How managers can lower mental illness costs by reducing stigma

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KEYWORDS

Mental illnesses; Reducing stigma; Lowering healthcare costs

Abstract

The stigma associated with mental illness is not usually an issue that managers include in their portfolio of everyday concerns. However, published data from multiple sources makes it clear that the costs of doing business for any organization are increased when the very common conditions characterized as mental illnesses are stigmatized. Denial, fear of discovery, and insurance inadequacy among an organization’s employees often delay treatment, harming organizational productivity and raising health care costs related to both the mental illness itself and other associated medical conditions. Additional costs to businesses range from the possibility of increased liability to higher taxes. To counter stigma among employees, the authors recommend personal communication with co-workers diagnosed with a mental illness, or with members of their families, to create new associations for these illnesses, which is a more effective approach than either education or anti-stigma messages. They also recommend communication to constituencies beyond one’s own organization, joining with other companies to demonstrate actions aimed at community-wide stigma reduction, and offering consulting services to organizations promoting mental health.

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1. Stigma: A major expense

Mental illnesses cost the U.S. economy an estimated $79 billion per year, according to a Report of the U.S. Surgeon General (1999). A more recent estimate for the far smaller Canadian economy places that cost at $33 billion annually (Coyle, 2004). A significant portion of these cost amounts stems not from the illnesses themselves, but from the stigma associated with them. Those amounts affect managers because businesses individually and collectively bear the bulk of these costs, ranging from lost employee productivity to higher taxes. Our purpose in this discussion is to show what managers can do to decrease this unnecessary expense burden.

Decreasing mental illness costs means reducing the stigma associated with them. The approach most likely to be useful is skillful communication, a tactic that businesses use daily. In this case, the idea to be communicated both inside the organization and beyond it is that illnesses affecting the brain are like any others, meaning they are challenges to meet, not
conditions to hide. That message has many potential audiences.

The employees within one’s own organization who are experiencing a mental illness, hardly a small group considering that an estimated 26% of the U.S. population fall into that category at some time in their lives (Kessler et al., 2004), is the first audience. Employees often fail to seek treatment because they react with denial to a condition that others denigrate, or because they believe that seeking help may expose their condition, and result in ostracism and possible loss of their job.

Fear of discovery, and associated stress, leads to reduced organizational productivity when these conditions go untreated. One study examined the costs that businesses incur from losses in productivity associated with employee depression, and then compared those costs to treatment expenses. The authors concluded that each employee receiving adequate treatment saves his or her employer $448 per year (Zhang, Rost, Fortney, & Smith, 1999).

1.1. Health insurance, lawsuits, taxes, and fewer customers

However, the productivity losses calculated by Zhang et al. (1999) are only one portion of the cost of stigma. Viewed broadly, stigma inflicts four other costs on businesses in the aggregate that go beyond the dollars attributable to lost employee productivity:

- As contributors to group health plans for employees and their families, businesses face higher premiums based on higher claims experience when employees’ mental illnesses are untreated or under-treated. For example, heart disease and strokes are associated with neglecting conditions such as depression and schizophrenia, and treating mental illnesses themselves costs more when individuals with those illnesses delay seeking professional help. A study published in 2004 comparing 15,000 heart attack patients in 52 nations with a demographically parallel control group found that depression and stress multiply a person’s risk of heart attack by a factor of 2.5 (Loyola University Health System, 2004).

- As employers subject to the Americans with Disabilities Act prohibiting discrimination, businesses may be vulnerable to lawsuits from employees who have been diagnosed with a mental illness and who may attribute some company action they dislike to stigma associated with their health status.

- As taxpayers, businesses pay to support public hospitals and clinics where, again, delaying treatment of mental illnesses raises treatment costs. Tax dollars are also spent to support many individuals whose conditions are controlled by medications, meaning they could work if employers would hire them. However, the stigma associated with their diagnosis dramatically lowers the likelihood of any job offer.

- As producers of goods and services, businesses may find that the inability of those diagnosed with a mental illness to find jobs that will provide purchasing power reduces the ability of these individuals to be customers. Even individuals with a mental illness who do find jobs often are underemployed. A study of 4,600 Indiana workers with a psychiatric diagnosis found 9 out of 10 employed in lower paying jobs with poor benefits even though they received special employment support through a state program (Perkins, Born, Raines, & Galka, 2005).

