




BMJ Open Scoping review of veterans' disclosure of mental health concerns or medical conditions in the workplace and other settings: study protocol

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ABSTRACT

Introduction Veterans deal with 'unobservable' medical or mental health conditions, such as post-traumatic stress disorder, at higher rates than the general population. Disclosure of such conditions is important to provide social, emotional, medical and mental health support, but veterans may face challenges when deciding whether to disclose conditions, including fear of stigma or discrimination. Safe disclosure in the workplace is particularly important, as it allows employees to gain accommodations and enables employers to manage workplace health and safety effectively. The objective of this study is to investigate the state of the literature on veterans' disclosure of mental health concerns or medical conditions and identify how it has been studied in the workplace context.

Methods and analysis To conduct the scoping review, several databases will be searched between 10 November 2023 and September 2024 including PubMed, Scopus, Embase, Web of Science, PsycInfo, CINAHL and Cochrane Library, as well as theses databases. Sources will be uploaded to Covidence where two investigators will independently conduct title/abstract and full-text screening, with any conflicts resolved to consensus via discussion with a third investigator. Studies will be included if they are empirical, original research, focused on veterans and disclosure of mental health concerns or medical conditions and written in English. After inclusion, study information will be extracted including key findings about contexts, correlates, processes and outcomes of disclosure in compliance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews.

Ethics and dissemination The scoping review will provide insight into the state of the literature on veterans' disclosure of mental health or medical conditions, particularly in the workplace. Ethical approval is not required as the scoping review will be informed by publicly available data. Findings may be shared through journal articles or conference presentations, and recommendations will be provided to inform future research aimed at improving disclosure processes and outcomes. The scoping review has been pre-registered (<https://osf.io/uxrjp>).

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The search strategy involves searching seven electronic databases for empirical publications, as well as searching theses, and conducting snowballing of reference lists.
- ⇒ An interdisciplinary team will be involved in the review, interpretation and reporting of results, including academics in the fields of Management and Social, Organisational and Clinical Psychology.
- ⇒ The scoping review will exclude grey literature while including empirical peer-reviewed studies and theses.
- ⇒ As this study is a scoping review, there will not be any formal assessment of study quality.

INTRODUCTION

Many veterans deal with medical or mental health conditions when re-integrating into civilian life,¹ particularly in the workplace.^{2–4} Veterans may experience mental health issues such as posttraumatic stress disorder (PTSD^{5 6}) or other medical concerns arising from injuries or exposures^{7 8} that can impact their functioning in society and in the workplace. Those who have had traumatic military experiences are vulnerable to comorbidities including anxiety, social isolation and loneliness, depression and suicidality at higher rates than the general population.^{9 10}

Well-managed disclosure of mental health concerns or medical conditions to family, friends, medical practitioners, employers or coworkers has the potential to link veterans to treatment and support them with their transition into civilian life.^{3 11 12} However, there has been minimal research conducted examining veteran disclosure in the workplace, with the majority focusing on disclosure within partner or spouse dyads or to health professionals.^{13 14} These literature have long suggested that disclosure can be a mixed experience—opening the door to

treatment, support and dyadic coping, but also creating a sense of vulnerability to potential stigma, judgement or unintended relational consequences.^{15 16}

Veterans can grapple with the decision of whether to disclose their mental health concerns or medical conditions for a range of reasons. There may be specific barriers for veterans to access safe and effective disclosure environments, especially in evaluative or performative environments such as work. Veterans may feel shame and self-stigma around their health status.^{10 17} They may be concerned about experiencing discrimination or stigma from others, or fear burdening the recipient of their disclosure, particularly persons outside the defence community or who do not hold military experience.¹⁸ Some veterans may not wish to receive support at work, or may believe that they do not need treatment.^{10 12 19–21} Thus, for a range of reasons, veterans may choose not to disclose their mental health concerns or medical conditions, and instead keep them private.^{22–24} However, non-disclosure prevents or delays access to treatment, which can exacerbate their concerns or conditions.

