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Mental health and employment

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Introduction

This report presents findings of a qualitative research project commissioned by the Department for Work and Pensions (DWP) to investigate the relationship between mental health and employment. The research was conducted during 2007 by the Social Policy Research Unit at the University of York and the Institute for Employment Studies.

The study was designed to address a gap in knowledge about the circumstances that lead people to claim Incapacity Benefit (IB) because of a mental health condition, and what factors contribute to people with mental health conditions returning to work after a period on IB. The study also explored employers' understanding and experience of dealing with mental health conditions in the workplace.

In-depth interviews were carried out with 60 current or recent recipients of IB and with 52 individuals from 40 employing organisations of various sizes and sectors, many of whom had experience of employing people with mental health conditions. Ten of these organisations were purposively selected because they were known or believed to have proactive and positive approaches to supporting mental health in the workplace. They are referred to throughout the report as the 'engaged' employers.

Interviews ware carried out in areas not covered by the DWP *Pathways to Work* initiative.

Key findings

- Large employers in the private and public sectors were usually well informed about mental health and had good links to occupational health services.

- Smaller employers had more partial knowledge and had limited access to advice and expertise.

- Large employers had more flexibility in making adjustments for people with mental health conditions.

- Employers did not expect to learn about an employee's mental health condition at recruitment. Most became aware only when an employee became ill.

- People in the study were generally reluctant to tell their employer about a mental health condition. Many 'struggled on' before discussing their mental health with someone at work, often due to fears what reaction they might receive.

- However, people who **had** mentioned their mental health condition at work reported positive and constructive responses more than negative experiences.

- Some people, particularly in insecure jobs, left their jobs at the same time they went 'off sick' thus removing any possibility of job retention.

- Most people in the sample who returned to work associated this with significant improvements in their mental health.

Understanding mental health

Among the sample of 60 IB recipients, there was much variety in individuals' experiences and understandings of mental ill health. Most people described their conditions in familiar medical terms including depression, anxiety, drug or alcohol use and less 'common' conditions such as schizophrenia. However, not everybody saw themselves as 'mentally ill' or as somebody with a 'disability'.

In describing the origins of their mental health condition, some people linked this to circumstances in their personal life, some attributed it to workplace difficulties and others felt that a combination of both had played a part. There were also people who did not identify any specific 'trigger' for their mental ill health.

Awareness of a mental health condition had been sudden and unambiguous for some people. Others talked about a gradual realisation that they were unwell, which was sometimes difficult to accept. Some people felt that their mental health condition was always present, to a greater or lesser extent, while others perceived that their condition affected them intermittently. Others hoped they had (or would in time) fully overcome their episode of mental ill health. Some people commented that they had faced lack of understanding, stigma and discrimination.

Employers' understandings of the term 'mental health condition' included a wide range of conditions but many said that it was the **effects and impacts** of a health condition, rather than a diagnosis, which was of greater importance for them. **Stress** was mentioned as a particular concern for many employers, given its prevalence and complexity.

The main sources of employers' advice and information about mental health conditions were occupational health, personnel departments, medical practitioners, mental health charities, and web-based resources. Small and medium-sized employers tended to seek advice only when the need arose.

Mental health in work

Some people who had experienced mental ill health while in work had talked about this with their employer or colleagues. In contrast, several people had 'struggled on' without talking to anybody at work about a decline in their mental health. Reasons for this included feelings of pride or embarrassment that revealing mental health difficulties would be a sign of weakness, which might place their job at risk.

Sometimes, employers had initiated discussion about mental health with an employee whose behaviour or performance at work suggested they were unwell. Employers sometimes attributed a reluctance to discuss mental health to a lack of insight on the employee's part, possibly as a result of the condition itself. Employers had found this situation very difficult to manage or resolve.

Employers reported that when someone took time off work due to mental ill health, they would generally try to maintain contact during their absence and arrange for a gradual return to full duties and a range of in-work adjustments.

There were also some job roles where employers felt it would be difficult to make feasible adjustments, for example, where there were health and safety constraints. Larger organisations reported more opportunities to be flexible and responsive in making adjustments.

Few employers had policies applying specifically to the management of mental health in work, though some referred to the Health and Safety Executive's Stress Management Standards. Awareness of the Disability Discrimination Act (DDA) was mixed, being highest among the large and particularly the engaged employers.

People who had taken time off work due to mental ill health generally described their GP as being supportive of taking sick leave, in some cases even encouraging the individual to take some time off when they were reluctant to be absent from work. There was little evidence that either individuals or their doctors initiated any detailed discussion about the nature of work or job retention. A number of employers said they would like to work more closely with GPs to understand better employees' mental health conditions and so to develop job retention and support strategies.

