

ORIGINAL ARTICLE

Mental illness stigma and employer evaluation in hiring: Stereotypes, discrimination and the role of experience

Kaja Larsen Østerud 

Norwegian Social Research (NOVA), Oslo Metropolitan University, Oslo, Norway

Correspondence

Kaja Larsen Østerud, Norwegian Social Research (NOVA), Oslo Metropolitan University, Pb. 4 St. Olavs plass, 0130, Norway.
Email: kajalar@oslomet.no

Funding information

The Research Council of Norway, Grant/Award Number: 273745

Abstract

Mental illness stigma can constitute a significant barrier to entering employment. Drawing on 20 interviews with Norwegian employers, this article investigates how mental illness stigma affects employer evaluation of jobseekers who disclose a history of mental illness. It also explores how employers use accounts of their previous experience with employees with mental illness in their evaluations. Prior to the interviews, the employers received pairs of fictitious applications in which one of the candidates disclosed a history of mental illness. Thus, the interview data were paired with behavioural data on how the employers responded to mental illness disclosure in a genuine recruitment situation. The analysis reveals common stereotypes of people with mental illness as fragile and unreliable. Furthermore, discriminating and inclusive employers are juxtaposed in their approach to mental health stigma, characterised by either taboo and avoidance or empathetic dialogue. The findings indicate how negative experience is coupled with negative attitudes and behaviour and how positive experience is coupled with positive attitudes and behaviour. A central argument is that experience is something that employers play an active part in constructing by

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial](https://creativecommons.org/licenses/by-nc/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2022 The Authors. *Sociology of Health & Illness* published by John Wiley & Sons Ltd on behalf of Foundation for the Sociology of Health & Illness.

choosing to either engage or not engage in a two-way dialogue with employees struggling with mental illness.

KEYWORDS

discrimination, hiring, mental illness, stigma

INTRODUCTION

People with mental illness have long been recognised as a stigmatised group (Link & Phelan, 2013). Mental health stigma can create stereotypical depictions of people with mental illness, which can lead to status loss, discrimination and a loss of life chances (Link & Phelan, 2001). The labour market is a key platform in the creation of life chances; entering it means undergoing the evaluative situation of recruitment. Because of its evaluative nature, recruitment is a process in which there is strong potential for mental illness stigma to be activated. Furthermore, the employer is a particularly powerful actor in recruitment situations, and power is a key ingredient in the creation of stigma. Stigma creates an imperative of secrecy, hiding and covering (Goffman, 1963), but what happens when people with mental illness challenge this imperative and disclose that they have struggled with their mental health? Field experiments have demonstrated hiring discrimination against people who disclose a mental illness (Baert et al., 2016; Bjørnshagen, 2021; Hipes et al., 2016), but there is a lack of research that explores employers' evaluation of such jobseekers. Previous experience with people belonging to a stigmatised group can be an important factor that influences both attitudes and behaviour. Studies show that interpersonal contact with people with mental illness reduces stigma and that previous experience with employees with mental illness can make employers view future hiring in a more positive light (Brohan et al., 2012; Couture & Penn, 2003; Hemphill & Kulik, 2016; Thornicroft et al., 2016). However, other studies have pointed to a less straightforward relationship between experience and positive attitudes (Brohan et al., 2010). Accordingly, there is a need for more research on how previous experience interacts with subsequent recruitment processes.

This article pairs qualitative interview data with behavioural data from a field experiment conducted in Norway. Norway is a Nordic welfare state associated with many desirable outcomes, such as low poverty rates and high employment rates (Halvorsen et al., 2015). However, while employment rates are generally high, the Norwegian disability employment gap is considerable, with 37.5% of the disabled population in employment versus 78.4% of the general population (Statistics Norway, 2022). According to the Labour Force Survey by Statistics Norway (2022), 18.9% of the disabled population outside the labour market has mental illnesses, making them an important target group for inclusion initiatives. However, people with mental illness encounter barriers in the labour market when seeking work (Bjørnshagen & Ugreninov, 2020). The field experiment from which the interviewed employers were selected showed that jobseekers with a mental health condition receive significantly fewer interview invitations (27% fewer) than candidates who do not disclose any mental health conditions (Bjørnshagen, 2021). By recruiting employers from this field experiment, the methodological design pairs valuable behavioural information from a real recruitment situation with in-depth qualitative interview data. The pairing of field experiments and qualitative interviews is not a common methodological design, but there are some examples in the sociological literature demonstrating its utility for uncovering the mechanisms of discrimination (Birkelund et al., 2020; Midtbøen, 2014; Østerud, 2022a,

2022b). Previous research has identified a gap between what employers say they do and what they actually do (Pager & Quillian, 2005). The present study's design provides unique insight into the relationship between attitudes and behaviour by using data on what they do and the meaning they attach to their behaviour. The study poses the following question: How does stigma impact employers' evaluations of jobseekers who disclose a mental illness? Furthermore, this article seeks to investigate how employers relate to previous experience with employees with mental illness in their evaluations.

MENTAL ILLNESS STEREOTYPES, DISCRIMINATION AND EXPERIENCE

People with mental illness are associated with several negative stereotypes. Previous research refers to perceptions of people with mental illness as dependent, unstable, incompetent and dangerous (Angermeyer & Dietrich, 2006; Follmer & Jones, 2018). In addition, mental illness may be seen as less legitimate than physical illness and may be misinterpreted as a personal trait of undependability or lack of engagement due to its fluctuating nature (Follmer & Jones, 2018).

Mental illness is associated with lower rates of labour market participation (OECD, 2012), and research on the perspectives of people with mental illness shows how stigma, prejudice and discrimination represent challenging barriers that must be navigated in the context of working life (Elraz, 2017; Shier et al., 2009). In addition, anticipated prejudice can create difficult dilemmas regarding whether to disclose mental illness (Brohan et al., 2012; Irvine, 2011b). Surveys show that employers are sceptical of potential employees with mental illness (Bjørnshagen & Ugreninov, 2020; Janssens et al., 2021). However, these survey data only investigate attitudes, which may differ from actual behaviour. Correspondence studies, which are a type of field experiment, are well suited for investigating actual recruitment behaviour. In these field experiments, fictitious applications are submitted to real job advertisements and different rates of call back between jobseekers belonging to a minority group and a majority group are compared (Pager, 2007). Field experiments have primarily been used to study ethnic discrimination (Quillian & Midtbøen, 2021), but in recent years, some correspondence studies have been conducted in the USA (Ameri et al., 2018; Hipes et al., 2016), Belgium (Baert et al., 2016) and Norway (Bjørnshagen, 2021) that demonstrate hiring discrimination against jobseekers disclosing a mental illness.

