Mental Health and Work

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Executive Summary

The prevalence of mental health problems in the UK population is high, so it is an issue that every employer is likely to face at some point or another. This report reviews the literature on mental health issues at work and the interventions available to tackle them, in order to provide some knowledge and guidance to help employers deal with the issues within their own companies.

At present, only a minority of organisations are doing anything to tackle the problem, and there remains a lot of stigma and ignorance around the issues. However, there are clear strong arguments for getting to grips with mental health problems. They can have damaging consequences for business as well as individuals through effects on absence, productivity and on other aspects of health. Companies are legally obliged to protect workers, and treat workers and job applicants fairly.

Mental health problems stem from a range of factors, which can be work-related and/or originate from home and personal life. Whilst organisations need to recognise how their own working practices may be having an impact, taking action should not depend on the precise cause of any illness. Even if mental health problems originate from outside of the workplace, they may be exacerbated by events in work and/or have an impact on work.

A number of interventions have been found to be useful within workplaces. These are as follows:

- Problem solving skills, exercise and relaxation to help people tackle stressful situations (but not necessary prevent mental health problems).
- Personal support, social skills and coping training for those at risk of developing mental health problems.
- Early cognitive behavioural therapy (CBT) (up to eight weeks) for those experiencing mental health problems.

- Effective rehabilitation facilitated by case management that brings together line managers, occupational health professionals and GPs, and early, but respectful, contact with the employee from line management.

It needs to be recognised throughout that work, on the whole, is good for people and good for recovery, so in most cases it will be within everyone's interests for absent employees to get back to work as soon as possible.

For those who need therapy to alleviate their symptoms, employers may wish to be involved in providing this. The reality in the UK is that there is very little provision available to those with mental health problems on the NHS, so in the long run it can be more cost-effective for employers to set up their own counselling and therapy services. A few organisations are already making moves in this direction.

The majority of interventions discussed focus at the level of the individual. Whilst there is scant evidence at present on the effectiveness of organisational interventions, employers should ensure that their work environment does not exacerbate or cause mental health problems (guidance on doing so is provided by the HSE's management standards). In essence, employers need to be thoughtful of the range of work-related factors that may make people ill, and how these are interpreted by the individual.

Managers should take a holistic approach to tackling mental health problems, considering the full range of relevant situations, from the employment of individuals into roles that suit their skills and competencies, through to return to work policies and procedures. To prevent stigma and bullying, employers should seek to create an open and supportive environment where those with problems feel able to talk openly of their problems, and whereby the whole workforce is sensitive to the individual's needs, without overcompensating or appearing to be patronising. Providing managers with the skills and support to carry out these tasks is, therefore, paramount.

Some organisations are beginning to take a more positive approach to tackling mental health issues, and are going beyond complying with legislation towards focusing on promoting mental well-being at work. Many of these activities look at health factors outside of work, including exercise, healthy eating and family issues, amongst others. Whilst the evidence on the efficacy of these interventions is lacking, there is some research to suggest that actually improving the mental health of the workforce can have a beneficial impact on the organisation, possibly through increasing engagement. Furthermore, such initiatives could improve employer branding and make the organisation more attractive to potential employees and customers alike.

Mental Health and Work

Does the title make you think of the employees who are currently off-work with anxiety or depression? Or do you think you are more clued-up and are also thinking about the person who is taking time off of for non-specific back pain or maybe fatigue? In other words, are you thinking about mental illness in the workplace or more broadly about mental health and well-being?

This paper will start with a look at the scale of mental health problems and their consequences, before looking at the employer actions which seem to be most successful in dealing with them. We will finish by widening the discussion beyond responding to problems and towards promoting health within and outside work. The overall aim of the report is to review the literature on mental health issues at work, and interventions available to tackle them, in order to provide some knowledge and guidance to help employers deal with the issues within their own companies.

What constitutes mental health problems?

It is important to start with definitions and the remit of this paper. Mental health problems cover as many symptoms and types of disability as physical ill health. It can include neurotic and psychotic disorders, such as schizophrenia and obsessive compulsive disorders, as well as more 'common' mental health problems such as depression and anxiety. In this paper we will focus more heavily on the latter, given that these are problems which are likely to affect a higher proportion of those in the workplace. However, many of the principles, in terms of employers' responsibilities towards employees who are ill or disabled, remain the same for all forms of mental health problems.

Including stress?