Note that the problems listed above are associated with stigma, a mark of disgrace or discredit (Byrne, 2000), but not with mental illnesses themselves. Stigma in fact sets these illnesses apart from the medical problems for which individuals seek treatment without shame. Reducing stigma means successfully communicating the idea that mental illnesses are generally treatable conditions that are no more embarrassing than chronic asthma or diabetes. That may sound like a tough sell, but to cite an example from the past, so was the idea that cancer could be successfully treated.

1.2. A timely topic

This topic is particularly timely now because current pharmaceutical advertising and health newsletters have softened taboos about the discussion of previously embarrassing medical conditions, and because violence associated with under-treated mental illness has recently made headlines. Therefore, efforts by managers to reduce the stigmatizing of mental illnesses both in their own organizations and in broader contexts will appear less controversial than they might have in years past. Furthermore, informational resources available from state government offices and non-governmental organizations that can assist in stigma-reducing efforts have increased significantly over the last 5 years.

For managers who are willing to consider such efforts, and are amenable to considering the possibility that skillful communication may reduce stigma, we offer a framework. First, as background, we
will describe stigma and some of the attempts currently underway to combat it. Then we will recommend approaches for managers who seek to reduce the costs, both human and financial, associated with stigma in their own organizations and beyond.

2. Stigma and efforts to combat it

2.1. Rejection, secrecy, and stress

Stigma involves negative stereotyping, and more specifically, the erroneous association of mental illnesses with something disgraceful or shameful. In a work setting, a person with such a diagnosis often experiences interpersonal discrimination, including difficulty in joining groups or simply making friends, which are circumstances that clearly hinder teamwork and organizational loyalty. In the community at large, such persons often experience formal discrimination such as difficulty renting an apartment, and if they do not have a job, or lose one, finding employment can appear impossible.

This multi-faceted social rejection makes it easy to understand why many with mental illness are reluctant to seek treatment, hoping that they can keep their health status a secret. That reluctance varies by condition, but in 2004 an Internet survey of employees who said they were experiencing depression, the most common mental illness, found that three quarters of them reported that they delayed or avoided seeking treatment. They made those choices in spite of the fact that their depression interfered with their job; more than 80% said they lacked motivation at work and had difficulty concentrating. Half of those surveyed reported missing 1 to 3 days of work each month as a result of their illness (University of Michigan Depression Center, 2004).

Delays in seeking treatment, and the costs associated with those delays, stem from stigma in three respects. All can be attributed directly to stigma rather than to the mental illness itself.

First, employees often self-stigmatize when they work in an environment where nut case, crazy, kook, and the like are common terms for those with mental illnesses. Seeking treatment requires someone to recognize his or her own situation as something other than a bad mood, prevalent short-term problem, or crisis best denied. The more that employees perceive stigma to be in the workplace, the more widespread denial will be, as will discouragement, or the belief that one’s condition is hopeless and that treatment is therefore futile.

A second set of issues involves what some employees see as practical considerations. They believe that taking time off from work for treatment will raise embarrassing questions, questions that would not fluster someone taking time off for something like physical therapy. They may also believe that medical records are not really confidential, despite assurances to the contrary. Finally, they may avoid treatment to ensure that nobody can possibly encounter them in a setting where it takes place. A psychologist notes that one of the best ways not to be seen with other mental patients is not to go where they are receiving care (Corrigan, 2004).

The third issue thwarting effective treatment for many is cost. Employees with group insurance are likely to find that treatment for a mental illness is not covered for a long enough period of time and at a high enough level for effectiveness, a problem which mental health advocacy groups attribute to stigma (Pear, 2007). While 42 states, including Indiana, do require parity — a mandate that commercial insurance policies pay for mental health care in much the same way they cover other illnesses — exceptions may include policies offered by small business employers, or the way substance abuse treatment is handled as a covered expense (Bernstein, 2007).

In non-parity states, and among some small businesses, coverage of mental illnesses may be altogether excluded. Although 78% of benefits managers in a national survey say that lost productivity due to depression is more costly than treating employees with that illness (Mulligan, 2004), the Society for Human Resource Management reports that the proportion of employers offering mental health benefits drops roughly two percentage points per year. They attribute the decline to the fact that stigma keeps employees from protesting the cuts in coverage (Andrews, 2003).

