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Benefits of employment in people with mental illness: Differential mediating effects of internalized stigma on self-esteem

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Abstract

Previous research shows a negative relationship between the stigmatization of people with mental illness and self-esteem. Through path analysis, the present study examines the extent to which both perceived individual discrimination and perceived group discrimination predict self-esteem and the extent to which internalized stigma and concealment mediate these relationships. We also test whether this mediation is moderated by the amount of time worked. The participants were 110 Spanish people with mental illness (67 men and 43 women) recruited from Spanish non-governmental organizations. The sample was divided into two groups according to whether they had a permanent employment contract (which occurs when a person has worked for over 5 months). The results confirmed the mediating role of internalized stigma between individual perceived discrimination and self-esteem in the group with permanent employment contracts. Group discrimination had an indirect positive association with self-esteem through reduced internalized stigma in the whole sample. In sum, our results show that being employed for longer may strengthen the relationship between perceived individual discrimination and self-esteem via internalized stigma and that perceived group discrimination may buffer the negative

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relationship between internalized stigma and self-esteem in people with mental illness.

KEYWORDS

employment, mental illness, perceived discrimination, self-esteem, stigma

1 | INTRODUCTION

Social stigma is one of the most significant problems people with mental illness face (European Commission Health & Consumer Protection Directorate-General, 2005; Muñoz, Guillén, & Pérez-Santos, 2013; World Health Organization, 2005). Stigma causes people with mental illness to be discriminated against and excluded in areas such as housing, employment, interpersonal relationships, health care, and media, often adding to the difficulties that their illnesses can cause in these areas (Corrigan & Watson, 2002; Magallares, 2011; Michaels, López, Rüscher, & Corrigan, 2012).

Numerous studies have pointed to the existence of negative relationships between the stigmatization of people with mental illness and several psychological and psychosocial variables, such as low levels of self-esteem, empowerment, self-efficacy, quality of life, and treatment adherence (Drapalski et al., 2013; Livingston & Boyd, 2010; Muñoz, Sanz, Pérez-Santos, & Quiroga, 2011). Other studies show that the stigmatization of people with mental illness is associated with depression (Markowitz, 1998), anxiety (Lysaker, Yanos, Outcalt, & Roe, 2010), and symptom severity (Drapalski et al., 2013). The present study is designed to explore the predictors (perceived discrimination) and outcomes (self-esteem) of internalized stigma and concealment in a single model. Furthermore, we aim to explore whether employment may moderate the associations among the mentioned variables.

First, we explore previous studies that have investigated the relationship between perceived discrimination and internalized stigma in people with mental illness.

2 | PERCEIVED DISCRIMINATION AND INTERNALIZATION OF STIGMA IN PEOPLE WITH MENTAL ILLNESS

Perceived discrimination is the awareness of public stereotypes and discrimination. Within it, we can differentiate between group and individual discrimination (Molero, Recio, García-Ael, Fuster, & Sanjuán, 2013). Perceived group discrimination can be defined as the extent to which an individual perceives their group as being discriminated against (the notion that people with mental illness are generally rejected, treated unfairly, or discriminated against in various settings, such as the workplace), while individual discrimination involves one's own experiences of discrimination (the extent to which an individual feels they are generally rejected, treated unfairly or discriminated against in various settings for having a mental illness). Perceived discrimination is similar to what other authors have called "perceived stigma," which is the stigma and discrimination that a person fears or perceives to be present in the community or society and includes both what they think most people believe about the stigmatized group in general and how they think society views them personally as a member of the stigmatized group (Brohan, Slade, Clement, & Thornicroft, 2010). Moreover, the literature shows that perceived personal and group discrimination have different effects on the well-being of people with mental illness (Pérez-Garín, Molero, & Bos, 2017), which is consistent with previous findings on other stigmatized groups. Specifically, while perceived personal discrimination has been shown to be negatively related to personal esteem, this has not been found to be the case for perceived group discrimination. Indeed, when controlling for the effect of personal discrimination, studies on Latino/a adolescents in the United

States (Armenta & Hunt, 2009) and both African immigrants and women in Belgium (Bourguignon, Seron, Yzerbyt, & Herman, 2006) have found that group discrimination is positively related to personal self-esteem. Two main explanations have been proposed for the positive effect of group discrimination on self-esteem. The first builds upon Crocker and Major's discounting hypothesis (Crocker & Major, 1989), which suggests that perceiving discrimination may be an efficient strategy to protect self-esteem from the ill effects of failure. It may be that acknowledging personal discrimination is too painful and thus fails to protect self-esteem, while group discrimination might be distant enough from the self that it can serve as an efficient excuse to protect self-esteem when the individual faces failure or other negative experiences (Bourguignon et al., 2006). The second explanation is based on the personal/group discrimination discrepancy, which refers to the finding that members of several stigmatized groups, including people with mental illness, have a general tendency to perceive less discrimination toward themselves than toward their group (Taylor, Wright, Moghaddam, & Lalonde, 1990). Perhaps perceiving group discrimination, together with finding one's own standing acceptable, raises self-esteem through positive contrast with other group members (Bourguignon et al., 2006).