The decision of whether to disclose unobservable mental health or medical conditions in the workplace is not exclusive to veterans.^{25 26} The relative concealability of mental health or unobservable medical conditions means that employees often have a high level of choice regarding whether to disclose their concerns or conditions to employers or coworkers.^{27–29} In general population samples, predictors of disclosure in the workplace include employee's feeling supported by their organisation, autonomy around when and how to disclose, wanting to be a role model for others, being motivated to gain adjustments or obtain emotional support, and wanting to avoid the stress of concealing.^{27 30 31} When dealt with appropriately, disclosure in the workplace can be beneficial for employees to gain workplace accommodations,^{29 32–34} improve social relationships at work^{34–36} and increase their job satisfaction, performance and tenure.^{29 31 37} Disclosure can also help employees to reduce anxiety,²⁹ increase social integration³¹ and improve their physical and psychological well-being.^{29 31 35}

Barriers to disclosure in general population samples include anticipated stigma or discrimination, lack of support or fears that their employer will not respect their confidentiality.^{25 29 30 38–40} Employees may also worry about unfair treatment in the workplace after disclosure, or fear that they will lose credibility and be the target of gossip among coworkers.²⁷ However, by concealing their concern or condition among coworkers and employers, employees can experience stress,²⁷ a diminished sense of social belonging⁴¹ and reduced quality of life and productivity.^{25 42} On the other hand, if an employee chooses to disclose a medical condition or mental health concern but it is not dealt with appropriately, their fears may be actualised, as employees could face negative outcomes, such as unfair or uncivil treatment, discrimination, stigma and further pressure on performance.^{29 35 40}

While disclosure of medical conditions or mental health concerns in the workplace is an issue across the general population, it can be a particularly unique challenge for veterans.^{3 7 43} A key aspect of re-integrating into civilian life after military service is finding and maintaining suitable employment.^{44 45} Military personnel often gain a strong sense of identity and belonging from their service, and ex-service members may feel a sense of loss, disconnection, and culture shock in the transition to veteranhood,⁴⁶ especially in the workplace.^{43 47–49} Therefore, the struggle to identify with, or adapt to, civilian workplaces, could mean that veterans face particular difficulties with respect to disclosure of mental health concerns or medical conditions.

In this paper, we therefore provide the protocol for a scoping review to better understand the state of the literature on veteran disclosure in the workplace and other contexts. While systematic reviews have been conducted to examine help-seeking in veterans and military personnel to healthcare professionals,^{50 51} and help-seeking among individuals with post-traumatic stress disorder,⁵² there has not yet been a review conducted to examine veterans' disclosure of mental health and medical conditions in the workplace specifically. Given the literature that highlights veterans' unique challenges in re-integrating into civilian life and the workforce, we anticipate that disclosure in the workplace may be a key concern,^{3 7 43–45 47–49} and an initial search suggests that research in this area may be limited. Through our scoping review, we will therefore examine the contexts in which veteran disclosure has been investigated, and highlight any gaps in the literature on disclosure, particularly in the workplace, that should be further explored. Thus, this review will scope the literature to date and set forth a research agenda to support the better management of veterans' disclosures in the workplace.

METHODS AND ANALYSIS

Protocol design

Our scoping review is informed by Arksey and O'Malley's⁵³ approach and the reporting of results will be in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews checklist.⁵⁴ Therefore in the current paper, we describe the scoping review process in five stages: (1) formulating the research question, (2) identifying relevant studies, (3) selecting studies, (4) data extraction and (5) collating, summarising and reporting results. The scoping review is pre-registered on the Open Science Framework (OSF; <https://osf.io/uxrjp>).

Stage 1: formulating the research question

To develop our research questions, we consulted with stakeholders and other members of the research team. We also conducted an informal, brief review of the literature. Based on an initial search, veterans' disclosure of mental health concerns or medical conditions appeared to be studied across a range of contexts (eg, to health

professionals, partners and friends). We, therefore, decided to examine the state of the literature on veterans' disclosure in any context and compare those studies to any studies of veterans' disclosure in the workplace specifically, to better understand and identify gaps or areas for improvement. We therefore seek to answer the umbrella research question:

RQ1: What is the state of the literature on veteran disclosure of mental health concerns or medical conditions?

