The Open University

K240 Mental health and community

Book 4 Economic and political factors

Contents

Chapter 16 Work and mental health

Chapter 16 Work and mental health

In this chapter

Introduction

How soon after meeting someone for the first time does the question 'What do you do?' come up? Your answer might include any number of different types of work. You might refer to paid employment or feel that your unpaid work is just as significant. After all, unpaid work, such as raising a family, providing care for a family member or working voluntarily for a charity, can be as demanding and rewarding as paid work. Regardless of whether you like your job and find it satisfying, or hate it because it is so stressful, what you do for work (or are not able to do) will be an important part of your life.

Work is often closely linked to mental health too. In this chapter we will be exploring this link by examining both the positive and negative influences of work on our mental health. Also, because employment is often seen as a key part of mental health recovery (Thomas and Fraser, 2009), we will look at how people are supported to enter and remain in work. However, people with a history or ongoing experiences of mental health problems can find it difficult to obtain and maintain fulfilling employment. We will also examine the nature of the barriers they face and what is needed to remove them.

16.1 Work and mental wellbeing

Having paid employment can make a significant contribution to an individual's mental and emotional wellbeing. Work can be:

- a source of friendship, social support and social contact

- a source of prestige if working in a high-status occupation

- a source of fulfilment (in terms of challenge, interest and opportunities for personal development)

- a central part of a person's identity, self-esteem and sense of belonging

- a way of structuring and giving meaning to everyday life, with daily activity organised around work and non-work or leisure time

- an important part – and for some the main goal – of the recovery process following a period of mental ill-health.

Leach (2015) identifies work as having a range of intrinsic and extrinsic benefits. The extrinsic benefits of work include better income, work-related status and the structuring of everyday life around work and non-work time. Everyday life and sense of place or position in wider society are made more difficult and uncertain by the absence of these factors. The intrinsic benefits of work relate to emotional and psychological security, a sense of satisfaction and the self-development that come with having an engaging and satisfying work role.

Given these benefits, it's unsurprising that clinicians and policy makers routinely promote the mental health benefits of finding paid work (Cameron et al., 2012). Supporting people into employment is a key feature of mental health and social inclusion policies throughout the world (Olesen et al., 2013).

However, simply having a job or work role is not sufficient in itself to promote or protect an individual's mental wellbeing. Work can place great demands on people. It can be very stressful and make people unhappy. Difficult employment circumstances may precipitate, or be a significant factor in, a person's mental health problems (Mackenzie et al., 2013).

There is clearly a paradox in operation here. Work supports good mental health but it can also undermine it. The challenge then is not to explain why work is necessarily good or bad for mental wellbeing, but to understand how an individual's experience of work may result in either of these outcomes. So, how is it that employment can have both a positive and negative effect?

Work factors influencing wellbeing

Psychologist Warr (2007) provides a thought-provoking explanation of why paid work has the potential to both support and undermine mental health. At the heart of his explanation is a range of conditions that are necessary for mental wellbeing at work. These are:

1   opportunity for personal control

2   opportunity for skill use

3   externally generated goals

4   variety

5   contact with others

6   environmental clarity

7   availability of money

8   physical security

9   valued social position.

Warr's argument is that, like vitamins and minerals, a certain amount or level of some of these elements is necessary for a person to experience mental wellbeing at work, but that an increase beyond this level will not provide additional benefits. This applies particularly to elements 7–9 in the list above. As a consequence, giving someone on a low income a pay rise, for example, will add to their mental wellbeing. However, increasing the pay of someone who is already well paid is unlikely to have the same effect.

Warr also claims that, like some vitamins, people need a minimum 'dose' of the other elements (1–5) to experience mental wellbeing at work – but that once achieved, this level should not be exceeded in order to avoid negative consequences. Take, for example 'externally generated goals', which refers to the number and nature of goals a person in work is trying to meet. Having the right number of goals is motivating and helps people feel that they can and are achieving something. That can be very satisfying. However, too few goals can leave a person bored and unmotivated. Too many goals and he or she feels rushed, overworked and unable to maintain quality or quantity of work required.

The concept of 'environmental clarity' (point 6 in the list above) is slightly different in that it refers to the organisational and interpersonal expectations of a work role. The optimal situation occurs where a person knows what is expected of them in their work role and is able to predict the consequences of their own actions in the workplace. Lack of clarity, however, is likely to provoke anxiety and confusion. Similarly, an over-controlled and restrictive work environment is likely to leave people feeling disempowered, lacking in autonomy and unable to use their initiative.