3 | MEDIATORS OF THE RELATIONSHIP BETWEEN DISCRIMINATION AND SELF-ESTEEM

3.1 | Internalized stigma

One of the key mediators of the relationship between discrimination and self-esteem has been shown to be internalized stigma. Internalized stigma is the endorsement of negative stereotypes about people with mental illness; their application to oneself; and the resulting reduction in self-worth, psychological distress, withdrawal, and secrecy (Bos, Pryor, Reeder, & Stutterheim, 2013; Livingston & Boyd, 2010; Ritsher, Otilingam, & Grajales, 2003). In the study of mental illness, internalized stigma has been linked to a decrement in levels of self-esteem and self-efficacy (Corrigan, Watson, & Barr, 2006; Ritsher et al., 2003; Yanos, Roe, Markus, & Lysaker, 2008), an increase in depressive and negative symptoms (Ritsher & Phelan, 2004; Yanos et al., 2008), lower scores of hope, greater use of avoidant coping (Yanos et al., 2008), less empowerment, and a decreased recovery orientation (Ritsher et al., 2003). Moreover, research shows that internalized stigma has a more direct effect on the well-being of people with mental illness than perceived stigma or discrimination (Lysaker, Roe, & Yanos, 2007; Muñoz et al., 2011; Pérez-Garín, Molero, & Bos, 2015; Ritsher et al., 2003; Watson, Corrigan, Larson, & Sells, 2007).

Chadoir and Fisher's review (2010) states that individuals with more strongly devalued identities may be fully aware of the severity of the prejudice and discrimination that they may face, which might make them more likely to avoid disclosing their stigmatized identity. This suggests that perceived discrimination might also predict the concealment of one's stigmatized identity.

3.2 | Concealment and disclosure

One important decision that employed people with mental illness have to make is whether to reveal their condition to employers and colleagues. On the one hand, disclosing one's mental illness in the workplace may pose considerable risk. Many people with mental illness report being dismissed or forced to resign from their jobs because of their history of psychiatric treatment, while others report being denied a job for the same reason, and some avoid applying altogether because they expect to be treated unfairly (Wheat, Brohan, Henderson, & Thornicroft, 2010). On the other hand, research shows that for people with mental illness, disclosing one's condition is associated with lower levels of perceived stigma and higher levels of perceived social support and self-esteem (Bos, Kanner, Muris, Janssen, & Mayer, 2009). Moreover, an intervention program teaching people with mental illness when and how to

reveal their mental health problems showed a significant improvement posttest and at follow-up in the more harmful aspects of self-stigma compared to a control group, as well as a reduction in stigma stress appraisals and depression (Corrigan et al., 2015).

In this paper, we do not measure disclosure but rather its opposite: concealment. It is worth noting that although internalized stigma includes behaviours such as social withdrawal (avoiding social interactions with nonstigmatized individuals), concealment specifically involves concealing one's membership in a stigmatized group from people with whom one interacts.

4 | BENEFITS OF EMPLOYMENT FOR PEOPLE WITH MENTAL ILLNESS

Because we propose that employment will work as a moderator of the relationships between the variables in our model, it is also worth analysing previous research on the effects of employment in people with mental illness.

Research shows that employment has a positive relationship with recovery. Fairweather (1969) found that employed people with severe mental illness experience a significant reduction in their symptoms and fewer hospital admissions. Similarly, Strauss (1981) found a reduction in negative symptoms in employed people with mental illness. Liberman (1993) asserted that employment is both a result and a determinant of the course of chronic mental illness. Other authors have also found that stable employment facilitates the social insertion of people with mental illness, granting them the possibility to exercise their rights as citizens (López et al., 2004). This results in an improvement in their self-esteem and self-image, a reduction in their negative symptoms, promotion of social contact and an increase in their quality of life (Ackerman & McReynolds, 2005; Becker, Drake, & Naughton, 2005). Employed people with mental illness have also been found to have an improved sense of well-being, a good self-efficacy level, and an improved social identity (Tsang, Fong, Fung, & Corrigan, 2010). A more recent review summarizes the positive effects of employment on recovery (Drake & Whitley, 2014).

Employers in Spain are required to offer employees a permanent contract after they have been working for 6 months. Thus, working for more than 5 months implies that employees have signed a permanent contract. We expect that having a stable job will have a positive impact on recovery and a moderating effect on the relationships between the variables in our model, although we do not have specific predictions in this respect.

5 | THE PRESENT STUDY

The present study aims to examine the relationships between individual and group perceived discrimination and self-esteem in a sample of people with mental illness. Through path analysis (see Figure 1), we investigate the mediating role of internalized stigma and concealment in the relationship between perceived individual and group discrimination and self-esteem. Moreover, we test whether this mediation could be moderated by whether the participant has a permanent employment contract (i.e., they have worked for more or less than 5 months in the year prior to the study). For the hypotheses, first, in accordance with the literature on other stigmatized groups, we expect that the relationship between individual perceived discrimination and self-esteem and the relationship between group perceived discrimination and self-esteem will differ. Concretely, we predict perceived individual discrimination to be negatively associated with self-esteem (H1) and perceived group discrimination to be positively associated with self-esteem (H2). We also expect positive associations between perceived individual and group discrimination and internalized stigma (H3) and between perceived individual and group discrimination and concealment (H4). Finally, a negative association is predicted between internalized stigma and self-esteem (H5) and between concealment and self-esteem (H6). Moreover, considering the beneficial consequences of employment for people with mental health problems, we expect, first, lower levels of perceived individual and group discrimination, internalized stigma and concealment, and higher scores on self-esteem are expected in participants who had worked for more than 5 months in the

