



UNIVERSITY OF EDINBURGH
Business School

What works? Supporting mental health in the workplace

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STUDY DETAILS

Aims and objectives of research

- Aim:
 - Better understand the experiences of people with mental health problems in employment
- Objectives:
 - To identify positive steps that employers and employees can take to help maintain a mentally healthy workplace
 - To identify positive steps that employers and employees can take to avoid losing staff when they develop mental health problems
 - To identify common experiences that are unhelpful in maintaining a mentally healthy workplace, so that employers and employees can avoid these in future.

Research design and methods

- Emphasis on employee views and perceptions of treatment in employment
- Phase One: Electronic survey (n=312)
- Phase Two: Semi-structured interviews (n=38)

Sample details

- Survey
 - 69 per cent currently experiencing mental health problems
 - 82 per cent female
 - Majority aged over 40 years (56 per cent)
 - 61 per cent had degree or higher qualification
- Interviews
 - All affected by mental health problems at one time or other
 - Wider range of work experiences and work contexts
 - Three-quarters female
 - Average age 45 years

Part one of the main findings

MENTAL HEALTH IN THE WORKPLACE

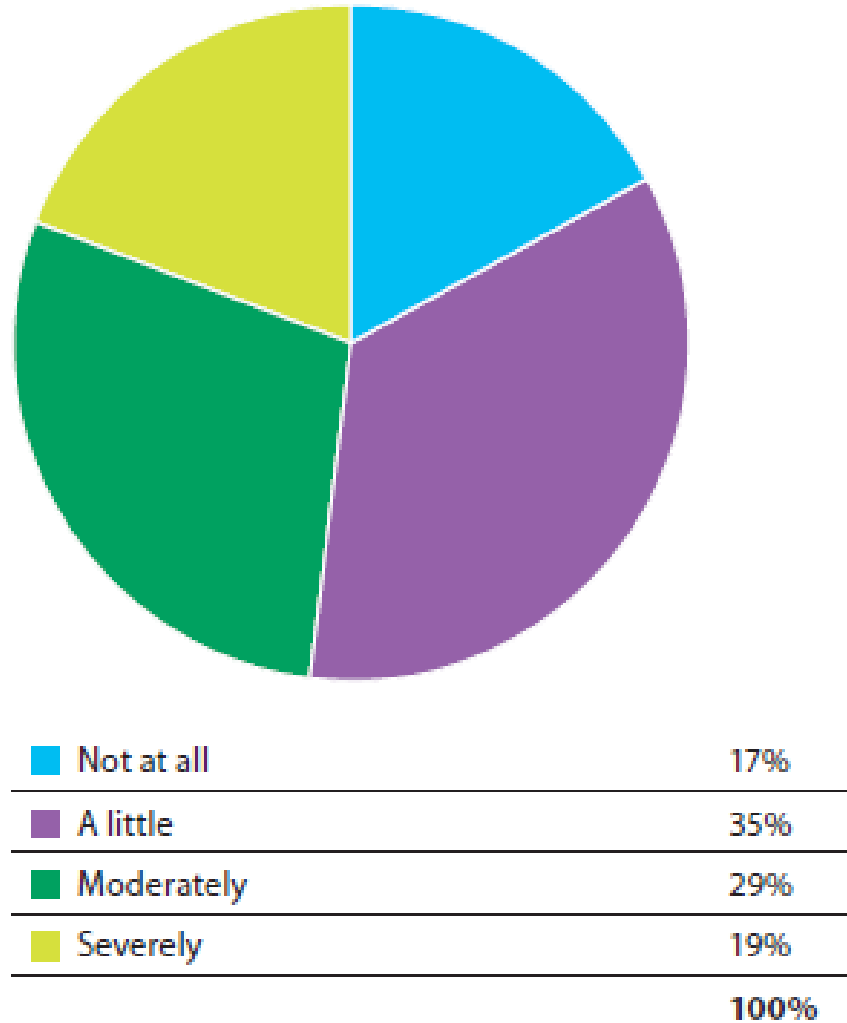
Prevalence of specific mental health conditions among survey participants