Warr's (2007) model of work and wellbeing goes some way to explaining why the experience of work can have either a positive or a negative impact on a person's mental wellbeing. It isn't the fact that a person has or hasn't got a work role that necessarily matters. The nature of an individual's work role, what it offers them in material, social and psychological terms and the interactions between work, family and social life (Mackenzie et al., 2013) all tend to play a part in the eventual impact that work has on an individual's mental health and wellbeing.

The economic impact of mental health problems

Work situations that undermine people's wellbeing not only have a significant impact on individuals but they also carry great social cost in terms of lost revenue and the expenditure on treatment, support and welfare benefits. The Centre for Mental Health (2010) reports that work-related, mental ill-health now costs around £30.3 billion each year, mainly in lost productivity, with 10.4 million working days lost each year.

Presenteeism, where employees remain at work but underperform due to stress and mental ill-health, is as much of a concern as and more common than absenteeism. Forty-five per cent of employees reported one or more days of sickness presence as opposed to 18 per cent reporting sickness absence (Centre for Mental Health, 2010).

16.2 Unemployment, mental health and welfare reform

The term 'unemployment' is used in this chapter to refer to the lack of paid employment among people of working age who could potentially be available for employment. There are large differences in unemployment rates between people with and without mental health problems. In 2007 in the UK, 60 per cent of people with severe mental health problems and 36 per cent with mild or moderate difficulties were unemployed (OECD, 2014).

Unemployment has a negative effect on mental health too (Paul and Moser, 2009). High unemployment rates contribute to the social exclusion of people with mental health problems (Gilbert et al., 2013). That is, people who are unemployed may find that their finances are such that they are locked out of many of the opportunities enjoyed by others – home ownership, leisure activities, transport, for example – as well as access to friendship networks and contacts associated with working. Unemployment is also correlated with raised levels of anxiety and depression (DH, 2011). Olesen et al. (2013) argue that there is, in fact, a reciprocal relationship between workforce participation and mental health. Specifically, their study showed that mental health problems are both a consequence of and a risk factor for unemployment. The poorer mental health experiences of people who are not working can be attributed to both the impact of unemployment and to their existing mental health problems.

However, a distinction should be made between people who are temporarily unemployed or 'between jobs', and those who are long-term unemployed. While the former are likely to experience some anxiety, the latter are at a greater risk of poverty and poor physical and mental health, including an increased risk of suicide (Lewis and Sloggett, 1998). Warr (2007) notes that the psychological effects of long-term unemployment can to some extent be associated with a change in lifestyle and a loss of time structure, which can also affect some people in retirement. Unemployed people are at risk of

social isolation, which can then restrict their informal access to job opportunities. There can be an impact on the person's sense of identity and status, combined with an increased likelihood of boredom and pessimism, and a loss of self-esteem and motivation.

Of course, these are generalisations that run the risk of stereotyping unemployed people; some people do manage to maintain a sense of purpose and structure in life despite not having a job. Nevertheless, research studies point to the tendency of unemployment to have a negative effect on the mental wellbeing of many people who experience it (Olesen et al., 2013; Layard, 2005), which consequently makes returning to the workplace more difficult.

Welfare benefits and back-to-work support

Unemployed people who experience mental health problems can claim a range of welfare benefits that are designed to provide a basic level of income. Historically, the so-called 'benefits trap' has been a major disincentive for people experiencing mental health problems to try to seek employment or work opportunities. Essentially, the 'benefits trap' refers to a situation where moving off welfare benefits and into work can result in a person with mental health problems receiving less income than if they had remained on benefits. However, in recent years government policy reforms have placed considerable emphasis on work having greater financial rewards than benefits, and ensuring that finding a job should not leave people worse off (DWP, 2015). This means that the benefits system has been structured so that anyone who takes work is likely to increase their income (Centre for Mental Health, 2013).

Welfare benefits are generally viewed negatively. Patrick (2012) argues that government policy and welfare reform have, for several years, emphasised that work (not benefits) is the best form of welfare, not only because it brings financial rewards but also because it is associated with physical and mental wellbeing. In addition, people on benefits are often portrayed in very negative and disparaging terms. Similarly, TV shows such as Channel 4's *Benefits Street* do not just portray people receiving benefits in a negative light, but have resulted in quite critical and sometimes aggressive public reactions (Collier and Dixon, 2014). The current rhetoric around benefits has been shown to negatively affect the mental health, confidence and self-esteem of people needing financial support – with some even receiving verbal abuse (Mind, 2014a). It is against this backdrop that people with mental health problems are attempting to get by, either by receiving necessary financial support or help to return to work.

The introduction of work capability assessments by the government following the Welfare Reform Act 2012 has had a significant and controversial impact on access to welfare benefits for people with mental health problems.