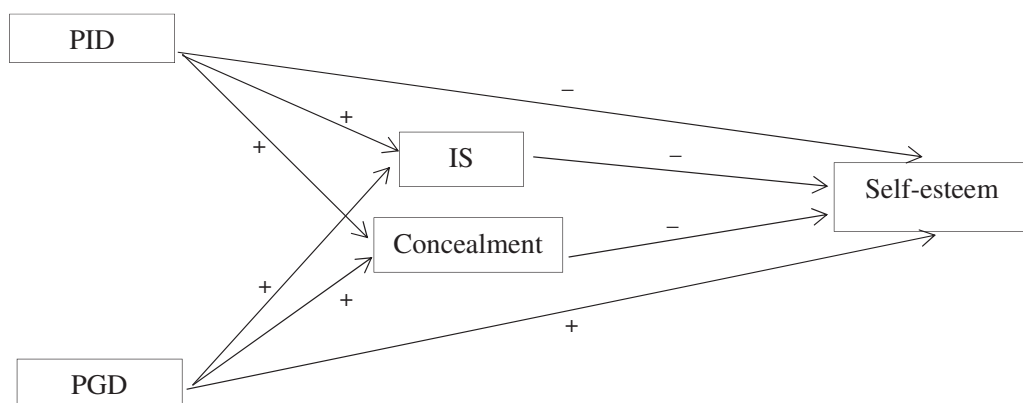


FIGURE 1 Hypothesized mediational model. IS, internalized stigma; PGD, perceived group discrimination, PID, perceived individual discrimination

year prior to the study (H7). Second, we expect that the amount of time worked (less than 5 months vs. more than 5 months) may moderate the relationships among the variables in the proposed mediation model (H8).

The relationships among perceived group and individual discrimination, internalized stigma and self-esteem have been previously studied in other stigmatized groups (Molero, Recio, García-Ael, & Pérez-Garín, 2019). However, our model includes concealment and examines its mediating role. Moreover, the present study examines the moderating role of the number of months worked in the hypothesized model, which is also a novel aspect.

6 | METHOD

6.1 | Participants

An initial sample of 115 Spanish participants was included in the research. The participants were clients of four different types of services for people with mental illness: occupational services, which are adult day care centres in which people with lower autonomy take part in various types of individual and group therapy and learn habits to ensure better social integration; dual training services, in which people are taught the theoretical knowledge needed to learn an occupation while participating in a paid internship at a company in that sector; special employment services, in which clients perform various kinds of work in groups of as many as four people under the supervision of an instructor; and labour insertion services, which support the employment of clients in regular companies, advising both employers and employees during the recruitment process and while the person is working.

As the participants were individually assisted by a professional, no missing data were found. However, data from five participants were discarded because they were not able to complete the questionnaire because of motor problems. Thus, the final sample included 110 Spanish participants with mental illness (67 men and 43 women) with an age range of 21–60 ($M = 40.92$, $SD = 10.27$). Regarding employment, only 25.5% of the participants were not working. A total of 28.18% were working at special employment centres, 19.09% were working at regular companies, and 27.27% were taking part in dual training programs. Regarding their diagnoses, 52 participants had schizophrenia or other psychotic disorders, 18 had mood disorders, 20 had neurotic disorders, and 20 had personality disorders.

We divided the sample into two groups based on the amount of time worked in the year prior to the research: 0–5 months worked ($N_{\leq 5} = 40$, 16 men and 24 women; M age = 43.50; $SD = 9.03$) and over 5 months worked ($N_{>5} = 70$, 51 men and 19 women; M age = 39.44; $SD = 10.70$). We used this criterion because, as stated above, employers in Spain are required to offer employees a permanent contract after they have worked for 6 months. The

average number of months worked by the group that worked ≤ 5 months was 1.45 (SD months = 1.89), and the average number of months worked by the group that worked for more than 5 months was 8.90 (SD months = 2.53).

6.2 | Procedure

The participants were recruited with the collaboration of three Spanish nongovernmental associations for people with mental illness. The questionnaires were sent to the entities via email, along with a letter of request for collaboration, an explanatory document of the goals of the study, the informed consent form and general instructions on how to complete the questionnaire. We collaborated with the technicians who worked in the various services of the three associations. These professionals explained the purpose of the study to the users and asked for their voluntary cooperation. After the participants had read and signed the consent document, the professionals handed them the questionnaires. While the participants completed the battery of scales, the technicians assisted them in resolving any questions. Participation in the study was voluntary, and the participants were not compensated or otherwise rewarded for their participation.

6.3 | Instruments

6.3.1 | Perceived discrimination

We used the Multidimensional Perceived Discrimination Scale (Molero et al., 2013). This scale consists of 12 items that measure the respondent's perception of group and individual discrimination on a five-point Likert scale (from 1 = I strongly disagree to 5 = I strongly agree). Although the original scale comprised 20 items that measured group and individual discrimination at subtle and blatant levels, we used only two main factors: group discrimination ($\alpha = .90$; e.g., *Spanish society treats people with mental illness unfairly*) and personal discrimination ($\alpha = .91$; e.g., *I have felt personally rejected for being a person with a mental illness*), as these factors fit better with our research goals. Higher values, indicated by the mean of the scale, indicated higher perceived individual and group discrimination.