MENTAL HEALTH PROBLEM	PER CENT
Depression	75.2
Anxiety	63.6
Eating Disorders	11.7
Other ³	10.5
Postnatal Depression	9.7
Phobias	8.7
Bipolar Disorder	8.3
Obsessive Compulsive Disorder	4.4
Personality Disorders	1.9
Schizophrenia	0.5

Reported severity of mental health conditions among survey participants

SEVERITY OF CONDITION	PER CENT
Mild	19
Moderate	49
Severe	27

Impact of mental health problems on work activities as reported by survey participants



Impact of working conditions on employee mental health

- “Out of a team of eight workers and two Seniors there’s only myself and another worker and another Senior. So we were doing the work, two of us doing the work of eight and I was just knackered and I took a chest infection and my body and my brain just went “Oh let’s stop...” (Social Worker).
- “I was deputising [as a line manager]. I actually deputised for a year and a half constantly, that’s why I put in for the job and it was just a nightmare, it was an absolute nightmare ... I was in late nearly every single night ... just to try and get things cleared and then the audit failed and everything else and things were in a bit of a mess with inspections and things like that. Just a lot of things, you felt as if you were going home and thinking about the place too much.” (Civil Servant).

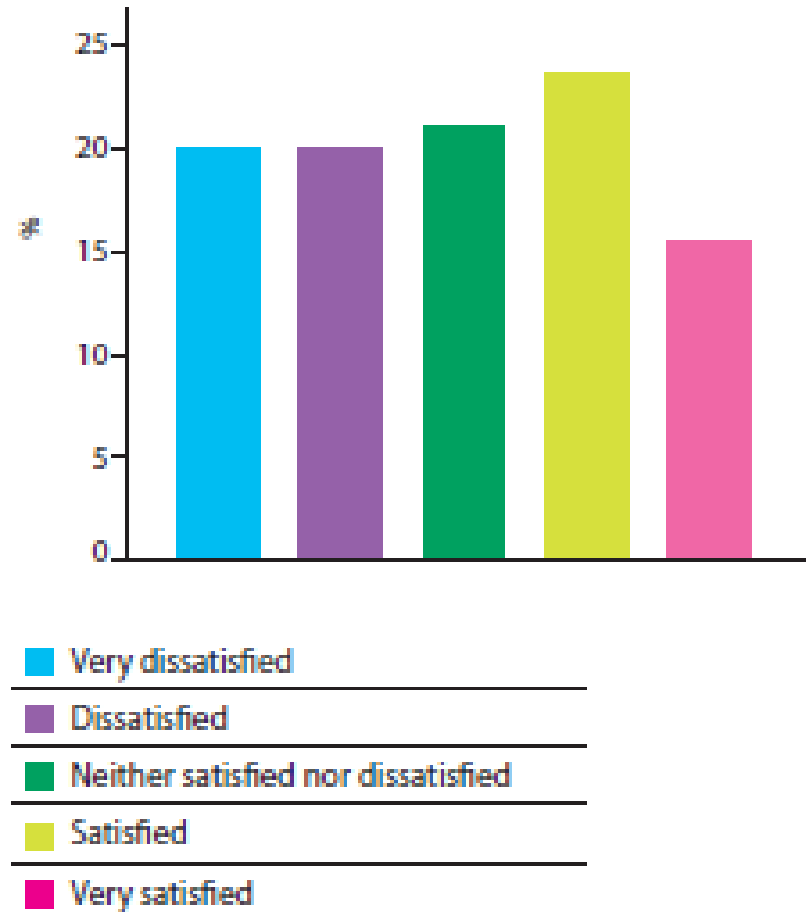
Part two of the main findings

SUPPORTING EMPLOYEES WITH MENTAL HEALTH PROBLEMS

Sources of support for those experiencing mental health problems at work

SOURCE OF SUPPORT	PER CENT
Family and friends	62.9
GP	52.9
Counsellor/psychologist/ psychiatrist	43.3
Colleagues	27.6
Line manager/supervisor	22.9
Occupational health (work)	8.6
HR/Personnel	8.1
Trade union representative	5.7
Occupational health (outside work)	3.3
Citizens Advice Bureau	1.0
Health and safety representative	0

Reported satisfaction by survey participants who have informed their employer of their condition



Disclosure of a mental health problem

- “I didn’t tell my current employer until it became an issue and I had to be off work with it. I hadn’t had to own up to it on the application form because in the job I’d had previously I’d had a really good spell ... Rightly or wrongly I believe that if you have to put something like that down on an application form you’re probably slashing your chances of being invited to interview.” (Personal Assistant).

