AN EXPLORATORY AND CONCEPTUAL STUDY OF COMMON MENTAL HEALTH CONDITIONS AND SUSTAINABLE WORKING LIVES

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Common mental health conditions (CMHCs)

- **Depression**: causes people to experience depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration (Mental Health Foundation, 2015)

- **Anxiety:** Anxiety, often co-diagnosed with depression, is a lingering apprehension, a chronic sense of worry, tension or dread, the sources of which may be unclear (Swift *et al*., 2014)

CMHCs and employment (UK)

- 1 in 5 adults of working age exhibit traits associated with depression or anxiety (ONS, 2014)

- A problem for 6 million employees and many hundreds of thousands of employers (ONS, 2015)

- Loss of approximately 15 million working days per year (ONS, 2014)

- Cost £60bn/year, or roughly or 4.5 per cent of GDP (OECD, 2014)
  - Lost productivity at work
  - Benefit payments
  - Healthcare expenditure

CMHCs and employment literature

- Governments reluctant to intervene in employment markets (Boyce at al., 2008)

- Governments poor at challenging age-old and false assumptions about MH (Grove et al., 2005)

- Many employers resistant to equality laws (Little et al., 2011)

- Lack of trust leads to lack of disclosure (Brohan et al., 2012)

- Burden falls on line managers (Sainsbury et al., 2008)

- Too many line managers believe staff with CMHCs are indolent and unreliable (De Lorenzo, 1997)

Sustainable working lives (SWLs)

- '...[W]ork environments that embrace factors that contribute to employee well-being, as well as organisational efficiency' Eriksson *et al.* (2017, p.2)

- Strategic attempts to prevent early exit of older workers from employment (Hirsch, 2007; Zientara, 2009; Atkinson and Sandiford, 2016)

- Concept developed in relation to: young employees, employees facing job insecurity, people cycling between job and benefits, career returners, disabled employees

- Also related to leadership, social justice, social policy, social partnership agreements, healthcare, equality and diversity initiatives, employee involvement, job crafting

SWLs and CMHCs

- Self-coping strategies

- Support from third parties/health professionals

- Organisational support, e.g. EAP, HR practitioner, occupational health, line managers

Social model of disability (SMD)

- An analytical framework associated with theorising workplace inclusion and exclusion

- Challenge the conventional view of impairment as the main cause of disabled peoples' economic and social disadvantage (Barnes, 2012)

- Ideal for studying individual experiences of CMHCs within broader social structures associated with inequality, discrimination and exclusion (Mulvany, 2000)

- Address limitations of SWLs?

Research questions

- **RQ 1:** How can the concept of SWLs be related to CMHCs and employment?

- **RQ 2:** What SWLs philosophies and practices can be used in relation to CMHCs?

- **RQ 3:** What factors mitigate against steps to make employment sustainable for employees with a CMHC?

- **RQs 4:** How can the SMD help conceptualise the limitations of SWLs initiatives?

- **RQ 5:** How might new insights, framed within concepts of SWLs and the SMD, help inform debates surrounding attempts to better sustain the working lives of employees with a CMHC?

Methods and fieldwork details

- Funded by SAMH and set in Central Scotland

- Qualitative approach/semi-structured interviews (n=31)

- Depression (n=9), anxiety (n=7), depression and anxiety (n=15)

- Women (n=23); men (n=8)

- Occupational mix

- Average age 45 years

- Interview averaged 75 minutes in length

- Key interview themes: employment experiences with CMHC, details and experiences of support for CMHC/employment

- Template analysis (King, 2004)

General findings

- Self-coping strategies – 0.4 per participant
  - Re-thinking problems
  - Attempts to change situation
- External/third party support – 3 per participant
  - GPs
  - Family and friends
  - Mental health specialist
  - TU representative
- Organisational support practices – 2.6 per participant
  - Line manager
  - Colleagues and wider team members
  - EAPs
  - Occupational health
  - HR/anti-disability practices

Self-coping and SWLs

- [Workload] does affect your home life as well but I try and not let it. I'm very much now, I go in and do my hours and I'm home. Whereas before I would have stayed on another hour or two hours but no, not anymore. (Interview 28, Brodie, Police Officer)

Self-coping and SMD

- No, I've never even gave [counselling] a thought to be honest. I mean I know there's probably groups out there you know that could help me – it's just a thing I've never even thought about, because sometimes I'm a bit embarrassed with it (Interviewee 10, Rose, Caretaker Cleaner)

External/third party support and SWLs

- Well what [the GP has] done is he's said to me "any time if you feel things are getting too bad come and tell us", I mean sometimes me and him would sit and blether until probably everybody's appointments were late, do you know what I mean? (Interview 1, Isla, Head Controller).

External/third party support and SMD

- I would always feel that I'm just a number with [my GP], you know, I'm just another face that walks in, tells them their problems, and the guy says: "well, you'll get over it, take your tablets", you know (Interviewee 4, Harris, Joiner)

Organisational support and SWLs

- … [My line manager] was egging me to go to the doctor and she knew that there wasn't something quite right when I went back to work as well, that I was feeling down and whatever (Interviewee 8, Niamh, Domestic Assistant)

Organisational support and SMD

- Well I had one experience with [my line manager], he more or less says: "look you'll just need to get on with it," ken what I mean, and more or less "give yourself a shake" … [he doesn't] really understand what you're going through (Interviewee 5, Elidh, Care Assistant)

Discussion

- Overall story of "give with one hand and take with the other"
- Findings at least broadly in line with wide body of existing literature on support for CMHCs in the workplace
- Ethos of SWLs apparent in the findings
- However, barriers to all three forms of support – many positives undermined by range of barriers to effective support

Conclusions

- Evidence to suggest concept of SWLs relevant to understanding CMHCs in the workplace
- Whole SWLs framework relevant to understanding CMHCs in the workplace
- Barriers to SWLs come from many sources, but employer-based barriers seemed to have most impact on employee experience
- SMD concept useful to SWLs concept mainly in terms of de-emphasising focus on individuals
- So what?
  - SWLs/SMD framework context driven and reflective of wider social justice/social policy agendas
  - Encapsulates full range of possibilities related to support
  - Recognises enabling and disabling role of all stakeholders to the problem