6.3.2 | Internalized stigma

The Internalized Stigma of Mental Illness Scale (Ritsher et al., 2003) was employed to measure the degree of internalized stigma. This is a 29-item questionnaire that consists of five subscales, each assessing an aspect of internalized stigma ($\alpha = .91$). The Spanish translation was used for the research (Muñoz et al., 2011). The respondents expressed their agreement with each statement on a five-point Likert scale (from 1 = I strongly disagree to 5 = I strongly agree), on which higher values, indicated by the mean of the scale, indicated higher internalized stigma (e.g., *Having a mental illness has spoiled my life*).

6.3.3 | Concealment

To measure concealment, we used the Spanish version (Nouvilas-Pallejà, Silván-Ferrero, Fuster, & Molero, 2017) of the Concealment subscale of the Stigma Scale (Berger, Ferrans, & Lashley, 2001) adapted for people with mental illness (e.g., *In many areas of my life, nobody knows that I am a person with a mental illness*). This scale consists of eight items ranging from 1 (totally disagree) to 5 (totally agree), on which higher values, indicated by the mean of the scale, indicate higher concealment ($\alpha = .84$).

6.3.4 | Self-esteem

We used the Spanish version (Echeburúa, 1995) of the Rosenberg Self-esteem Scale (Rosenberg, 1965). The scale consists of 10 items (half are positively worded, and half are negatively worded) relating to a person's sense of worth and personal value (e.g., *On the whole, I am satisfied with myself* or *I am able to do things as well as most other people*). Responses were given using a five-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree); higher values, indicated by the mean of the scale, indicate higher self-esteem ($\alpha = .84$).

7 | RESULTS

7.1 | Statistical analyses

First, a preliminary analysis was carried out in which descriptive statistics and the correlations between the variables were obtained. Second, mediation was analysed in three steps using path analysis (Baron & Kenny, 1986; Holgado, Suárez, & Morata-Ramírez, 2019).

Broadly speaking, a variable has a mediation effect when it modulates the relationship between a variable that acts as an independent (predictor) variable and a dependent variable and is predicted by the independent (criterion) variable. The procedure proposed by Baron and Kenny (1986), due to its logic and parsimony, enables the conceptual understanding of what constitutes a mediation effect and how it can be analysed. Classically, mediation effects can be explored in three simple steps (Baron & Kenny, 1986). The first step is to show that the criterion can be predicted by the predictors. The second step involves exploring whether the mediators can be predicted by the predictors. The third and final step involves testing whether the mediator variables significantly predict the dependent variables. In this third step, when the path from the mediators to the dependent variables is included and the path from the independent variables to the mediators remains, if the direct effects of the independent variables on the dependent variables are drastically reduced and are no longer significant, we conclude that there is full or complete mediation; if they are reduced but remain significant, then we conclude that the mediation is partial. Following the procedure described, the first step was to show that self-esteem was positively predicted by perceived group discrimination and negatively predicted by perceived individual discrimination (model 1.1). The second step was to show that the mediators (internalized stigma and concealment) could be predicted by the predictors (model 1.2). We tested the relationships between the predictors and self-esteem once the mediators were included and whether these associations were strongly reduced (partial mediation) or nonexistent (full mediation; model 1.3). Finally, the moderating effect of the amount of time worked (up to 5 months vs. more than 5 months) on the mediation model was assessed through hierarchical structural equation modelling analysis testing the following hypotheses: (a) the model studied is suitable across groups; (b) the pattern of the beta (relationships between the mediators and criterion) parameters is invariant across these groups; (c) the pattern of the gamma parameters is invariant (relationships of the predictors with the mediators and with the criterion); and (d) the variances/covariances of the predictors are equivalent between the defined groups. Accepting these hypotheses implies that the model is invariant between groups; that is, the months worked do not affect the mediation of internalized stigma and concealment. On the other hand, rejecting any hypothesis would imply that there are variant relationships between the variables, and then, the number of months worked could affect the analysed mediation.

To assess the goodness of fit of the model, the χ^2 statistic (Chi-square) was used; it indicates the degree to which the residuals are equal to zero (Bollen, 1989). However, other indicators were also used: the comparative fit index (CFI), which is derived from the comparison of the hypothesized model with the independent model in which the parameters are set to zero and provides a measure of the covariation between the data, has a value range from 0 to 1, and values greater than 0.95 indicate a good fit of the model to the data (Bentler, 1992); the root mean square error of approximation (RMSEA), for which values less than 0.08 indicate a good fit (Bollen & Long, 1993); and the goodness of fit (GFI) index, in which values greater than 0.90 are recommended. In addition, the expected

cross validation index (ECVI) proposed by Browne and Cudeck (1989) was used to compare alternative models when only one sample was used. If the ECVI is small or does not vary between the models examined, it is concluded that the model remains stable in the population. The *Non-Normed Fit Index* (NNFI) and *Normed Fit Index* (NFI) compare the complexity of the model to the independent model, which is as simple as possible.

For all these analyses, we used LISREL 8.8 software (Jöreskog & Sörbom, 2003).

