Policies and Practices on the Accommodation of Persons with Invisible Disabilities in Workplaces:

A Review of Canadian and International Literature

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EXECUTIVE SUMMARY

From this literature review on people with invisible disabilities and workplace accommodation issues and practices, we learn the following:

- The concept of invisible disabilities refers to a range of mental and physical disabilities. Invisible disabilities, like visible ones, can vary in their origins, their degree of severity, and in whether they are episodic or permanent. Invisible disability is not a clear-cut clinical category or a distinct social identity. Thus, people with invisible disabilities are a diverse group with a range of needs and capacities.

- The (in) visibility of impairment is socially constructed as well as medically diagnosed and physically founded. An invisible disability has a material reality that is personally experienced in the social world; as a result, there is not always a sharp distinction between visible and invisible disabilities. Invisible disability is not the opposite of visible disability; they are interconnected and dynamic: a condition can have characteristics of visibility and invisibility depending on the symptoms and the circumstances.

- The fact that many disabilities are not easily seen or readily evident to other people raises the issue of managing information about a hidden impairment. This management of disability and stigma can involve a person with an invisible disability passing or covering as non-disabled. It also raises the critical question of disclosing a hidden impairment and the issue of accommodation in the workplace. *Passing* refers to when a person with a significant disability succeeds in appearing to others to be non-disabled, by keeping undisclosed information about their impairment. *Covering* involves efforts by a person with a less than obvious disability to keep the impairment from looming large in everyday interactions.

- In Canada and in other countries, notably the UK and the United States, specific non-profit organizations and networks for invisible disability have formed in the last 20 years to share information and raise awareness.

- Much of the mainstream literature on employment and disability does not consider the question of a person disclosing their hidden disability to an employer. Nonetheless, disclosure is a huge and difficult issue. While disclosure is the route to a workplace accommodation process and can be in the best interest of the employee with a disability, it is a highly risky decision to disclose with numerous potential disadvantages along with advantages. The resulting situation is the *predicament of disclosure*.

- The process of *disclosing* refers, in this report, to making an invisible disability visible in the context of employment. This can involve telling and retelling the story of one's disability to an employer, supervisor or manager, co-workers, human resource staff, union representative and possibly clients or customers. Disclosing as a practice relates to human rights and the associated fundamental principles of self-determination, autonomy to self-identity and consent.

- Three general orientations of employers to disability and accommodation in the workplace can be identified in the literature: outright resistance, ambivalence or hesitance and willing acceptance.

- One of the barriers or gaps facing employers is that it seems relatively few companies advertise job opportunities with organizations for people with invisible disabilities. At the same time, many employers rely solely on online applications which frequently screen out some people with disabilities.

- Research on *absenteeism* and *presenteeism* adds a crucial dimension to the question of the cost of accommodating people with disabilities in the workplace. The accommodation literature focuses on the direct costs of modifying work schedules or job tasks or ergonomic design adjustments, usually concluding that such costs are on average not that significant. The literature on absenteeism and presenteeism, typically considered from an employer perspective, offers a different picture; a more challenging set of results about the direct and indirect costs of employing people with disabilities, visible or invisible.

- Employers can create an organizational atmosphere or workplace culture that encourages disclosure by people with invisible disabilities. They can achieve this by being clear about the competencies required for a job; giving as much information, in accessible formats, as possible in advance; and, in recruitment and selection processes, allowing opportunities for the individual to talk and disclose. When someone does disclose, employers should take time to consider the situation and, if needed, consult with human resource or disability management specialists.

- Many workplace accommodations for people with visible or invisible disabilities are actually about managing effectively rather than making exceptions: about having clear expectations, open communications and inclusive practices. For a person with an invisible disability, there is the necessity, at some point in the employment relationship, to disclose their impairment; provide some documentation the nature of the condition; and help to determine the impacts of the condition on job-related activities and the workplace.

- Under federal and provincial/territorial human rights laws, people with invisible disabilities are offered the same legal protections as persons with visible disabilities. In the accommodation process, there are duties and responsibilities of the person with a disability, of the employer and, where applicable, of a union or professional body.

1. INTRODUCTION

This report presents a qualitative literature review of Canadian and international literatures on policies and practices on the accommodation of persons with invisible disabilities in workplaces of gainful employment. The objectives of this review are to discuss the nature of invisible disabilities; and to examine available accommodations for persons with invisible disabilities, and how employers implement accommodations to support the labour force participation of people with specific invisible disabilities. The intent is to learn what kinds of accommodations work for people with particular kinds of disabilities.

Significance of invisible disabilities

As the population ages, invisible disabilities will become increasingly prevalent and more Canadian workers will experience hidden impairments. Mental health conditions, for example, make up an increasing share of adults of working age with a disability. In 2012, a National Standard of Canada on Psychological Health and Safety in the Workplace was released, a standard which directly touches on invisible disabilities. An international study estimates that as many as 40% of persons with disabilities have invisible impairments (Matthews and Harrington 2000). A recent Conference Board of Canada report claims that: "Not all disabilities are visible; in fact, most are not visible at all" (Brisbois 2014: 5).

In addition to its growing occurrence, invisible disability is an important topic because of its contested nature as a legitimate condition and diagnosis; and because it intersects between personal lives and social worlds of cultural attitudes, public policies, and workplace practices. "Invisible disabilities pose a special problem because they are not readily apparent to others. Because invisible disabilities have traditionally not received the recognition that other forms of disability have, employers may not be aware of the need to accommodate people with invisible disabilities. Lack of accommodation results in lower employment rates, increased work-related absences and a restriction of capabilities within the workplace, among other things" (Reeve and Gottselig 2011: v). The invisible or hidden nature of disability, therefore, is a perspective from which to examine the issue of employment, especially accommodations that can be arranged within workplaces in the Canadian labour market.

To participate more fully in the labour market, people with invisible disabilities require a range of aids and supports which varies depending on the type, stage and form of disability. As Employment and Social Development Canada (ESDC) recognizes, a thorough examination of the topic will help policy makers, persons with disabilities, and employers to better understand the various aspects of the employment and retention of persons with invisible disabilities in the labour force. As this report will show, there is a substantial literature on invisible disabilities, providing a foundation for policy analysis and public conversations on the participation of persons with invisible disabilities in workplaces.

Research focus and research questions

A considerable amount of the literature on disability and employment focuses on the *supply-side* of labour force participation; that is, on the demographic characteristics of individuals, including their age, gender and education and on the type of impairment and degree of severity. This supply-side focus also looks at the role of employment service agencies and vocational

rehabilitation programs in enhancing the employability of persons with disabilities. In this report, while these issues are touched on, the intention is to concentrate on the *demand-side* of employment, paying particular attention to employers: their perspectives on disability, their requirements and challenges, and their practices in relation to workplace accommodation and inclusion for people with disabilities.

The additional focus here on invisible disabilities draws awareness to the issue of disclosing one's disability in the workplace, illustrating the interplay between supply and demand factors in employment.

A number of research questions were identified by ESDC at the start of this project. These questions, and others added during the research, include the following:

- What conditions, diseases, or impairments are identified as invisible disabilities?
- Are the employment challenges and/or opportunities for people with invisible disabilities different than they are for those for people with visible disabilities?
- What factors influence the provision of accommodations for persons with invisible disabilities?
- What does the literature tell us about the gaps, barriers and needs of employers in accommodating persons with invisible disabilities in the workplace?
- What promising hiring practices do employers adopt for accommodating persons with invisible disabilities?
- What policies and practices are in place in Canada and in other countries regarding the accommodation of persons with invisible disabilities?
- How do public policy measures affect the relationship between employers and job applicants or employees with invisible disabilities?

These questions have guided the literature search and informed the subsequent analysis of the evidence from Canada and other countries.

Scope and time frame

The literature review was carried out from November 2014 through February 2015. Of particular interest to the review are policies and practices designed to move people with invisible disabilities into the labour force and gainful employment or re-employment.
Search terms used to source various medical, social policy and grey literature (that is, practitioner-produced) were as follows: invisible/hidden/less visible/latent/contested; disability/impairment/condition/handicap/symptom/incapacity/illness; and, accommodation/reasonable accommodation/workplace accommodation/ workplace supports. More specific terms, such as chronic fatigue and depression, were used to get at particular invisible disabilities. Documents were sourced through bibliographies and centralized websites as well as academic and professional journals.

In terms of disciplinary scope, literature surveyed is from medical and social policy fields. In terms of jurisdictions, literature reviewed comes from the Canadian context and a select number of other countries, mainly Britain, Ireland and the United States. Literature published or produced over the last 15 years is the primary focus, with certain earlier publications also

considered. In terms of invisible disabilities, in this foundational piece of research, the project examines in-depth a select number of individual conditions or impairments. Moreover, it was agreed that the phenomenon of individuals with concurrent disorders or multiple disabilities not be examined. Nonetheless, this is a common phenomenon worthy of future investigation.

Uses of the literature review

A literature review helps identify existing research pertinent to the general topic of people living with invisible disabilities and to the more specific area of workplace accommodations. A basic use of the review is to identify definitions of invisible or hidden disabilities provided by disability associations and disability studies centres and by other sources. This helps to identify the overall range or universe of invisible disabilities as well as identify categories and specific types of invisible disabilities. It helps get a sense of the state of knowledge on the topic; on where research emphases and knowledge gaps are with respect to certain impairments and to certain aspects on employment. The literature review also reveals important concepts and issues, such as concealment, stigma and disclosure, and thus stimulates questions and suggests further potential lines of inquiry.

Key issues concern the implications of disabilities being hidden for general public understanding; legal protections and access to public income programs (such as workers' compensation) for people with mental health problems as compared to those with visible physical injuries; disclosure by an applicant or employee; and employer support and action.

In reviewing the social science and medical literatures, the scope of this review is extensive although not exhaustive. The purpose was not to review all the literature but rather to identify and examine a substantial amount of evidence to provide a strong foundation to this large subject. What the review yields is a mixture of personal stories and lived experiences; research findings; conceptual and theoretical approaches; tool kits and tips on accommodation; and recommendations for making workplaces more accommodating.