One of the key difficulties in discussing this topic comes in deciding whether to include stress under the umbrella of mental health problems. Whilst the lay person may consider stress an obvious mental health issue, in the academic and practitioner

world stress is often seen as a state rather than an illness in itself. The confusion over whether to consider stress as an outcome or a precursor to other mental health conditions led the British Occupational Health Research Foundation (BOHRF) to deliberately exclude stress from their definition of mental health problems in their recent meta-analysis[1] on the effectiveness of workplace interventions for common mental health problems.

> *'There is a complete absence in the title of the dreaded 'S-word' and it was a very deliberate decision not to talk about stress. A word that has come to mean both the cause and the effect truly can have no meaning.'*

However, they did look at the effectiveness of techniques aimed specifically to reduce stress on common mental health problems.

It is also worth bearing in mind that stress has a complex association with mental health. Although many consider stress to be bad for us, we need a certain amount of stress to perform effectively in the work environment. In a survey conducted by the consultancy OPP[2], nearly one in ten respondents said that they achieve more under stress at work, suggesting that if managed well stress can be a motivator.

However, given the links between stress and other health problems, in particular anxiety and depression, we have decided to include it in this review of the literature. It is well known that exposure to prolonged work-related stress can increase the risk of mental health problems and a direct association has been reported in the literature[3]. There is also evidence to suggest that reporting of stress and other mental health problems are often confused. When employees report that they are suffering from stress and attend employee assistance programmes (EAPs), a significant proportion (up to 86 per cent) are found to be actually suffering from serious mental health conditions (Arthur 2002[4]).

There is an abundance of guidance and support available for alleviating or preventing stress in employees. The BOHRF authors noted that despite the problems over conceptualisation, many organisations focus on stress reduction and management as a way of protecting the workforce from the effects of mental health issues. If tackling stress can somehow reduce mental health problems, it makes sense to consider the interventions available in this area.

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[1] Seymour L, Grove B (2005), *Workplace interventions for people with common mental health problems.* Report for the British Occupational Health Research Foundation.

[2] OPP (2006), *Managing stress in the workplace 2006.*

[3] Spurgeon A, Harrington J, Cooper C (1997), Health and safety problems associated with long working hours: A review of the current position. *Occupational and Environmental Medicine,* 54, 367-375.

[4] Arthur A (2002), Mental health problems and British workers: A survey of mental health problems in employees who receive counselling from Employee Assistance Programmes. *Stress and Health,* 18, 69-74.

The prevalence of mental health problems

Firstly, it is important to recognise the significance and scale of mental health problems in the UK. Although the proportion of the workforce affected by mental ill health is difficult to measure and estimates vary, the figures are astounding and few would deny that the numbers are significant.

One of the problems with assessing the scale and costs of mental health problems is that many of the figures are compiled for lobbying purposes and definitions vary. One such attempt to establish the prevalence of psychiatric morbidity in the UK was conducted by the Office for National Statistics (ONS) in 2000 (Singleton *et al*. 2001[5]). Notably, this research did not rely on user of health services or self-definitions, but assessed the mental health of almost 9,000 people between the ages of 16 and 74, living in private households in Great Britain. The authors reported on the prevalence of neurotic disorders, personality disorder and functional psychoses. The later two are relatively uncommon, but about one in six adults were assessed as having a disorder in the week before the interview which would be classed as a neurotic disorder (*ie* mixed anxiety and depressive disorder, generalised anxiety disorder, depressive episode, phobias, obsessive-compulsive disorder and panic). The most common of these were mixed anxiety and depressive disorders, and generalised anxiety disorder, ranging from four to nine per cent.

Other research has found figures to be higher than Singleton and colleagues, with some research stating that as much as 25 per cent of the general population has a common mental health problem at any one time (*eg* Goldberg & Huxley, 1992[6]). Looking in the context of other disabilities, mental health issues by far outnumber any others. According to the World Health Organisation, some 40 per cent of all disability (physical and mental) is due to mental illness[7]. In western Europe, suffering from mental illness accounts for as much suffering as all physical illnesses put together.

In addition, it is worth noting the symptoms that many people suffer even if they do not meet diagnostic criteria. Singleton *et al*. (2001) reported neurotic symptoms of moderate to high severity in the general population. They found that among both men and women sleep problems, fatigue, irritability and worry were commonly reported, ranging from 29 per cent for sleep problems to 19 per cent for worry. The next most commonly reported symptoms (experienced by ten per cent of the population in the week before the survey) were depression, poor concentration and forgetfulness, depressive ideas and anxiety. That percentages represent quite a high

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[5] Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001), *Psychiatric morbidity among adults living in private households 2000*, London: The Stationery Office.

[6] Goldberg D & Huxley P (1992), *Common mental disorders: a bio-social model*. London: Routledge.