7.2 | Descriptive analyses and correlations

The descriptive statistics for all the study variables are shown in Table 1. As observed in the table, according to a *t*-test, there were significant differences in concealment ($p = .001$), perceived group discrimination ($p = .028$) and perceived individual discrimination ($p = .001$) according to the number of months worked. Specifically, the group of participants working more than 5 months scored lower on these variables. However, we did not find differences in internalized stigma or self-esteem as predicted (H7).

We then calculated the correlations among the variables in the total sample and regarding the number of months worked (Table 2). In the whole sample, in accordance with our expectations, perceived individual discrimination was negatively associated with self-esteem (H1), but perceived group discrimination was not correlated with self-esteem (H2). As predicted, positive associations were found between perceived individual and group discrimination and internalized stigma (H3) and between perceived individual and group discrimination and concealment (H4). Finally, internalized stigma was negatively associated with self-esteem (H5), and concealment was negatively correlated with self-esteem (H6).

Once the sample was divided, several changes in correlations could be observed. Whereas some associations remained significant and shared for both groups, some correlations, such as the correlation of self-esteem with concealment and perceived individual discrimination and the correlation between internalized stigma and concealment, were significant only for the group that had worked more than 5 months. Some of these associations were higher in the group that had worked for more than 5 months: the correlations between internalized stigma and perceived individual discrimination ($p = .03$), internalized stigma and concealment ($p = .005$), internalized stigma and self-esteem ($p = .07$), and concealment and self-esteem ($p = .08$).

7.3 | Model testing

We tested one model (model 1.3) that included perceived individual discrimination and perceived group discrimination as the predictors, internalized stigma and concealment as the mediators, and self-esteem as the dependent variable (see Figure 1). The fit indices indicate that the models fit the data (see Table 3).

TABLE 1 Descriptive statistics in the total sample and for the sample divided by months worked

	Total sample		≤5 worked months		>5 worked months		<i>p</i>
	Mean	SD	Mean	SD	Mean	SD	
Self-esteem	3.58	0.78	3.43	0.74	3.66	0.81	.144
Internalized stigma	2.55	0.69	2.69	0.59	2.46	0.73	.100
Concealment	3.07	0.97	3.46	0.83	2.84	0.97	.001
PGD	3.64	0.86	3.88	0.75	3.50	0.89	.028
PID	3.04	1.08	3.47	0.98	2.79	1.06	.001

Note: Scores range from 1 to 5.

Abbreviations: PGD, perceived group discrimination; PID, perceived individual discrimination.

TABLE 2 Correlations among variables for the total sample and divided by months worked in the last year

	1	2	3	4	5
1. Self-esteem	—	-.62***	-.24*	-.01	-.39***
2. IS	-.47**(-.67***)	—	.45***	.21*	.62***
3. Concealment	-.02(-.29*)	.09(.55***)	—	.33**	.53***
4. PGD	.07(-.13)	.09(.22)	.33*(.26*)	—	.59***
5. PID	-.28(-.41***)	.43**(.68***)	.42**(.51***)	.47**(.60***)	—

Note: Scores range from 1 to 5. Above: the diagonal correlations for the total sample; below: the diagonal; and out of parenthesis and cursive: the values for the participants who have worked ≤ 5 months. Below: the diagonal and inside of parenthesis the values for the participants from have worked for more than 5 months.

Abbreviations: IS, internalized stigma; PGD, perceived group discrimination, PID, perceived individual discrimination.

*** $p < .001$.

** $p < .01$.

* $p < .05$.

TABLE 3 Fit indices of models

Models	RMSEA	GFI	AGFI	ECVI	CAIC	CN	χ^2	df	p	$\Delta\chi^2$	Δdf	p
1.1	.44	.70	.45	1.78	216.58	13.40	287.06	8	<.01	—	—	—
1.2	.28	.86	.64	0.70	108.13	33.25	136.44	6	<.01	—	—	—
1.3	.11	.99	.93	.28	77.84	225.60	3.15	2	.21			
1.1a	.25	.83	.67	1.02	62.62	31.51	42.55	8	<.01			
1.2a	.17	.90	.76	0.82	54.66	53.64	19.004	6	<.01			
1.3a	.00	1.00	.98	0.67	62.86	1,074.4	0.28	2	.87			
1.1b	.50	.67	.37	2.32	200.47	10.75	347.29	8	<.01			
1.2b	.32	.82	.54	0.92	101.01	26.26	141.84	6	<.01			
1.3b	.19	.96	.72	0.44	77.80	93.91	4.62	2	.10			

Note: 1.1, 1.2, 1.3, fit indices of models for the whole sample. 1.1a, 1.2a, 1.3a, fit indices of models for the participants who have worked ≤ 5 worked months. 1.1b, 1.2b, 1.3b, fit indices of models for the participants from have worked for more than 5 months.

7.3.1 | Mediation analysis in the total sample

The relationships between the predictors and self-esteem were statistically significant (model 1.1) after constraining all the indirect paths. Specifically, a significant direct association between perceived individual discrimination and self-esteem was observed ($c = -0.50$, $CR = -4.29$), but a nonsignificant direct association between perceived group discrimination and self-esteem was observed ($c = 0.20$, $CR = 1.75$). That is, only perceived individual discrimination was a relevant variable in predicting self-esteem.

Moreover, we tested whether the mediators of internalized stigma and concealment were predicted from perceived individual discrimination and perceived group discrimination when the paths between the predictors and self-esteem were constrained to zero (model 1.2). All the relations were significant, except the path from perceived group discrimination ($a = 0.02$, $CR = 0.20$) to concealment.