Structure of the report

The rest of the report is organized as follows. Section 2 outlines basic conceptions of disability, including the interrelated terms of episodic and invisible disability. Section 3 looks at the implications of invisible disabilities along with the related practices associated with invisible disabilities of passing, covering and disclosing. Disadvantages and advantages of disability disclosure in a work setting are also identified. Section 4 examines workplace accommodation for people with invisible disabilities. Gaps, barriers and needs of employers are reviewed, as are promising employer practices in employing people with invisible disabilities. The role of government policies and programs are also discussed. Section 5 offers conclusions and summarizes the key findings of this report.

In addition, there is an extensive Reference section and two appendixes. The first appendix concerns identifying key literature by 30 different types of invisible disability, and the second identifies literature on the topic of disability disclosure by type of impairment.

2. DISABILITY MEANINGS

Disability, from a standard international perspective, is the relationship between body structures and functions, daily activities and social participation, recognizing the role of environmental factors in influencing these relationships. In Canadian survey research, persons with disabilities are typically defined as individuals who experience or report difficulties with everyday living or who have a physical or mental condition or health problem that reduces the amount or kind of activities they can do. Researchers note that answers to survey questions on disability represent respondents' perceptions of their situations and thus are somewhat subjective. This is true for these and many other social surveys that rely on self-reporting; what a discussion of invisible disabilities adds is that interpretations of disability are also quintessentially inter-subjective, that is to say, interpretations of disability take place between people in countless organizational and social settings.

The interest in this report is with invisible disabilities that have an effect on a person's employability; that is, their ability to enter the labour market, to obtain a job, to maintain employment and, if the circumstances arise, to return to work. It is important to note that not all disabilities, whether visible or invisible, result in activity limitations in the workplace. Then again, some impairment does affect work capacity and may require job modifications or other general workplace accommodations. The effects can include the type of occupation, the place of work, the amount of work hours a person can do, advancement opportunities and access to work-related training (Williams 2006).

A person's hidden impairment may not be the most critical fact about the person's employability; it may be that they are a single parent with young children or that they are multilingual or are a newcomer to the country. That interplay of social and personal factors, however, takes us beyond the scope of this report.

This review of the literature found an overlap between the concepts of episodic disability and invisible disability. Numerous conditions that are identified as episodic are also identified as hidden or invisible, though studies rarely make the connection between these two understandings of disability. Many episodic disabilities, like invisible disabilities, are not obvious to onlookers; and many invisible disabilities, like episodic disabilities, vary in degree of severity.

Episodic disabilities

Episodic disabilities are lifelong health conditions that impact a person's ability to participate in employment and in other social domains. Boyce defines episodic disability as "a serious mental or physical condition characterized by fluctuating periods and degrees of wellness and impairment. These periods are often unpredictable in severity, duration and potential for resolution" (2005: 35). Moreover, "an episodic disability can be permanent or temporary, life-threatening or chronic, progressive or stable. What makes disability 'episodic' is that it produces recurring, sometimes cyclical, usually unpredictable periods of good and poor health" (2005: 45). Compared to people with other kinds of disability, Boyce argues that "people with episodic impairments experience the additional disadvantage that this particular kind of impairment has

long been less adequately conceptualized, less clearly articulated, and less effectively addressed, by disability policies and programs" (2005: 34).

The "episodic disability communities" are said to include organizations representing people living with arthritis, some forms of cancer, Crohn's disease, diabetes, hepatitis C, HIV/AIDS, mental illness, mood disorders and multiple sclerosis (CWGHR 2006: 4; Episodic Disabilities Network 2010). One Canadian study identifies 27 underlying health conditions as associated with "episodic disability" (Furrie 2010), most of which can also be regarded as invisible disability.

Invisible disabilities

The notion of invisible disability has received considerable attention in recent years by social and medical researchers, community advocates, and policy analysts. Available online and in government documents and the academic literature, there are several definitions of the concept of invisible disability.

The distinction between visible disability and invisible disability is said to be that a person with an invisible disability has an impairment which is not immediately apparent to other people. Invisible disabilities are those that are imperceptible or unseen via physical characteristics or behaviours. Being relatively hidden the impairment does not automatically convey information about the person to others and so does not define a situation or shape initial expectations of people in a social encounter. A person's appearance and deportment are not manifestly altered by their health condition or impairment; hence, their disability remains unrecognized and unknown in social interactions. This suggests, further, that there is also an absence of discriminatory or stereotypical responses to the individual.

Invisible disability is not a clear-cut clinical category or a distinct social identity. Instead, researchers suggest it is useful to think of visible and invisible disabilities as located along a spectrum of conditions and specific contexts. Mollow, for example, notes "the impossibility of any absolute binary between "visible" and "invisible" disabilities" (2010: 502). A condition that may be invisible to the casual observer in a social setting can be seen by health professionals through diagnostic tests. Mollow lists the following conditions as invisible disabilities: "mental illnesses; some cognitive disabilities; and physical conditions such as chronic fatigue syndrome, repetitive strain injury, Environmental illness, and fibromyalgia, which don't produce objectively observable bodily changes" (2010: 502). Wendell (2001) and Krogh and Johnson (2006) suggest that women with disabilities are more likely to experience non-visible impairment such as chronic illness and fatigue than men with disabilities.

Devlin and Pothier (2006: 15) approach the topic in the following way: "disabilities range from the highly visible to the highly invisible. Moreover, whether the disability is visible may depend on the context. For example, although a wheelchair is generally a very visible sign of disability, if someone using a wheelchair is seated at a table with others who did not bring their own chairs, the disability may not be obvious to the casual observer (or to someone who cannot see the wheelchair because they cannot see at all). Many disabilities are not apparent unless specific activities impacted by the disability are being engaged in. For example, in a situation where no one's speaking, muteness or deafness may not be discernible. There are also many hidden

disabilities that are not obvious unless the person chooses to disclose or is require to disclose to qualify for benefits or accommodation."

Invisible disability, then, is not the opposite of visible disability; rather, they are interconnected and dynamic: a condition can have characteristics of visibility and invisibility depending on the symptoms and the circumstances. Consider a young person with dyslexia, for example; their impairment may become apparent and professionally assessed in the school system along with certain accommodations in the learning environment, but in other areas of their everyday life the dyslexia is not disclosed and remains relatively invisible to other people.

Reviewing the social science and medical literature reveals a family of concepts associated with invisible disability. Related terms include invisible stigmas (Raggins 2009), invisible wounds of traumatized soldiers (Moss and Prince 2014), invisible impairments (Lingsom 2008), the invisible body (Revenflow and Malterud 2006), invisible illness (Vickers 2000), invisible social identities (Clair, Beatty and MacLean 2005), and socially invisible diseases (Lonardi 2007). There is the Invisible Disabilities Association in Canada, a non-profit group founded in 1999 to assist those with disabilities resulting from chronic fatigue syndrome, fibromyalgia, environmental sensitivities, and related illnesses. Comparable organizations internationally include Invisible Disabilities Association, established in 1996 in the United States, and Invisible Disabilities UK.

In the UK, the term *hidden impairment* is prominent in the literature and policy discourse. A Hidden Impairment National Group was established in 2010 with an initial focus on individuals with Autistic Spectrum Disorder, including Asperger's Syndrome, Attention Deficit Hyperactive Disorder (ADHD), Dyslexia, Dyspraxia, Dyscalculia, and Speech and Language difficulties. Heart disease has been called a hidden disability at work (Krumie 2014). Related terms are hidden handicaps and hidden abilities; the later concept is intended to reframe disability by directing attention to the talents as well as the difficulties and differences of people with learning challenges (Key4Learning 2014).

Hidden disability is a term that appears frequently in the literature (Bouton 2013; Center for Disability Studies 2008; Crawford and Silver 2001; Fitzgerald 2000; Hirsch and Loy 2010; Johnston-Tyler 2007; National Collaborative on Workforce and Disability; Ortiz 2005; Valeras 2010). Hidden disabilities has been defined in an American study as "an impairment causing limitations: not obvious to the naked eye; not easily discerned by others; or not noticeable in one's speech, behavior, or mobility" (Hirsch and Loy 2010: 8). These authors go on to list 15 impairments as hidden disabilities, as shown in Box 1.While a hidden disability may not be obvious or easily discerned, it may - due to effects on the brain, circulation, respiration, sensory abilities or muscular skeletal system - result in workplace limitations in regard to attendance, concentration and memory, organization or coworker interaction.

Box 1: Hidden or Invisible Disabilities

Attention Deficit Disorder
Cancer
Depression
Diabetes
Epilepsy
Fibromyalgia
Heart conditions
Hearing loss
HIV/AIDS
Learning disabilities
Migraine headaches
Post-Traumatic Stress Disorder
Respiratory impairments
Sleep disorders
Vision loss

Hirsch and Loy 2010: 10

One further concept relevant to this discussion is *psychosocial disability*, a term adopted recently by the Ontario Human Rights Commission to refer to people with mental health conditions or addictions. The Commission uses the term to distinguish these disabilities from other types, including cognitive, intellectual, learning and sensory impairments. "People with mental health issues and addictions are a diverse group, and experience disability, impairment and societal barriers in many different ways. Disabilities are often "invisible" and episodic, with people sometimes experiencing periods of wellness and periods of disability" (OHRC 2014: 4). Psychosocial disabilities are said to include people with alcohol dependence and drug addiction, anxiety and panic attacks, bipolar disorder, depression, and schizophrenia. Moreover, "many mental health disabilities or addictions are "invisible" or "hidden" because they may not be obvious to others. They may exist on a spectrum from mild to severe" (OHRC 2014: 6).

Dimensions of invisibility

Invisible disabilities are a social construction in several distinct though interrelated ways. Both visible and invisible disabilities are rooted in embodied knowledge which "emerges in situ, from sensations, emotions, thoughts, and subjectivities as well as cognition, physiology, and biology" (Moss and Teghtsoonian 2008: 12-13). A disability may be invisible to the person with the impairment, to health care and medical professions, to other people in social encounters, and to policy makers and service providers.

First, an individual may not feel that they have a condition; it may be in the early stages or, even if progressive, the symptoms are not obviously interpreted to be linked to a health or mental condition. In addition "in some circumstances, the nature of a psychosocial disability may leave people unable to identify that they have a disability" (OHRC 2014: 49). The Ontario Human Rights Commission offers the example that "people may experience a first episode of a mental

health disability that renders them unaware they are experiencing impairment. Also, denying the presence of a disability may be an aspect of having an addiction" (2014: 99). Reeve and Gottselig (2011: 6) remark that "people with invisible disabilities may be unaware of what their condition is and that it is classified as a disability." They mention a study that found general lack of awareness about obsessive compulsive disorder (OCD, an invisible disability) as the main contributor to many workplace barriers for people with this condition."