[7] WHO: The global burden of disease, cited in LSE (2006), *The depression report: A new deal for depression and anxiety disorders*. Report by The Centre for Economic Performance's Mental Health Policy Group.

proportion of people who have not been mentally ill in the past week, but could have been mentally healthier.

Stress is also very common in organisations. In 1999 the Mental Health Foundation reported on a survey[8] of 270 company line managers which found that 88 per cent claimed a moderate to high level of stress in their work. Furthermore, 52 per cent of those sampled said they knew someone who had suffered stress severe enough to stop them working and require long-term medical treatment. HSE-commissioned research[9] reveals that an estimated 500,000 people in the UK experience work-related stress such that they believe it is making them ill, and up to five million workers feel 'very' or 'extremely' stressed by their work. According to the Mental Health Foundation, work-related stress is estimated to be the biggest occupational health problem in the UK after musculoskeletal problems.

Furthermore, there is research to suggest that stress is on the rise in the UK. In the HSE's new Workplace Health and Safety Survey Programme[10], the findings from the 2005 project showed that one in five (22 per cent) of workers are 'quite' or 'very' concerned that stress at work might cause them harm, making stress the highest-profile risk revealed by the research. The survey also pointed to a rise in risk; whilst 14 per cent stated that stress risks had risen, only 9.6 per cent stated that they had fallen. Similarly in the CIPD's 2004 Absence Report[11], over half (52 per cent) of the employers surveyed had experienced an increase in work stress in the past year.

The cost of mental health problems

The subject of mental health warrants attention, not just on moral grounds, but also for business and economic reasons. Mental health problems can have damaging consequences, not just for the individual, but also for their employer and the overall UK economy.

The Sainsbury Centre for Mental Health[12] has put the total loss of output from depression and anxiety at £12 billion per year, or one per cent of national income.

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[8] Gray P (1999), *Mental health in the workplace: tackling the effects of stress,* Report for the Mental Health Foundation, available at www.mentalhealth.org.uk.

[9] Smith A, Johal S, Wadsworth E (2000), *The scale of occupational stress: the Bristol stress and health at work study.* Sudbury: HSE Books.

[10] HSE (2006), *Workplace health and safety survey programme: 2005 worker survey first findings report.*

[11] CIPD (2004), *Employee absence 2004: A survey of management policy and practice.*

[12] Sainsbury Centre for Mental Health (2003), *The economic and social costs of mental illness.*

Research by the Mental Health Foundation in 2000 (cited in Seymour & Grove, 2005[13]) indicated that the total cost of mental health problems in Britain is an estimated £32 billion and that more than a third of the total estimated cost (£12 billion) is attributed to lost employment and productivity.

Much of the cost from mental health problems relates to high levels of employee absence. It has been estimated that in the UK, 91 million working days are lost each year due to mental health difficulties (Gray, 1999[14]). In the same report, it was stated that stress-related sickness absence cost an estimated £4 billion annually. However, increased absence is not the only costly impact of mental health problems at work. Disrupted relationships, ineffective working and, ultimately for some, increased turnover and reduced retention all have a high cost for employers.

Studies now clearly suggest that the well-being of employees may be in the best interest of the employer. Investigation of the happy-productive worker clearly links emotional well-being with work performance. Research has found that employees who experience a greater balance of positive emotional symptoms over negative emotional symptoms receive higher performance ratings from supervisors than employees who report feeling more negative than positive symptoms of emotion (*eg* Wright & Cropansano, 2000[15], cited in Harter *et al*., 2002[16]). Research with managers by OPP[17] found that 88 per cent believed that the performance of their direct reports suffers when they are stressed. Thinking of their own performance, 47 per cent of respondents believed that they achieve less at work when they are stressed, compared to only nine per cent who believed that they achieve more.

Inevitably, the cost to society is also very great. The UK now has a million people on incapacity benefits because of mental illness. Lord Layard, of the London School of Economics (LSE), argues that mental illness has replaced unemployment as the

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[13] Seymour L, Grove B (2005), *Workplace interventions for people with common mental health problems: Evidence review and recommendations.* Report for the British Occupational Health Research Foundation, available at www.bohrf.org.uk.

[14] Gray P (1999), op. cit.

[15] Wright T & Cropanzano R (2000), Psychological well-being and job satisfaction as predictors of job performance. *Journal of Occupational Health Psychology*, 5, 84-94.

[16] Harter J, Schmidt F & Keyes C (2002), Well-being in the workplace and its relationship to business outcomes: A review of the Gallup studies. In C Keyes & J Haidt (Eds.) *Flourishing: The positive person and the good life* (pp. 205-224). Washington D.C.: American Psychological Association.