We also seek to answer the following sub-research questions:

RQ2: In what contexts has veterans' disclosure been studied? Is there research investigating veterans' disclosure in the workplace?

RQ3: What are the correlates, enablers or barriers to veterans' disclosure?

RQ4: How do veterans experience the process of disclosure?

RQ5: What are the outcomes of disclosure or non-disclosure for veterans and others involved?

Stage 2: identifying relevant studies

With support from the library team at The University of Queensland, we developed a search strategy and identified databases to search. The search will include terms related to veterans, disclosure and medical conditions or mental health concerns, with the specific terms outlined in [table 1](#). Databases that will be searched include PubMed, Scopus, Embase, Web of Science, PsycInfo, CINAHL and Cochrane Library. To address any bias, theses will be searched via ProQuest Dissertations and Theses Global and calls for unpublished data will be sent to the distribution lists of prominent societies in the field. Searches will be conducted between 10 November 2023 and September 2024. We will also conduct snowballing via the reference lists of eligible papers until saturation is reached. All papers will be exported to EndNote, and uploaded to Covidence, where screening will occur.

Stage 3: selecting studies

The review process will consist of (1) uploading all relevant sources to Covidence, (2) removing duplicates, (3) title and abstract screening, (4) full-text screening and (5) snowballing reference lists, as depicted in the PRISMA flow diagram in [figure 1](#). During screening, investigators will determine if articles are to be included or excluded based on the criteria outlined in [table 2](#). For title and abstract screening, one investigator will independently assess all studies against the inclusion and exclusion criteria. A second investigator will screen a portion of titles and abstracts, to check for consistency between the investigators, and to determine whether the criteria require refinement. Any discrepancies identified in the title and abstract screening will be discussed between the two investigators until a consensus is reached, and discussions will inform ongoing screening. After title and abstract screening, the two investigators will independently conduct full-text screening, by assessing the sources against the inclusion/exclusion criteria. Any discrepancies will be discussed between the investigators and a third member of the research team until a consensus is reached. Finally, the investigators will conduct snowballing of the reference lists of any sources identified as relevant through full-text screening and any reviews identified during title and abstract screening. Any further studies identified through snowballing will again undergo title/abstract and full-text screening until saturation is reached.

Stage 4: data extraction

Study information will be extracted including data on study design, key findings, location/country of residence of the sample, author location and information related to the contexts, correlates, processes and outcomes of disclosure. Studies will be coded for general information, study-related information and information addressing our research questions. General information will include the author's name, publication status, publication year, geographical location and corresponding author's discipline. Study information will include the aim/purpose of the study, type of study, study design, sample size and

Table 1 Search terms used for the scoping review

Topic set	Definition	Search terms
Veteran	Any person who has previously served in the military for any country, but no longer serves, regardless of how long they have had veteran status	Veteran, ex-service, ex-military, retired-military, former-military, former military
Disclosure	The act of revealing information or asking for help	Disclosure, help-seeking, help seeking, conceal*, withhold*
Medical or mental health	Conditions or symptoms of a condition (potentially undiagnosed) that affects a person mentally or physically	Mental, medical, health, PTSD, psych*, disorder, trauma, wellbeing, well-being
In the search field, all topic sets will be bracketed and separated by 'AND'. Within the topic sets, all search terms will be separated by 'OR'. While some of the search terms are MeSH terms and were automatically searched as MeSH terms through some databases, others are not, as the MeSH equivalent terms did not exist, or did not match the scope of our topics. MeSH, Medical Subject Headings.		