Secondly, a disability can be rendered invisible because by conventional medical knowledge it is discounted, unexplained or unrecognized. This results in what is called a *contested illness or contested impairment* (Brown, Morello-Frosch and Zavestoski 2011). It may be that the condition is poorly understood and the "symptoms ... have no easily identifiable etiology" (Moss and Teghtsoonian 2008: 3). Thus, health researchers and practitioners may dismiss a condition, delegitimizing it as psychosomatic or non-existent. "Some illnesses become contested because of the difficulties that others have in perceiving and understanding a set of symptoms that are impossible to confirm by medical procedures. Such symptoms are 'invisible' to medical and laypeople alike, creating challenges for diagnosis, treatment, and everyday life" (Bülow 2008: 123). An example of a contested illness is shift work sleep disorder, an under-diagnosed and undertreated condition that results from irregular work schedules (Basner 2004; JAN 2013c; Schwartz and Roth 2006: Thorpy 2011). Other examples of invisible contested illnesses are chronic fatigue syndrome, occupational burnout, and repetitive strain injury; and, there may be significant gender differences among these contested impairments.[1]

Thirdly, a condition or impairment can be rendered invisible through non-recognition in social encounters. Diseases which have not achieved full social acknowledgement have been called "socially invisible diseases" (Lonardi 2007). In the case of chronic headache as a biomedical event, "people who are affected look exactly the same as physically healthy people and adopt outwardly normal behaviours in public. This is due to the fact that chronic headache is experienced as a private suffering, where the rise of social representations of the disease is inhibited and dramatically underestimated" (Lonardi 2008: 1620).

Fourthly, a disability can be constructed as invisible when policy makers or service providers do not recognize it in legislation or in policy and practice, often marginalizing the person with the hidden impairment (Krogh and Johnson 2006). "Those [workers] with visible, physical injuries that occur as a result of acute trauma are less likely to have a confrontational relationship with a compensation system than those who suffer from soft tissue injury, neurological damage, mental health problems, or form controversial illnesses" (Lippel 2012: 522). Until relatively recently, for example, multiple chemical sensitivity or environmental illness was not taken seriously as a legitimate condition politically because the condition remained contested medically and questioned socially by many people. Today, people with a chemical or environmental sensitivity are recognized to have a disability and are protected under federal and provincial human rights legislation.

[1] These particular conditions are more accepted within the medical community in general today than they would have been 15 or 20 years ago; however, individuals with one or other of these conditions may still find resistance and indifference from particular medical practitioners. .

Invisibility, then, and visibility as well, is a multifaceted and shifting set of social processes. The concept of invisible disability points to the material embodiment of impairment in addition to the relational nature of disability via social encounters in built environments and cultural settings of professional and layperson beliefs. Lingsom writes: "There is a fundamental difference between having visible and invisible impairments. Persons with visible impairments are routinely met with preconceived notions others entertain of them by virtue of seeing a sign of impairment. Persons with invisible impairments are not assigned subject positions as disabled people initially. Persons with invisible impairments may on occasion "pass as normal." They are in a position where they may continually reflect upon whether or not, when, how, and to whom they should attempt to conceal or reveal their impairments" (2008: 3).

3. IMPLICATIONS AND PRACTICES

On the relative perceptibility of various impairments and the implications for labour market policy, the OECD has observed: "The invisibility of the most common forms of disability that benefits are claimed for (mental health and musculoskeletal problems) also affects integration in the labour market. While employers and co-workers may be willing to accept a worker who produces less because of an overtly visible problem, this is much harder when it comes to a mental health issue or episodic back pain that can be less generously interpreted as malingering. There may also be concerns about accommodating a person with mental health problems and the potential disturbance to the workplace and productivity" (OECD 2009: 18).

An invisible impairment in the first instance is insider knowledge, the understanding an individual has of her or his personal circumstances and bodily self. The fact that many disabilities are not easily seen or readily evident to other people raises the issue managing information about a hidden impairment: of a person with an invisible disability passing or covering as non-disabled; the question of disclosing a hidden impairment; and the issue of accommodation in the workplace. "To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where" (Goffman 1963: 42).

Like those with visible disabilities, persons with invisible disabilities engage in practices of deciding whether to request workplace accommodations (see, for example, Baldridge 2006; Balser 2007; Gilbride, Stensrud and Vandergoot 2003) and of teaching co-workers and supervisors about their impairments (Church et al 2008). In addition, for those with hidden impairments there are issues pertaining to social interaction that concern the practices of passing as normal, covering one's identity, and disclosing the disability.

Passing refers to when a person with a significant disability succeeds in appearing to others to be "normal" or non-disabled, by keeping undisclosed information about their impairment or health condition and thus create "a presumption of normalcy" (Pothier and Devlin 2006: 15; Titchkosky 2002: 72-79). Goffman suggested long ago that "because of the great rewards in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent" (1963: 74). An ethnographic account of seven women diagnosed with rheumatoid arthritis illuminates how the women spent time and energy keeping their condition invisible, negotiating a "disability pass" (Prodinger et al 2014). A national survey of 1,245 people with

disabilities in Canada found that 45 percent of all respondents believe that employers are reluctant to hire people with disabilities (Canadian Abilities Foundation 2004: 6). A provincial human rights commission describes the current context for people with psychosocial disabilities as one of "discrimination, prejudice and exclusion" (OHRC 2014: 6). A study sponsored by the Montreal Native Friendship Centre found that "most Aboriginal people living with HIV/AIDS prefer to remain invisible, silent and anonymous" (Adelson 2005: S57). The reason for this silence was to avoid suffering "multiple stigmas" of discrimination, negative evaluation and exclusion. Consequently, Aboriginal people living with HIV/AIDS did not seek care or treatment; service providers lacked knowledge of the lived experiences of Aboriginal peoples; and challenges in trust persisted (Adelson 2005).

If a disability is not known by an employer, if the employer is reasonably not aware of a health condition, then the duty to accommodate is uncertain or non-existent. "Organizations and persons responsible for accommodation are not, as a rule, expected to accommodate disabilities they are unaware of" (Ontario Human Rights Commission 2014: 49). Remaining invisible places the onus on the individual to manage the impression of being healthy and capable; making whatever adjustments are needed to meet their needs that arise from their impairment; accepting the workplace as is rather than asking for reasonable accommodations from the employer. On the other hand, research by Hazer and Bedell concluded that "requesting reasonable accommodation seems to result in negative consequences for job applicants with disabilities who choose to ask before a job offer is tendered. The consequence demonstrated here was that these candidates received lower employment suitability ratings than did applicants not seeking accommodation. For some disabled applicants, seeking accommodation may add to the negative perceptions that their disabilities generate when applying for employment" (2000: 1217).

"Many of those who rarely try to pass, routinely try to cover," according to Goffman (1963:102). *Covering* involves efforts by a person with a less than obvious disability to keep the impairment from looming large in everyday interactions. This can, for example, involve presenting the symptoms of their condition as signs of another less stigmatizing attribute, or, using a term such as epilepsy to describe one's condition rather than a more negatively regarded term such as seizure disorder (Bishop et al 2007). In an act of covering, the person with a disability tries "to blend in as much as possible, trying to downplay the significance of the disability" (Pothier and Devlin 2006: 16). The aim is to make it easier on both the person with the disability by avoiding stigma and to "ease matters for those in the know" by getting along with others (Goffman 1963: 102). As Lonardi explains, "a person could decide to differentiate the risk [of disclosing their impairment]. In that case, he/she could divide his/her daily world into segments and decide what strategy to adopt and with whom. With family members, for example, patients could be totally sincere, and this could also happen with close friends, while the secret could also be kept with others" (2007: 1626). As with passing, the practice of covering conveys select information about the employee and likely minimizes the prospects for reasonable accommodations in the workplace. As Lingsom notes, covering as a concept and a practice "is largely unexplored territory in disability research" (2008: 8), although there are pockets of analysis (Joachim and Acorn 2000a; Myers 2004).

While covering may be viewed as a form of selective disclosure, the process of *disclosing* in this report refers to making an invisible disability visible in the context of employment. This making

known can involve telling of one's disability to an employer, supervisor or manager, co-workers, human resource staff, union representative and possibly clients or customers.

Disclosing as a practice relates to human rights. The right not to disclose a disability and the right to decide when and to whom to divulge that one has a disability rests on the fundamental principles of self-determination, autonomy to self-identity and consent (OCHR 2014); principles that also are key goals of the Canadian disability movement. Furthermore, as Wilton explains: "disclosure is of central concern in legislation covering accommodation. In an immediate sense, workers are responsible for bringing their needs to the attention of the accommodation provider. This does not mean that they have to disclose the specifics of their impairment to an employer, as the latter does not generally have the right to know what the disability is. Workers may present documentation indicating a need for a specific accommodation (e.g., a doctor's letter) without identifying the nature of their impairment. Where a condition is visible or otherwise evident, employers may be immediately aware of a worker's impairment, although this does not necessarily mean they know what it is. Where a condition is non-evident, the issue of disclosure can be more complex. This is particularly the case for conditions that are stigmatized in society" (2006: 26).

Disclosing can be a confession of sorts and a revelation: the subtraction or loss of an assumed public image of normalcy created through passing or covering and the addition of new information about the individual's internal or private selfhood. With disclosing comes a shift in the person's self-image and a shift in others' conception of the person. In this way, disclosing can be an act of social action aimed at cultural change. A Canadian academic who lives with dyslexia is almost never seen as dyslexic, adding that: "Some of my colleagues say that 'learning disabilities' are just the latest way that students have to excuse themselves from work, and that 'dyslexia" is just a sophisticated word for lazy. It is important in the face of the general suspicion of those with 'invisible disabilities' to make disability visible … make different ways of learning acceptable, and offer a counterpoint to cultural renderings of invisible disabilities as simply a synonym for sloth" (Titchkosky 2002: 36).