Research shows that interpersonal contact with people with mental illness can reduce stigma (Corrigan & Niewegłowski, 2019; Couture & Penn, 2003). This is in line with the contact hypothesis presented by Allport (1958), suggesting that under certain conditions, such as equal status and common goals, intergroup contact can lessen prejudiced beliefs. The positive association between previous hiring experience and a greater willingness to hire people with mental illness has been documented in the literature (Brohan et al., 2012), yet experience does not necessarily translate into positive attitudes (Brohan et al., 2010). It could be argued that experience can, in some instances, confirm already held negative attitudes, making employers less inclined to hire someone with mental illness in the future. Furthermore, a positive experience with an outgroup member can lead to subtyping, perceiving positive interaction as an exception to the group (Pager & Karafin, 2009). In an article on discrimination against ethnic minorities in Norway, Birkelund et al. (2020) found that negative experience reinforces negative attitudes and behaviour, but also that positive experience can affect hiring decisions in a positive way. They suggest that how deeply embedded a stereotype is in society impacts whether positive experience can counteract prejudice.

How employers use prior experience in their evaluations of people with mental health problems remains an underexplored question. There is a lack of research that can explain the mechanisms of how experience with people with mental illness impacts subsequent attitudes in hiring. However, as mental illness remains stigmatised, this complicates the picture. Stigma often entails the imperative of hiding and covering symptoms (DeJordy, 2008; Goffman, 1963), which means that employers' experiences are affected by whether and when they gain knowledge of employees' mental illness. For example, an employer may have productive employees with mental illness that they do not know about, and they may only come to find out about mental illness when the symptoms create a need for specific adjustments. Thus, stigma clouds the direct experience with employees with mental illness.

THEORETICAL FRAMEWORK: STIGMA

The concept of stigma has long been applied in sociological research on mental illness (Link & Phelan, 2014a). Goffman (1963) introduced the concept of stigma to understand the marginalisation of and discrimination against ostracised groups in society, and it has since been applied extensively in sociology and related fields. Goffman (1963) defined stigma as 'an attribute that is deeply discrediting' and that reduces the person 'from a whole and usual person to a tainted, discounted one' (p. 3). While Goffman's influence is undeniable in inspiring a wealth of research on how stigma is experienced, more recent contributions in stigma research have directed more attention towards the stigmatisers than the stigmatised (Tyler & Slater, 2018) and away from the depictions of stigmatised people as personal tragedies (Scambler, 2009). As such, the deviance paradigm of medical sociology has been challenged by the oppression paradigm of disability studies (Thomas, 2007), which raises the question of why those with the power to label and stigmatise act as they do (Scambler, 2009). Power can, however, also be used to challenge stigma. The present article aims to contribute to stigma research by investigating both how people use power to sustain stigma and how power can be used to challenge it.

This article relies on an influential, multifaceted conceptualisation of stigma put forth by Link and Phelan (2001), who define stigma as 'the co-occurrence of its components – labeling, stereotyping, separation, status loss, and discrimination' (p. 363). Labelling refers to the social selection of human differences that are perceived as salient enough to form impressions of a distinct social group. This label is then linked to stereotypes—automatic associations of negative attributes. The third component refers to the separation of *us* from *them*, creating the idea of difference between groups. Finally, status loss and discrimination denote downward placement in a status hierarchy and negative treatment by individuals and society. This article is mostly concerned with the individual level of discrimination, that is, overt and direct discriminatory acts. However, as Link and Phelan (2001) say, it is important to emphasise that this type of discrimination only reflects some of the disadvantages experienced by stigmatised groups and that societal arrangements can represent significant oppressive structures.

A central feature of Link and Phelan's understanding is that stigma is a process rather than an attribute. They also underscore the role of power and claim that social, economic or political power must be exercised for stigma to take place. Employing this theoretical understanding of stigma enables an investigation into how the process of stigma unfolds and directs attention to the importance of power. In recruitment situations, one party holds much more power than the other. Because employers are gatekeepers who can decide who gets the job and who is rejected, there is a considerable power imbalance that employers can potentially use to sustain mental

illness stigma. Phelan et al. (2008) suggest three goals for which this power can be used: (1) keeping people down, (2) keeping people in and (3) keeping people away. 'Keeping people down' means engaging in domination and exploitation to maintain resource inequalities in favour of those who possess wealth and power. 'Keeping people in' refers to the enforcement of social norms by making 'deviant' people conform to what the stigmatisers consider acceptable behaviour. Finally, 'keeping people away' means avoiding people who are considered diseased due to the basic human tendency to avoid illness, which evokes discomfort and fear of contagion. Stigmatisers achieve these ends by overt action, but perhaps even more so by subtly sustaining cultural perceptions of the stigmatised, which become internalised by the stigmatised group (Fox et al., 2016; Link & Phelan, 2014b).

It has been argued that the stigma experienced by people with mental illness is an important contributor to unemployment and work exclusion (Brouwers, 2020). This study employs the stigma framework to investigate *how* the process of mental health stigma unfolds in recruitment situations and potentially contributes to exclusion. The theory predicts how labelling and stereotypes lead to discriminatory acts, as demonstrated in the findings. However, the findings also show how self-labelling can be seen as a positive act by employers, indicating the potential to use social power to challenge imperatives of secrecy that can be harmful to the employer–employee relationship.

METHODS

The interview data in this article are paired with behavioural information from a field experiment conducted in Norway between September 2019 and December 2020. In the field experiment, 1398 fictitious job applications were submitted in pairs to 699 real job listings. The candidates in each pair had common Norwegian names, the same gender, same age (early to mid-twenties), equivalent work experience and the same educational background. In addition, they both had a 1-year gap in their resumé. One candidate stated that this gap was due to travelling abroad. The other gave the following statement in their cover letter: 'I would like to be open about not having been employed or in education after finishing [upper secondary education/vocational education/my bachelor's degree] due to mental health challenges. I spent this time doing volunteer work for Mental Health Youth, where I used my own experiences to help others in situations similar to my own'. Volunteer work with a mental health organisation was also added to the candidate's resumé. Both candidates had recent job experience, meaning that the period of unemployment was not current. The candidate's diagnosis, severity and recovery were not addressed in the disclosure text, leaving room for interpretation. The field experiment revealed hiring discrimination against candidates with mental health problems, with a 27% lower probability of receiving an interview invitation (see Bjørnshagen, 2021, for details). The field experiment demonstrates the occurrence of discrimination. However, it does not provide information about employers' considerations during the recruitment process. To achieve this purpose, I conducted follow-up interviews with employers who had been subjected to the field experiment.