That same consciousness of stigma is also significant in discouraging those whose insurance does cover treatment, but who then find that coverage as a practical matter is unavailable. For example, although California has a parity law, a group lobbying to amend that law says the list of serious mental disorders it covers is incomplete, and its provisions are subject to manipulation. Because the law permits the use of managed care techniques, insurers frequently offer referrals to providers in their networks who are not available, have moved or retired, or are even deceased. After many phone calls, a person can get discouraged and drop his or her quest for treatment (R. Clifford, personal communication, January 2, 2007). Certainly, some of the problems just described could apply to other kinds of health issues, but for those with a mental illness, stigma discourages going public, or even visiting a company benefits staff member, to enlist help.
2.2. Anti-stigma attempts so far

Some managers have understood the costs associated with stigma and have initiated efforts to reduce it in their own organizations. Results have been unimpressive, however, where the approaches taken were either education or admonitions against discrimination.

One common message disparages stigmatizing by emphasizing that mental illnesses are not character weaknesses: they are brain diseases. While such an educational approach is intended to decrease blaming someone for his or her mental illness, the message may also lead to the belief that a person diagnosed with depression, for example, will never recover because he or she has, in effect, a hard-wired problem that is unlikely to be successfully treated. Another common approach is to communicate obliquely that stigmatizing is bad. This approach has also been questioned. A “you are bad if you stigmatize” message may backfire, leading to attitude rebound, according to experts in the field, who believe that moralistic messages against stigmatizing may result in dwelling on the issue, or reacting negatively to being told what to do, making the stigma worse (Corrigan & Lundin, 2001).

3. What managers can do to be effective

The background summary indicates that reducing the stigma associated with mental illnesses remains an unsolved problem, but it offers useful material for managers concerned about this issue to build on. Given the qualms expressed about some current attempts to reduce stigma, it appears wise to instead use a positive but indirect approach. Doing so would apply the findings of social psychologists who suggest creating new associations for those who are the objects of prejudice rather than, in effect, arguing their merits.

To create new associations for those with a mental illness, research has shown the effectiveness of personal contact. The expectation is that knowing someone as a human being can change stereotypes and thereby reduce fear. A recent analysis of programs designed to reduce stigma, including education and protest, concluded that the most effective of the three is personal contact similar to what takes place in a work setting (Corrigan & Gelb, 2006). Specifically, this occurs when someone diagnosed with a mental illness, or a relative of such an individual, communicates his or her willingness to discuss that illness. In doing so, not only does the individual convey information, but he or she also conveys the message that these are treatable, socially acceptable illnesses.

For managers, any action indicating acceptance is a sensible first step. One strategy that targets employees with a mental illness is to provide information concerning Employee Assistance Programs, or in organizations that lack such programs, publicizing the availability of professional, confidential help. If an organization offers programs or pays for access to programs on how to stop smoking or on nutrition, for example, it can in parallel fashion offer or pay for programs on dealing with anxiety and depression.

However, reducing stigma among the entire workforce is also a goal. The best communicators to this target audience are employees with personal experience of a mental illness who are willing to convey messages like the value of treatment. Here, managerial support coupled with a matter-of-fact context can make such individuals more comfortable than they might otherwise be. If April, or any other month, is employee health month, employees — and managers as well — can be asked to post health tips on everything from the benefits of avoiding foods that may raise the threat of heart disease to the wisdom of seeking professional help for depression or addiction. Such requests, whatever the specific context, communicate that one illness is no more shameful than another, and that all are represented in the employee population.

In addition, employees whose family members have been harmed by the stigma surrounding their mental illness may be willing to hold in-person discussions. The idea is to shift associations from “mental illness/unknown/frightening” to “mental illness/experienced by the daughter of Mark Lewis who runs our United Way drive.” Possibly Mark can talk about the positive effects of medications, and the fact that 19-year-old Jennifer will be taking them over a long period of time, as his son Paul will be taking asthma medication for many years.