Given the negative attitudes, stereotyping and ignorance surrounding invisible disabilities, there are real risks to the individual to disclose their hidden impairment. "Employer perceptions of a person's ability may affect whether they are hired, get promoted, receive access to training, or remain employed" (Williams 2006: 18). A substantial body of literature on various types of conditions and impairments considers this *predicament of disclosure*. "Experiencing an illness like Chronic Fatigue Syndrome leaves sufferers in a communicative dilemma. If they do not express their experience there will be no confirmation of it. However, in communicating their experience, they run a risk of being called into question" (Bülow 2008: 137). This calling into question may involve a trivialization or outright rejection of their condition, treating it as a contested illness. Several writers note this predicament, characterizing it as "the hidden disability dilemma" (Fitzgerald and Paterson 1995), "the disclosure conundrum" (Goldberg, Killen and O'Day 2005), the "dilemmas of concealment and disclosure" (Lingsom 2008), and "conceal or reveal?" (Bouton 2013).

Lingsom cites a study of persons with epilepsy and diabetes which "found that informing prospective or current employers can result in failure to secure employment or job loss. Variation

was, however, found to be high. Some persons reported stigmatization in work and social life; others did not. Disclosure of epilepsy and diabetes has a practical dimension of increased security in case of acute illness. In general disclosure was regarded with ambivalence and was seen to require careful balancing" (2008: 11). A survey of people with invisible disabilities in BC found that 88% had "a negative view of disclosing their disability and feared a negative reaction" (Reeve and Gottselig 2011: 12). The general point is that self-disclosure of a disability is fraught with choices and challenges and opportunities in the workplace (Gignac and Cao 2009; Pearson et al 2003; Troster 1997).

Possible disadvantages of disability disclosure in a work setting are many and include the following:

- Can cause the person to relive bad experiences of the loss of a job or negative responses from co-workers and others.
- Result in exclusionary incidents, such as being placed in a dead-end job.
- The person becomes an object of curiosity in the workplace.
- If something does not go right on the job, it will be blamed on the disability.
- Treated differently than other employees.
- Generates conflicting feelings about one's self-image.
- Viewed as needy, not self-sufficient, or unable to perform on par with peers.
- Fearful of being demoted or a cut in hours or being overlooked for a job, team project or assignment.
- Disclosing personal and sensitive information, and thus one's privacy and confidentiality, can be extremely difficult and embarrassing (National Collaborative on Workforce and Disability for Youth 2005: 3-3 3-4; see also Lingsom 2008: 9-10; National Disability Authority of Ireland 2010; Reeve and Gottselig 2011: 7).

Advantages of disability disclosure as identified in the literature include the following:

- Allows the person to receive reasonable accommodations and pursue work activities more effectively.
- Provides legal protection against discrimination as specified in federal and/or provincial legislation.
- Reduces stress, since protecting a "secret" can take a great deal of energy.
- Gives the person a clearer impression of what kinds of expectations people may have of them and their abilities.
- Ensures the person gets the individualized supports they need in order to be successful.
- Presents an opportunity to examine and discuss health insurance and other employment-related benefits.
- Provides greater freedom to communicate should the person face changes in their particular situation or to explain an unusual circumstance.
- Improves a person's self-image through self-advocacy.
- Allows the individual to involve other professionals, for example, employment service providers, in the learning of skills and the development of accommodations.

- Can increases the person's comfort level (National Collaborative on Workforce and Disability for Youth 2005: 3-3; see also ALIS 2014; Gosden 2004).

These disadvantages and advantages of disclosing an invisible disability, it is worth noting, are from the perspective of the person with the disability; specifically, the impact of disclosing on the person's self-image, relationship with co-workers and supervisors, service providers and professionals. An example of recommended rules for a "good disclosure" in an employment context is shown in Box 2.

Box 2: Rules for a Good Disclosure

1. Script your disclosure. Write it down and have it critiqued. Run through it with friends who are employers and with other people in the working world.

2. Rehearse your disclosure script until you feel comfortable and good about it, not only with your lips, but with your body language.

3. When you prepare your script, avoid being too clinical or too detailed. It may be of great interest to you, but the interviewer wants to know only three things: Will you be there? Can you do the job as well as or better than anyone else? Will you be of value to the company?

4. Remember your script and be positive about your skills and abilities. The more positive you are, the more you will convey that you are you and just happen to have a disability. Conversely, the more you discuss your disability, the more important it will become in the employers mind.

The Bottom Line: You and the employer must both feel comfortable.

Source: Institute for Community Inclusion 2008

Chaudoir and Quinn examined disclosure processes across a wide range of concealable stigmatized identities (including mental illness, psychological issues and medical conditions), and found that the first-disclosure experience "can continue to influence well-being years after the event has occurred - because it impacts people's chronic fear of disclosure. That is, receiving support and positive feedback during the first time a stigmatized identity is disclosed may lead people to experience a greater sense of trust in others and a comfort in disclosing personal information. When people have a higher fear of disclosure, they may also experience less social support and more isolation" (2010: 581).

In one of the few Canadian studies on people with invisible disabilities and the issue of disclosure, Wilton (2006) found a patterned difference in the practice of disclosing by type of impairments. He found that people with visual impairments and most people with evident physical impairments disclosed upfront, at the time of a job interview, because they needed a specific accommodation in the workplace. People with cognitive or learning disabilities, Wilton found, were mixed in disclosing and not disclosing their impairment in the workplace. People

with non-evident physical impairments practiced non-disclosure in interviews and at work, and people with psychiatric diagnoses were least likely to disclose to employers.

4. WORKPLACE ACCOMMODATION FOR PEOPLE WITH INVISIBLE DISABILITIES

What does the literature tell us about the gaps and barriers and the needs of employers in accommodating persons with invisible disabilities in the workplace? Are these challenges for employers any different in kind or degree from those in accommodating persons with visible disabilities?

Gaps, Barriers and Needs of Employers

Existing literature on employers and people with disabilities tends not to examine the issue of invisible disabilities as such, but rather addresses issues pertaining to particular types of impairments or health conditions. This means we have to assemble from a broad range of studies the challenges and experiences of employers in dealing with hidden impairments. Topics that emerge from this literature include the attitudes and beliefs of employers toward disability issues; the involvement of employers and their knowledge about particular impairments; and, concerns related to disability-related financial and productivity costs to the organization.

Three general orientations of employers to disability and accommodation in the workplace can be identified in the literature: outright resistance, hesitance and willing acceptance. One orientation is outright resistance by employers to provide reasonable accommodations on the job for potential employees and existing staff with disabilities (Harlan and Robert 1998). Looking at the US situation over the last 40 years, Luecking (2008:5) argues that "while employers generally are much more enlightened about disabilities than in the past, many are still holding outdated and even discriminatory views." The resistance may come from not only outdated views but also from unsatisfactory past encounters, concerns about financial costs or of legal obligations, whether accurate or not, and negative attitudes and misconceptions from a lack of knowledge and comfort on matters of disability (Brisbois 2014). As one study notes: "'invisible disabilities', particularly learning disabilities, are still widely misunderstood by employers, since their needs for individual and specific accommodation may well be unknown at best, or dismissed as unnecessary at worst" (Luecking 2008: 5). Learning disabilities include attention deficit disorder, dyslexia, hyperactivity, dyscalculia and dysgraphia.

Hesitance to hire people with disabilities is a second employer orientation, a perspective of ambivalence that implies the potential of making a business case and thus shifting beliefs and hiring practices. Employers may be hesitant to hire people with - certain disabilities, such as people with epilepsy or HIV or significant mental health conditions such as depression, bipolar disorder and schizophrenia (Jacoby, Gorry and Baker 2005; Rao et al 2008). Strong bio-medical meanings of certain disabilities likely deter a willing response by many employers.

The third general orientation of employers is acceptance, that is, an openness and willingness to hire and accommodate people with disabilities in their workplaces (Gilbride et al 2003). These include employers with what has been described as having "a relatively sophisticated

understanding of disability" and of "how company profitability requires the inclusion, accommodation and management of previously marginalized workers" (Luecking 2008: 5). Among this group of employers are business champions and leaders in other sectors of the labour market on diversity and inclusive workplaces; employers who, where forums and leadership networks are place, serve an important role in promoting to their peers the ways and benefits of employing people with disabilities; such benefits as increasing diversity, expanding talent and increasing brand loyalty (Henry et al 2014).

Informational challenges and knowledge gaps for employers regarding disability and accommodation are a common theme in the academic and professional literature (for example, Larson and Gard 2003; Ossman et al 2005). One UK study, on the experiences of people with dementia in employment highlighted the need for more specialized advice and effective support regarding work and workplace issues. People who developed dementia while employed did not always receive reasonable adjustments in the workplace to which they were entitled under equality legislation (Chaplin and Davidson 2014). Another study describes the challenges facing employers and their managers in relation to learning disabilities (LD) in the workplace this way: "they may not fully understand or be aware of the LD and how it impacts the employee and have difficulty distinguishing between the impacts of an LD vs. preference or a lack of effort or motivation. There are also cases where the employee's disability may impact a vital part of the job and, even with accommodations it is not a good job fit. One major challenge for both employees and employers/managers is knowing what accommodations would be beneficial and help both parties to work effectively" (CCRW 2013: 3).

Reactions by other employees to accommodating a particular worker with a hidden or non-obvious impairment have also been examined in the research literature. For both visible and invisible disabilities, co-workers may perceive a job or workplace accommodation as unfair to them (Colella 2001; Colella et al 2004; Wenham 2003). Co-workers may consequently engage in behaviours that include non-compliance with the accommodation and possibly acts of harassment and humiliation directed toward a worker with a job accommodation (Gibson and Lindberg 2007; Neal-Barnett and Mendelson 2003).

The introduction of a fragrance-free policies in a workplace can provoke strong resistance by some co-workers because an invisible disability like multiple chemical sensitivity is not well understood or generally accepted and may be regarded, by some people, as a medically bogus or illegitimate condition; in short, a contested illness (Moss and Teghtsoonian 2008; Neal-Barnett and Mendelson 2003). The result can be a difficult if not hostile work environment for the person with the accommodation. In this type of work environment it is not surprising that people with invisible disabilities, for example women with rheumatoid arthritis, may choose to keep their condition hidden and spend considerable time and energy negotiating a social disability as normal (Prodinger et al 2014). In unionized settings, which are most prevalent in the public sector and larger employers in Canada, collective agreements and joint labour-management committees on health and safety or on disability management can offer a structured process for addressing such problems in organizational culture (Jodoin and Harder 2004).