We also assessed the mediation model in which all the parameters were allowed to vary (unconstrained model, model 1.3: Figure 2). In this model, perceived individual discrimination and perceived group discrimination predicted self-esteem mediated by internalized stigma and concealment. In model 1.3, the magnitude of the direct paths from the predictors (perceived individual discrimination and perceived group discrimination) to self-esteem obtained in

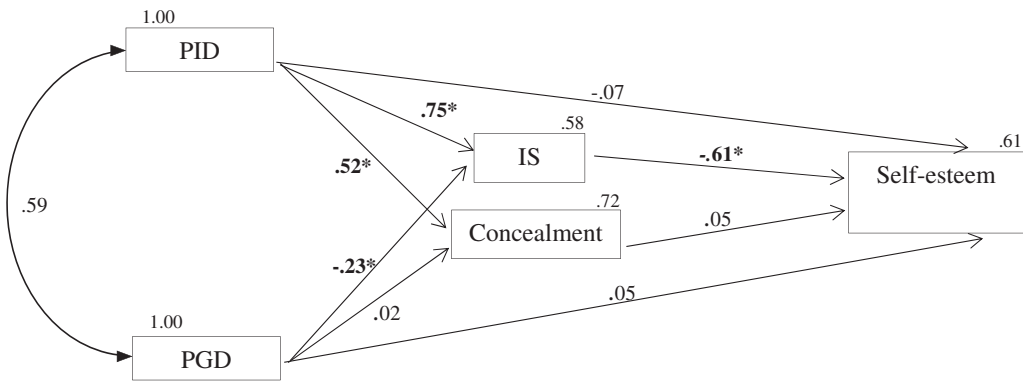


FIGURE 2 Mediating model in the total sample. Scores range from 1 to 5. In bold: significant effects ($p < .05$). IS, internalized stigma; PGD, perceived group discrimination, PID, perceived individual discrimination

model 1.1 decreased. These results indicated a total mediation of the relationship between perceived individual discrimination and self-esteem: in model 1.1, the direct path between perceived individual discrimination and self-esteem was $-.50$; however, in model 1.3, the value was $-.07$ (nonsignificant), and the path from perceived group discrimination to self-esteem showed a decrease of .15 points (from .20 to .05). That is, regarding perceived group discrimination, the variability of self-esteem was also explained by the mediators, mainly by internalized stigma. Regarding the direct path from the mediators to self-esteem, the relation between internalized stigma and self-esteem was significant ($a = -0.61$, $CR = -6.08$), but the path from concealment to self-esteem was not ($a = 0.05$, $CR = 0.60$).

As indicated in Figure 2, this model represents a total mediation of internalized stigma in the relationship between perceived individual discrimination and self-esteem but not through concealment. In this sense, the total indirect relationship of perceived individual discrimination to self-esteem, which is composed basically of internalized stigma (indirect effect = -0.43), reflects that the higher perceived individual discrimination is, the higher the internalized stigma and the lower self-esteem. Additionally, the indirect association of perceived group discrimination and self-esteem through internalized stigma deserves special mention; in this case, the higher perceived group discrimination is, the lower the internalized stigma and the higher self-esteem (indirect effect = 0.14 ; $CR = 2.33$).

The increase in the chi-square statistic suggests a better fit for the unrestricted model (model 1.3) than for the restricted model (model 1.2, see Table 3). In addition to the aforementioned indicators, the ECVI and the consistent Akaike information criterion (CAIC) were calculated, and both indices were used to measure the comparative fit between two or more models, with smaller values indicating better fit (Bandalos, 1993). Nevertheless, according to the chi-square test, the null hypothesis of model 1.3 should be accepted; that is, the model reproduced the variance-covariance matrix adequately and better than the previous model.

7.3.2 | Mediation analysis by the number of months worked

As mentioned above, differences in the nature of the correlations between the variables were found for the participants who had worked up to 5 months compared to those who had worked more than 5 months, so we tested the model by dividing the sample according to the number of months worked in the last year (5 months or less = model 1.1a; more than 5 months = model 1.1b). In the group with participants who had worked ≤ 5 months, the statistical relationships between perceived individual discrimination and self-esteem were statistically significant ($c = -0.40$, $CR = -2.30$, model 1.1a) after constraining all the indirect paths, but the relationship between perceived group

discrimination and self-esteem was not significant ($c = 0.26$, $CR = 1.50$). The fit indices for model 1.1a for those who had worked ≤ 5 months are presented in Table 3. In the group that had worked for more than 5 months (model 1.1b), we found that perceived individual discrimination significantly (negatively) predicted self-esteem ($c = -0.51$, $CR = -3.40$) while perceived group discrimination did not ($c = 0.18$, $CR = 1.24$).

In the second step, for the group that had worked ≤ 5 months (model 1.2a), perceived individual discrimination significantly predicted internalized stigma ($a = 0.49$, $CR = 2.70$) and concealment ($a = 0.33$, $CR = 2.04$). Perceived group discrimination was not related to the mediators. In the group that had worked more than 5 months (model 1.2b), the paths from perceived individual discrimination to internalized stigma ($a = 0.86$, $CR = 4.93$) and concealment ($a = 0.56$, $CR = 3.77$) were significant. Regarding perceived group discrimination, only the direct path to internalized stigma was significant ($a = -0.30$, $CR = -2.04$).