Jennifer herself might be invited to participate in a company Internet chat room for those with questions if she feels comfortable doing so. Once she does participate, she becomes a person who shouldn’t be avoided because someone is embarrassed or doesn’t know what to say, but who instead is now a person who is an expert on her own illness. She, or anyone who has personal experience with a mental illness, raises the comfort level of other employees by providing knowledge and the feeling of confidence that it brings. That knowledge has many facets: that mental illnesses vary, that most respond to treatment, that having such an illness is not shameful, and that an individual with a mental illness is a person someone can learn to talk to about this topic without difficulty.
Ideally, that knowledge becomes the norm over time in a given organization, enabling those with past or current illnesses to discuss them comfortably with co-workers. Once they do so, perceptions shift further, and employees begin to understand that Stephanie takes allergy shots, Phil is careful about his diet due to diabetes, and Ashley attends weekly group sessions with others who have been hospitalized in the past for depression. The overall theme becomes the message that smart people can seek help and find effective treatments for a range of chronic illnesses.

3.1. Participation by small businesses

The kinds of programs described here need not be limited to large organizations. Managers in small businesses may find that joining with other small firms is the most practical way to implement similar efforts. For instance, they may employ chat room technology to link employees in several businesses to an employee in one of the participating firms who is willing to say: “I am recovering from a mental illness and I’m happy to answer questions about it.” That same person can, as noted earlier, point out that effective treatments help individuals with any chronic illness — diabetes, depression, allergies, anxiety, and so forth — positioning mental illnesses among a range of other illnesses for which medical help is both sought and provided.

Such a spokesperson can, of course, be a manager in a business of any size. The CEO of a major oilfield tool company resigned to focus on treatment of his depression, then later became president of the advisory council of Houston’s Mental Health Association. These facts were highlighted in a long interview in the Houston Chronicle that included statements from other executives willing to be quoted about their illnesses and what they regarded as successful treatments (Hensel, 2002).

3.2. Encouraging personal contact

The kind of personal contact advocated here appears to be the best kind of communication for reducing stigma, but it would be natural for managers to wonder what could motivate an employee to come out concerning his or her condition. One win-win possibility is for employers to reward employees who choose to disclose any illness or disability by offering some accommodation, such as a more flexible schedule or extra feedback on job performance.

A study of individuals with a mental illness who held high-level professional jobs found that 86% had disclosed their condition at their workplace; most had been able to negotiate some kind of accommodation (Ellison, Russinova, MacDonald-Wilson, & Lyass, 2003). The willingness of this elite group to disclose a mental illness suggests at least the possibility that they trusted their equally elite colleagues to respond without stigmatizing. Therefore, managers may see a circular beneficial effect from skillful efforts to reduce stigma: When more employees perceive acceptance from colleagues and are therefore more willing to disclose an illness, this can lead to further acceptance among the workforce as a whole.

One non-obvious benefit to all managerial efforts to decrease stigma concerns the issue of secrecy in organizations. When a mental illness is kept secret because of stigma, or fear of stigma, the idea that silence pays is reinforced. Given the difficulty that management in any organization often has in eliciting all kinds of communication, no matter how valuable that communication might be, there is a broad upside to making employees aware that it is not dangerous to talk about any topic that they might otherwise be reluctant to discuss.

3.3. Demonstrating acceptance

Business can also go beyond words to actions and thereby help to demonstrate the ordinariness of mental illnesses. State governments and a range of non-profit organizations sponsor programs to encourage employment of individuals with various disabilities, including mental illnesses. In New Mexico, for example, the owner of an auto care shop in Albuquerque noted in a newspaper interview that he had “learned a lot about mental illness” from individuals he hired through such a program. He commented: “We don’t look down or feel bad or treat them any different. They come in. They joke around with all of us, have a good time, but still get the job done” (Amedeo, 2005).

It should be clear that communicating the ordinariness of mental illnesses in one workplace, or in a cluster of workplaces, is something that managers can undertake more effectively if their objective is to demonstrate, rather than merely advocate, a culture of acceptance. Arguing for acceptance can, as already noted, evoke responses that are emotional and negative. However, anyone communicating with employees can focus the discussion on conformity to law, the benefits of increased worker productivity, and lower health claims, presumably evoking responses that are far less emotional and therefore more likely to be positive.

Since organizational norms are at least partially successful in influencing other behavior, from eating at one’s desk to e-mailing sex-related jokes, such an
approach is a reasonable place to start. More subtle approaches are also possible, avoiding the negative consequences of a "here is what not to do" message. An example comes from an advice column in The Washington Post, where the columnist answers an anonymous writer who asks how to avoid feeling ashamed of the need to take medication to control a mental illness. The response offered, which could just as easily appear in a company newsletter, simply noted: "If you were a diabetic, you would take insulin without shame. It’s just a different set of chemicals" (Hax, 2006).