Henry and her associates (2014) recently examined employers' perceptions of the challenges they face when hiring people with disabilities. These researchers conducted focus groups with a

total of 74 private and public sector employers in Massachusetts. As hiring challenges, employers identified social stigma, uncertainties about the abilities of applicants, and the complexity of the public disability employment service system, including the lack of coordination among disability employment service providers (on this theme of service providers and employment agencies, see also Brook and Kolosinski 1999; Henry and Lucca 2004; Morgan and Alexander 2005).

Invisible disabilities can be disclosed to an employer in any number of ways: up front, during the interview process; not until the person has been hired, during or after a probationary period of employment; in confidence with the person's immediate supervisor; at the time of an episode in the workplace; casually mentioned to co-workers or supervisor after working there for a while; officially with a human resource staff member (Reeve and Gottselig 2011: 11).

A study on what kinds of accommodation 20 major for-profit companies and five for-profit employment agencies in British Columbia might have in place to assist employees and potential employees who have invisible disabilities, found that although employers are required by law to accommodate people with disabilities, 89% of employers surveyed do not have a policy and/or program in place for people with invisible disabilities; secondly, that 56% of employers surveyed were unaware if any of their employees had an invisible disability; yet, thirdly, 78% had accommodated an employee with a disability (Reeve and Gottselig 2011). Moreover, regarding individual accommodations, "only one quarter of the companies we surveyed were fragrance-free zones for people with chemical sensitivities. Conversely, three-quarters of the companies surveyed had options for employees to work flexible hours. These are examples of accommodations that can address unique characteristics of invisible disabilities" (Reeve and Gottselig 2011: 8).

One of the barriers or gaps facing employers is that it seems relatively few companies advertise job opportunities with organizations for people with invisible disabilities. A study of 25 major businesses in Canada found that just 22% of those surveyed had ever done so (Reeve and Gottselig 2011).

Another prominent theme in the literature on employers deals with the economic consequences of workers with a disability and the implications for workplace productivity. Addressed in the research are the issues of *absenteeism* – annually calculated medical or health-related missed days from work and their financial costs to the firm; and *presenteeism* – on the job productivity losses or costs attributed to the work limitations of employees with a disability. On the issue of absenteeism, irritable bowel syndrome (IBS) is one long-term and episodic medical condition that has received notable analytic attention (Cash, Sullivan and Barghout 2005, Dean et al 2005; Leong et al 2003; Zacker et al 2004). One American study found that employees with IBS reported a 15 percent greater loss in work productivity than employees without IBS and a diminished quality of life (Dean et al 2005). A study of a US national manufacturer found that medically related work absenteeism cost the employer $901 on average per employee treated for IBS as compared with $528 on average per employee without IBS (Leong et al 2003).

Schultz, Chen and Edington (2009) usefully review the literature on the cost and impact of health conditions on presenteeism to employers. The authors examine a range of publications to assess

the magnitude of presenteeism costs relative to total costs of a variety of health conditions; some visible, others invisible disabilities. The authors conclude: "The cost of presenteeism relative to the total cost varies by condition. In some cases (such as allergies or migraine headaches), the cost of presenteeism is much larger than the direct healthcare cost, while in other cases (such as hypertension or cancer), health care is the larger component. … Based on the research reviewed here, health conditions are associated with on-the-job productivity losses and presenteeism is a major component of the total employer cost of those conditions, although the exact dollar amount cannot be determined at this time" (2009: 365).

This literature on absenteeism and presenteeism adds a crucial dimension to the question of the cost of accommodating people with disabilities in the workplace. The accommodation literature focuses on the direct costs of modifying work schedules or job tasks or ergonomic design adjustments, usually concluding that such costs are on average not that significant ($500 or less). In addition, the hiring and accommodation literature stresses the benefits of employee dependability and loyalty from workers with a disability, which can yield savings for employers in terms of future hiring and training costs. The research literature on absenteeism and presenteeism, typically considered from an employer perspective, offers a somewhat different picture; a more challenging set of results about the direct and indirect costs of employing people with disabilities, visible or invisible. It is worth noting that this literature on absenteeism and presenteeism derives mostly from studies of organizations in the United States, a country with a much different system of public health insurance than Canada.

Interestingly, a study by the Conference Board of Canada found that less than half (46%) of Canadian organizations surveyed tracked employee absences, and more likely in the public sector (63%) than in the private sector (39%), while even fewer Canadian organizations (15%) measure the direct costs of absenteeism (Stewart 2013). Beside some general observations regarding physical chronic diseases and illnesses and ageing, there seems to be little analysis on absenteeism, never mind presenteeism rates by employees with various kinds of disabilities and health conditions.

Promising Employer Practices in Employing People with Invisible Disabilities

Employers can create a supportive work environment for people with invisible disabilities by: (i) doing research on the disability; (ii) accessing services that educate employers on disability and accommodation issues such as Industry Canada's *Workplace Accommodation Toolkit*; (iii) being open-minded and a good listener; and (iv) providing a learning method that works, which may include having a coach for the employee (Reeve and Gottselig 2011: 12).

In terms of types of accommodations, responses from the Reeve and Gottselig survey in 2011 of people with invisible disabilities in BC show that "their workplace accommodation needs are not costly or inefficient. Some of the participants' accommodation requests include a quiet area without a lot of distraction, fellow staff and management who understand the nature of the disability, trading work duties, and flexibility and understanding" (5).

Box 3: Promising Employer Practices in Accommodation and Inclusion for People with Invisible Disabilities

- ✓ The organization has a strategy, policy or program in place for people with invisible disabilities.
- ✓ Advertise job opportunities with organizations for people with invisible disabilities.
- ✓ During the job interview, asks potential employees if they will need accommodation in order to perform some or all of their duties.
- ✓ Have accommodated an employee with a disability.
- ✓ Knows if any employees have invisible disabilities.
- ✓ There is a designated person in the organization (or contracted) to assist employees that are returning to the workplace after an absence due to their disability.
- ✓ Options available for employees to work flexible hours.
- ✓ Options available for employees to work from home or telecommute.
- ✓ Workplace is a fragrance free zone.
- ✓ Organization offers job sharing opportunities.

Source: Adapted from Reeve and Gottselig (2011: 9).

On promising practices for hiring people with disabilities, much of the available literature offers general advice or mentions anecdotal cases of accessible application and recruitment procedures (Brisbois 2014; Neal-Barnett and Mendelson 2003; Stroud et al 2011; Twaronite and Martinez 2014). An American survey of what they called the top 50 companies for people with disabilities identified the following employment-related practices:

- 100% of the companies offer telecommuting
- 96% mention people with disabilities specifically as valued segment of workforce on website
- 80% work with disability recruiting organizations and/or state vocational rehabilitation services
- 72% have resource groups for people with disabilities
- 66% feature images of people with disabilities in workplace on website

- 54% have a dedicated recruiter who focuses on recruiting people with disabilities
- 52% actively reach out to disability student services when participating in university recruiting events (DisabilityInc 2014).

Employers can create an organizational atmosphere or workplace culture that encourages disclosure by people with invisible disabilities. An Irish publication on disclosure advises employers to be very clear about the competencies required for a job and give as much information, in accessible formats, as possible in advance. In recruitment and selection processes, employers should allow lots of opportunity for the individual to talk and disclose. For example, ask prior to interviews, at time of job offers and at reviews, "do you have any special requirements?" Moreover, employers should have clear procedures in place when someone does disclose, taking time to consider the situation and consult with specialists if needed (Hayes 2013: 24).

For this purposes of this literature review report, a selection of accommodation practices for particular invisible disabilities will be briefly described, followed by comments on the general importance of progressive management practices for all employees. In the United States, the Job Accommodation Network (JAN) has produced over the years a series of papers on accommodation for people with a range of disabilities and conditions. The series is a valuable source of information on particular impairments (causes, prevalence in the population, symptoms, limitations and treatments) and on the possibilities available for workplace accommodations. For any given disability, the following questions are posed for employers to consider:

1. What limitations does the employee with --- experience?
2. How do these limitations affect the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine accommodations?
5. Can the employee provide information on possible accommodation solutions?
6. Once accommodations are in place, can meetings take place to evaluate the effectiveness of the accommodations? Can meetings take place to determine whether additional accommodations are needed?
7. Would human resources or personnel departments, supervisors, or coworkers benefit from education, training or disability awareness regarding ---? Can it be provided?

An important proviso is that people with any given disability may experience some of the limitations discussed, but seldom develop all of them. Also, the degree of limitation varies among individuals. Employers need to be aware that not all people with a specific invisible disability will need accommodations to perform their jobs and many others may only need a few accommodations. The accommodation solutions identified are a sample of possibilities available and many others may exist.

For people with Asperger's syndrome, accommodation practices can be to provide advance notice of topics to be discussed in meetings to help facilitate communication; provide advance notice of date of meeting when employee is required to speak to reduce or eliminate anxiety;

allow employee to provide written response in lieu of verbal response; and, allow employee to have a co-worker attend meeting to reduce or eliminate the feeling of intimidation (Kitchen 2008: 3).

In regards to employees with younger-onset of Alzheimer's disease or dementia, accommodations suggested by the Alzheimer Society of Canada include providing a quiet working environment; relying on old abilities rather than assigning new tasks; maintaining a familiar work routine; providing calendars and to-do lists; and reassigning tasks that are too difficult (see also FitzPatrick 2011). Another accommodation measure is the use of "work-buddies" - employees who have undergone dementia training and work alongside a co-worker with younger-onset dementia (Robertson, Evans and Horsnell 2013). "If employers can make accommodations, it may aid an afflicted worker in staying on the job a little longer, which benefits both the employer and the employee. For the employer, it can allow the worker to pass on their institutional knowledge before losing their memory and can ensure that a replacement worker is well trained. For the employee, staying on a little longer can mean additional income and more time in which the person remains engaged in the work that may have defined him or her before the disease struck" (HR Focus 2011: 6).

A study of the supervisors of successfully employed individuals with autism found that a set of specific supervisory accommodation strategies were commonly associated with successful supervision. These included maintaining a consistent schedule and set of job responsibilities, using organizers to structure the job, reducing idle or unstructured time, being direct when communicating with the employee, and providing reminders and reassurances (Hagner and Cooney 2005).