I sent out interview invitations by email to 89 employers who had sent an invitation to at least one candidate. A total of 20 employers agreed to participate. Of this sample, 10 had invited both candidates, one had only invited the candidate with mental health problems and 9 had only invited the candidate who did not disclose any mental health problems. The interviewees were mostly managers, but two of the interviewees were HR representatives (Interviewees 10 and 18). The positions that were applied for in this sample of employers were electrician, kindergarten

teacher, truck driver, carpenter, salesperson, IT developer and accountant. All employers were from the private or non-profit sectors since Norwegian public employers require the registration of applicant profiles in web-based recruitment portals, which was not compatible with the field experiment method. See Table 1 for an overview of the participants.

Since the field experiment had to be conducted without informed consent, the research project was reviewed and approved in advance by the Norwegian National Committee for Research Ethics in the Social Sciences and the Humanities (NESH) and the Norwegian Centre for Research Data. In its evaluation, NESH acknowledged that the design provided a method for detecting direct discrimination that would not be possible through another design (Pager, 2007). In addition, pairing the data with interviews gave employers an opportunity to explain their behaviour. Informed consent was obtained for all follow-up interviews. All participants were given a written debriefing explaining how the experiment had been conducted before they agreed to be interviewed.

The interviews were semi-structured and based on an interview guide with predetermined topics. The employers were asked about recruitment procedures, their impressions of workers with mental illness, diversity and inclusion policies and their opinions regarding jobseekers' disclosure of health conditions and disabilities. The job listings and fictitious resumés were presented to the employers during the interview to spark their memories regarding the specific hiring process. I conducted the interviews between May and October 2020. Due to restrictions caused by the pandemic, all interviews were conducted by phone. Phone interviews have both advantages and disadvantages. They make it easier for interviewees to participate and choose a comfortable setting in which to talk, and the researcher can take notes during the interview without distracting the interviewee (Cachia & Millward, 2011). However, phone interviews tend to be shorter and participants can provide less elaboration (Irvine, 2011a). Nevertheless, despite these restrictions, I found that I could produce rich, interesting data. The interviews were digitally recorded and transcribed verbatim by a professional transcription service. Pseudonyms are used for all interviewees in the findings section.

The chosen analysis strategy was the reflexive thematic analysis (Braun & Clarke, 2006, 2022). I read through each interview and coded the relevant statements in NVivo. Stigma was the overarching theoretical framework guiding the analysis, directing attention to topics related to stereotyping and acts of discrimination based on group membership. Initial codes were numerous and diverse but were generally oriented towards different types of employer evaluation of people with mental illness, impressions and stereotypes of mentally ill people and different types of experiences. After the initial coding was completed, the smaller coded segments were compiled into broader themes. These themes were identified at the latent rather than the semantic level—searching for underlying assumptions and ideologies in the theming of the codes (Braun & Clarke, 2006). The initial search for themes resulted in candidate themes that were reviewed and refined through an iterative process of reading code excerpts, making visual maps and writing. This process resulted in three themes, which are presented in the findings section below: (1) the stereotype of the fragile, unreliable mentally ill person, (2) activating stigma—taboo and avoidance and (3) challenging stigma through empathetic dialogue.

FINDINGS

The stereotype of the fragile and unreliable mentally ill person

The process of stigma begins with labelling and stereotyping. It became clear during the employer interviews that people with mental health problems were a socially salient group to which they

TABLE 1 Participant overview

Interviewee number	Pseudonym	Called in	Industry	Position	Firm size
1	Arne	Both candidates	Electrician firm	Electrician	Small
2	Silje	Both candidates	Kindergarten	Kindergarten teacher	Small
3	Frida	Both candidates	Kindergarten	Kindergarten teacher	Small
4	Einar	Both candidates	Wholesale of professional machinery and equipment	Service technician	Small
5	Unni	Both candidates	Kindergarten	Kindergarten teacher	Small
6	Maja	Both candidates	Kindergarten	Kindergarten teacher	Small
7	Trygve	Both candidates	Transportation company	Truck driver	Medium
8	Caroline	Both candidates	Kindergarten	Kindergarten teacher	Small
9	Helena	Both candidates	Kindergarten	Kindergarten teacher	Small
10	Guri	Only candidate without mental illness	Transportation company	Truck driver	Large
11	Anton	Only candidate without mental illness	Carpentry firm	Carpenter	Medium
12	Lucas	Both candidates	Electrician firm	Electrician	Small
13	Vera	Only candidate without mental illness	Kindergarten	Kindergarten teacher	Small
14	Ingrid	Only candidate without mental illness	Kindergarten	Kindergarten teacher	Small
15	David	Only candidate without mental illness	Retail	Salesperson	Large
16	Lars	Only candidate without mental illness	Manufacturing	Electrician	Large
17	Eline	Only candidate with mental illness	Kindergarten	Kindergarten teacher	Small
18	Mona	Only candidate without mental illness	IT	Developer	Large

TABLE 1 (Continued)

Interviewee number	Pseudonym	Called in	Industry	Position	Firm size
19	John	Only candidate without mental illness	Transportation company	Accountant	Medium
20	Erik	Only candidate without mental illness	Electrician firm	Electrician	Small

Note: Small, 1–20 employees; medium, 21–100 and large, more than 100.

attached several attributes. Stereotypes of people with mental illness were described by a number of interviewees, both directly and indirectly. The employers typically associated the term ‘mental health challenges’ used in the disclosure text with diagnoses such as depression, anxiety and ADHD. Employers who discriminated against jobseekers with mental illness often used stereotypes to explain why they did not want to hire such a person. They painted an image of people with mental illness as fragile, sensitive and unreliable. This fragility was described as potentially not being up to the challenges of the job. The managers often described this in terms of relational challenges, for example, in the following:

For example, we have a job [...] that concerns installation and coordinating service assignments. And that means you’ll meet people who could be very angry, which makes me think that it isn’t a suitable job for someone who’s depressed or can easily get depressed. Because you get yelled at a lot. So, that would be important to know in this type of position, and I think I would try to find out whether the candidate had such thoughts. Because it’s really tough, psychologically, to face that kind of opposition.