3.4. Using new terminology

Another opportunity for managers to employ the kind of thinking recommended here is to avoid the mental illness term. It can be replaced by referencing a specific illness, just as people routinely discuss pneumonia or appendicitis instead of physical illnesses. While one manager, company, or industry cannot single-handedly change the prevailing terminology, changing one's own language in discussing health issues offers a starting point. In all likelihood, the first people to notice the use of language referring to specific diseases of the brain, rather than to the general mental illness category, will be individuals dealing with the combined burden of such an illness and the associated stigma, or those with a friend, neighbor, or relative dealing with the same. Interestingly, such individuals may, literally, constitute most of an organization’s employees — and most of its customers.

Overall, a range of justifications can be offered, and an assortment of techniques suggested, for any manager to use to decrease stigma in his or her organization. Organizational hesitancy to take on the challenge of stigma may, of course, stem less from unwillingness than from uncertainty as to how to proceed. Here the resources provided by state governments and advocacy organizations come into play. Using Indiana as an example, resources are available at http://www.in.gov/fssa/disability/services/ddguide/employment.html. Other useful resources include http://www.stopstigma.samhsa.gov/topics_materials/employment.htm, and for success stories, http://www.allmentalhealth.samhsa.gov/.

4. Moving out to the community

4.1. Joining with other businesses

While we have focused on managerial actions to reduce stigma within an organization, such efforts are clearly enhanced if the organization communicates a similar message beyond the employee population. Such messages can most effectively target constituencies influenced by the organization, such as a company’s home city, industry, or suppliers. They can also take place in society as a whole if a firm exerts leadership to motivate many organizations, or governmental entities, to act in concert.

Consider what might be accomplished locally by business leadership within a civic group or Chamber of Commerce if, for example, finding apartments is a problem in the community for those whose rental history has been interrupted by a mental illness. The group might hold one or more workshops for landlords, prompting them to discuss how they would feel about renting an apartment to someone with good credit history, versus how many feel about renting to someone who lacks good credit, or someone with a visible handicap, or someone whose previous address was a facility for treating mental illnesses. Ideally, such a person who had lived in that type of facility would be present to provide information and personal contact. It is easier to imagine managers who have had a positive experience in their own companies with individuals willing to say, "I was diagnosed with..." initiating such workshops.

An additional suggestion goes further, raising the possibility that managers interested in reducing stigma can bring businesses together to market respect and inclusion in the same way they might cross-market products. Messages to civic groups or parent-teacher organizations which promote specific behaviors similar to those suggested earlier in this article could be tested through a sponsorship by a statewide professional or trade association, since a supporting community makes it far easier to communicate successfully to employees inside an organization. For example, many corporations discouraged stigmatizing of the disabled and those with AIDS before Christopher Reeve and Magic Johnson gave those conditions a human face, but their efforts were undoubtedly more successful after that occurred. When work values and community values coincide, the synergy is immensely useful.

Sponsorship of such communication also reflects well on the business community, as well as delivering a message that its sponsors hope will be meaningful. Texas businesses, to offer one example, have a Website “dedicated to the elimination of the stigma of mental illness in every Texas workplace” that invites employees to nominate their business as "mental health friendly" if it offers mental health insurance parity, promotes screenings for health issues such as depression and anxiety, provides education about mental illnesses to managers and senior executives, supports flex time for employees.
to deal with mental illness in the family, and promotes worksite wellness activities (Texans Working Together, 2007). Such an approach epitomizes simultaneous efforts to reduce stigma within workplaces and in the larger community of Website visitors.

4.2. One more role: Consultant and partner

Another level of effort for managers to consider is helping not-for-profit organizations that work for stigma reduction and for mental health. Some retailers already have a history of imaginative partnerships with such organizations. For example, one creative way to position anxiety as similar to other illnesses is for a shopping center to offer space for a kiosk supplying information about available professional help, or for a supermarket chain to offer treatment for depression in its stores, as described below. Such actions multiply the effectiveness of messages to employees throughout the community, because they then see mental illnesses presented in a non-secret, socially acceptable context.