For people with multiple chemical sensitivities, accommodation practices can be to develop fragrance-free workplace policies, discontinue the use of fragranced products, use only unscented or less toxic cleaning products, provide scent-free meeting rooms and restrooms, maintain good indoor air quality, modify workstation location, allow for fresh air breaks, and provide an air purification system (for details on actual accommodations requested and received, see Gibson and Lindberg 2007).

For people with epilepsy, accommodation practices to manage photosensitivity can entail a flicker-free monitor (LCD display, flat screen), a monitor glare guard or a cubicle shield. Other steps are to allow frequent breaks from tasks involving a computer, provide alternative light sources, or use natural lighting source (window) instead of electric light (Whetzel 2013: 7). Other measures can include job sharing, flexible working hours and temporary reassignment of duties (Jacoby, Gorry and Baker 2005) or customized employment, that is, alternative and specific task assignment (Luecking 2008).

For people with inflammatory bowel disease such as ulcerative colitis or Crohn's Disease, treatments include medications, surgery and special diets. At the workplace, reasonable accommodations may include a parking space close to the place of work; adequate and accessible toilet facilities, with sufficient ventilation, private cubicles or separate facility; and, flexibility in working arrangements to allow frequent toilet breaks when required. All these

practices are facilitated by a knowledgeable and supportive work environment (Crohn's and Colitis UK 2014).

For people with lupus, a systemic autoimmune disease, accommodation measures may centre on reducing or eliminating physical exertion and workplace stress. This can involve periodic rest breaks away from the workstation, scheduling flexible work and flexible use of leave time, and allowing work from home. It might also involve providing a scooter or other mobility aid if walking cannot be reduced (Dorinzi 2014).

For people with obsessive compulsive disorder (OCD), cognitive behaviour therapy and medications are standard treatments. For employees with OCD, accommodation measures may involve coaching or time management sessions, awareness programs in the workplace, job sharing and modified work schedule, work-at-home options and having a mentor at work (Neall-Barnett and Mendelson 2003). Similarly, for people with panic and anxiety attacks, a recommended technique is to encourage the use of stress management techniques to deal with frustration. Accommodation may also allow the presence of a support animal at work, telephone calls during work hours to doctors and others for needed support and for the employee to take a break and go to a place where s/he feels comfortable to use relaxation techniques or contact a support person. Another step might be to identify and remove environmental triggers such as particular smells or noises (Loy and Whetzel 2014).

For employees with motor limitations from a stroke, **s**everal products are designed to allow standing for longer periods including lumbar support stands, standing frames, and set/stand stools. "Some devices provide standing support and mobility. Work table and desk users can alternate between sitting and standing by use of adjustable height sit/stand work stations." Moreover, "elevated work platforms, step-stands, kick-stools, and long handled reaching tools allow easier access for reaching either high or low work areas" (JAN 2011). Likewise, for people recovering from traumatic brain injury (TBI) "organizations can find a suitable piece of work based on the client's abilities, create a job description, make contact with the employer, and apply strategies for compensation of memory problems" Giaquinto and Ring 2007: 1314).

For workers with sleep disorders, including insomnia, sleep apnea and shift work disorder, treatments can involve behavioural, prescription and non-pharmacological therapies (Basner 2004; Schwartz and Roth 2006; Thorpy 2011). Job accommodation measures focus on time management. The employer may allow for a flexible start time, combine regularly scheduled short breaks into one longer break or allow the employee to work one consistent schedule. In some cases, a place for the employee to rest during break may be possible. Other possible solutions are to provide an alarm device to keep the employee alert and work areas with sunlight or other natural lighting (JAN 2013c).

Finally, for employing people with severe mental illness or psychiatric disabilities, research evidence indicates that supported employment is an effective strategy of accommodation and inclusion. A systematic review of 11 randomized controlled trials conducted in the United States comparing prevocational training or supported employment for people with severe mental illness with each other or with standard community care, found that supported employment is more effective than prevocational training at helping people with severe mental illness who desire to

work to obtain and keep competitive employment (Crowther et al 2001). Prevocational training included sheltered workshops, transitional employment in a rehabilitation agency, and skills training activities. Supported employment involved placing clients in competitive jobs (open to anyone to apply and paid at the market rate) "without extended preparation and provides on the job support from trained "job coaches" or employment specialists" (Crowther et al 2001: 322).

This and other studies show that employees with mental illnesses participating in supported employment "are more likely to be in competitive employment, work more hours, and receive higher wages than those in prevocational programs" (Mizzoni and Kirsh 2006: 195; see also Luciano et al 2014).

- A qualitative study in Ontario of five supervisors of employees with mental illness found that these employers described their work, when faced with challenges and having made modifications, as problem solving rather than as an accommodation of the workplace. "Accommodations that were made were generally simple, for example, adapting job-training procedures to allow more time to learn" (Mizzoni and Kirsh 2006: 203).

- A study in British Columbia on assisting people with psychiatric disabilities seek and obtain employment suggests that "both community-supported employment and social enterprise models are good models for supporting the economic security of people with psychiatric disabilities provided they adhere to recovery-oriented values, are able to provide, alongside employment, ongoing income and social supports, and have sustained state support. Clubhouse models which integrate social supports, such as, meals, bus passes and social activities are particularly successful. Other features of success include, rapid placement in competitive employment and employment in integrated settings for at least minimum wage" (Morrow et al 2009: 666).

- A Norwegian pilot project on improving job retention for people with mental health issues sheds light on the role of employer guides (Schafft 2014). "Employer guides are professionals who assist employers/managers in order to improve their ability to retain and hire employees with mental health issues. And/or problems related to substance abuse" (23) The pilot project developed new, more comprehensive tasks within on the job support and the interventions of employer guides improved the capacity of employers to deal with employees with mental health conditions.

A final comment on the general importance of progressive management practices for all employees: Many workplace accommodations for people with visible or invisible disabilities are actually about managing effectively rather than making exceptions. "Maintaining open channels of communication to ensure any transitions are smooth, and providing short weekly or monthly meetings with employees to discuss workplace issues can be helpful" (Loy and Whetzel 2014: 10).

In addition, "Supervisors can also implement management techniques that support an inclusive workplace culture while simultaneously providing accommodations." Successful techniques include providing: positive praise and reinforcement, day-to-day guidance and feedback, and written job instructions via email. Other techniques of effective management include developing

clear expectations of responsibilities and the consequences of not meeting performance standards, allowing for open communication, establishing written long term and short term goals, and developing strategies to deal with conflict (Loy and Whetzel 2014:10).

Government Policies and Programs

We turn to consider how public policies, especially in the Canadian context, shape or influence the relationship between employers and job applicants/employees with invisible disabilities.

In Canada at the federal level and in the provincial level, specifically Ontario, a study on mental illness and work observes of the public policy setting: "There is legislation regarding return to work (RTW) and workplace accommodation for employees with disabilities (Workplace Safety and Insurance Act [WSIA], 1997; Ontarians with Disabilities Act [ODA], Ministry of Citizenship and Immigration, 2001; Canadian Human Rights Act [CHRA], Department of Justice, 1985; Employment Equity Act [EEA], Department of Justice, 1995); however, the coverage for mental health is limited. The WSIA covers mental stress only if it is an acute reaction to a sudden and unexpected traumatic event that arises out of the course of employment (Part III, sec. 13, 5). The ODA does include mental disorder in its definition of disability but offers no provisions to address it. The CHRA prohibits discrimination based on a disability (mental or physical) but no further definition or directions are provided. Finally, the EEA addresses the duty to accommodate people with disabilities but provides little specific guidance on how to do so" (Mizzoni and Kirsh 2006: 194). An important implication of this policy situation is that "lack of clarity and direction may leave employers at a loss as to how to best facilitate entry into the workplace or return to work for individuals experiencing mental health problems" (Mizzoni and Kirsh 2006: 194).

Under both federal and provincial/territorial human rights laws, the duty to accommodate requires an employer to assist an employee with disabilities short of undue hardship on the part of the employer. And, people with invisible disabilities are offered the same legal protections as persons with visible disabilities. "Human rights law establishes that there cannot be a "double standard" for how mental disabilities are treated versus how physical disabilities are treated." (OHRC 2014: 39). Such legal protections relate to paid work whether that is full or part-time employment, contract or temporary work, internships as well as to membership in trade unions or professional and vocational associations. Moreover, accommodation processes may apply to not only the immediate workplace but also the extended workplace of other sites, business trips and business functions off-site (OHRC 2014).

The right to be accommodated in Canada is tied to the right to not be discriminated against on the basis of disability. The right to be accommodated, and the corresponding duty to accommodate, is robust on paper, to the point of undue hardship on the employer – a fluid concept developed case by case and conditioned by collective agreements, financial costs and organizational practices. Accommodation has two aspects in public policy: procedural and substantive. The procedural aspects of accommodation deal with what options have been considered for accommodation; the onus is on employers to investigate possible solutions. The substantive aspect to accommodation concerns the actual remedies or measures undertaken to accommodate the request of an employee with a disability.

In the accommodation process, there are duties and responsibilities of the person with a disability,

of the employer and, where applicable, of a union or professional body (OCHR 2014: 48-51). For example, as a Conference Board of Canada study reports: "Employers must remove barriers preventing a person with disabilities from applying and must identify themselves as organizations with policies and practices to accommodate people with disabilities. … the Ontario accessibility standard for employment requires that employers inform job applicants that accommodations are available on request to support both the application and selection processes, and that resources and information can be provided in accessible formats" (Brisbois 2014: 12). In reality, however, many employers rely solely on online applications which screen out some people with disabilities (Brisbois 2014: 14). In Alberta, employers may not ask about an individual's "present or past mental or physical conditions (invisible or not) in an interview or on a job application;" employers "should clearly state the requirements of the position in a job description or advertisement." This allows any individual to decide whether their disability (visible or invisible) prevents them from doing the job. And, employers can ask that person to pass a medical exam or other tests related to the job, once they have been hired. Moreover, lawfully, the interviewer can only ask questions about a person's disability that relate directly to the requirements of the job (ALIS 2014).