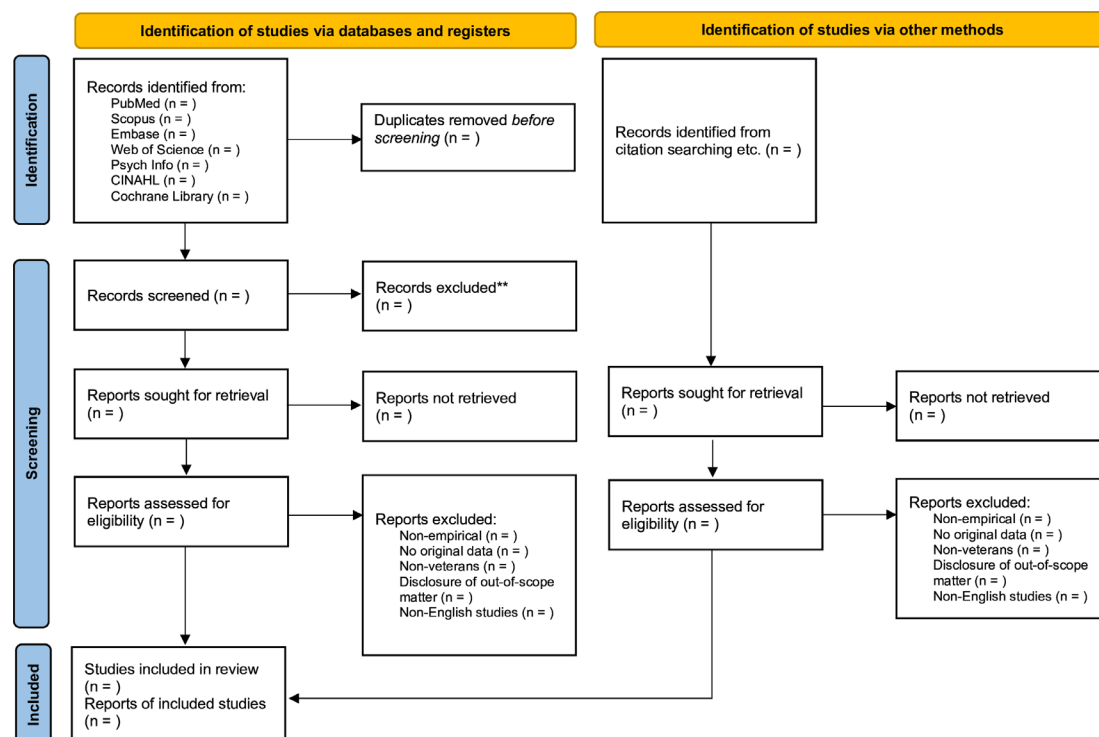


Figure 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram depicting the proposed study screening and selection process.

methodology. To address our research questions, we will also record the context (eg, workplace vs social circle) of the disclosure process being examined, any predictors, correlates, enablers or barriers to disclosure identified in the study, the process of the disclosure described in the study, and any outcomes of disclosing (or not disclosing) for veterans and others involved.

Stage 5: collating, summarising and reporting results

As this is a scoping review, the primary analysis will be descriptive. Results will be summarised to describe the state of the literature on veterans' disclosure of mental health concerns or medical conditions, and particularly

to describe how, if at all, veterans' disclosure has been studied in the workplace. Specifically, we will incorporate visualisations and summaries of the literature, showing the state of the literature, the studies' characteristics and responses to our research questions. We may incorporate Venn diagrams or conduct a gap analysis to identify any gaps in the literature and to set the research agenda for future work.

Patient and public involvement

This scoping review is desktop research that will review existing peer-reviewed research and does not collect new data from participants or patients. The authorship team

Table 2 Inclusion and exclusion criteria for the scoping review

Criteria	Inclusion	Exclusion
Sources	Empirical research (qualitative or quantitative)	Non-empirical research (eg, magazine articles, newsletter articles, reports)
Study design	Quantitative studies Qualitative studies	Editorials, commentaries or reviews with no original data
Focus population	Veterans or ex-service members	Non-veterans (eg, current-service military personnel)
Focus topic	Disclosure of mental health concerns or medical conditions	Disclosure of other information, that is not related to a medical or mental health condition, or symptoms of a condition. Disclosure by someone with a medical or mental health condition, but the topic of disclosure is not about their condition
Language	English or translated to English	Non-English studies
Year	All	Nil
Reviews will be excluded during screening, but their reference lists will be searched for any relevant studies to screen.		

includes those with lived experience of military service and veteranhood.