Anybody found 'fit to work' through the Work Capability Assessment is required to undertake a programme of employment-related training and to move into work (see Box 16.1). People who fail to engage with or follow a defined programme of job-seeking and work preparation run the risk of being 'sanctioned' and having their welfare benefits reduced or stopped entirely. However, by 2014 only one in 20 people with mental health problems had returned to work (Mind 2014b).

Box 16.1 Ready to work?

Mind (2014a) report the following experience of Lee on a Work-related Activity Group after being assessed as ready to work:

> 'I had to attend a weekly self-help management course at my local Jobcentre. The course lasted for six weeks and I had to attend or face sanctioning. But it was focussing more on people in pain, people who had bad backs and first aid. It was based on physical health, and I did say a number of times at these meeting that this doesn't apply to me. I'm not in pain as such, I have a mental health problem.' (p. 27)

> 'If the group was actually set up for people with mental health problems, rather than just physical disability, to let people talk about their worries and fears about the workplace and that sort of thing, I think that would have helped me tremendously.' (p. 27)

Lee's experience highlights several limitations of the welfare-to-work approaches. Not only do the programmes lack a specialist focus on mental health support (Mind 2014b), but people tend not to receive the individualised support packages they require to prepare for work roles (Centre for Mental Health, 2013). More fundamentally, the work capability assessment used to establish an individual's fitness to work fails to pick up complex and fluctuating conditions, like mental health problems (Domokos and Butler, 2012). In other words, people are inappropriately assessed as 'ready for work'. The expectation that a person assessed as 'fit to work' will engage with a job-seeking and employment preparation programme can exacerbate the mental health problems of vulnerable people. For those who do return to work, some worry that should their mental health deteriorate, it will take some time before their benefits will be reinstated, which could result in considerable financial hardship.

Indeed, the system of sanctions has also been very controversial in itself. Sanctioning is based on the assumption that people are unmotivated and will only engage in such programmes if they are threatened with punishment. It has been argued, however, that this is an inappropriate motivational device. Mind's (2014b) submission to the Work and Pensions Select Committee inquiry into Benefit Sanctions in 2014 observed that six out of ten people receiving sanctions had mental health problems. Even though this group is very motivated to return to work, their condition may make it difficult to do

so and to engage with the training programme. Inappropriate assessment means that people are considered ready for work when they are not, and are expected to participate in training unsuitable for people with mental health problems. As such, the system of sanctions and the programme as a whole can have a detrimental effect on people's mental health.

16.3   Employment support

Given that unemployment generally has a detrimental impact on people's lives, it would seem reasonable to argue that providing support to get people into work ought to be an essential activity for mental health and other social care services. Finding and remaining in work are seen as central to the recovery of people with mental health problems (Walsh and Tickle, 2013).

Even so, mental health practitioners may not necessarily support a return to work. It is still not unusual for people to be told by clinicians that they will never work again or that they should modify their employment aspirations as a consequence of their mental health problems (Dickson and Taylor, 2012; Perkins, 2009). As a result, people with a history of mental health problems are more likely to be in low-skilled, low-paid and insecure jobs. However, there have been a number of different approaches to supporting people with mental health problems in employment. You will consider these next.

Moving away from sheltered employment

An industrial therapy unit for people with mental health problems

The relationship between mental health and employment has a long and evolving history. During the late nineteenth and early twentieth centuries, many patients living in large mental asylums were given work within the hospital or its grounds. Growing vegetables, doing laundry work and carrying out maintenance tasks around the hospital often occupied the time of patients deemed capable of supervised work. From the 1950s some institutions developed and ran industrial therapy units that undertook simple assembly, packaging and other routine work tasks. This strategy of providing low-grade,

often repetitive, work in a 'sheltered' institutional environment characterised the relationship between work and mental health until the 1980s. The move away from institutional psychiatric care to community provision, as well as the emergence of the service user/survivor movement that championed social inclusion during this era, began to challenge expectations about where and how people with mental health problems should become involved in work. There are now few segregated, sheltered workshops within the mainstream mental health system – although some third-sector organisations do offer craft, horticultural and catering work schemes that aim to provide supported work and training experiences. However, strategies and funding linking work and mental health are now directed at supporting people into mainstream employment (Leach, 2015).

Supporting people into mainstream employment

Getting people who have either a recent or long-standing history of mental health problems into mainstream employment has become an important goal of government policy and a significant feature of practice within many mental health services since 2010. Supporting people into mainstream employment is seen as a way of promoting social inclusion, reducing the amount spent on welfare benefits, while also supporting an individual's recovery.

