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Original research article

Employment opportunities and discrimination faced by individuals with mental illness

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Abstract

Background: This study examines the employment experiences of peer workers with lived experience of mental illness in the Czech Republic, focusing on access to the open labour market, employment duration, and workplace discrimination. The aim was to analyse employment trajectories before and during peer work and to explore relationships between employment outcomes, discrimination, and selected sociodemographic characteristics.

Methods: A quantitative survey was conducted among peer workers in health and social services (N = 101). Data were analysed using descriptive statistics, analysis of variance (ANOVA), and chi-square tests.

Results: A proportion of respondents reported experiencing discrimination during their job search and in the workplace, including rejection in recruitment, negative interactions with colleagues, and exclusion by supervisors. Most respondents reported a strong interest in employment; however, many described employment trajectories that did not correspond to their qualifications. A statistically significant association with a large effect size was found between employment duration and job position. A significant association was also found between employment duration and workplace discrimination, although this was based on a reduced sample.

Conclusion: The findings suggest that peer workers with lived experience of mental illness may encounter barriers in accessing and maintaining employment prior to entering peer roles, whereas supportive peer work environments may be associated with more stable employment. The findings should be interpreted with caution due to the specific nature of the sample and should not be generalised beyond peer workers.

Keywords: Employment; Employment duration; Job position; Mental illness; Peer workers; Workplace discrimination

Introduction

Employment plays a fundamental role in an individual's life, extending beyond financial security to include social inclusion, personal identity, and psychological stability. Meaningful work contributes to a sense of purpose and belonging, which is particularly important in times of economic, social, and health-related uncertainty. For individuals with mental illness, however, access to employment remains limited due to persistent stigma, prejudice, and systemic barriers (Baldwin, 2016). At the same time, work participation can be a key component of recovery, supporting self-esteem, autonomy, and quality of life.

From the perspective of human resource management, employing people with mental illness represents both a challenge and an opportunity (Khan et al., 2019). While concerns regarding productivity, reliability, and workplace adaptation persist, inclusive employment practices can strengthen organisational culture and promote diversity (Follmer and Jones, 2018). People with disabilities constitute the largest minority group facing barriers in the labour market, yet individuals with mental illness are often overlooked despite evidence of their potential contributions (Hennekam et al., 2021).

In the Czech Republic, research on the employment of people with mental illness in the open labour market remains limited (Ociskova et al., 2013). Although legal protection against discrimination exists, including the Anti-Discrimination Act (No. 198/2009 Coll.), practical barriers continue to hinder equal participation. Initiatives such as the Individual Placement and Support (IPS) model demonstrate promising results internationally, but their implementation in the Czech context is still insufficient (Ziółkowska, 2024). The limited visibility of this topic in public and professional discourse further complicates the development of effective employment and human resource strategies (Tomšej, 2024).

This study aims to contribute to this gap by exploring the employment experiences of people with mental illness in the Czech Republic, focusing on job opportunities, employment duration, and discrimination. Particular attention is paid to the role of peer workers, whose professional positions are based on lived experience with mental illness. Employment is not only a means of financial security for people, but also a fundamental element of life identity, social inclusion, and psy-

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chological stability. The opportunity to work is closely linked to a sense of meaning in life and personal fulfilment. At a time of increasing uncertainty amid economic, social, and health crises, the importance of work is even greater. However, for people with mental illness, access to employment is often limited due to persistent prejudice, lack of support mechanisms, and systemic barriers. At the same time, work inclusion can be a key element of their recovery, self-confidence, and overall quality of life.

Literary research

Employment has a significant impact on psychological well-being and overall quality of life. In addition to generating income, work provides structure, social interaction, and opportunities for self-fulfilment (Romano and Spizzichino, 2012). Meaningful work, supportive colleagues, and varied work tasks enhance meaning and life satisfaction. Conversely, poor working conditions and insufficient support can reduce these benefits (Mohammad et al., 2023; Weston et al., 2021).

Employment is also closely linked to mental health. Meaningful and satisfying work can reduce feelings of isolation, anxiety, and depression, while unemployment or unstable employment can exacerbate psychological distress. Importantly, having a job alone is insufficient (Chen et al., 2020). The quality of the job, the work environment, and the alignment with personal skills and interests are crucial factors (Lee et al., 2017).