ETHICS AND DISSEMINATION

This study will provide insight into the state of the literature on veterans' disclosure, particularly in the workplace, and may be used to inform future studies aimed at optimising disclosure processes for veterans, their employers and coworkers. However, it is worth noting that the study may be limited due to the exclusion of non-empirical literature and non-English studies. We have excluded non-empirical literature to ensure the scoping review examines the state of the peer-reviewed literature. However, it is important to consider non-empirical literature and work that has not yet been peer-reviewed, so we will also search for and include any relevant theses in the review and will incorporate non-empirical literature in our introduction and discussion. Similarly, the capabilities of our research team, being wholly English-speaking, limit our capacity to only screen studies that have been published in, or translated to English. Further, our study may be limited by having one member of the research team complete title and abstract screening, and a second member complete a sub-set of title and abstract screening. Due to resource constraints, we cannot have two team members screen all titles and abstracts but will ensure that two team members independently complete full-text screening. To ensure dissemination to other researchers and stakeholders, the scoping review will be submitted for publication in a scientific journal, and results may be shared at conferences or when garnering participation for future studies. As the scoping review involves reviewing and collecting data from publicly available materials, this study does not require ethics approval.

Contributors EBK contributed to the planning of the scoping review, including consultations with the library team, and writing of the protocol paper. LJF is the guarantor. She conceptualised and contributed to the planning of the scoping review, including consultations with the library team, and contributed revisions to the protocol paper. RO'Q provided support during the planning of the scoping review and contributed revisions to the protocol paper. TY provided support during the planning of the scoping review and contributed revisions to the protocol paper. JPB provided support during the planning of the scoping review and contributed revisions to the protocol paper.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