In turn, for a person with an invisible disability, there is the necessity, at some point in the employment relationship, to disclose their impairment; provide some documentation the nature of the condition; and help to determine the impacts of the condition on job-related activities and the workplace. As Wilton (2006: 27) notes "the extent to which individuals feel secure to disclose may ultimately determine their ability to access accommodations."Even with disclosure, there can still be the problem of workplace accommodation stigma, in particular adverse beliefs and actions by other employees. "Legal constraints that prevent the release of information about the accommodation process may lead to negative inferences [by coworkers or others] about fairness" in accommodating a co-worker with a disability not obvious to others (Colella, Paetzold and Belliveau 2004: 1).

5. CONCLUSIONS

This report has presented a systematic review of Canadian and international literatures on policies and practices on the workplace accommodation of persons with invisible disabilities. The goals of the review were twofold: first, to discuss the nature of invisible disabilities; and, second, to examine how employers implement accommodations to support the labour force participation of people with specific invisible disabilities. This report has given specific attention to employers' perspectives on disability, their requirements and challenges, and their practices in relation to workplace accommodation for people with invisible disabilities. In this regard, three general orientations of employers to disability and accommodation in the workplace were identified: outright resistance, ambivalence or hesitance and willing acceptance. Reactions by other employees to accommodating a particular worker with a hidden or non- obvious impairment also were discussed. For both visible and invisible disabilities, co-workers may perceive a job or workplace accommodation as unfair to them.

As an exercise in concept mapping, the report positioned the idea of invisible disability in relation to associated concepts of episodic disabilities, hidden impairments, psychosocial disabilities, and contested illnesses. Invisible disability is a significant matter because of its contested nature as an

authentic condition; and because it intersects between personal lives and public worlds of social attitudes, legislation and policies, and workplace practices. In addition, in Canada and in other countries, notably the UK and the US, specific non-profit organizations and networks for invisible disability have formed in the last 20 years to share information and raise awareness.

Invisible disability is not a clear-cut clinical category or a distinct social identity. "Invisibility is in part an attribute of an impairment, in part a choice of activity and context, in part concealment of the impaired self and in part social conventions of silence, the untrained eye and the disbelief of the others" (Lingsom 2008: 13). Thus, a disability may be invisible in several respects: to the person with the impairment, to health care and medical professions, to other people in social encounters, and to policy makers and service providers.

Given that many disabilities are not easily seen or readily evident to other people raises the issue managing information about a hidden impairment: of a person with an invisible disability passing or covering as non-disabled; the question of disclosing a hidden impairment; and the issue of accommodation in the workplace. Passing refers to when a person with a significant disability succeeds in appearing to others to be non-disabled, by keeping undisclosed information about their impairment. Covering involves efforts by a person with a less than obvious disability to keep the impairment from looming large in everyday interactions.

Much of the mainstream literature on employment and disability does not consider the question of a person disclosing their hidden disability to an employer. Nonetheless, disclosure is a huge and difficult issue. While disclosure is the route to a workplace accommodation process and can be in the best interest of the disabled employee, it is a highly risky decision to disclose with numerous potential disadvantages along with advantages. The subsequent circumstance is what has been called the predicament of disclosure. Disclosing refers to making an invisible disability officially visible in the context of employment. This making known can involve telling and retelling the story of one's disability to an employer, supervisor or manager, co-workers, human resource staff, union representative and possibly clients or customers. Disclosing as a practice relates to human rights principles of autonomy to self-identity, self-determination and consent. Under federal and provincial/territorial human rights laws, people with invisible disabilities are offered the same legal protections as persons with visible disabilities

The discussion on absenteeism and presenteeism has added an important dimension to the topic of costs in accommodating people with disabilities in workplaces. The accommodation literature focuses on the direct costs of modifying work schedules or job tasks or ergonomic design adjustments, usually concluding that such costs are on average not that significant. Furthermore, not all people with a specific invisible disability will need accommodations to perform their jobs and many others may only need a few accommodations. The literature on absenteeism and presenteeism, usually considered from an employer perspective, offers a different picture; a more challenging set of results about the direct and indirect costs of employing people with disabilities, visible or invisible. From the limited research available, it seems that just a small portion of companies have formal policies and programs in place to address the needs of workers with invisible disabilities.

Another key finding is that employers can create an organizational atmosphere or workplace

culture that encourages disclosure by people with invisible disabilities. They can by being clear about the competencies required for a job; giving as much information, in accessible formats, as possible in advance; and, in recruitment and selection processes, allowing opportunities for the individual to talk and disclose. When someone does disclose, employers should take time to consider the situation and, if needed, consult with human resource or disability management specialists.

Finally, the literature review indicates that many workplace accommodations for people with visible or invisible disabilities are actually about managing effectively rather than making exceptions. Progressive management and inclusive workplace practices provide the general infrastructure within which requests for reasonable accommodation can be willingly disclosed and readily implemented.

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Appendix 1
Literature on Invisible Disabilities by Type of Disability

Condition/ Disability	Study	Focus
Alzheimer's/ Dementia	Alzheimer's Society 2014	Employment and dementia
	Baker 2008	Accommodating Alzheimer's in workplaces
	Chaplin &Davidson 2014	Experiences of people with dementia in employment
	Cox & Pardasani 2013	Alzheimer's in the workplace and social work
	Fitzpatrick 2011	Early onset Alzheimer's in the workplace
	Johne 2012	Staying on the job when dementia occurs
	Lurati 2014	Recognizing early dementia in the workplace
	McNamara 2014	Dementia and the workplace
	Robertson, Evans & Horsnell 2013	Workplace engagement program for people with younger onset dementia
	Whetzel 2013a	Employees with Alzheimer's disease
Arthritis	Allaire et al 2003a	Work barriers and job accommodations
	Allaire et al 2003b	Vocational rehabilitation
	Allaire 2004	Preserving employment
	Backman et al 2004	Participation in paid and unpaid work by adults
	Barlow, Wright & Kroll 2001	Barriers to employment
	Barrett et al 2000	Employment status in early years of disease
	de Buck et al 2005	Job-retention vocational rehabilitation program
	de Croon et al 2004	Predictive factors of work disability
	de Croon et al 2005	Work ability of Dutch employees
	Gignac et al 2004	Work adaptations
	Gignac 2005	Coping efforts to manage workplace activity limitations
	Gignac & Cao 2009	Self-disclosure in the work place
	Kessler et al 2008	Effects on labour participation, work performance and healthcare costs
	Pinder 1995	Workplace experiences
	Prodinger et al 2004	Women negotiating to keep the disease invisible
	Reavley et al 2010	Work health programs
	Reisine et al 2001	Continued employment
	Varekamp et al 2005	Preventing work disability among employees

Asthma	Hansen et al 2012	Job absenteeism and retention
	Lewis et al 2005	Workplace discrimination
	Occupational Health Clinic for Ontario Workers Inc. 2012	Occupational Asthma
	Valeras 2010	Hidden disability identity
Autism/ Autism Spectrum Disorder/ Asperger	Autism Speaks Inc. 2013	Hiring and retaining employees with Autism Spectrum Disorders
	Bennett et al 2010	Effects of audio coaching on job performance of supported employees
	Chen et al 2014	Trends in employment for individuals with Autism Spectrum Disorder
	Cimera & Cowan 2009	Costs of services and employment outcomes by adults with autism in US
	Cullum & Ennis-Cole 2014	Preparing adults with Autism Spectrum Disorders for employment
	García-Villamisar et al 2002	Quality of autistic people's life that work in supported or sheltered employment
	Hagner & Cooney 2005	Supervising employees with autism
	Hendricks 2010	Employment challenges and strategies for adults with ASD
	Hillier et al 2007	Evaluation of vocational support program for adults on the autism spectrum
	Howlin, Alcock & Burkin 2005	Specialist supported employment service for high-ability adults with autism or Asperger syndrome
	Hurlbutt & Chalmers 2004	Employment in adults with Asperger syndrome
	López 2013	Barriers to employment
	Müller et al 2003	Meeting the vocational support needs of individuals
	Parr et al 2013	Applicability of transformational leadership for employees with ASD
	Parr & Hunter 2014	Enhancing work outcomes of employees with ASD through leadership
	Walsh, Lydon & Healy 2014	Employment and vocational skills among individuals with ASD
	Whetzel 2013b	Accommodation of employees with Autism Spectrum Disorder
	Wilczynski et al 2010	Improving employment outcomes among adolescents and adults on the Autism Spectrum
Bipolar disorder	Bader 2012	Workplace disclosure and stigma
	Dickerson et al 2004	Cognitive functioning and employment status

	Tremblay 2011	Workplace accommodations and job success
	Tucker 2014	Employee accommodations
	Wilkins 2004	Social support and work
Brain injuries (including Acquired brain injury and TBI)	Crisp 2005	Factors related to vocational outcomes
	Duckworth 2008	Employees
	Hirsh et al 1996	Accommodating workers with traumatic brain injury
	JAN 2013a	Employees with brain injuries
	McMahon, B. T., et al 2005b	Workplace discrimination and traumatic brain injury
	Wehman et al 2003	Supported employment costs and program efficiency
	West 1995	Return to work for persons with brain injury in supported employment
Cancer	Balch 2014	How responsible employers respond to cancer in the workplace
	Canadian Partnership Against Cancer 2012	Returning to work after cancer: employee, employer and caregiver perspectives
	Fesko 2001	Workplace experience
	Fraser 2007	Cancer and work
	Kam & Kleimer 2011	Accommodation
	Larson & Larson 2013	When an employee tells Human Resources, how should HR respond?
	Macmillan Cancer Support 2014	Support for employees at work
	Rumrill et al 1998	Job retention and breast cancer
Chronic fatigue syndrome	Bülow 2008	Narratives on life experiences
	Huibers et al 2003	Employees on sick leave
	Janssen & Nijhuis 2004	Changes in perceived work characteristics and changes in fatigue
	Loy 2013a	Employees with CFS
Chronic disease/ illness	Allaire et al 2005	Job retention interventions
	Beatty 2012	Career barriers
	Beatty & Joffe 2006	Career effects
	Joachim & Acorn 2000a	Stigma
	Joachim & Acorn 2000b	Stigma and normalization
	Mau et al 2005	Employment in comparison with the general population
	Munir et al 2007	Work-related factors to distress
	Munir et al 2009	Employer support
	Stone et al 2015	Canadian workplaces
	Varekamp et al 2006	Job retention interventions