People with mental illness often face discrimination in the labour market, both in recruitment and workplace life (Weston et al., 2021). Despite anti-discrimination legislation in many countries, hostile attitudes among employers persist, usually driven by stereotypes about competence, reliability, or productivity (Andreassen, 2021). Such attitudes can lead to limited career progression, increased supervision, or exclusion from social life in the workplace (Jamil and Saidin, 2018). Disclosure of mental illness remains a sensitive issue, as employees often fear stigma or negative consequences (Elraz, 2018; Lyons et al., 2017; Santero-Sanchez et al., 2016; Szulc et al., 2021).

Many individuals with mental illness can bring valuable assets to an organisation, including creativity, empathy, attention to detail, and resilience (Hyggen and Vedeler, 2021). With appropriate accommodations and supportive management, their work performance can be comparable to that of other employees (Cavanagh et al., 2021; Khan et al., 2019; Waisman-Nitzan et al., 2019). Effective human resource management and an inclusive organisational culture are therefore essential for successful integration (Byrne et al., 2019; Edan et al., 2021).

One promising model of inclusive employment is peer work, particularly in health and social services. Peer workers use their personal experiences with mental illness to support others facing similar challenges (Burr et al., 2020). Peer work can contribute to destigmatisation, improve team dynamics, and increase the well-being of clients and employees. However, the sustainability and broader applicability of this model require further investigation (Adams, 2020; Mohammad et al., 2023; Weston et al., 2021).

Materials and methods

The study employed a quantitative research design (Fig. 1) using a questionnaire survey to explore the employment experiences of peer workers with lived experience of mental illness in the Czech Republic. The research focused on the influence of gender, education, job preferences, employment duration, and discrimination, both before and after respondents obtained peer-worker positions. The study is conceptually grounded in research on workplace stigma and labour market exclusion, which suggests that individuals with mental illness face structural and interpersonal barriers affecting both access to and retention in employment (e.g., Byrne et al., 2019; Hennekam et al., 2021). Based on this framework, the study explores how employment duration and job characteristics are associated with experiences of discrimination.

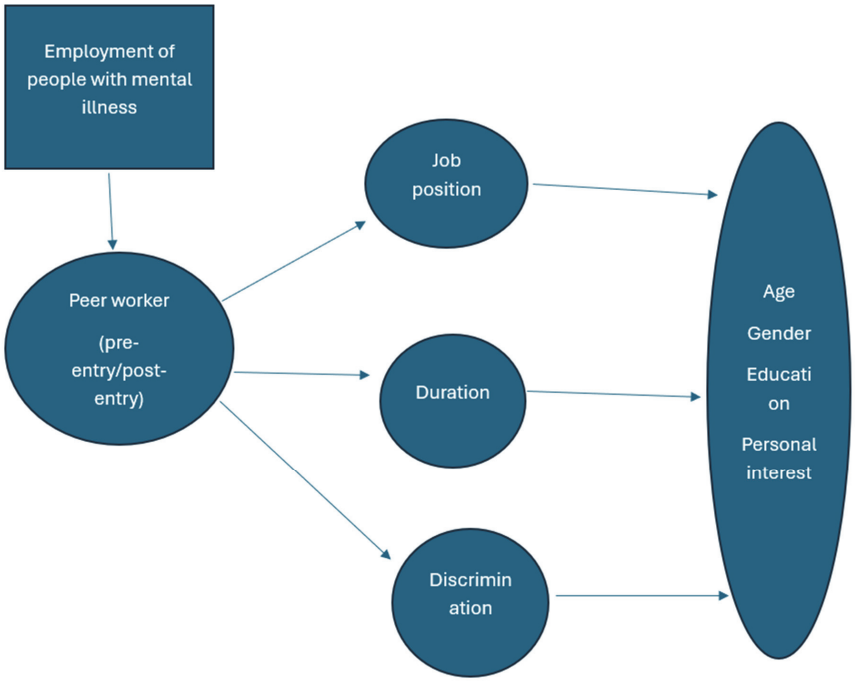


Fig. 1. Research model of employment of people with mental illness through peer workers

Data were collected in March 2023. Institutions that provide health and social services and employ peer workers were identified using publicly available online information. A total of 150 peer workers were contacted via email, and 101 completed questionnaires were returned, yielding a response rate of 67.3%. Participation was voluntary and anonymous. The questionnaire was developed specifically for the purposes of this study, based on previous research on employment and discrimination among people with mental illness, ensuring content relevance. It consisted of categorical, dichotomous, and open-ended questions designed to capture participants' employment experiences rather than to measure latent psychological constructs. Therefore, formal psychometric validation was not conducted. In addition, a separate pilot study was not performed because of the exploratory nature of the research and the limited accessibility of the target population. These methodological aspects should be considered when interpreting the findings.