(Einar, called in both candidates)

In our sector, at least, I would think, I don’t know, but I think that it’s easier to accommodate if you have a job where you work mostly by yourself. It’s easier to make adaptations for mental instability than if you’re going to be in direct contact with others.

(Interviewee 31, Vera, called in the jobseeker without mental health problems only)

Some employers argued that this sensitivity not only posed a potential challenge in dealings with customers and service users, but also in relationships with colleagues. Two employers who rejected candidates with mental health problems claimed that their masculine work environments (contracting and factory work) meant that people with mental health problems could easily be victims of harassment. This was particularly considered a problem when the jobseeker was a woman. One factory manager said that work teams could be quite autonomous because the managers were not there during late and night shifts:

In our work environment, it’s pretty merciless, I would say. If you don’t function in your job and complain about something, then there won’t be any manager there to

help you. So, most of the time, you will or could end up being picked on by the others if you don't do your job.

(Lars, called in the jobseeker without mental health problems only)

Several interviewees associated the concern of the inability to do a job with unreliability and undependability. The employers believed that the sensitivity and fragility of people with mental illness would lead to them breaking down and not showing up for work. Vera, a kindergarten manager, stated multiple times in her interview that she felt that people with mental health problems were unstable. She saw this as incompatible with the stability she believed that a kindergarten employee should possess:

It's not a job you can take home. Young children need dependable adults over time. [...] We can't accommodate... we need to be here. We can't make arrangements for people who struggle to get up in the morning.

(Vera, called in the jobseeker without mental health problems only)

This first theme thus demonstrates how people with mental illness were understood as a socially salient group to which several employers attached negative stereotypical impressions of instability and fragility. We can also recognise a separation in how employers saw mentally ill people as a type of outgroup. The next theme will consider the link between this attitudinal dimension and the behavioural dimension, examining how stigmatising attitudes can be related to experience and discrimination.

Activating stigma: Taboo and avoidance

This theme investigates accounts of employers who expressed negative attitudes and/or behaviour towards jobseekers with mental illness. In the process of stigma, labelling, stereotypes and separation lead to status loss and discrimination. Such status loss and devaluation of people with mental illness as workers was manifested in the data in terms of sceptical attitudes towards their value as potential co-workers. Stigma was behaviourally manifested in the data by intentional acts of differential treatment. A key motivation seemed to be disease avoidance (keeping people away). The employers also indicated an expectation that the candidates would exercise caution with regard to the presentation of mental illness, thus indicating the enforcement of social norms (keeping people in).

Four employers expressed intentional differential treatment of the candidate with mental illness due to negative expectations. In addition, one employer called in both candidates due to a high demand for qualified personnel, but nonetheless expressed negative attitudes towards hiring. A portrayal of mental illness as something that should only be discussed with care was found across different behaviour and attitude patterns. Many employers described mental illness as something private, taboo and shameful, meaning they considered it something that people should be careful discussing too openly:

I think that many people might find it a bit intimidating; maybe it's still a bit of a taboo. And I think that people might know too little about it. If a person wrote that they had cancer for a period, that would be more accepted, because it's so much

more concrete than mental health problems. It's more diffuse and still much more taboo, unfortunately.

(Ingrid, called in the jobseeker without mental health problems only)

I think it's easy to get into a situation where you don't receive an interview invitation because you bare your soul. Most of us have something dark locked away that we don't want to share with others anyway.

(Lars, called in the jobseeker without mental health problems only)

Even employers who responded positively to disclosure were sometimes surprised at the candour expressed by the fictitious candidate:

When I read it, my first thought was like, wow – this is certainly an honest person!
And it was like, oh, what does that mean?

(Helena, called in both candidates)

One discriminating employer highlighted how the act of disclosure in the job application indicated a lack of boundaries:

I remember thinking that this was a bit too much. I kind of thought, oh, is this one of those people who doesn't understand boundaries, like whoa, who's always unloading.

(Vera, called in the jobseeker without mental health problems only)

The employers often related their evaluation to experience with previous employees. Almost all the interviewees could refer to some experience with employees with mental illness, indicating that it was common. One interviewee, Erik, referred to a recent negative experience with an electrician apprentice who showed signs of struggling mentally early in her employment. Eventually, the sick notes started to come in. He indicated that he reacted negatively to the fictitious candidate and related it directly to this experience. After recounting the story of the previous employee's sickness absences, he coupled the experience to his evaluation of the candidate:

Interviewer: You said that you reacted a bit to that openness. What was it that you thought then?

Interviewee: You know, 'I was not in employment after I completed my training, because I had mental...' No, I just saw the sick leaves coming in. He just comes and goes.

(Erik, called in the jobseeker without mental health problems only)

A kindergarten manager, Ingrid, also related a negative experience in her decision to reject the candidate:

I definitely did think twice about the fact that he said he had mental health problems, and both in a good and bad sense. You don't want to discriminate against someone because of that, but at the same time, we've had bad experiences before with people who have struggled mentally and in a way haven't been able to do the job they're hired to do.[...] But of course you could have asked more about it and

talked more about it if you'd invited them for an interview, but at the same time, it's a bit sensitive just asking about a person's health history, too.

(Ingrid, called in the jobseeker without mental health problems only)

When the employers described previous experience to justify their rejection of a candidate, they typically referred to them superficially. This is especially evident when contrasted with employers who used experience as grounds for inclusion, which is elaborated on in the next theme. In stories concerning negative experiences, the workers were often referred to as people who disappeared or could not do their jobs. These employers described very little in terms of attempts at dialogue and accommodation. Ingrid did not elaborate much on her experience but emphasised the importance of 'not letting your private life take over your thoughts' when at work, indicating that she considered it a private matter that should not be brought into the workplace. Another example is Erik's case. He described finding it difficult to understand the nature of their previous employee's problems:

And you know, as an employer, the sick note you get doesn't state the cause of the absence. And then you're supposed to provide adaptations and all that, so that's a bit difficult, as I'm sure you understand.

(Erik, called in the jobseeker without mental health problems only)

His recollection of his experience points to a dialogue with the employee that was not characterised by open communication, but by avoidance on the part of both parties. Overall, this theme demonstrates how stereotypical impressions and generalisations of negative experience were used by employers as grounds for devaluation and discrimination.