The two main approaches to the challenge of supporting people into work are known as 'train and place' (pre-vocational training) and 'place and train' (train on the job). Increasingly, it is the second approach, often referred to as individual placement and support (see Box 16.2), that has been shown to be more effective in keeping people in work, compared with pre-vocational training (Thomas and Fraser, 2009).

Box 16.2 Individual placement and support (IPS)

IPS focuses on supporting people to find paid employment as opposed to engaging in various preparatory work activities. The approach emphasises forming a trusting relationship with the person needing support and working in partnership to develop and carry out a plan of action which reflects their interests and aspirations. Support for work may be integrated with mental health, social care and housing services. For example, agencies such as WorkPlace Leeds offer a range of supports to return people to work – CV building, interview skills, job search, as well as confidence building, advice on benefits and practical assistance to overcome barriers such as help with transport or childcare. Support continues after the individual secures work.

(Mind, 2014a)

The individual-focused and collaborative IPS approach contrasts quite strongly with Work-related Activity Groups, which carry the threat of punishment for non-engagement (see Box 16.1). IPS is successful too – people following the IPS approach are more likely to gain and keep competitive paid work than those who experience the 'train and place' approach (Thomas and Fraser, 2009). The Centre for Mental Health (2013) argues that IPS is not only twice as effective as the best alternative vocational rehabilitation service at achieving paid work outcomes, but that people find work more quickly and stay longer. Even so, by 2013 the use of the model was still patchy, with almost half of secondary mental health teams operating without an IPS programme.

Employment strategies

There is much that can be done to support service users and survivors into work. Some of these approaches focus on the individual. The government's funding for the Improving Access to Psychological Therapies (IAPT) programme, for example, was based on the premise that cognitive behavioural therapy would enable people to return to work – saving the government welfare benefits and bringing in additional tax revenue (DH, 2011). Of the 1,900 people in the first two test sites who received at least two sessions of therapy, five per cent returned to work, although there were clear differences depending on where the programme was based (Clark et al., 2009).

However, Cameron et al. (2012) argue against interventions that focus only on the individual. They argue that interventions designed to help people with mental health problems to obtain and keep their jobs need to focus on the nature of the job and the particular workplace as well as the individual worker. There are no 'one size fits all' or generic solutions. Once in work, job retention should be a shared objective between the individual and their employer (see Table 16.1).

There is now more support available to assist people in the process of entering employment following an episode or extended period of health-related unemployment. However, individual job seekers who have experienced mental health problems may still have a number of personal concerns, including:

- how to account for gaps in their employment or educational history
- whether to reveal their mental health diagnosis and, if so, how to present it
- how to demonstrate their ability to do the job after a long period of unemployment
- who to approach for references

- how to judge whether they will be able to cope with the job
- how taking up work will affect their welfare benefits and overall level of income
- how to combine support from health and social care services with working regular hours.

In the past, any successes in obtaining employment may have been seen as largely to do with the abilities of the individual and to reflect the effectiveness of their treatment and support services. More recently there has been increasing recognition of the part that employers have to play in the process.

Table 16.1 Employment strategies

Who can help?	What can they do?
The individual (potential employee)	- apply for work and go to interviews - challenge the system - choose to leave a job or to stay - ask for appropriate help and support - do a good job and look after themselves during the working day and afterwards
The employer	- decide how best to support the worker - consider how they scrutinise the work without making the person feel 'different' - not be insulting to the person, for example: 'Is the medication affecting your judgement?' - be flexible about appointments and give time off when needed
Mental health workers	- be flexible about appointment times, and enable involvement in user consultation groups by considering the timing of meetings - support the use of direct payments - make services more accessible to people in work - continue to offer services to people who work and need them

Barriers to employment

People who experience mental health problems often want to work, and complain about the difficulties they face in doing so (Centre for Mental Health, 2013). One of the most obvious obstacles has been the 2008 recession, the effects of which lasted well into the following decade. Macro-economic recessions make gaining access to and keeping existing employment more difficult for people who experience mental health problems. Not only do recessions tend to increase levels of mental health problems in the community (Gili et al., 2012; Katikireddi et al., 2012), but they exclude a disproportionate number of people with mental health problems from employment (Evans-Lacko et al., 2013). In times of recession, attitudes towards people with mental health problems become more negative, resulting in even greater exclusion from employment.

Potential employers can have concerns about employing people who have experienced mental health problems. These concerns may be about risk, reliability, time off work and the amount of support that might be needed. Their views of the person's abilities may be affected by medical approaches to mental health problems that emphasise disability and symptoms rather than ability and potential. Media coverage of mental health problems can also have a detrimental effect by emphasising danger and risk:

> The way the media portray people with severe mental health problems is more akin to that of asylum seekers, young offenders and drug users than it is to other groups of people with an illness or disability. They are seen as 'problem people' rather than 'people with problems'. Stories are invariably constructed first and foremost from a concern for 'public safety' and focus on failures of the system, neglecting the welfare of people with mental health problems.