The questionnaire included closed-ended, dichotomous, open-ended, and quantitative questions covering employment history, job positions, educational attainment, experiences of discrimination, and employment duration.

Employment status before the onset of mental illness was assessed using a dichotomous question (yes/no). Respondents who had worked after the onset of illness reported the duration of their last employment in an open-ended format (months/years). Employment duration was treated as a continuous variable for the ANOVA analysis. For the chi-square analyses, employment duration was categorised into five groups (1–6 months, 7–12 months, 1–3 years, 4–6 years, and ≥7 years) to ensure sufficient cell frequencies.

Job position was assessed using an open-ended question. Individual occupations were coded into seven categories: (1) healthcare worker, (2) teacher, (3) entrepreneur, (4) artist, (5) cleaning worker, (6) administrative worker, and (7) production worker. Educational attainment was classified into six categories: (1) primary education, (2) apprenticeship, (3) secondary education, (4) bachelor's degree, (5) master's degree, and (6) PhD.

For the chi-square analyses, categories with low frequencies were merged. Job positions were grouped into three broader categories: helping professions (healthcare workers and teachers), service and manual occupations (cleaning, administrative, and production workers), and self-employed/creative professions (entrepreneurs and artists). Educational attainment was grouped into primary education, secondary education (apprenticeship and secondary school), and tertiary education (bachelor's, master's, and PhD).

Experience of discrimination in everyday life was assessed using the response options *yes, no*, and *not aware*. Workplace discrimination was assessed using the response options *yes, no*, and *concealed illness*. For the chi-square analysis of workplace discrimination, the categories *no* and *concealed illness* were combined because both groups did not report an experience of workplace discrimination and some contingency table cells contained low frequencies. Open-ended responses describing discrimination experiences were analysed using thematic coding.

Some analyses were performed on a reduced sample (N = 75) because respondents with missing data on employment duration before becoming a peer worker could not be included. The merging of categories and the reduced sample size should be considered when interpreting the results. Furthermore, discrimination was measured using self-reported perceptions and did not capture the frequency or severity of discriminatory experiences.

Results

Organisations providing social and health services in the Czech Republic were selected based on information found on their websites, which indicated that they employed peer workers. A total of 150 peer workers were contacted via the email addresses provided on the websites. One hundred one of them (79 women and 22 men) completed the questionnaire, with 26 respondents aged 18–34, 53 respondents aged 35–49, and 22 respondents aged 50 and over.

The ability to find suitable employment is related to the level of education. Ten percent of respondents had primary education, 56.3% had secondary education or an apprenticeship, and 33% had a university education. Two respondents did not state their level of education. The majority of respondents (89.3%) therefore have sufficient professional training to perform qualified work.

Employment duration

Before the onset of the disease, 89 respondents (88%) were employed, while 12 respondents (12%) were not. After the onset of the disease, 78 (77.3%) respondents continued to work, 23 (22.7%) respondents stopped working, and their first opportunity after the onset of the disease was a peer worker position. One respondent reported: *"It took me several years to find the right medications that worked for my illness* [schizoaffective disorder of the mixed type]*, but I always found a job and did something to keep myself from drowning in the illness."* Another reported that she worked only until the illness: *"From the age of 18 until my illness* [32 years old]*, I worked without a break, then it was not possible."* Another summarised: *"Entering the open labour market causes me tension, stress, and insecurity."*

After the onset of the disease, 29 (37%) of the respondents reported that they were still able to work for a long time (3 years or more) for one employer, 25 (32%) changed jobs after 1–2 years, and 24 (31%) could only work for a few months at a time.

Using the ANOVA test (Table 1), a statistically significant relationship was found between employment duration and job position [$F(4, 70) = 4.66$, $p = 0.002$], with a large effect size ($\eta^2 = 0.21$). The assumptions of ANOVA (normality and homogeneity of variances) were not explicitly tested, which represents a limitation of the study. Given the exploratory nature of the study, the results should be interpreted with caution.