Challenging stigma through empathetic dialogue

The third and final theme presented here concerns how some of the interviewed employers challenged stigma. While they could acknowledge the existence of stereotypes, they often resisted othering, devaluation and discrimination based on such stereotypes. This section considers the accounts of employers who stated that they were open to and interested in employing people with mental illness (referred to here as employers with positive attitudes). While these employers had most often called in both candidates, some of them had called in the candidate without mental health problems only; however, they still expressed a clear interest in hiring people with mental illness. In these instances, they stated that they did not remember the candidate and that they had a lot of candidates to choose between. One way in which employers with positive attitudes stand out from the rest is by how they react to disclosure. Although many of them acknowledged how mental illness is associated with taboo, they welcomed the openness displayed by the fictitious candidate. These employers frequently said that they valued the candidate's honest approach, which they felt evoked trust:

I remember that we discussed it in the management team, and we pretty much agreed that it was great that she was honest about it [...]. But we were very curious about how the interview would go, and I thought that she sounded like a very pleasant and honest girl.

(Caroline, called in both candidates)

'I want to be open'. Just that piques my interest because it's just what I was talking about to start off with, what I value. It's about personality, creating trust. You do that by being honest.

(David, called in the jobseeker without mental health problems only, but ended up actually hiring a person with mental illness)

When asked why they responded positively, they emphasised that openness is an important way in which they can start a dialogue. Hence, the jobseeker then communicates that it is acceptable for them to discuss a topic that some would consider taboo. This, the employers say, is a fruitful starting point for an open dialogue in the leader–employee relationship:

Interviewer: How important is that honesty?

Interviewee: I think it's important because when you're hiring a person, you want to talk about who you are in relation to each other and what roles should be filled. Who am I when I'm your boss? For me to be a good leader for you, what do you want from me?

(Maja, called in both candidates)

As such, openness and dialogue become important inclusion tools that employers find necessary to form supportive, productive relationships. Many mentioned how establishing this dialogue early on could be vital to handling problems later. One employer said the following:

It's about daring to be honest. Then it might be easier to have a dialogue later on should something happen. And maybe helping each other to be able to stay in work even if you're experiencing a challenge.

(Helena, called in both candidates)

When the inclusive employers talked about their experiences with employees with mental health problems, they emphasised the quality of the dialogue when evaluating whether it was a positive or negative experience. Not all experiences were considered positive by every employer with positive attitudes, but they were more careful not to generalise and they often contrasted negative experiences with other positive experiences. Thus, they talked about how maintaining an open dialogue was a tool for assisting employees with mental health problems. One kindergarten manager said the following:

I've had employees with mental health challenges here who are still here. Who have struggled and come back. So, I do have some experience with that.

Interviewer: How was that experience for you?

Interviewee: I think it's been a good thing. I mean, it can happen to anyone; it could be something private that triggers it. [...] We had an employee a couple of years ago who went on sick leave because of stress, and yeah, she didn't know exactly what it was. Just that it could be things from her childhood that had re-emerged. And I had lots of dialogue with her; we talked a lot. I followed her up the whole way. [...] We got through those months she was away on sick leave because there was lots of dialogue. That is, of course, she was open about what was difficult. That's a prerequisite. If not, I think it would be difficult.

(Caroline, called in both candidates)

What characterises Caroline's story and other similar stories is how the manager talks about engaging in empathic dialogue. They describe how they are interested in understanding the employee's problems and helping them to stay employed. Many of the stories told by the employers with positive attitudes and behaviour are rich in details regarding the employee's specific problems, which seems to stem from an interest in understanding their specific challenges. David, a shop manager, was an employer who did not call in the jobseeker with mental illness in the field experiment, but who referred to how he had ended up hiring a young woman with ADHD in the same recruitment process:

Already in the first interview, she gave information about having ADHD, how she's struggled mentally so she's on medication. And for me, it was like, okay, yes, but what does that entail? If we try to imagine a workday, lots of stress, you've been – she goes to school – you've been at school, probably tired. What could be a trigger and how does it trigger you? Do you have a breakdown, do you black out in a way? Because, you know, focus is important in the sales process. And she tells me, you know, situations can arise, but she controls it so well because she's been aware of it for such a long time and has gotten the right help, and actually still goes to a psychologist. And then for me, I said okay, as long as you know what you need, I still see potential. This is not something that should matter.

(David, called in the jobseeker without mental health problems only, but ended up actually hiring a person with mental illness)

In other words, the empathetic dialogue in these stories goes deeper into issues surrounding the employee than the more superficial stories conveyed by the employers who generalised their negative experience. In this manner, the employer stands out as a key actor in the creation of positive experience because they resist the separation of *us* from *them* and go beyond stigmatising imperatives of taboo. Instead of attempting to 'keep people in' by upholding norms of taboo, they see honesty as something that reflects integrity and courage. The willingness to enter these types of conversations seems to demand employers who are comfortable with them and who possess relational courage and empathy. Another interesting finding regarding employers who challenge stigma through dialogue is that they often have personal experience of mental illness or disability, either first- or second hand, through close friends or relatives. Five of the interviewees talked about such experiences. One example is Einar, who referred to his experience with his brother:

Interviewee: I have lots of experience with, how should I put it, people who don't quite fit the mould.

Interviewer: Okay, what kind of experience?

Interviewee: Because I have a brother who's bipolar, as we call it, who is unemployed. And I see how much it's meant to him being in work for 30, or 25 years. And how great a loss it was when he couldn't stay in work any longer.

(Einar, called in both candidates)

Another is Mona, who referred to her close friend:

There are so many different challenges that, yeah, that can work out just fine in working life. I know, my best friend has social anxiety, and she's a team leader in the child welfare services, functions just fine and does a very, very good job.

(Mona, only called in the candidate with mental health problems)

An important nuance to note is that many of the inclusive employers also referred to a lack of openness as a problem. They felt that openness was an important ingredient in establishing dialogue and that dialogue was a key prerequisite to successful employment relationships for people with mental illness. Silje, a kindergarten manager, was one of the interviewees who expressed this sentiment. She had recently had a negative experience with an employee who had to quit, but also had personal experience with depression and stated that it was not necessarily a problem. To her, openness was an encouraging aspect of the fictitious application:

You're a bit uncertain, both as employer and colleague, about whether the person is able to stay in the job. At the same time, I think as an employer, that it was very good she was open about it, because that was the problem with the person we hired – it turned out that she hadn't been employed the year before she was due to start with us. She'd had major conflicts with her former employer, she'd had a violent boyfriend, there were lots of things she hadn't shared. [...] So being open about it, I would say, as an employer, is much better in a way because you can be a bit more prepared.

