# Managing mental health and employment

## By Annie Irvine

## Introduction

This report presents findings of a qualitative study commissioned by the Department for Work and Pensions (DWP) to investigate the experiences of people who had sustained paid employment while experiencing a mental health condition. The study was carried out by the Social Policy Research Unit (SPRU) at the University of York in 2008.

The study explored what helps people who experience mental health problems to manage in work and to retain employment. In-depth interviews were conducted with 38 individuals who considered themselves to have experience of a mental health condition and who had retained paid employment for at least the past 12 months.

The majority of the study participants had experienced common mental health problems, most describing stress, anxiety, depression or a combination of these. There was a small number of people who had diagnoses of more severe and enduring conditions.

This study complements an earlier research project on transitions between work and Incapacity Benefit due to mental health problems (Sainsbury et al., 2008, Mental health and employment, DWP Research Report 513).

## Key findings

- Most people had talked to at least one other person at work about their experiences of mental health problems. However, many people had reservations about disclosure because of how this might affect employers' and colleagues' perceptions of their capability.

- The nature of employer responses to disclosure of mental health difficulties seemed largely a matter of individual attitudes, rather than a consistent organisational response.

- Formal adjustments, 'softer' forms of support and the flexibilities of people's jobs were all helpful at times of mental ill-health.

- Prescribed medications and therapies, workplace factors, social supports, lifestyle factors and personal insight and understanding were all important to maintaining a more positive state of mental health in the long term. Medical practitioners, managers and colleagues, family and friends and the individuals themselves all had a role to play.

- To improve support for people who experience mental health problems in work, the study identified a need for:

  – greater understanding about mental health problems among employers and employees;

  – increased employer engagement in employee mental health, including support for known mental health problems and also attention to broader employee well-being;

  – improvements and enhancements to in-work support; and

  – greater openness about mental health and mental health problems both within workplaces and in wider society.

- Many people would like there to be somebody connected to their workplace, with whom they could talk confidentially about mental health problems.

## Disclosing mental health problems at work

Most people had talked to at least one person within their workplace about their experiences of mental health problems. However, many were reluctant to have their mental health problems known about more widely due to concerns that employers would perceive them as less capable or reliable, because their prospects for career advancement might be harmed, or due to feelings of embarrassment or weakness. Some people had 'struggled on' in silence for some time before their mental health difficulties became known to their employer.

Disclosure came about in various ways including: voluntary sharing of information when experiencing problems; observation of distress or difficulty by others; explaining reasons for absence; disclosure of information by others during absence; and voluntary sharing of information at other times.

Longstanding and positive relationships with managers and colleagues facilitated voluntary disclosure. People found it helpful to talk to others who had close or personal experience of mental health problems. Where people had been open about their mental health difficulties, they often found that they were not alone in their experience.

## Responding to mental health problems at work

Responses from employers ranged from very positive and supportive to overtly negative or what was perceived as an 'over-reaction'. Some people felt that there had effectively been no response at all to their initial disclosure of mental health problems at work. This could lead to problems worsening. The nature of response and support received from managers and colleagues seemed largely a matter of individual attitude rather than a consistent organisational approach. There were suggestions that a lack of knowledge about mental health problems, rather than stigma or prejudice, was the greater barrier to effective employer engagement.

Support or adjustments that people had found useful at times of mental ill-health included:

• formal adjustments and support: temporary reductions to contracted hours, short-notice leave days, short-term alteration or lightening of duties and the provision of counselling via the employer;

• 'softer' forms of support: sympathetic concern for their circumstances, willingness to engage in discussion about their experience and what might be helpful, alertness to signs of distress, encouragement to seek medical or therapeutic support and sensitive approaches to absence or reduced productivity;

• standard flexibilities of the job: flexitime, time off in lieu, and the option to work at home.

Around one-third of the study group described themselves as being in some way 'covered' by the Disability Discrimination Act (DDA). People's personal understandings of mental ill-health and definitions of disability, how they thought others would view their circumstances and feelings about disclosure, all contributed to whether or not people felt it would be appropriate or desirable to draw on the provisions of the DDA.

GPs and therapists had sometimes been involved in: provision of information to employers about an individual's mental health condition and capacity for work; advising the individual on taking time off sick and/or returning to work; and discussion about suitability of roles and strategies to manage work alongside mental health difficulties. Some people thought it would be helpful if there was more communication between medical practitioners and employers.