[17] OPP (2006), op. cit.

country's biggest problem[18]. The Department of Work and Pensions (DWP) Minister, Lord Hunt of Kings Heath, summed up some of the issues[19]:

> *'The fact that mental health problems are so common means that the overall costs to society of associated sickness absence are huge, and of course they ultimately fall on business and individuals. There are the losses to output, the costs of health and social care for those who require services to help them cope with their problems, and their personal costs in lost wages and the impact on families, and impact on self-esteem.'*

Given the prevalence of mental health problems, it is important for employers to recognise the potential costs to their business of not taking action to help employees who suffer from them.

Finally, it is important to note the link between poor mental health and other physical forms of ill health, and the further potential costs that this can cause. Fraser-Smith and Lesperance (2005)[20] identified a strong link between depression and coronary heart disease (CHD). Whilst it is not entirely clear how the relationship works, it is thought that depression may precede the development of clinically evident CHD by many years and indirectly cause CHD through affects on behaviour, such as drinking and smoking. According to the European Agency for Health and Safety at Work[21], unfavourable psychosocial aspects are seen to accentuate the effects of physical risk factors and contribute to an increased incidence in musculo-skeletal disorders (MSD). Furthermore, combined exposure to MSD and psychosocial risk factors has a more serious effect on workers' health than exposure to one single risk factor. As such, failure to tackle mental health issues at work may exacerbate the instance of further illness in the workforce, and inevitably lead to further absence.

Legal obligations of employers

In addition to business arguments, there are strong legal reasons why employers should pay attention to mental health issues, both concerning their employees and their job applicants.

Employers are obliged to protect their workers in the workplace under a number of legislative acts, and failure to do so may result in proceedings being made against them. The Health and Safety at Work Act (1974) requires employers to maintain a safe

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[18] Layard R (2006), *The case for psychological treatment centres.* RL447 (2nd update).

[19] Cited in *'Mental health: Mind over matter'* from HR Zone website: www.hrzone.co.uk/cgi-bin/item.cgi?id=146118 25/10/2005.

[20] Frasure-Smith N, Lesperance F (2005), Depression and coronary heart disease, *Current Directions in Psychological Science,* 14 (1), 39-43.

[21] European Agency for Safety and Health at Work (2005), *Expert forecast on emerging physical risks related to occupational safety and health.*

working environment, free from risks to physical and mental health. The Management of Health and Safety at Work Regulations (1999) creates a duty on employers to protect the health of their workers, and that includes their mental as well as physical health.

Until recent years, much of the focus has centred on reducing physical risks, but more recently there has been more attention paid by the HSE and by employers to psychosocial risks. The HSE recently created a set of guidelines to help organisations tackle stress in the workplace called the 'Stress Management Standards', based on an evidence review produced by the Institute for Employment Studies. The standards define the characteristics of an organisation where stress is being managed effectively and what should be happening to establish or maintain the standard. The standards covers six areas outlined below:

- Demands: workload, work patterns and the work environment.
- Control: how much say the person has in the way they do their work.
- Support: the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships: promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role: Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles.
- Change: How organisation change (large or small) is managed and communicated in the organisation.

The standards are voluntary, but the HSE has indicated that they will be used as evidence against employers that continue to ignore their responsibilities in managing stress under the Health and Safety at Work Act 1974.

Another law related to mental ill health at work which employers must adhere to is the Disability Discrimination Act 1995 (DDA), which protects both workers and job applicants. There are two main duties in relation to the DDA; to make reasonable adjustments for anyone suffering from a disability, and to not treat disabled people less favourably than others unless that is justified. Under the act, disability includes mental impairments and is defined as:

> *'… physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'*

Changes to the DDA in December 2005 mean that mental illness no longer has to be a clinically well-recognised condition to be covered. So 'anxiety', 'stress' and 'depression' may be sufficient to qualify a person as disabled and therefore covered by the DDA, as long as there is a substantial and long-term effect (for at least a year)

on their ability to carry out normal day-to-day activities. To save themselves from future litigation therefore, employers should ensure that they both protect employees from mental health problems and respect those who are already suffering from them. The Employer's Forum on Disability recommends its members to treat all employees with mental health problems as though they are potentially eligible for protection under the Act.

The experience of those with mental health problems

Sufferers of mental health problems are severely disadvantaged in the labour market compared to their peers. According to the Labour Force Survey[22], only 21 per cent of working adults who regard mental illness as their main disability are in employment. Further, surveys of psychiatric morbidity in Great Britain in 1995/1996[23] discovered that mental health service users had the highest unemployment rates of any disabled group. Of all people with a long-term mental illness, as many as 85 per cent were unemployed.

