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Editorial

Participation of Older Persons With Mental Health Conditions and Psychosocial Disabilities in the Labor Market

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ABSTRACT

This paper discusses the right to work as a basic human right that should be granted unrelated to chronological age, health or mental health status and disability including declining cognitive functioning. The benefits of continued employment are both at the individual level and at the organizational and societal levels. Nonetheless, there are multiple barriers that prevent older people and particularly older people with mental conditions and psychosocial disabilities from remaining in the workforce and/or from rejoining the workforce. We outline interventions at the organizational, national, and international levels to ensure the full participation of people of all ages and abilities in the workforce. Such interventions should address the intersection between disabilities and advanced age at the global, regional, and country levels. (Am J Geriatr Psychiatry 2021; ■■■:■■■-■■■)

Highlights

- **What is the primary question addressed by this study** This paper examines facilitators and barriers to exercising the right to work and access to the labor market among older people with mental health conditions and/or psychosocial disabilities.

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- **What is the main finding of this study?** Barriers which prevent older people with mental health conditions and/or psychosocial disabilities from participating in the workforce are in the form of stereotypes, prejudice, and discrimination. There are effective interventions to tackle these barriers at the organizational, state and international levels.
- **What is the meaning of the finding?**—A UN convention for the rights of older people is needed in order to better address the intersection between advanced age, mental health conditions and/or psychosocial disabilities in the workforce.

The achievement of full and decent employment is considered one of the pillars of a good society.¹ The right to work should be granted to all of us, unrelated to chronological age, health, mental health or disabilities. If we wish to do so, we should all be able to stay in the workforce, re-enter the workforce and train throughout our lives.² Moreover, some people are forced to stay in the workforce for long periods of time as they cannot afford to retire. Worldwide, less than 20% of older people above statutory retirement age receive a pension. Low-middle income countries may either not have a pension system in place, or the available pension may be insufficient. Moreover, they might be forced to support themselves following the migration of younger family members. Thus, their residents are forced to work well into old age, regardless of health status. Low-wage workers and women who tend to have interrupted career trajectories and are subject to higher levels of discrimination, including gender-biased pension schemes, also may not have an option to retire and stop working in old age.³

There are numerous benefits associated with continued employment in old age, including increased sense of meaning and sense of belonging⁴ as well as improved wellbeing⁵ and better mental health.^{6,7} The benefits associated with continued employment are not only at the individual level. Those organizations that enjoy age diversity have shown to be more creative, when job security is high, firm size is large⁸ and the tasks are creative, rather than mundane.⁹ Such organizations are able to rely on a diverse set of talents and values, avoid groupthink and encourage an independent and original approach to problem solving.¹⁰ Moreover, research has shown that intergenerational contact reduces ageist stereotypes.¹¹ Thus, age-diversity in the workforce may help to reduce ageism.

Despite this encouraging information, many older people do not stay in the workforce, worldwide. In

the more developed world and in particular in Europe, the participation of older people in the workforce is relatively low, and this is especially true for older women. This is contrasted with those 25–54, who have the highest participation rate in all continents.¹² Past research has shown that when older people work, this often is done informally, largely, as caregivers. As the age of the caregivers increases, they are more likely to spend a substantial number of hours per week, providing care. The gender gap in the formal workforce is reversed when it comes to informal care, as women are more likely to provide unpaid, informal care to family members and friends.¹³ This type of work is unacknowledged, unrewarded and has no pension or financial rewards system in place.¹⁴

Moreover, even in countries such as Canada that have a relatively high participation rate of older people in the workforce, older people with chronic illness or injuries, mental health issues or disabilities, low levels of education, immigration background, aboriginal people, displaced older people or those with caregiving responsibilities, are more likely to exit the workforce and less likely to reenter it. They also are less likely to be adequately compensated financially for their work and have low income and pension in place.¹⁵

Older persons with mental health conditions and psychosocial disabilities (including neurological conditions such as stroke, dementia or mild cognitive impairment) face particular challenges and are less likely to participate in the workforce compared with older people who are relatively healthy and independent. A person diagnosed with dementia for example, may be either forced to give up work by his/her employer or “prescribed disengagement” by a medical doctor.¹⁶ Consistently, older persons with mental health conditions face major challenges to employment, mainly attributed to ageism, even more so than

to stigma associated with mental illness.¹⁷ This has an accumulative effect given the already low participation rate of younger people with mental health conditions and psychosocial disabilities in the workforce.¹⁸

Researchers have argued that as the job market tends to move away from manual labour to more cognitively demanding jobs, older people might be able to participate in the workforce in increasing numbers. However, the focus on cognitive tasks might pose a barrier for older people with limited education and for those with mental health conditions and psychosocial disabilities.¹⁹ Indeed, qualitative research on early onset dementia has shown that over time, performance deteriorates and co-workers notice challenges to meet the work demands.²⁰ A different study has pointed out that mental conditions and old age are independent barriers to workforce participation.²¹ However, performance could improve with the use of new technologies or through the adoption of flexible working conditions.³ Moreover, at least two systematic reviews have found evidence for the effectiveness of supported employment, through individual placement and support, in maintaining individuals with mental conditions and disabilities in the workforce.^{22,23}