Finally, in the group of participants who had worked ≤ 5 months (model 1.3a), perceived individual discrimination predicted self-esteem through internalized stigma. The direct path from internalized stigma to self-esteem was significant ($a = -0.40$, $CR = -2.48$). The direct association of perceived individual discrimination with self-esteem decreased and was no longer significant (from $-.40$ (significant) in step 1 to $-.21$ (not significant) in step 3). Additionally, perceived individual discrimination predicted concealment ($a = 0.33$, $CR = 2.04$). This means that internalized stigma totally mediated the relationship between perceived individual discrimination and self-esteem (Figure 3).

In the group that had worked more than 5 months, we found that internalized stigma totally mediated the relationship between perceived individual discrimination and self-esteem (from $-.51$ (significant) in step 1 to $.12$ (not significant) in step 3). The direct association between internalized stigma and self-esteem was significant ($a = -0.79$, $CR = -3.65$). In this group, the direct path from perceived individual discrimination to concealment was significant ($a = 0.56$, $CR = 3.77$), as was the path to internalized stigma ($a = 0.86$, $CR = 4.93$) and the path from perceived group discrimination to internalized stigma ($a = -0.30$, $CR = -2.04$; Figure 3).

7.4 | Moderating effect of the number of months worked

By including both groups in the analysis, the multigroup comparison revealed that the goodness-of-fit index for the model tested was $\chi^2 = 3.63$ ($p = .46$; $df = 4$), with GFI = .96, CFI = .98, ECVI = 0.68, and RMSEA = 0.13 (90% confidence interval for RMSEA = [0.0; 0.28]; see baseline model in Table 4). According to the χ^2 test ($p = .46$), the null hypothesis that establishes the same structure across the number of months worked was accepted; that is, when we simultaneously considered both groups, they could be considered to have the same conceptual framework.

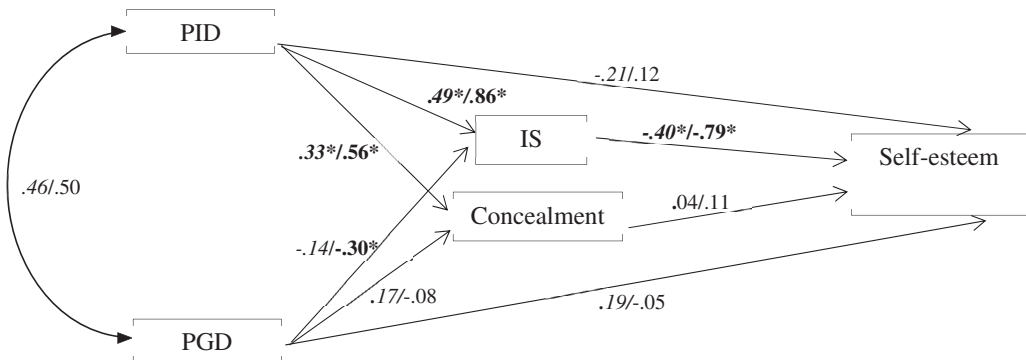


FIGURE 3 Standardized common metric solution for participants that have worked ≤ 5 months and more than 5 months. Scores range from 1 to 5. In cursive: the values for participants that have worked ≤ 5 months. In bold: significant effects ($p < .05$). IS, internalized stigma; PGD, perceived group discrimination, PID, perceived individual discrimination

TABLE 4 Fit indices for the models tested

Model	$\chi^2 (\Delta\chi^2)$	df (Δdf)	p for $\Delta\chi^2$	ECVI	RMSEA	GFI	CFI	NFI	NNFI
(Baseline)	3.63	4	—	0.68	.13	.96	.98	.96	.90
Gamma parameters	(13.39)	(4)	.03*	0.46	.09	.95	.97	.93	.95
PID on self-esteem	(2.49)	(1)	.12	0.50	.13	.96	.97	.95	.90
PGD on self-esteem	(3.04)	(2)	.22	0.48	.11	.96	.98	.95	.92
PID on IS	(10.76)	(3)	<.01*	0.49	.12	.95	.97	.94	.91
PGD on IS	(5.08)	(3)	.16	0.47	.09	.96	.98	.95	.95
PID on concealment	(8.86)	(4)	.06	0.46	.09	.95	.98	.95	.95
PGD on concealment	(8.96)	(5)	.11	0.45	.08	.95	.98	.94	.96
Beta, gamma (except PID on IS)	(9.49)	(7)	.20	0.44	.07	.95	.98	.94	.96
Var PID, PGD and Cov PID-PGD	11.35	8	.17	0.42	.06	.95	.99	.93	.98

* $p < .05$

As shown in Table 4, the direct association between perceived individual discrimination and internalized stigma was the only path whose Chi-square value increased in comparison to the baseline model and showed a significant deterioration in the fit. That is, the relationship between perceived individual discrimination and internalized stigma varies or differs between groups. Therefore, even though the structure may be considered equivalent across groups (baseline model), the relationship between perceived individual discrimination and internalized stigma cannot be considered invariant across the defined groups, which means that the values or magnitudes of this relationship differ significantly. According to these findings, the mediation between perceived individual discrimination and self-esteem differs between the groups. In the group that had worked ≤ 5 months, the direct effect was 0.49, while in the group that had worked > 5 months, the value was 0.86. The mediation of internalized stigma was stronger in the second group (Figure 3). This result could mean that internalized stigma played a more relevant role in the mediation of the group that had worked > 5 months.