In a pilot study, two therapists providing psychotherapy for depressed women placed the treatment sessions in a supermarket. They concluded that the women in the study found that location appealing, offering less stigma and more convenience than a mental health clinic. One advantage appears to be reduction in self-stigma, leading to willingness to seek treatment. Another advantage, however, is repositioning psychotherapy in the eyes of those walking by as an “everyday” or at least “everyplace” happening. A location that occasionally offers cholesterol screenings and flu shots, as supermarkets do, gains an association with ordinary, non-stigmatized healthcare. That association encourages the public to think: How bad can a problem be if somebody can get some help for it between the dairy case and the fresh produce? (Swartz, Shear, Frank, Cherry, Scholle, & Kupfer, 2002)

Retailers, of course, are not the only businesses able to help not-for-profit organizations that are working for greater understanding of mental illnesses. Any organization can offer business expertise, and can also assist by simply becoming a visible partner. As those partnerships are publicized, the public sees and hears the underlying message that businesses are willing to talk about these illnesses, repositioning mental illness as a challenge rather than an embarrassment. To offer two diverse examples:

- A San Francisco vocational training organization for individuals with a mental illness started a restaurant so their clients could gain experience as employees (Glionna, 2003). Any astute manager would point out that favorable associations would replace the stigmatizing of those employees by customers only if the café is noticeably clean and the food excellent. For any business in the food service industry, providing advice and training to increase the likelihood of that kind of positive outcome is a natural fit.

- Many non-profit groups publicize services to individuals with a specific mental illness, from Alzheimer’s day care to support groups for those with anxiety disorders, to offer two examples among many. A business or business coalition that pays for advertising to publicize the mental health service offered, placing its name as a partner at the bottom of the ad, has done two things: it has publicized a useful activity, and declared that it is more than willing to associate its name with an illness once only whispered about.

5. The bottom line

Everything suggested in the preceding discussion can be synthesized by saying that decreasing the stigma of mental illnesses is a sensible challenge for managers to assume. Working with an organization’s own employee population is a first step, and any business can provide training for managers in how to confront the challenges described here. According to a national survey, although 85% of middle managers believe that part of their job responsibility is to help employees with depression, only 18% had received training that would prepare them to do so (Mulligan, 2004).

Trying to create an accepting climate for employees can also provide a test for efforts to influence constituencies outside the organization. That experience base will help managers to create a more sophisticated understanding of these illnesses in the communities they influence, especially when they do so in conjunction with an industry group, civic group, or health care coalition. Many large employers already are part of such coalitions, which do everything from exchanging information on provider outcomes and costs to jointly purchasing pharmaceutical products. While one company may find it too daunting to attempt to reduce stigmatizing in an entire community, a coalition may see such an approach as both feasible and wise.

Certainly some will question the appropriateness of what may seem to be a social crusade on the part of
a business, an industry group, or an even larger business coalition. Few, however, will deny the expectation that business and health are intertwined, particularly where employee health is a significant part of the issue. For example, in one management journal managers were recently asked whether business should care about obesity; few will be surprised to hear that the authors concluded quite firmly that business should, indeed, care. They then advocated a partnership approach, similar in many ways to those suggested herein (Seiders & Berry, 2007).

Looking more broadly at the possibilities for stigma reduction, one additional suggestion for any group of businesses to consider is lobbying to increase the funds available for research concerning mental illnesses. As more individuals with mental illnesses are successfully treated stigmatizing is reduced, but one key to greater success in treatment is more research support, most likely from governmental sources. The stigma associated with cancer declined dramatically once it was viewed as treatable, and it is reasonable to assume that the stigma associated with mental illnesses will decline as treatment of them continues to improve.

The bottom line is for managers to understand the financial advantages of stigma reduction, and to recognize that identifying with this undertaking is good business. Employee productivity can improve. Insurance claims can decrease. Lawsuits against an employer, claiming that a mental illness has led to discrimination, can be reduced. The need for tax support for those able and willing to work can be reduced as well. Those who can be employed now, or employed in better jobs, can buy and recommend the organization’s products. They can speak out for the perspective of business when public issues divide a community. Given that one in four individuals will experience a mental illness at some time in his or her life, we are talking here about many customers and many votes, to reward — or punish — any business. If the challenge appears significant, and it does, then so does the potential payoff.

References