(Silje, called in both candidates)

While stigma research often highlights how power is used to sustain stigma, this third theme demonstrates that it can also be used to challenge it. The open, two-way dialogue initiated by the employer stands out as an act that can demystify and destigmatise mental illness and establish appropriate adjustments and managerial support. This, in turn, can create a positive experience, resulting in a more open and inclusive attitude in the long run.

DISCUSSION

The findings demonstrate how mental health stigma can play out in recruitment situations. The three themes show how stigma is a process and not simply an attribute, where labelling and stereotyping can lead to status loss and discrimination (Link & Phelan, 2001). The first theme shows how candidates who disclosed mental illness were often associated with unreliability and fragility stereotypes. These stereotypes, described by the employers, are therefore in line with the stereotype of instability previously described in the literature (Angermeyer & Dietrich, 2006; Follmer & Jones, 2018). The second theme demonstrates how stereotypical impressions were used by several employers as grounds for devaluation (status loss) and differential treatment of the fictitious candidate (discrimination). Revisiting the three motivations for stigmatisers proposed by Phelan et al. (2008), keeping people away appears to be a motivation for discriminatory behaviour. Some of the employers expressed how they wanted robust employees and therefore wanted to avoid people with mental illness whom they considered fragile and dependent. Others also expressed discomfort with the candidate's openness, arguing that it was 'too

much'. In this respect, discriminatory behaviour and displaying expectations of how disclosure should occur demonstrate a motivation to keep people in by enforcing norms relating to how mental illness should be talked about. However, the third theme shows how some employers challenged the imperative of mental health problems as a private matter that should not be talked about at work and how they engaged in empathetic dialogue with employees and jobseekers to provide accommodation and support.

Experience that the employers considered positive was often coupled with inclusive attitudes and behaviour, while negative experience was coupled with negative attitudes and behaviour, in line with Birkelund et al. (2020) regarding ethnic minorities. However, the findings in the present article point to a key detail: experience is something employers play an active part in constructing; it is not simply passively undergone. This may be especially true of stigmatised identities because, for a constructive dialogue to occur, the employer must provide an environment for employees to want to disclose their mental illness and accommodation needs. A notable difference in the accounts of previous experience by employers with negative experience and attitudes versus employers with positive experience and attitudes was the level of detail they provided about the challenges their employees faced. Negative accounts were characterised by silences between the employer and employee, which could reflect the influence of stigma (Charmaz, 2002).

Employers who recounted positive experiences, on the other hand, often spoke in detail about how they engaged in empathetic dialogue. This finding illustrates how a two-way dialogue has the potential to destigmatise mental illness in the workplace (Kalfa et al., 2021). Employers can derail the process of stigma by resisting the stereotypes and separation that lead to status loss and discrimination. Conversely, employers with negative experiences described employees who hid their symptoms, did not explain their absence and conveyed a general lack of dialogue between the parties. This reflects employee choices that could result from internalised stigma and expected discrimination (Fox et al., 2016; Link & Phelan, 2014b). However, the decision to disclose also depends on perceived supervisory support (Jones & King, 2013). Employers have more power in the employer–employee relationship and therefore hold the key to either sustaining or challenging the stigma surrounding mental illness at work. Employers who create an accepting work environment can decrease stigma, which, in turn, can benefit both the organisation and employees experiencing mental illness (Gelb & Corrigan, 2008).

One drawback of this study's research design is that we do not have access to the stories from the perspective of the person with mental illness and cannot know how they experienced attempts at a two-way dialogue to combat stigma. An expectation to share stigmatised conditions that are deeply private is not without its pitfalls. Knowing that they risk stigma, prejudice and discrimination and deciding not to be open can be an understandable act of resistance (Kanuha, 1999). However, research indicates several downsides to attempting to 'pass', such as emotional difficulties and struggling to maintain a façade (DeJordy, 2008; Vickers, 2017). In this respect, mental illness disclosure bears resemblance to the process of 'coming out' associated with being LGBT+, where being open can be a way of challenging stigma by revealing one's authentic self (Ridge & Ziebland, 2012). Nevertheless, the findings indicate that establishing a dialogue can contribute to better adjustment of work arrangements and more supervisory support from employers with an inclusive mindset. Of course, jobseekers with mental illness have few ways to know whether potential employers have an inclusive mindset. Therein lies a clear dilemma: there is much to be both gained *and* lost by being open. The responsibility for starting the dialogue should therefore lie with the employer.

CONCLUSION

This article demonstrates the process of mental illness stigma in hiring, showing how labelling and stereotyping the mentally ill people as fragile and unreliable can lead to overt discriminatory acts. The findings show how employers can use their power to generalise negative experience, enforce imperatives of secrecy and taboo around mental illness and reject jobseekers who are open about experience with mental illness. However, the article also presents accounts of employers who use their power to challenge stigma. These employers show how they defy stigma by engaging in intentional acts of inclusion and initiating dialogue in which they express empathy and relational courage. Importantly, the findings underscore how employers themselves play a role in creating negative or positive experiences with their mentally ill employees, reflected in the finding that inclusive employers take an active role in establishing open communication, which makes it easier to get appropriate adjustments and managerial support.

The findings' main theoretical contribution is to the understanding of stigma as a process of labelling, stereotyping, status loss and discrimination. As Link and Phelan (2001) argue, stigma is often treated as an attribute that resides 'in the person, rather than a designation or tag that others affix to the person' (p. 366). The findings show that the same disclosure text was interpreted differently by different employers, demonstrating that the evaluation of an attribute relies heavily on the eye of the beholder. By showing how labelling can both lead to and not lead to stereotypical generalisation and discrimination, the findings provide an example of how stigma operates as a 'relationship between a set of interrelated concepts' (Link & Phelan, 2001, p. 366). As such, the article can be seen as a contribution to relational sociology, highlighting the value of processual thinking and how social phenomena are constituted through interaction (Dépelteau, 2018).