Respondents answered by indicating the length of time they had worked in their most recent job before becoming ill. Open-ended answers were also used for the evaluation. In this case, frequent job changes are considered to be employment relationships of less than one year, so it can be said that 31% of respondents reported frequent job changes. An example of this is the answer: *"I could not go to work for a long time, I always decompensated."*

Table 1. ANOVA – Job position

Cases	Sum of squares	Df	Mean square	*F*	*P*
Employment duration	56.637	4	14.159	4.659	0.002
Residuals	212.750	70	3.039		

Job position

The decision to work is linked to the need for self-realisation and the type of job that aligns with one's education and previous experience. 56 (56%) respondents answered that they always wanted to work in the helping professions (24 as a social worker; 22 as a nurse, paramedic or psychologist; 10 as a teacher, lecturer, trainer), 25 (25%) of those interviewed chose a profession in the creative field (e.g., musicians, actors, dancers, painters, gallery owners, journalists, or writers), 8 (8%) respondents wanted to engage in scientific activities (e.g., archaeologist, librarian, biologist), and 10 respondents (10%) wanted to work in services (e.g., waiter, dog handler, hairdresser). Two reported that they never had a specific idea about the type of work they wanted.

Although most respondents would prefer to work in the helping professions or a creative field, the most common jobs they found were as salespeople or administrative assistants (46.5% in total) and cleaners. 9.09% of respondents obtained jobs in the health sector, and 6.06% worked as assistants to people with disabilities. They held these jobs before being offered the opportunity to work as peer workers.

No statistically significant association was found between educational attainment and job position held prior to peer employment [χ^2 (4) = 3.37, p = 0.498]. Similarly, the relationship between respondents' preferred or "dream" professions and their actual job positions was not statistically significant [χ^2 (4) = 7.82, p = 0.098].

Discrimination

A proportion of respondents reported experiencing discrimination related to their mental illness, both during job search and in the workplace. The most frequently reported forms included rejection during recruitment processes, negative interactions with colleagues, and exclusion or lack of support from supervisors. These findings provide descriptive evidence of the types of barriers encountered in employment contexts.

A questionnaire survey was used to determine the respondents' experience of discrimination in their personal lives. 35.6% (n = 36) of respondents denied experiencing discrimination, and 48.5% (n = 49) reported that they were not aware of having experienced discrimination. Respondents over 50 years of age did not encounter discrimination.

Respondents who encountered discrimination (13.8%, n = 14) described it in terms of personal relationships: *"My cousin's friend did not want a person with a diagnosis to babysit their child"*; *"I lost all my friends"*; *"I have experienced ridicule"*; *"I do not fit in"*. Discrimination at the doctor's office was mentioned three times: *"You just have to mention that you are taking psychiatric medication or are being treated in a psychiatric hospital and all your problems are trivialised. My psychiatric illness is to blame"*; or *"Then I experienced disgusting behaviour towards me in psychiatry. In a place where one would expect support and not humiliation"*; and *"They do not take me that seriously"*. One respondent reported that he had been evicted from his apartment twice because of his illness. Another admitted that previous experiences had taught her self-stigmatisation. One also mentioned a positive experience: *"It took my family a while to realise my illness, but they supported me primarily in terms of material support. I had a place to live* [in my father's apartment with roommates]. *It takes patience, but when you believe and do something for your health, you are helped."* Two respondents did not answer.

In the full sample (N = 101), 24 respondents (23.7%) reported experiencing workplace discrimination due to their mental illness, 68 (67.3%) reported no discrimination, and 9 (8.9%) indicated that they had concealed their illness at work. These experiences occurred before respondents started working as peer workers. Examples included: *"They did not accept me into the team"*; *"They discriminated against me when I applied for a sales position; they told me it was too demanding for me"*; and *"I was discriminated against by management and co-workers"*. Respondents who concealed their illness explained: *"I preferred not to say anything about my illness at work"*; *"I was afraid of ridicule and discrimination"*; *"I was afraid to say anything about my illness"*; and *"I kept everything a secret; I did not tell anyone at work"*.

(**A**) The relationship between experience of discrimination in the workplace and employment duration was captured via a contingency table (Table 2) and a Chi-square test (χ^2) (Table 3). For the analysis of the association between workplace discrimination and employment duration, only respondents with complete data on both variables (N = 75) were included.