> *(CSIP/Shift, 2006, p. 12)*

Employers are also likely to be influenced by perceptions that people who have experienced mental health problems may be less reliable and motivated than other potential employees, even though there is some evidence that the opposite is the case (Grove et al., 2005). Another barrier is the application process; job application forms favour those who are already employed, as they tend to ask for a lot of information about recent work experience.

Protection from discrimination

In theory, at least, people experiencing long-term mental health problems have protection from discrimination while at work and in seeking work. The employment section of the Disability Discrimination Act 1995 first provided protection from unfair discrimination in employment situations. This Act has now been repealed and replaced by the Equality Act (2010), although at the time of writing (in 2015) the Disability Discrimination Act still applied in Northern Ireland.

Box 16.3 The Equality Act 2010

This legislation requires employers not to treat an individual less favourably because of their disability. Employers are required to make 'reasonable adjustments' to enable disabled employees to overcome the barriers to their participation.

A disabled person is defined as someone with a 'physical or mental impairment'. Impairments include the symptoms of the condition or the side effects of the medication (for example, tiredness resulting from antipsychotic medication).

The impairment must have an adverse effect on that person's ability to carry out normal, day-to-day activities.

The impairment must be substantial in nature, and long term, meaning having lasted or being likely to last for at least a year. Conditions with symptoms that come and go are covered in the definition of disability and protect people from discrimination based on the belief that the person may become ill in the future.

Those with short-term conditions are not considered 'disabled'. However, the Equality Act protects those who may be discriminated against because others thought they were disabled.

Despite this legal protection, there are many obstacles facing employees with a history of mental health problems. Cases of discrimination on the basis of mental health have been brought against employers under the Act. However, it is difficult to prove discrimination in certain cases, as the process can be a subtle one.

There is no doubt that legislation alone will not bring about a change in the attitudes and behaviour of employers. For this reason, there have been a number of campaigns against workplace discrimination on the basis of mental health issues. Similarly, several employers have pledged to end mental health discrimination as well as promote good mental health among their employees (BITC, 2014). This anti-discrimination approach is informed by the social model of disability (Oliver, 1990). This model distinguishes between the 'impairment' experienced by the individual (such as hearing voices or experiencing depression) and the disabling barriers presented by society (for example, not allowing for different ways of working, prejudiced attitudes and discriminatory behaviour towards people with mental illness diagnoses).

In the past the emphasis has been on 'fixing' the person experiencing mental health problems or, if that could not be achieved, removing them from mainstream activities. This is not to say that individuals should not take time out of work during periods of crisis, or to ignore the possibility that, for some people, mainstream employment may not be a practical proposition. However, there is the potential to introduce support and flexibility so that the experience of mental health problems does not lead to a presumption of withdrawal from the world of work.

These days there are initiatives that support people with their particular needs, while at the same time addressing the external barriers likely to confront them. With this in mind, the rest of this chapter introduces different approaches to supporting people with mental health problems into work, and other similar activities.

16.4 Overcoming workplace barriers

The costs of absenteeism due to stress, the fear of litigation from employees affected by mental health problems and the rising bill for welfare benefits and disability insurance payments are all helping to focus the minds of employers, government and researchers on how to improve mental health in the workplace. An increasing emphasis on improving mental health at work has the potential to prevent disabling mental health problems from developing, improve job retention and reduce the barriers to participation experienced by people with mental health problems (ACAS, 2012). Initiatives to promote workplace mental health can be helpful to mental health service users and survivors who are returning to work or entering work for the first time. However, there are also more specific measures that can be taken to provide support and overcome obstacles.

A scene from the 'Time to Change' campaign, which aimed to empower people with mental health problems to feel confident talking about the issue without facing discrimination.

Developing good practice in the workplace

The Equality and Human Rights Commission states that:

> Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing support for a disabled worker. This is the duty to make reasonable adjustments.
>
> The duty to make reasonable adjustments aims to make sure that, as far as reasonable, a disabled person has the same access to everything that is involved in doing and keeping a job as a non-disabled person. When the duty arises, employers are under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles a disabled worker or job applicant faces.
>
> *(Equality and Human Rights Commission, 2014)*

The Arbitration, Conciliation and Advisory Service (ACAS, 2012) identifies a range of ways in which employers can make reasonable adjustments to support people with mental health problems in the workplace, including:

- modifying work schedules by allowing more breaks, providing flexibility in when breaks are taken and allowing workers to adjust their work hours to suit their particular needs

- allowing an employee to return to work gradually and to work part-time temporarily

- supporting job-sharing and re-assigning tasks or parts of jobs that are stressful or difficult for the returning individual

- creating a suitable work environment that is calm and secure, in which employees feel comfortable

- allowing email communication when possible, if that is preferred to telephone or face-to-face contact

- enabling access to professional support during the working day

- adjusting performance milestones, allowing time or leave for the person to attend health-related appointments, and allowing an employee to work at home where possible.