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REFERENCES

- Copeland LA, Finley EP, Rubin ML, *et al.* Emergence of probable PTSD among U.S. veterans over the military-to-civilian transition. *Psychol Trauma* 2022;15:697–704.
- Sayer NA, Carlson KF, Frazier PA. Reintegration Challenges in U.S. Service Members and Veterans Following Combat Deployment. *Soc Issues Policy Rev* 2014;8:33–73.
- Ahern J, Worthen M, Masters J, *et al.* The Challenges of Afghanistan and Iraq Veterans' Transition from Military to Civilian Life and Approaches to Reconnection. *PLoS One* 2015;10:e0128599.
- Wilson SR, Hintz EA, MacDermid Wadsworth SM, *et al.* Female U.S. Military Veterans' (Non)Disclosure of Mental Health Issues with Family and Friends: Privacy Rules and Boundary Management. *Health Commun* 2021;36:412–23.
- Milliken FJ, Morrison EW. Shades of Silence: Emerging Themes and Future Directions for Research on Silence in Organizations. *J Management Stud* 2003;40:1563–8.
- Pavlicic JM, Buchanan EM, McCaslin SE, *et al.* A systematic review of posttraumatic stress and resilience trajectories: Identifying predictors for future treatment of veterans and service members. *Prof Psychol Res Pract* 2022;53:266–75.
- Cramm H, Norris D, Schwartz KD, *et al.* Impact of Canadian Armed Forces Veterans' Mental Health Problems on the Family During the Military to Civilian Transition. *Mil Behav Health* 2020;8:148–58.
- Mobbs MC, Bonanno GA. Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clin Psychol Rev* 2018;59:137–44.
- Levi-Belz Y, Shemesh S, Zerach G. Moral Injury and Suicide Ideation Among Combat Veterans. *Crisis* 2023;44:198–208.
- Gaudet CM, Sowers KM, Nugent WR, *et al.* A review of PTSD and shame in military veterans. *J Hum Behav Soc Environ* 2016;26:56–68.
- Hoyt T, Renshaw K, Pasupathi M, *et al.* Disclosure of Combat Events by Afghanistan and Iraq War Veterans Disclosure of Combat Events by Afghanistan and Iraq War Veterans. *Mil Behav Health* 2013;1:85–92.
- Wilson SR, Hintz EA, Wadsworth SMM, *et al.* Female U. S. Military Veterans' (Non) Disclosure of Mental Health Issues with Family and Friends: Privacy Rules and Boundary Management. *Health Commun* 2021;36:412–23.
- Jeffreys MD, Leibowitz RQ, Finley E, *et al.* Trauma disclosure to health care professionals by veterans: clinical implications. *Mil Med* 2010;175:719–24.
- Monson CM, Taft CT, Fredman SJ. Military-related PTSD and intimate relationships: from description to theory-driven research and intervention development. *Clin Psychol Rev* 2009;29:707–14.
- Hoge Charles W, Castro Carl A, Stephen C. Robert L. Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *N Engl J Med* 2006;355:11–20.
- Knobloch LK, Monk JK, MacDermid Wadsworth SM. Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *J Soc Pers Relat* 2023;40:734–72.
- Ammerman BA, Piccirillo ML, O'Loughlin CM, *et al.* The role of suicide stigma in self-disclosure among civilian and veteran populations. *Psychiatry Res* 2022;309:114408.
- Wilbur DS. Have you shot anyone? How combat veterans manage privacy with family and friends. *Psychol Lang Commun* 2018;22:71–89.
- Rafferty LA, Wessely S, Stevelink SAM, *et al.* The journey to professional mental health support: a qualitative exploration of the barriers and facilitators impacting military veterans' engagement with mental health treatment. *Eur J Psychotraumatol* 2020;10:1700613.
- Leibowitz RQ, Jeffreys MD, Copeland LA, *et al.* Veterans' disclosure of trauma to healthcare providers. *Gen Hosp Psychiatry* 2008;30:100–3.
- Sherman MD, Larsen J, Straits-Troster K, *et al.* Veteran-child communication about parental PTSD: A mixed methods pilot study. *J Fam Psychol* 2015;29:595–603.
- Aronson KR, Perkins DF, Morgan N, *et al.* Going It Alone: Post-9/11 Veteran Nonuse of Healthcare and Social Service Programs During Their Early Transition to Civilian Life. *J Soc Serv Res* 2019;45:634–47.
- Gonzalez K, Tillman CJ, Holmes JJ. Coming home: Why veterans with disabilities withhold workplace accommodation requests. *Hum Rel* 2020;73:1439–66.