Table 2. Contingency table

	Employment duration					
Personal experience with discrimination in the workplace	1	2	3	4	5	Total
No	7	18	8	12	2	47
Yes	2	6	0	4	16	28
Total	9	24	8	16	18	75

Table 3. Chi-squared tests

	Value	Df	*P*
χ^2	28.695	4	<0.001
N	75		

A statistically significant association was found between employment duration and experience of workplace discrimination [χ^2 (4) = 28.70, p < 0.001]. Respondents with shorter employment duration reported discrimination more frequently than those with longer employment duration. However, this relationship should be interpreted with caution, as the analysis was conducted on a reduced sample (N = 75).

(**B**) No statistically significant associations were found between experience of workplace discrimination and gender, education level, or job position (p > 0.05 in all cases). The data on experiences of discrimination were relatively consistent across different subgroups within the sample. These analyses were conducted on the subsample of respondents with complete data (N = 75).

It should be noted that the measurement of discrimination is based on self-reported experiences and does not capture the frequency or intensity of these experiences, which should be considered when interpreting the results.

Peer worker job position

All respondents (n = 101) agreed that working as a peer worker is essential to them. It fulfils them and they would like to work in the position for as long as possible. One respondent reported that he would like to work as a social worker in the future. Twenty percent (20%) of respondents have been working as peer workers for less than a year, 18% (18%) for 1–2 years, and 62% (63%) for three years or more. All respondents also

reported that they have good working conditions and an understanding of the team. 67 (66%) said that they have the same working conditions as their colleagues. The majority of respondents reported positive experiences with peer worker positions, including supportive working conditions and good team relationships. A substantial proportion of respondents (62%) had been working in this role for more than three years. Respondents reported: *"The work of a peer worker fulfils me, it gives me strength for the rest of my life..."*; *"A peer worker is a dream job for me..."*; *"It is important for me that my colleagues understand me at work, I do not have to be afraid that I will get sick again..."*; *"At work, they accept me for who I am..."*. The job position of a peer worker can be associated with the risk of being labelled in the future if respondents have to provide evidence of their work history. A total of 79 respondents were not afraid of the risk of being discovered, 12 respondents were concerned, and 10 respondents were unable to answer the question. Respondents who were unable to respond or were concerned reported: *"I do not know, I want to protect my family"*; *"I have no problem speaking openly with clients, but I do not want to get involved in public life"*; *"I have had bad experiences with stigmatisation, I cannot say directly that I would be afraid, but I am careful about what I participate in"*; *"It is a big stigma; people can be very mean"*. These respondents agreed that they were most concerned about stigmatisation.

On the contrary, respondents who were not afraid agreed that they are proud of their work, not ashamed of their illness, and consider it an excellent opportunity to talk about their life with the disease. However, three respondents who claimed not to be afraid of their illness being made public reported: *"I am not sure whether I would like my high school classmates or former friends to know about my illness, for example"*; *"I am more afraid of misunderstandings or a certain form of stigmatisation from the 'lay' or biased environment"*; *"The question is who would interpret my experience and how"*; *"I am uncertain about how people will accept me. I often talk about my problems after a long time"*.

The data show that many respondents expressed interest in employment and reported working in roles that they perceived as meaningful.

Discussion

The findings of this study provide insight into the employment experiences of peer workers with lived experience of mental illness in the Czech Republic, with a particular focus on employment opportunities, employment duration, and workplace discrimination.

The results indicate that although most respondents remain motivated to work, their employment trajectories prior to entering peer roles were often unstable and did not correspond to their qualifications or career aspirations. This is consistent with previous research highlighting structural barriers, stigma, and limited access to suitable employment for individuals with mental illness (Byrne et al., 2019; Carmona et al., 2017; Cavanagh et al., 2021; Hennekam et al., 2021). These findings also align with studies suggesting that employment is not only about access to work, but also about the quality and suitability of the job (Chen et al., 2020; Lee et al., 2017). In this context, the mismatch between qualifications and job positions observed in this study may reflect broader labour market constraints and limited availability of inclusive employment opportunities.

At the same time, the results show that a proportion of respondents were able to maintain longer-term employment, indicating that employment instability is not universal within this group. The statistically significant association between employment duration and job position suggests that certain types of work may be more conducive to sustained employment. This finding is in line with studies emphasising the importance of job quality, working conditions, and organisational support (Cavanagh et al., 2021). It also supports the argument that meaningful work, supportive relationships, and appropriate working conditions are key factors contributing to job satisfaction and overall well-being (Romano and Spizzichino, 2012; Weston et al., 2021).