The Employers' Forum on Disability (1998) encourages employers to go beyond meeting the law and to actively develop good practice in the employment of disabled people, including those who have used mental health services. Given that people with mental health problems are not a homogenous group, some may not require any adjustments to be made on their behalf, particularly if they are given an element of genuine control over how and when they do their job. Other employees may need specific and individualised adaptations and forms of support that focus on their job and their particular workplace and circumstances (Cameron et al., 2012).

The European Union Programme for Employment and Social Solidarity (EU, 2013) has produced detailed guidance for employers to help people to stay in employment. The guidance encourages employers to adapt policies, practices and processes in the workplace in order to challenge stigma, develop knowledge and understanding of mental health problems and provide supportive systems that enable employees to disclose any mental health problems but also benefit from tailored return-to-work plans. Perhaps the most important single adjustment an employer, and an individual's co-workers, can make is in the realm of attitudes and assumptions. For example, it is essential that:

- everyone in an organisation is aware that the organisation's equal opportunity and disability policies cover people with mental health problems
- information about mental health problems is included in the training of line managers and human resource specialists
- all employees are given disability awareness training.

There are various stages in the employment process during which employees with mental health problems can face obstacles, the main ones being recruitment and selection, induction and settling in, job retention during periods of distress or ill-health, return to work after absence, job change or re-allocation. Employers need to be aware of the difficulties that can be faced at such times, as well as other problems such as harassment and teasing by colleagues, and to have policies and procedures in place for dealing with them. Indeed, Business in the Community reports that in a survey of employees who had ever been diagnosed with a mental health condition, fewer than half told their bosses after being diagnosed. Some feared that they would be seen as weak, and others worried that they would be first in line for redundancy (BITC, 2014).

Many lessons can be learned from the obstacles that people with mental health problems encounter when trying to get or keep a job. Often these obstacles have nothing to do with ability to do the job – rather, they arise from assumptions and inflexible approaches to working practices on the part of employers and health or social care service providers. There are many
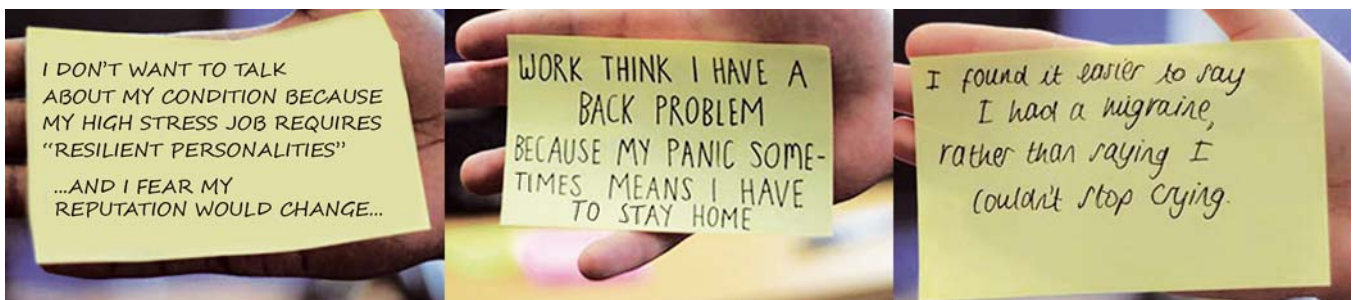
Responses to The Priory's question on Twitter 'Have you ever called in sick with a mental health condition?'

things that employers, co-workers, and health and social care professionals can do to promote positive mental health at work and to support people who are experiencing or returning from episodes of mental ill-health. Recognition of this and the increasing efforts being made to engage with and overcome the difficulties people with mental health problems have in finding and keeping employment should lead to health, welfare and economic benefits for those involved in tackling these challenges.

Conclusion

In this chapter links have been made between mental health problems and unemployment, wellbeing and work. You have seen that a disproportionate number of people who have experienced mental health problems – many of whom would like to work – are unemployed. Despite the obstacles they face, there is a range of strategies that can support people in this position, and these are likely to become more widely available. The recent emphasis on combating the social exclusion of service users and survivors, combined with concerns about the high costs of providing incapacity benefits, is putting mental health and employment firmly on the political agenda, although not always in a positive light.