The practical implications of the findings concern how stigma can be challenged in the labour market. The findings especially point to the key role that managers play in their interpretations of employer–employee relationships, thus indicating where intervention could be impactful. The literature on destigmatising interventions concerning mental illness in the workplace is currently scarce (Brouwers, 2020). Creating stigma-free workplaces is most likely dependent on a multifaceted approach, yet the findings in this article point to how managers can break harmful imperatives of taboo and provide more suitable adjustments by engaging in a two-way dialogue with their employees. Importantly, the findings demonstrate how employers must lead the way in creating open communication, as open disclosure is associated with real risks for jobseekers. These findings can provide direction for manager training in creating inclusive work environments and in how public employment services approach and guide employers to create positive hiring experiences, with the potential to create subsequent inclusive recruitment practices.

AUTHOR CONTRIBUTIONS

Kaja Larsen Østerud: Conceptualization (lead); Investigation (lead); Formal analysis (lead); Writing—original draft (lead); Writing—review & editing (lead).

ACKNOWLEDGEMENTS

I want to thank the participants who generously took time out of their busy schedules to be interviewed. The research was conducted as a part of the HIRE project at NOVA—Norwegian Social Research, Oslo Metropolitan University, funded by The Research Council of Norway (grant number 273745). I would like to thank everyone who have been involved in the project, in particular, Janikke S. Vedeler, Elisabeth Ugreninov and Vegar Bjørnshagen for support and feedback on the manuscript.

CONFLICT OF INTEREST

No conflicts of interest to disclose.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on reasonable request from the author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

The study has been reviewed and approved in advance by the Norwegian National Committee for Research Ethics in the Social Sciences and the Humanities (2018/257). In addition, the project passed the evaluation by the Norwegian Centre for Research Data, who reviewed the interview guides and consent forms.

ORCID

Kaja Larsen Østerud  <https://orcid.org/0000-0002-6171-9890>

REFERENCES

- Allport, G. W. (1958). *The nature of prejudice*. Abridged (Ed.). Doubleday Anchor.
- Ameri, M., Schur, L., Adya, M., Bentley, F. S., McKay, P., & Kruse, D. (2018). The disability employment puzzle: A field experiment on employer hiring behavior. *ILR Review*, 71(2), 329–364. <https://doi.org/10.1177/0019793917717474>
- Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*, 113(3), 163–179. <https://doi.org/10.1111/j.1600-0447.2005.00699.x>
- Baert, S., De Visschere, S., Schoors, K., Vandenberghe, D., & Omey, E. (2016). First depressed, then discriminated against? *Social Science & Medicine*, 170, 247–254. <https://doi.org/10.1016/j.socscimed.2016.06.033>
- Birkelund, G. E., Johannessen, L. E. F., Rasmussen, E. B., & Rogstad, J. (2020). Experience, stereotypes and discrimination. Employers' reflections on their hiring behavior. *European Societies*, 22(4), 503–524. <https://doi.org/10.1080/14616696.2020.1775273>
- Bjørnshagen, V. (2021). The mark of mental health problems. A field experiment on hiring discrimination before and during COVID-19. *Social Science & Medicine*, 283, 114181. <https://doi.org/10.1016/j.socscimed.2021.114181>
- Bjørnshagen, V., & Ugreninov, E. (2020). Labour market inclusion of young people with mental health problems in Norway. *Alter*, 15(1), 40–60. <https://doi.org/10.1016/j.alter.2020.06.014>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Brohan, E., Henderson, C., Little, K., & Thornicroft, G. (2010). Employees with mental health problems: Survey of UK employers' knowledge, attitudes and workplace practices. *Epidemiology and Psychiatric Sciences*, 19(4), 326–332. <https://doi.org/10.1017/S1121189X0000066X>
- Brohan, E., Henderson, C., Wheat, K., Malcolm, E., Clement, S., Barley, E. A., Slade, M., & Thornicroft, G. (2012). Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry*, 12(1), 11. <https://doi.org/10.1186/1471-244X-12-11>
- Brouwers, E. P. M. (2020). Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: Position paper and future directions. *BMC Psychology*, 8, 1–7. <https://doi.org/10.1186/s40359-020-00399-0>
- Cachia, M., & Millward, L. (2011). The telephone medium and semi-structured interviews: A complementary fit. *Qualitative Research in Organizations and Management: An International Journal*, 6(3), 265–277. <https://doi.org/10.1108/17465641111188420>
- Charmaz, K. (2002). Stories and silences: Disclosures and self in chronic illness. *Qualitative Inquiry*, 8(3), 302–328. <https://doi.org/10.1177/107780040200800307>