Figure 3 presents the standardized common metric solution.

8 | DISCUSSION

The present study aimed to examine the extent to which individual and group perceived discrimination predicts self-esteem in a sample of people with mental illness. In addition, using path analysis, we investigated the mediating role of internalized stigma and concealment in the relationship between perceived individual/group perceived discrimination and self-esteem. We also explored whether these associations were moderated by the amount of time that the participants had been employed in the year prior to the study.

The results confirm the negative association between perceived individual discrimination and self-esteem (H1) but not the positive relationship between perceived group discrimination and self-esteem (H2) found in other stigmatized groups (Armenta & Hunt, 2009; Bourguignon et al., 2006; Molero et al., 2019).

As expected, positive associations were found between perceived individual and group discrimination with internalized stigma (H3) and between perceived individual and group discrimination and concealment (H4). Internalized stigma was negatively associated with self-esteem (H5), and concealment was negatively correlated with self-esteem (H6).

Considering the proposed model (see Figure 1), the fit indices indicate that the model fits the data. Some results of our model should be noted. First, we found that perceived group discrimination was positively associated with self-esteem via reduced stigma, which partially supports the differential effect of individual and group discrimination. In this vein, Molero et al. (2019) found this positive indirect effect of perceived group discrimination on self-esteem

through self-identification. Second, our research shows that internalized stigma fully mediates the relationship between perceived individual discrimination and self-esteem. This result replicates those showing evidence of a negative association between internalized stigma and self-esteem in people with mental illness (Corrigan et al., 2006; Morgades-Bamba, Fuster-RuizdeApodaca, & Molero, 2017) and shows that stigma awareness is not directly associated with well-being; rather, it is the internalization of stigma that is associated with self-esteem and self-efficacy (Corrigan & Rao, 2012; Muñoz et al., 2011; Watson et al., 2007). Despite the expected negative consequences of concealment, no direct or mediating effects on self-esteem were found.

Regarding differences in the studied variables according to the amount of time worked in the year prior to the study (H7), we cannot confirm all the predicted differences. The participants who had worked for more than 5 months scored lower on perceived individual and group discrimination and concealment. This difference could imply that working continuously allowed the participants to perceive less discrimination and feel less need to conceal their membership in a stigmatized mental health group in their workplace. There were no differences between the two groups of participants in internalized stigma or self-esteem. However, our data show that the mediation of internalized stigma in the association between perceived individual discrimination and self-esteem was stronger in the group that had worked more than 5 months, which supports the predicted moderating role of employment (H8). Given the stigma attached to mental illness, a possible explanation for this finding is that although perceived discrimination decreases as people with mental health are employed longer, experiences in the workplace, such as work avoidance, reluctance to disclose mental health conditions to employers, work-related stress and reduced longevity of employment (Hampson, Watt, & Hicks, 2020), may increase the negative images they have of their stigma.

In conclusion, our research replicates, first, the mediating role of internalized stigma between individual perceived discrimination and self-esteem. Second, the amount of time worked moderates this mediation: it was stronger for the participants who had worked for more than 5 months. Third, the positive relationship between perceived group discrimination and self-esteem through reduced internalized stigma partially supports the differential effect of group and individual discrimination (Armenta & Hunt, 2009; Bourguignon et al., 2006; Molero et al., 2019).

8.1 | Limitations of the study

The cross-sectional nature of the data makes it impossible to draw any causal inferences. Thus, this study should be replicated in samples with various types, levels and grades of mental health problems. Our sample was of a voluntary nature, which entails specific motivations to participate. Longitudinal studies should be conducted to explore the mediating role of internalized stigma over time and the influence of employment.

8.2 | Practical implications

In Spain, as in other countries, employers receive financial incentives for hiring people with mental illness and other disabilities. This paper could provide information about the consequences of such supported employment programs for the perceived individual and group discrimination, concealment, internalized stigma and self-esteem of people with mental illness. Employment is a factor that may facilitate an individual's wellbeing, as it is linked to obtaining a satisfactory social status, facilitating social interactions and increasing social support. It also helps structure and occupy personal time, enables activity and individuals' participation in their community, and promotes their pursuit of personal achievements (Shepherd, 1989). However, people with mental illness still face barriers in accessing employment. The most important barrier comes from the perceived stigma experienced by people with mental illness (Schulze & Angermeyer, 2003). Our study highlights the relevance of employment status in the sense that the amount of time worked may have both positive and negative consequences: on the one hand, working for a longer period enhances the association between perceived individual and internalized stigma, which in turn has negative

consequences for self-esteem; on the other hand, working for a longer period decreases perceived individual and group discrimination and concealment. In this vein, although supported employment programs promote lower levels of perceived discrimination, we believe that these practices should be accompanied by interventions to help employees and co-workers improve social interaction that, in turn, may reduce the negative image of people with mental illness in job settings, such as anti-stigma campaigns, mental health literacy courses, and evidence-based decision-making aids to assist in the disclosure of mental health status in the workplace (Hampson et al., 2020).

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CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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