Paying attention to good practice in relation to mental health in the workplace may improve the wellbeing of the whole workforce, as well as removing disabling barriers faced by service users and survivors who want to enter or return to paid work. In common with other aspects of mental health, difficulties with employment have personal, interpersonal, institutional and societal implications, and will need to be addressed at each of these levels.

Work provides opportunities for social interactions and social status, both of which can be beneficial for mental health – so it is perhaps surprising that health and social care services have not generally been more active in supporting people into employment. Nevertheless, it is important that people with a history of mental health problems should not be pressured into taking up paid work. Individuals vary in their needs and abilities over time, and work situations are similarly diverse in their effects on mental wellbeing. Choice is an important issue for mental health service users, particularly when the experience of mental health problems has the effect of closing off many options, both in the world of work and in other contexts.

References

ACAS (2012) *Promoting Positive Mental Health at Work [online]*. Available at http://www.acas.org.uk/media/pdf/j/i/Promoting_positive_mental_health_at_work_JAN_2012.pdf (Accessed 21 September 2015). Acas publications, January 2012.

BITC (2014) *Mental Health: We're Ready to Talk* [Online]. Available at http://www.bitc.org.uk/sites/default/files/bitc_mental_health_were_ready_to_talk_2014.pdf (Accessed 26 August 2014).

Cameron, J., Walker, C., Hart, A., Sadlo, G., Haslam, I. and The Retain Support Group (2012) 'Supporting workers with mental health problems to retain employment: users' experiences of a UK job retention project', *Work*, vol. 42, pp. 461–71.

Centre for Mental Health (2010) *The Economic and Social Costs of Mental Health Problems in 2009/10* [Online]. Available at http://www.centreformentalhealth.org.uk/economic-and-social-costs-2009 (Accessed 26 August 2015).

Centre for Mental Health (2013) *Briefing 47: Barriers to Employment* [Online]. Available at http://www.cnwl.nhs.uk/wp-content/uploads/2012/11/Briefing47_Barriers_to_employment.pdf (Accessed 26 August 2015).

Clark, D.M., Layard, R., Smithies, R., Richards, D.A., Suckling, R. and Wright, B. (2009) 'Improving access to psychological therapy: initial evaluation of two UK demonstration sites', *Behaviour Research and Therapy*, vol. 47, no. 11, pp. 910–20.

Collier, H. and Dixon, L. (2014) 'Benefits Street complaints prompt police to look into crime claims', *Guardian*, [Online]. Available at http://www.theguardian.com/media/2014/jan/07/benefit-street-complaints-police-crime-claims (Accessed 26 August 2015).

CSIP/Shift (2006) *Mind Over Matter: Improving Media Reporting of Mental Health*, London, Shift.

Department of Health (DH) (2011) *Talking Therapies: A Four-year Plan of Action* [Online]. Available at http://www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf (Accessed 26 August 2015).

Department for Work and Pensions (DWP) (2015) *2010 to 2015 Government Policy: Welfare Reform,* [Online]. Available at https://www.gov.uk/government/publications/2010-to-2015-government-policy-welfare-reform/2010-to-2015-government-policy-welfare-reform (Accessed 26 August 2015).

Dickson, E. and Taylor, J. (2012) 'Supporting service users into employment: a literature review', *Mental Health Practice*, vol. 16, no. 4, pp. 15–18.

Domokos, J. and Butler, P. (2012) 'Jobcentre bosses warn of suicide risk among benefit claimants' *Guardian* [Online]. Available at http://www.theguardian.com/society/2012/jun/20/jobcentre-supervisors-suicide-risk-benefit-claimants (Accessed 21st of September 2015).

Employers' Forum on Disability (1998) *A Practical Guide to Employment Adjustments for People with Mental Health Problems*, London, EFD.

Equality and Human Rights Commission (2014) *Workplace Adjustments* [Online]. Available at http://www.equalityhumanrights.com/private-and-public-sector-guidance/employing-people/work-place-adjustments (Accessed 26 August 2015).

European Union (2013) *The EU Programme for Employment and Social Solidarity 2007–2013*, European Commission.

Evans-Lacko, S., Knapp, M., McCrone, P., Thornicroft, G. and Mojtabai, R. (2013) 'The mental health consequences of the recession: economic hardship and employment of people with mental health problems in 27 European countries', *PLOS one*, vol. 8, issue 7 [Online]. Available at http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0069792 (Accessed 26 August 2015).