- Corrigan, P. W., & Nieweglowski, K. (2019). How does familiarity impact the stigma of mental illness? *Clinical Psychology Review*, 70, 40–50. <https://doi.org/10.1016/j.cpr.2019.02.001>
- Couture, S., & Penn, D. (2003). Interpersonal contact and the stigma of mental illness: A review of the literature. *Journal of Mental Health*, 12(3), 291–305. <https://doi.org/10.1080/09638231000118276>
- DeJordy, R. (2008). Just passing through: Stigma, passing, and identity decoupling in the work place. *Group & Organization Management*, 33(5), 504–531. <https://doi.org/10.1177/1059601108324879>
- Dépelteau, F. (2018). Relational thinking in sociology: Relevance, concurrence and dissonance. In F. Dépelteau (Ed.), *The Palgrave handbook of relational sociology*. Springer.
- Elraz, H. (2017). Identity, mental health and work: How employees with mental health conditions recount stigma and the pejorative discourse of mental illness. *Human Relations*, 71(5), 722–741. <https://doi.org/10.1177/0018726717716752>
- Follmer, K. B., & Jones, K. S. (2018). Mental illness in the workplace: An interdisciplinary review and organizational research agenda. *Journal of Management*, 44(1), 325–351. <https://doi.org/10.1177/0149206317741194>
- Fox, A. B., Smith, B. N., & Vogt, D. (2016). The relationship between anticipated stigma and work functioning for individuals with depression. *Journal of Social and Clinical Psychology*, 35(10), 883–897. <https://doi.org/10.1521/jscp.2016.35.10.883>
- Gelb, B. D., & Corrigan, P. W. (2008). How managers can lower mental illness costs by reducing stigma. *Business Horizons*, 51(4), 293–300. <https://doi.org/10.1016/j.bushor.2008.02.001>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Penguin.
- Halvorsen, R., Hvinden, B., & Schoyen, M. A. (2015). The nordic welfare model in the twenty-first century: The bumble-bee still flies. *Social Policy and Society*, 15(01), 57–73. <https://doi.org/10.1017/s1474746415000135>
- Hemphill, E., & Kulik, C. T. (2016). Which employers offer hope for mainstream job opportunities for disabled people? *Social Policy and Society*, 15(4), 537–554. <https://doi.org/10.1017/S1474746415000457>
- Hipes, C., Lucas, J., Phelan, J. C., & White, R. C. (2016). The stigma of mental illness in the labor market. *Social Science Research*, 56, 16–25. <https://doi.org/10.1016/j.ssresearch.2015.12.001>
- Irvine, A. (2011a). Duration, dominance and depth in telephone and face-to-face interviews: A comparative exploration. *International Journal of Qualitative Methods*, 10(3), 202–220. <https://doi.org/10.1177/160940691101000302>
- Irvine, A. (2011b). Something to declare? The disclosure of common mental health problems at work. *Disability & Society*, 26(2), 179–192. <https://doi.org/10.1080/09687599.2011.544058>
- Janssens, K. M. E., van Weeghel, J., Dewa, C., Henderson, C., Mathijssen, J. J. P., Joosen, M. C. W., & Brouwers, E. P. M. (2021). Line managers' hiring intentions regarding people with mental health problems: A cross-sectional study on workplace stigma. *Occupational and Environmental Medicine*, 78(8), 593–599. <https://doi.org/10.1136/oemed-2020-106955>
- Jones, K. P., & King, E. B. (2013). Managing concealable stigmas at work: A review and multilevel model. *Journal of Management*, 40(5), 1466–1494. <https://doi.org/10.1177/0149206313515518>
- Kalfa, S., Branicki, L., & Brammer, S. (2021). Organizational accommodation of employee mental health conditions and unintended stigma. *International Journal of Human Resource Management*, 32(15), 3190–3217. <https://doi.org/10.1080/09585192.2021.1910536>
- Kanuha, V. K. (1999). The social process of passing to manage stigma: Acts of internalized oppression or acts of resistance? *Journal of Sociology & Social Welfare*, 26(4), 27–46.
- Link, B. G., & Phelan, J. (2014a). Mental illness stigma and the sociology of mental health. In R. J. Johnson, R. J. Turner, & B. G. Link (Eds.), *Sociology of mental health: Selected topics from forty years 1970s-2010s*. Springer International Publishing AG.
- Link, B. G., & Phelan, J. (2014b). Stigma power. *Social Science & Medicine*, 103, 24–32. <https://doi.org/10.1016/j.socscimed.2013.07.035>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Link, B. G., & Phelan, J. C. (2013). Labeling and stigma. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health*. Springer Netherlands.
- Midthøen, A. H. (2014). The invisible second generation? Statistical discrimination and immigrant stereotypes in employment processes in Norway. *Journal of Ethnic and Migration Studies*, 40(10), 1657–1675. <https://doi.org/10.1080/1369183X.2013.847784>

- OECD. (2012). *Sick on the job?: Myths and realities about mental health and work*. OECD Publishing Paris.
- Østerud, K. L. (2022a). A balancing act: The employer perspective on disability disclosure in hiring. *Journal of Vocational Rehabilitation*, 56(3), 289–302. <https://doi.org/10.3233/JVR-221192>
- Østerud, K. L. (2022b). Disability discrimination: Employer considerations of disabled job seekers in light of the ideal worker. *Work, Employment & Society*. <https://doi.org/10.1177/09500170211041303>
- Pager, D. (2007). The use of field experiments for studies of employment discrimination: Contributions, critiques, and directions for the future. *The Annals of the American Academy of Political and Social Science*, 609(1), 104–133. <https://doi.org/10.1177/0002716206294796>
- Pager, D., & Karafin, D. (2009). Bayesian bigot? Statistical discrimination, stereotypes, and employer decision making. *The Annals of the American Academy of Political and Social Science*, 621(1), 70–93. <https://doi.org/10.1177/0002716208324628>
- Pager, D., & Quillian, L. (2005). Walking the talk? What employers say versus what they do. *American Sociological Review*, 70(3), 355–380. <https://doi.org/10.1177/000312240507000301>
- Phelan, J. C., Link, B. G., & Dovidio, J. F. (2008). Stigma and prejudice: One animal or two? *Social Science & Medicine*, 67(3), 358–367. <https://doi.org/10.1016/j.socscimed.2008.03.022>
- Quillian, L., & Midtbøen, A. H. (2021). Comparative perspectives on racial discrimination in hiring: The rise of field experiments. *Annual Review of Sociology*, 47(1), 391–415. <https://doi.org/10.1146/annurev-soc-090420-035144>
- Ridge, D., & Ziebland, S. (2012). Understanding depression through a ‘coming out’ framework. *Sociology of Health & Illness*, 34(5), 730–745. <https://doi.org/10.1111/j.1467-9566.2011.01409.x>
- Scambler, G. (2009). Health-related stigma. *Sociology of Health & Illness*, 31(3), 441–455. <https://doi.org/10.1111/j.1467-9566.2009.01161.x>
- Shier, M., Graham, J. R., & Jones, M. E. (2009). Barriers to employment as experienced by disabled people: A qualitative analysis in calgary and Regina, Canada. *Disability & Society*, 24(1), 63–75. <https://doi.org/10.1080/09687590802535485>
- Statistics Norway. (2022). Persons with disabilities, Labour force survey. Available at: <https://www.ssb.no/en/arbeid-og-lonn/sysselsetting/statistikk/personer-med-nedsatt-funksjonsevne-arbeidskraftundersokelsen>. [Accessed 23 03 2022].
- Thomas, C. (2007). *Sociologies of disability and illness: Contested ideas in disability studies and medical sociology*. Macmillan Education.
- Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O’Reilly, C., & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132. [https://doi.org/10.1016/S0140-6736\(15\)00298-6](https://doi.org/10.1016/S0140-6736(15)00298-6)
- Tyler, I., & Slater, T. (2018). Rethinking the sociology of stigma. *The Sociological Review*, 66(4), 721–743. <https://doi.org/10.1177/0038026118777425>
- Vickers, M. H. (2017). Dark secrets and impression management: Workplace masks of people with multiple sclerosis (MS). *Employee Responsibilities and Rights Journal*, 29(4), 175–195. <https://doi.org/10.1007/s10672-017-9295-3>

How to cite this article: Østerud, K. L. (2023). Mental illness stigma and employer evaluation in hiring: Stereotypes, discrimination and the role of experience. *Sociology of Health & Illness*, 45(1), 90–108. <https://doi.org/10.1111/1467-9566.13544>