A key contribution of this study lies in its focus on peer workers as a distinct subgroup. Compared with their previous employment experiences, respondents reported more stable and satisfactory employment in peer roles. These findings suggest that, for peer workers, supportive, inclusive, and experience-based work environments may facilitate sustained employment. In line with previous research, such environments may foster a sense of purpose, social connection, and self-fulfilment (Mohammad et al., 2023; Weston et al., 2021). Although the present findings are limited to peer workers, they raise the possibility that supportive working conditions and meaningful job roles could also contribute to more stable employment among other people with mental illness. This hypothesis should be examined in future studies involving more diverse populations.

The findings related to workplace discrimination further support the relevance of organisational context. A proportion of respondents reported experiences of discrimination, particularly while job hunting and in interactions with colleagues and supervisors, which is consistent with previous research (Byrne et al., 2019; Cavanagh et al., 2021). These findings reflect broader patterns described in the literature, where stigma, stereotypes, and concerns about productivity continue to shape employer attitudes (Andreassen, 2021; Jamil and Saidin, 2018). In addition, the reluctance to disclose mental illness observed in some respondents corresponds with previous studies highlighting the fear of negative consequences and social exclusion (Santero-Sanchez et al., 2016; Szulc et al., 2021). Within this sample of peer workers, these experiences may have influenced respondents' perceptions of employment and workplace relationships. Whether similar patterns apply to the broader population of people with mental illness should be investigated in future research.

Importantly, no statistically significant relationships were found between workplace discrimination and gender, education, or job position. This may indicate that discrimination was reported across different subgroups within this sample of peer workers rather than being limited to specific demographic characteristics. However, further research is needed to determine whether similar patterns are observed in other populations of people with mental illness.

Overall, the findings indicate that employment outcomes for peer workers with lived experience of mental illness are shaped by both individual and contextual factors. In particular, the results suggest that supportive work environments, such as those found in peer roles, may be associated with more stable employment and more positive work experiences within this group. This is consistent with previous research showing that individuals with mental illness can perform effectively when provided with appropriate support, workplace accommodations, and inclusive management practices (Edan et al., 2021; Hyggen and Vedeler, 2021; Khan et al., 2019). While the present findings are limited to peer workers, they support the hypothesis that supportive organisational conditions may also

facilitate sustainable employment among other people with lived experience of mental illness (Maravelias, 2022). This assumption should be examined in future studies involving more diverse populations. However, several limitations must be considered when interpreting the results. The sample consists exclusively of peer workers, representing a specific subgroup with potentially higher levels of functioning and support, which limits the generalisability of the findings. Consequently, the findings cannot be generalised to the broader population of people with mental illness. In addition, the data are based on self-reporting, and this may be subject to recall bias or subjective interpretation. Some analyses were conducted on a reduced sample due to missing data, which may have affected statistical power. Finally, the questionnaire was not formally validated, which may influence the reliability of the measurements.

Future research should explore employment experiences across more diverse populations of individuals with mental illness and examine the role of workplace characteristics in greater depth. In particular, further studies could investigate how specific organisational practices, support mechanisms, and job design contribute to sustained and meaningful employment.

Conclusion

This study examined the employment experiences of peer workers with lived experience of mental illness in the Czech Republic, focusing on employment duration, job position, and workplace discrimination. The findings suggest that employment trajectories prior to entering peer roles are often unstable and do not align with respondents' qualifications. At the same time, peer work was associated with a more supportive work environment and longer employment duration within this sample. A statistically significant relationship with a large effect size was identified between job position and employment duration, suggesting that job characteristics may play an important role in employment stability. In addition, the results point to the presence of workplace discrimination, particularly while job hunting and in workplace interactions, although these experiences were not associated with gender, education, or job position.

The study contributes to the existing literature by focusing on peer workers as a specific subgroup and by emphasising the role of work environment and job context in shaping employment outcomes. Within this sample, peer work was associated with more stable employment and positive work experiences. These findings support the hypothesis that employment characterised by lived experience and inclusive organisational practices may facilitate sustainable employment, although this assumption should be confirmed in studies involving broader populations of people with mental illness.

However, due to several limitations, the findings should be interpreted with caution. These include the specific nature of the sample, the use of self-reported data, and the absence of validated measurement instruments. Because the study included only peer workers, the findings cannot be generalised to the broader population of people with mental illness. Future research should explore these relationships in more diverse populations and examine in greater detail the role of workplace characteristics in supporting sustainable employment.

Ethical aspects and conflict of interest
The author has no conflict of interest to declare.

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