Responding to disclosure of a mental health problem

- “It took my employer 4 months to offer reasonable adjustments in my work environment to address my work based anxiety. I feel that I suffered unnecessarily during this time and this has seriously affected my recovery. Prompt implementation of minor adjustments would have made all the difference.” (Executive Officer).
- “A bit of flexibility in working times [helped]. I did not want time off, but it helped to be able to do slightly shorter days to avoid the busiest times on public transport when I was at my worst.” (IT Worker).

Importance of informal support

- Line managers provided emotional *and* practical support

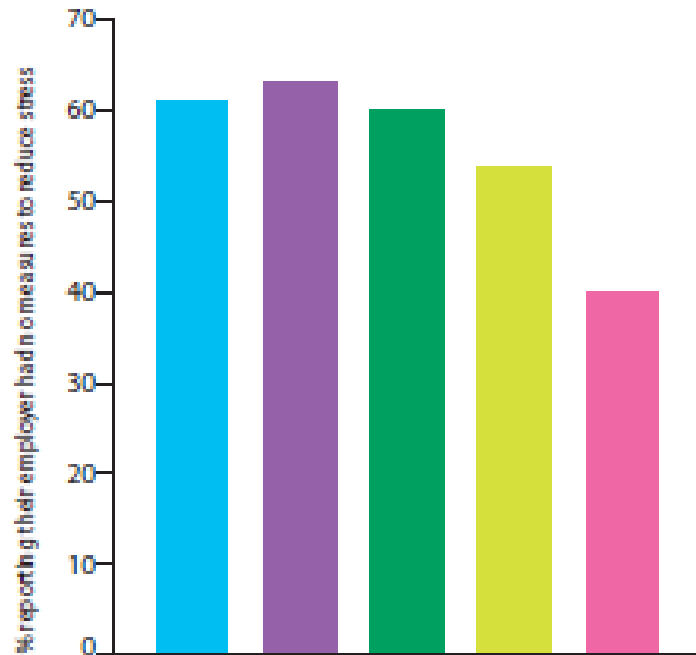
“Regular contact with Line and Section Managers, reassuring emails and support from Line and Section managers, confidentiality, awareness, trust, encouragement. I wouldn’t have survived if it hadn’t of been for the support from my Line and Section Managers” (Educational Advisor).

Importance of collegial support

- Mainly emotional support

“Well, I can text [my colleague] during the week sometimes or I see her about but she’s more just like a colleague and we sort of share things when we’re working like “what are you up to” and “how’s your week been this week” or whatever but I don’t visit or go out of my way to see her or anything when we’re not at work.” (Hospital Domestic).

Relationship between survey participant's perception of stress at work and awareness of availability of initiatives to manage stress



I often feel stressed at work

Strongly disagree

Disagree

Neither

Agree

Strongly agree

Source of advice re return to work (per cent)

GP	54.8
Line manager/supervisor	38.1
Family and friends	28.1
Counsellor/psychologist/ psychiatrist	18.6
HR/Personnel	14.8
Occupational health (work)	11.9
Colleagues	8.6
Trade union representative	7.1
Occupational health (outside work)	1.9
Health and safety representative	1.4
Citizens Advice Bureau	1

Part three of the main findings

RECOMMENDATIONS

Recommendations

- Understand individual needs
- Raise awareness
- Recognise the role of line managers and colleagues
- Ensure a positive response to disclosure
- Involve employees in decision-making
- Balance formal and informal approaches
- Sharing responsibility