- 24 O'Quinn R, Knight E, Brienza JP, *et al.* Military veterans with PTSD face an agonising choice: the stigma of declaring it to employers or being denied support. *The Conversation*; 2024.
- 25 Lindsay S, Cagliostro E, Carafa G. A systematic review of workplace disclosure and accommodation requests among youth and young adults with disabilities. *Disabil Rehabil* 2018;40:2971–86.
- 26 Peterson D, Currey N, Collings S. 'You don't look like one of them': disclosure of mental illness in the workplace as an ongoing dilemma. *Psychiatr Rehabil J* 2011;35:145–7.
- 27 Brohan E, Henderson C, Wheat K, *et al.* Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry* 2012;12:11.
- 28 Branning G, Waters HC, Houle CR, *et al.* Mental Illness Disclosure in the Workplace: An Opportunity for Improvement. *Am Health Drug Benefits* 2021;14:147–53.
- 29 Bonaccio S, Lapierre LM, O'Reilly J. Creating work climates that facilitate and maximize the benefits of disclosing mental health problems in the workplace. *Org Dyn* 2019;48:113–22.
- 30 McGrath MO, Kryszka K, Reavley NJ, *et al.* Disclosure of Mental Health Problems or Suicidality at Work: A Systematic Review. *Int J Environ Res Public Health* 2023;20:5548.
- 31 Hastuti R, Timming AR. An inter-disciplinary review of the literature on mental illness disclosure in the workplace: implications for human resource management. *Int J Hum Resour Manag* 2021;32:3302–38.
- 32 Brohan E, Evans-Lacko S, Henderson C, *et al.* Disclosure of a mental health problem in the employment context: qualitative study of beliefs and experiences. *Epidemiol Psychiatr Sci* 2014;23:289–300.
- 33 Chow CM, Cichocki B. Predictors of Job Accommodations for Individuals With Psychiatric Disabilities. *Rehabil Couns Bull* 2016;59:172–84.
- 34 Corbière M, Villotti P, Lecomte T, *et al.* Work accommodations and natural supports for maintaining employment. *Psychiatr Rehabil J* 2014;37:90–8.
- 35 Brouwers EPM, Joosen MCW, van Zelst C, *et al.* To Disclose or Not to Disclose: A Multi-stakeholder Focus Group Study on Mental Health Issues in the Work Environment. *J Occup Rehabil* 2020;30:84–92.
- 36 Peterson D, Gordon S, Neale J. It can work: Open employment for people with experience of mental illness. *Work* 2017;56:443–54.
- 37 DeTore NR, Hintz K, Khare C, *et al.* Disclosure of mental illness to prospective employers: Clinical, psychosocial, and work correlates in persons receiving supported employment. *Psychiatry Res* 2019;273:312–7.
- 38 White RMB, Baldwin ML, Cang X. Workers' Perspectives on Workplace Disclosure of Serious Mental Illness and Their Employers' Responses. *Qual Health Res* 2023;33:481–95.
- 39 Yoshimura Y, Bakolis I, Henderson C. Psychiatric diagnosis and other predictors of experienced and anticipated workplace discrimination and concealment of mental illness among mental health service users in England. *Soc Psychiatry Psychiatr Epidemiol* 2018;53:1099–109.
- 40 Pischel S, Felfe J. 'Should I Tell My Leader or Not?'—Health-Oriented Leadership and Stigma as Antecedents of Employees' Mental Health Information Disclosure Intentions at Work. *J Occup Environ Med* 2023;65:74–85.
- 41 Camacho G, Reinka MA, Quinn DM. Disclosure and concealment of stigmatized identities. *Curr Opin Psychol* 2020;31:28–32.
- 42 Wheat K, Brohan E, Henderson C, *et al.* Mental illness and the workplace: conceal or reveal? *J R Soc Med* 2010;103:83–6.
- 43 Shepherd S, Sherman DK, MacLean A, *et al.* The Challenges of Military Veterans in Their Transition to the Workplace: A Call for Integrating Basic and Applied Psychological Science. *Perspect Psychol Sci* 2021;16:590–613.
- 44 Kintzle S, Castro CA. Examining veteran transition to the workplace through military transition theory. *Res Occ Stress Well-being* 2018;16:117–27.
- 45 Castro CA, Dursun S, Maclean MB. Essential components for a successful military-to-civilian transition. *Mil Vet Reinteg* 2019;245–51.
- 46 Wakefield JRH, Bowe M, Kellezi B, *et al.* Brothers and sisters in arms: A mixed-methods investigation of the roles played by military support and social identity processes in the mental health of veterans during the transition to veteranhood. *Comm Appl Soc Psy* 2024;34.
- 47 Becker K, Bish A, McCormack M, *et al.* Reconceptualizing identities: Veterans' perspectives on career transition challenges. *Hum Resour Dev Quart* 2023;34:155–76.
- 48 Gonzalez JA, Simpson J. The workplace integration of veterans: Applying diversity and fit perspectives. *Hum Resour Manag Rev* 2021;31:100775.
- 49 Binks E, Cambridge S. The Transition Experiences of British Military Veterans. *Polit Psychol* 2018;39:125–42.
- 50 Sharp M-L, Fear NT, Rona RJ, *et al.* Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiol Rev* 2015;37:144–62.
- 51 Randles R, Finnegan A. Veteran help-seeking behaviour for mental health issues: a systematic review. *BMJ Mil Health* 2022;168:99–104.
- 52 Smith JR, Workneh A, Yaya S. Barriers and Facilitators to Help-Seeking for Individuals With Posttraumatic Stress Disorder: A Systematic Review. *J Trauma Stress* 2020;33:137–50.
- 53 Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2005;8:19–32.
- 54 Tricco AC, Lillie E, Zarin W, *et al.* PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med* 2018;169:467–73.