The barriers to the employment of older people can be broadly divided into stereotypes, prejudice and discrimination due to age (i.e., ageism). This also applies to older people with mental health conditions and psychosocial disabilities who often experience double jeopardy due to their advanced age and mental health conditions and/or psychosocial disabilities²⁴(20). Stereotypes that prevent older people from participating in the workforce include the thoughts that “you can’t teach an old dog new tricks,” that older people are unhealthy, less likely to participate in training and are more likely to struggle with work-family imbalance. Most of these stereotypes have been refuted in a recent systematic review, which examined these various stereotypes.²⁵ There also is a general notion that older people should give the right of the way to younger people.²⁶ Older people are thought to be blocking younger people from participating in the workforce, following the idea that if older people do not leave the workforce, younger people will not be able to join it. This idea as well has been largely refuted.^{27,28} Moreover, throughout their lives, women in particular are likely to be discriminated against in the workforce because of their appearance or sexuality.²⁹

Stereotypes associated with older persons with mental conditions and/or psychosocial disabilities might be even harsher as having a dementia, for instance, is seen as the most prominent feature of the individual, which obscures all other characteristics.³⁰ Stereotypes towards people with dementia are usually negative and have been described as perceived dangerousness and low-competence.³¹ Consistently, the social stigma associated with mental conditions serves as a major barrier for workforce participation.³² In the workforce, research has shown that employers hold highly stigmatized views of people with disabilities, regardless of their age, and are very skeptical about their abilities.¹⁸

These various stereotypes become a self-fulfilling prophecy. Older people internalize these stereotypes throughout their life course and when they become older, the stereotypes become self-relevant.³³ Past research has shown that in the workforce, in particular, older people perceive age-based stereotypes as a threat and this tends to impact their work performance.³⁴ Moreover, negative age stereotypes are particularly detrimental to older people’s cognitive functioning.³⁵ In the case of older persons with mental conditions and/or psychosocial disabilities, self-directed ageism likely is exacerbated by one’s self-stigma towards mental conditions.³⁶

Stereotypes may lead to increased discrimination limiting older people’s ability to participate in the workforce.³⁷ Research has repeatedly shown that when employers receive identical resumes, they prefer the younger candidate over the older person. Older people also are less likely to be sent off for training and the first to be laid off.^{38–40} Hence, many older workers are being pushed out from the labour market and prefer to retire rather than face the stigma of unemployment.¹²

Discrimination does not end at the organizational level, but also is evident at the national and international levels. Multiple countries enact mandatory retirement age, which forces older people to give their skills, education, and ability for free simply because they have reached a certain age. Moreover, the European Court of Justice has ruled that it is acceptable to discriminate based on age in the workforce if reasonably justified.⁴¹ In the case of older people with mental health conditions and/or psychosocial disabilities, in Australia, for example, employment cannot be terminated based on diagnosis of dementia alone. Commonwealth legislation such as the Disability Discrimination

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Act 1992 (Cth) (DDA) mandates the employer to keep the diagnosis of dementia confidential. However, whereas employers are expected to provide support such as memory prompts, they are not expected to accommodate if it leads them into unjustifiable hardship, or if the employee is unable to perform the role, even with reasonable changes. Therefore, employers may have the right to cease employment.⁴²

Despite these discouraging findings, there is reason for hope. Employers have an important role in keeping older workers in the workforce.⁴³ Research has shown that employing certain strategies at the organizational level can be beneficial. Specifically, employing peer mentoring, age-inclusive management, and encouraging life-long learning have shown to be effective in keeping older workers in the workforce.⁴⁴ At the state level, those states that employ a comprehensive framework, which targets society at large, older people, and employers have shown to be effective in increasing the participation rate of older people in the workforce. Targeting negative stereotypes about older people and fostering a positive image of older people is considered an effective strategy. Greater attention to work-family balance and opportunities to work part-time also are important.⁴⁵ Flexible work conditions, such as teleworking or part-time employment and other forms of reasonable accommodation can be beneficial for the individual and the workplace and facilitate life transitions.^{39,46} However, the problem with reasonable accommodation is that it does not extend to older people. By law, reasonable accommodation is only related to disability. Often this is understood and applied strictly to cover only

pre-existing disabilities, whereas disabilities that are acquired with age are considered normal and therefore are not adequately covered by reasonable accommodation schemes.⁴⁷

At the international level, a UN Convention for the rights of older people would provide a global framework which sets international standards and anti-discrimination guidelines which explicitly point to discrimination in the workforce.⁴¹ A UN convention for the rights of older people is essential to ensure that anti-age discrimination laws are enacted and respected, worldwide.⁴⁸ A convention would allow society to shift away from an ageist and anachronistic life course which divides our social life based on chronological age (e.g., younger persons acquires education, adults build their career and family and older people retire) to a more flexible life course, which allows people to exit and reenter the workforce, while ensuring work-family balance.⁴⁹

For older people with mental conditions and/or psychosocial disabilities, who are exposed to the double stigma associated with old age and mental conditions and/or psychosocial disabilities, additional protection and regulation are needed. Although Article 27 in the UN Convention for the rights of people with disabilities specifically states that “States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment,” the intersection between disabilities and advanced age should be better addressed at the global, regional and country levels.

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