Afraid to get fired

**Figure 1: Conceptual model**