## Absences and absence management

During long-term absences, a personalised, caring and sensitive approach was often described as helpful (although some people preferred a more detached form of involvement). Even where sensitively approached, contact with line managers or personnel departments

could be difficult for people, particularly where mental health problems were perceived as originating in the workplace. It was sometimes helpful for a third party to be involved in a mediation role.

Phased returns to full-time hours and full duties, being among supportive colleagues, and sometimes moving into a new role or team were beneficial when returning from long-term absence. However, returning to work was still often challenging. Some people continued to experience reduced capacity for their 'normal' levels of work and line managers sometimes found it hard to understand the gradual nature of recovery. Meetings with Occupational Health Services sometimes resulted in positive support. However, there were comments that the mental health expertise of these services could be improved.

Some people minimised any absences from work because their enjoyment of work had a positive influence on their mental health but others were influenced by worries about how others would view them if they took time off sick. Finances could influence decisions to return to work or not take any further time off sick where paid sick leave entitlement was reaching its end. Flexibility in working hours and location could reduce the need for time off sick.

## Managing mental health: what helps?

Medical practitioners, managers and colleagues, family and friends and the individuals themselves all had a role to play in people maintaining more positive mental health. Factors that contributed to better mental health in the long term included:

• prescribed medications, counselling or therapy and the coping strategies acquired from these;

• workplace factors, including: the work setting; flexibility in working hours; positive workplace relationships; openness about mental health at work; avoiding workplace stress; and the benefits of work itself;

• social networks including the support of family and close friends, maintenance of an active social life and also the companionship provided by pets;

• lifestyle factors including maintaining good physical health, religious or spiritual involvement and a healthy 'work-life balance'; and

• development of personal insight and understanding of mental health conditions over time.

Findings about what helped people to maintain better long-term mental health suggest that employer and Government focus on the mental well-being of the workforce overall may be equally important as targeted support for individuals with existing mental health problems.

Reflecting on what had kept them from leaving their job altogether, people emphasised the role of individual motivations and the role of their broader employment context, including entitlement to paid sick leave and the greater capacity of larger employers to offer role adjustments and accommodate reduced productivity.

## Impacts of mental health problems

Managing mental health and employment had often not been an easy process. Day-to-day work could be affected by tiredness and loss of concentration (sometimes due to medication), avoidance or deferral of certain tasks, agitation or irritability and withdrawal from colleagues. Longer-term impacts were often in the form of missed opportunities to progress. Through their experiences of mental ill-health, a number of people had become less confident about advancing their career and felt anxiety about making applications for new jobs or internal promotions. Some people felt frustrated and unfulfilled in their current role.

Some people were worried about risks to 'role status', how far employers might tolerate effects on behaviour at work or periods of lower productivity and how performance matters might be handled.

## Areas for improvement

To improve support for people who experience mental health problems in work, the study identified a need for:

- greater understanding about mental health problems among employers and employees;

- increased employer engagement in employee mental health, including support for known mental health problems and attention to broader employee well-being;

- improvements and enhancements to in-work support; and

- improvements to in-work support.

All of these were underpinned by a perceived need for greater openness about mental health and mental health problems within workplaces and in wider society. Many people would have liked there to be somebody connected to their workplace, with whom they could talk confidentially about mental health problems and how these interacted with their work. The range of roles that people would have liked to be fulfilled included clinical therapeutic support and workplace mentoring or pastoral support.

## Implications for policy

Suggested policy implications for Government include:

- reflection on the role of the DDA in relation to common mental health problems and the potential for alternative legislation to underpin a broader focus on employee mental well-being;

- continued activities to raise awareness of mental health and mental health problems among employers and wider society, with specific attention to more effective strategies to bring about sustained behavioural change;

- further investment in increasing access to talking therapies, possibly including financial support for workplace Employee Assistance Programmes for smaller enterprises;

- further initiatives to enable smaller organisations to access Occupational Health Services;

- training and professional development opportunities to ensure that Occupational Health staff are confident and competent in their approach to supporting individuals experiencing mental health problems.

Potential actions for employers to consider include:

- development of organisational policies on positive management of employee mental health and mental health problems;

- training and awareness-raising about mental health problems to ensure these top-level policies are reflected in line manager practice;

- provision of in-work support through Employee Assistance Programmes and other forms of vocational or emotional counselling; increased publicity of these services where they already exist;

- increased opportunities for flexible working, including hours, location and workload management.

This study was not able to provide substantial findings on the experiences of people working for small and medium enterprises (SMEs) or people working in front-line service, manual trades or manufacturing industries. There is scope for further research in these areas.