	Vickers 1997	Dilemma of disclosure at work
Depression	Birnbaum et al 2003	Employers' perspectives on women with depression
	Ellinson et al 2004	Ability to work
	Stewart et al 2003	Cost of lost productive time among US workers
Diabetes	Canadian Diabetes Association	Employment discrimination and rights
	Elsberry 2008	Discrimination
	McMahon et al 2005a	Workplace discrimination and diabetes
	Occupational Health Clinic for Ontario Workers Inc. 2005	Managing at work
Dyslexia	Brazeau-Ward 2005	Workplace
	Brown 2000	Finding a job
Epilepsy	Bishop 2002	Barriers to employment
	Bishop & Allen 2001	Employment concerns
	Bishop et al 2000	Rehabilitation practices
	Bishop et al 2007	Differential effect of epilepsy labels on employer perceptions
	Epilepsy Ontario 2014	Resources for employers and employees
	Jacoby et al 2005	Employers' attitudes
	Kitchen 2010	Employees with seizure disorder
	Troster 1997	Disclose or conceal
Fibromyalgia	Afram 2004	The ADA and diagnoses
	Baker 2008	Workers with fibromyalgia
	Henriksson et al 2005	Women with and rehabilitation
	Madden & Sim 2006	Creating meaning
	Peterson 2005	Treatment options
	Sturge-Jacobs 2002	Lived experiences
Hearing loss/ impaired	Baldridge 2006	Social consequences on recurring accommodation requests
	Haynes & Linden 2012	Workplace accommodations and unmet needs
Hemorrhagic stroke	Alaszewski et al 2007	Working after a stroke
	Bode, Hartke & Trierweiler 2011	Critical factors related to return to work
	Byers et al 2011	Barriers and facilitators of return to work for individuals with strokes
	Harris 2011	Return to work

	Hofgren et al 2007	Recovery and return to work after stroke
	Saeki & Hachisuka 2004	Stroke location and return to work after first stroke
	Stone 2005	Experiences of women survivors
	Stone 2008	Reactions to invisible disability
HIV/AIDS	Barkey et al 2009	Barriers and facilitators to work participation among Canadian women living with HIV/AIDS
	Brook & Klosinski 1999	Return to work
	Ferrier & Lavis 2003	Returning to work
	Fesko 2001a	Workplace experiences
	Fesko 2001b	Disclosure at workplace
	Gahagan et al 2006	Work-related experiences in Nova Scotia
	Martin et al 2003	Workplace entry intentions
	Maticka-Tyndale et al 2002	Therapies and work
	McGinn et al 2005	Back to work
	Nixon & Renwick 2003	Returning to work
	Rabkin et al 2004	Predictors of employment of men with HIV/AIDS
	Rao et al 2008	Employer attitudes about people with HIV American workplace
	Slack 2000	Reintegration of employees into workplace
	Wolf 2001	Total costs of IBS: employer and managed care perspective
Irritable Bowel Syndrome/ Inflammatory Bowel Disease (Crohn's and Colitis)	Cash, Sullivan & Barghout 2005	Employment and IBD: a guide for employers
	Crohn's and Colitis UK 2014	Impairment in work productivity and health-related quality of life in patients with IBS
	Dean et al 2005	Economic consequences of irritable bowel syndrome: a US employer perspective
	Leong et al 2003	Employment and work with IBS
	Sian 2008	Absenteeism among employees with irritable bowel syndrome
	Zacker et al 2004	Employment with high support needs
Learning disability (including Asperger's syndrome, Attention Deficit Disorder)	Beyer 2000	Job accommodation ideas
	Brown 2005	Workplace
	Canadian Council on Rehabilitation and Work 2013	Success in the workplace
	Ellis 2001	Employment strategies
	Fast 2004	Employment experiences in US
	Gerber & Price 2003	Employment experiences of American and Canadian adults
	Gerber et al 2004	

	Kilsby & Beyer 2002	Supported employment
	Kitchen 2008	Employees with Asperger's syndrome
	Kitchen & Dufalla 2006	Employees with learning disabilities
	Learning Disability Association of Canada 2003	Guide for employers
	Maduus 2008	Employment self-disclosure
	Melling et al 2011	Supported employment
Long-term pain	Stewart et al 2003b	Lost productive time and costs
Low vision/visual impairment	Naraine & Lindsay 2011	Social inclusion of employees
	Wolffe & Candela 2002	Employers' experience with visually impaired workers
Lupus	Baker & Pope 2009	Employment and work disability
	Dhanhani 2010	Workplace challenges of lupus patients
	Dorinzi 2014	Employees
Mental health	Baldwin & Marcus 2007	Employment and wage differentials between people with mental disorders and nondisabled
	Braden et al 2008	Employment outcomes
	Canadian Mental Health Association 2014	Hiring and retaining people with mental illness
	Dinos et al 2004	Stigma
	Fabian, Waterworth & Ripke 1993	Reasonable accommodations
	Goetzel et al 2002	Business case for services
	Great West Life 2014	Workplace strategies
	Lehman et al 2002	Improving employment outcomes
	Lippel & Sikka 2010	Legal protections
	Loy & Whetzel 2014	Employees with mental health impairments
	Luciano et al 2014	Supported employment
	Mann & Himelein 2004	Stigmatization
	Mechanic et al 2002	Employing persons
	Mizzoni & Kirsh 2006	Obsessive-compulsive disorder in the workplace
	Neal-Barnett & Mendelson 2003	Employer perspectives on supervising persons with mental health problems
	Ontario Human Rights Commission 2014	Preventing discrimination
	Ortiz 2005	Mental illness in the workplace
	Roulstone et al 2014	Evaluation of UK tailored employment support program for jobseekers with enduring mental health problems and learning difficulties
	Schafft 2014	Employer guides and job retention

Multiple chemical sensitivity	Afram 2004	The ADA and diagnoses
	Brown 2002	Accommodating the allergic employee
	Gibson & Lindberg 2007	Work accommodation
	Gibson et al 2003	Treatments and therapies
	Simpson 2013	Employees with fragrance sensitivity
	Vierstra 2006	Employment discrimination experiences of Americans with multiple chemical sensitivity and other disabling conditions
Multiple sclerosis	Dyck & Jongbloed 2000	Women and employment issues
	Ivanova et al 2009	Cost of disability and medically related absenteeism among employees with multiple sclerosis in the US
	Julian et al 2008	Exit and re-entry to work
	Neath et al 2007	Patterns in perceived employment discrimination
	Roessler 2001	Determinants of employment status
	Roessler & Rumrill 2003	Employment barriers
	Roessler et al 2004	Predictors of employment
	Roessler et al 2011	Employment discrimination
	Rumrill 2006	Vocational rehabilitation strategies
	Rumrill et al 1997	Accommodation requests
	Rumrill et al 2013	Job retention strategies
	Townsend 2008	Current support practices
	Unger et al 2004	Employment discrimination complaints filed
	Vickers 2012	Stigma at work
Musculoskeletal diseases (e.g., carpal tunnel syndrome, repetitive strain injury, tendonitis)	Crooks 2007	Women's experiences and employment challenges
	Ossman et al 2005	Returning to work
	Yelin, Sonneborn & Trupin 2000	Employment accommodations
Psychiatric	Ballon 2001	Disclosing in the workplace
	Barclay & Markel 2009	Ethical treatment of employees with psychiatric disabilities
	Bill et al 2006	Employment programs for people with psychiatric disability
	Cook 2006	Employment barriers
	Dalgin & Bellini 2008	Disclosure in an employment interview and impact on employers' hiring decisions
	Ellison et al 2003	Workplace disclosure among professionals and managers

	Goldberg et al 2005 Granger et al 1997 Henry & Lucca 2004 JAN 2013b MacDonald & Whiteman 1995 Mancuso 2000 Morrow et al 2009 Moss & Prince 2014 Spirito-Dalgin & Gilbride 2003	Disclosure at work Job accommodation Facilitators and barriers to employment Employees with PTSD Encouraging disclosure Employment and accommodation of workers with psychiatric disabilities Removing barriers to work Veterans with PTSD and other psychological wounds Employment disclosure
Schizophrenia	Holzinger et al 2003 Slade & Salkever 2001	Perceived stigma Symptom effects on employment
Severe migraines (including chronic headaches)	Dueland et al 2004 Lonardi 2007 Schultz, Chen & Edington 2009	Impact on work among young women The passing dilemma Cost and impact of health conditions on presenteeism to employers
Sleep disorders (insomnia, narcolepsy, sleep, apnea, restless leg syndrome, shift work sleep disorder)	Basner 2004 JAN 2013c Schwartz & Roth 2006 Thorpy 2011	Shift-work sleep disorder Employees with sleep disorders Shift work sleep disorder: burden of illness and approaches to management Understanding and diagnosing shift work disorder

Appendix 2
Literature on Disability Disclosure by Type of Impairment

Study	Impairment/Condition
Ballon 2001	Psychiatric
Bishop and Allen 2001	Epilepsy
Bouton 2013	Hidden
Charmaz 2002	Chronic illness
Chaudoir and Quinn 2010	Mental illness
Dalgini and Gilbride 2003	Psychiatric disabilities
Dalgini and Bellini	
Dyck and Jongbloed 2000	Women with Multiple Sclerosis
Ellison et al 2003	Professionals and managers with psychiatric conditions
Fesko 2001b	HIV status
Fitzgerald and Paterson 1995	
Garcia and Crocker 2008	Depression
Gignac and Cao 2009	Arthritis
Goldberg, Killeen and O'Day 2005	Psychiatric disabilities
Hazer and Bedell 2000	Depression
Lingsom 2008	Invisible impairments
Lonardi 2007	Chronic headaches
MacDonald-Wilson and Whitman 1995	Mental health, psychiatric disability
Maduus 2004	Learning disabilities
Myers 2004	Inflammatory Bowel Disease
Pearson et al 2003	Hearing, depression, mobility
Rapley, Kiernan and Antaki 2010	Intellectual disability
Spirito-Dalgin and Gilbride 2003	Psychiatric disabilities
Troster 1997	Epilepsy
Vickers 1997	Chronic illness

Wilton 2006	Sensory, physical, learning and psychiatric disabilities