Gilbert, E., Marwaha, S., Milton, A., Johnson, S., Morant, N., Parsons, N., Fisher, A., Singh, S. and Cunliffe, D. (2013) 'Social firms as a means of vocational recovery for people with mental illness: a UK survey', *BMC Health Services Research*, vol. 13, p. 270[Online]. Available at http://www.biomedcentral.com/1472-6963/13/270 (Accessed 20 May 2015).

Gili, M., Roca, M., Basu, S., McKee, M. and Stuckler, D. (2012) 'The mental health risks of economic crisis in Spain: evidence from primary care centres, 2006 and 2010', *European Journal of Public Health,* vol. 23, pp. 103–8.

Great Britain. *Disability Discrimination Act 1995: Elizabeth II. Chapter 50* (1995) London, The Stationery Office.

Great Britain. *Equality Act 2010: Elizabeth II. Chapter 15* (2010) London, The Stationery Office.

Great Britain. *Welfare Reform Act 2012: Elizabeth II. Chapter 5* (2012) London, The Stationery Office.

Grove, B., Secker, J. and Seebohm, P. (2005) *New Thinking about Mental Health and Employment*, Oxford, Radcliffe.

Katikireddi, S.V., Niedzwiedz, C.L. and Popham, F. (2012) 'Trends in population mental health before and after the 2008 recession: a repeat cross-sectional analysis of the 1991–2010 Health Surveys of England', *British Medical Journal Open,* vol. 2, issue 5, p. ii, e001790.

Layard, R. (2005) *Happiness: Lessons from a New Science*, London, Penguin.

Leach, J. (2015) *Improving Mental Health Through Social Support: Building Positive and Empowering Relationships*, London, Jessica Kingsley.

Lewis, G. and Sloggett, A. (1998) 'Suicide, deprivation and unemployment: record linkage study', *British Medical Journal*, vol. 317, pp. 1283–6.

Mackenzie, C.R., Keuskamp, D., Ziersch, A.M., Baum, F.E. and Popay, J. (2013) 'A qualitative study of the interactions among the psychosocial work environment and family, community and services for workers with low mental health', *BMC Public Health,* vol. 13, no. 796.

Mind (2014a) *We've Got Work to Do for Better Mental Health: Transforming Employment and Back-to-work Support for People with Mental Health Problems* [Online]. Available at http://www.mind.org.uk/media/1690126/weve_got_work_to_do.pdf (Accessed 26 August 2015).

Mind (2014b) *Written Evidence Submitted by Mind: Work and Pensions Select Committee Inquiry into Benefit Sanctions 2014* [Online]. Available at http://www.rcpsych.ac.uk/pdf/Mind%20-%20WPC%20Sanctions%20Inquiry%202014%20-%20Submission.pdf (Accessed 26 August 2015).

OECD (2014) *Mental Health and Work: United kingdom* [Online]. Available at http://www.keepeek.com/Digital-Asset-Management/oecd/employment/mental-health-and-work-united-kingdom_9789264204997-en#page3 (Accessed 26 August 2015).

Olesen, S.C., Butterworth, P., Leach, L.S., Kelaher, M. and Pirkis, J. (2013) 'Mental health affects future employment as job loss affects mental health: findings from a longitudinal population study', *BMC Psychiatry*, 13: 144 [Online]. Available at http://www.biomedcentral.com/1471-244X/13/144 (Accessed 26 August 2015).

Oliver, M. (1990) *The Politics of Disablement*, Basingstoke, Macmillan.

Patrick, R. (2012). 'Work as the primary "duty" of the responsible citizen: a critique of this work-centric approach', *People, Place and Policy Online*, vol. 6, no. 1, pp. 5–15 [Online]. Available at http://extra.shu.ac.uk/ppp-online/issue_1_300312/documents/work_duty_responsible_citizen_critique.pdf (Accessed 26 August 2015).

Paul, K.I. and Moser, K. (2009) 'Unemployment impairs mental health: meta-analyses', *Journal of Vocational Behavior*, vol. 74, no. 3, pp. 264–82.

Perkins, R. (2009) 'A benefit in need of reform?', *Openmind*, vol. 132, p. 14.

Thomas, J.R. and Fraser, V.V. (2009) 'Implementing evidence-based supported employment in a recovery-oriented mental health agency', *American Journal of Psychiatric Rehabilitation*, vol. 12, no. 2, pp. 143–60.

Walsh, F.P. and Tickle, A. (2013) 'Working towards recovery: the role of employment in recovery from serious mental health problems: a qualitative meta-synthesis', *International Journal of Psychosocial Rehabilitation*, vol. 17, no. 2, pp. 35–49.

Warr, P. (2007) *Work, Happiness and Unhappiness,* Psychology Press.