Leaving work due to mental ill health

At the point when they no longer felt able to be at work, some people in the sample had initially taken sick leave but others had ended their employment directly. Among people who had an initial period off sick, there were mixed experiences of contact and support offered by employers. People who left their jobs had made their decisions independently, mutually with their employer, or were dismissed. Sometimes people left their job if they felt it was contributing to mental ill health even though they may have had entitlement to paid sick leave.

Mutual decisions were arrived at in cases where the employer and employee had discussed or implemented adjustments, but the employee continued to struggle and it was felt by both parties that nothing more could feasibly be done. Employers said dismissal was a last resort, usually when an employee was reluctant or unable to acknowledge their mental health condition and the impact it was having on their performance or behaviour at work.

Some individuals described feelings of relief at the point of leaving work, but others would have liked to have stayed with their employer. When asked what might have been done to enable them to retain their job, people suggested: quicker access to mental health services and treatments; more contact with their employer while off sick; addressing workplace problems that were contributing to mental ill health, for example, bullying or job stress; and supportive responses to personal life circumstances that were affecting mental health.

Mental health and entering work

People who had returned to work following a period on IB frequently explained that feeling 'better' had been a main influence on their decision to return to employment, although this was a relative description and did not always mean feeling completely 'well'. **Wanting** to be in work was also a strong motivator for many people. Financial factors and aspirations to improve personal or family circumstances also played a part for some people.

There was little evidence that GPs played a significant role in people's decisions to return to work. Where people had discussed the possibility with their doctor, responses were usually encouraging but also with advice to take things steadily. Those who had accessed 'mainstream' Jobcentre Plus services had often been disappointed with the support received, but people spoke positively about contact with specialist Disability Employment Advisers.

People had mostly taken up work with a new employer, rather than return to their previous job. Some people had made a gradual return to work, while others had gone directly into full-time hours. There were some examples of people who had chosen to take up work of a less senior or 'pressured' nature. A few explained that the hours or the flexibility of their role were important in enabling them to sustain their job, alongside managing an ongoing or fluctuating mental health condition.

Very few people had mentioned their experiences of mental ill health to their new employer, either at the recruitment stage or after appointment. However, where people had discussed aspects of their mental health with a new employer or colleagues, responses were generally neutral or supportive rather than negative.

Larger employers often had 'equal opportunity' or 'diversity' policies in place, but few talked specifically about any recruitment policies relating to people with mental health conditions. There was some uncertainty about how the recruitment process could be adjusted for applicants with mental health conditions. Employers said that it was rare for them to learn about an applicant's mental health condition at the time of recruitment. Where they did ask for information about mental (and other) health conditions, this was normally via a medical questionnaire after a job offer had been made.

There was general openness among employers to taking on employees with mental health conditions. It was recognised that the same condition could have varying effects on different individuals, and that people might be affected differently by their conditions at different times. Therefore, flexibility and case-by-case responses were important. Some employers felt there were certain roles where they would be wary of placing someone with a mental health condition, including 'stressful' roles and

positions where there could be health and safety implications for the individual or others around them. Some organisations had a 'zero tolerance' policy on drug and alcohol use.

Attachment to work

Among the claimant sample there was widespread commitment to being in employment and general agreement that work was 'good for you' for its social, emotional and health benefits. Most people who had not yet returned to work expected to do so in the future and had ideas and aspirations about what type of job they would like to do. Some people still on IB explained that they would be seeking work that was less demanding than their previous role, and experiences of mental ill health had led some people to reassess the priority they placed on work or income compared with other aspects of their lives.

A number of factors were important in helping people to return to employment, including appropriate treatment and support to improve or manage mental health. But people did not always feel that a complete 'recovery' from a mental health condition was necessary before they returned to work. Part-time work, flexible hours and in-work support were cited as appropriate and helpful options. Some people felt that they needed to add to their skills or qualifications to improve their chances of obtaining a suitable job. Thus, financial or practical support for training was also cited as useful. There were also people who explained that an unstable housing situation could be an obstacle in settling into work.

Implications for policy

Policy implications from the research stretch beyond the remit of DWP to include medical practitioners and society more broadly:

- Findings indicate the importance of increasing 'mental health literacy' among individuals experiencing mental ill health, their employers and the wider population. Long-term progress on mental health and employment possibly lies in changing attitudes towards mental health across all groups in society.

- A systematic awareness-raising campaign to bring existing information resources to the attention of managers, particularly in small and medium-sized organisations, might increase knowledge and confidence in recognising and responding to employees experiencing mental health conditions.

- There is a need to increase access to occupational health support for small and medium-sized employers.

- Increased availability and quicker access to psychological therapies would enable more people to feel able to remain in or return to the workplace. There is scope for an enhanced role for GPs in contributing to discussions, with patients and their employers, about work retention and rehabilitation.

- Findings provide an implicit endorsement of the *Pathways to Work* model of delivery that will cover the UK from the autumn of 2008. The timing of work-focused interviews under Pathways will need to be handled sensitively for people with mental health conditions.