In addition to difficulties in finding work, research has found that those with mental health problems are disadvantaged in their actual experience of work. Research conducted by the Australian Bureau of Statistics[24] found that the proportion of persons with anxiety disorders not in the labour force (47.1 per cent) was more than double that of healthy persons (19.9 per cent). They also reported a number of job restrictions for these individuals including restrictions in the type of job they can do (24.0 per cent), needing a support person (23.3 per cent), difficulty changing jobs (18.6 per cent) and restriction in the number of hours they can work (15.4 per cent).

Research by the Mental Health Foundation[25] has looked at the day-to-day experience of those with mental health problems in the workplace in order to see how employers may better support their workers. Many of the findings appeared to show some positive experiences. For example, they found that as many as nine in ten people with a mental health problem currently in employment had informed somebody in the workplace about this. On the whole, participants reported that their colleagues were supportive. Of those who had been open about their mental health problems, over half stated that they always or often had support when they needed it and another

[22] Office for National Statistics (2002), *Labour Force Survey* London: The Stationery Office.

[23] Office for National Statistics (1996), *Physical complaints, service use and treatment of residents with psychiatric disorders, OPCS Surveys of Psychiatry Morbidity in Great Britain, Report 5*, London: The Stationery Office, cited in Mental Health Foundation (2002) *Out at work: A survey of the experiences of people with mental health problems within the workplace*.

[24] Waghorn G, Chant D, (2005), Employment restrictions among persons with ICD-10 anxiety disorders: Characteristics from a population survey. *Anxiety Disorders*, 19, 642-657.

[25] Mental Health Foundation (2002), *Out at work: A survey of the experiences of people with mental health problems within the workplace*.

one in five stated that they sometimes got support. Around two-thirds reported that their colleagues were always or often very accepting.

However, negative experiences of work also emerged from the research. One in ten of those with mental health problems always or often believed that colleagues made snide or sarcastic comments or avoided them because of their mental health problems, and more than 15 per cent believed that they had missed promotion because of their condition. In some cases, the concern was that employers took too much account of their condition, with around one quarter stating that they always or often felt patronised or more monitored than other colleagues. This highlights the need for employers to deal sensitively and appropriately with mental health problems in their own workforce.

It was clear from the survey that respondents felt that there was still a stigma attached to mental health problems, as only one third felt confident disclosing their ill health on application forms. This reluctance to disclose problems may well be justified, as in 1995 Manning and White conducted some research[26] which found that fewer than four in ten employers said they would recruit someone with a mental health problem. Whilst we may hope that progress has been made since then, it is likely that discriminatory practices in workplaces with regards to mental health persist. In the Department of Health's 2004 White Paper, 'Choosing Health', they noted that often the biggest obstacle to employees with mental health problems returning to work after a period of absence is fear of stigma and discrimination by their employers. This highlights the need for employers to raise awareness of the issues amongst all staff, not just line managers.

Who is at risk of developing mental health problems?

Whilst mental health problems are common across all walks of life, analysis of the ONS Psychiatric Morbidity Survey[27] has shown that certain occupations are at greater risk of mental ill health than others. Particularly 'at risk' professions include teachers, nurses, social workers, probation officers, police officers, the armed forces and medical practitioners. As these professional groups would suggest, the prevalence of mental health problems tends to be higher in the public sector than the private sector. The HSE has recently commenced a pilot test of the Management Standards in some 100 organisations across five priority sectors, most of which are public sector, including central government, local government, education and the NHS.

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[26] Manning C, White PD (1995), 'Attitudes of employers to the mentally ill', *Psychiatric Bulletin,* 19, 541-543, cited in Social Exclusion Unit (2004) *Mental Health and Social Exclusion*, Office of the Deputy Prime Minister.

[27] Stansfield S *et al.* (2003), *Occupation and mental health: Secondary analysis of the ONS Psychiatric Morbidity Survey of Great Britain*. London: HSE Books.

However, it is important to recognise that the reasons given for high rates of mental health problems in certain jobs – high job demand (in particular emotional demands in dealing with people) and low job security – may be present in a wealth of occupational roles. The management standards have been designed to apply to all organisations and it is important to recognise that within individual sectors, or organisations, the particular characteristics of the workplace may mean that some individuals are more at risk than others.

The relationship between work and mental health

Mental health problems may not all be caused by work. For many, situations arising at home and in their private life may be the overriding cause. However, whilst common mental health problems may be triggered by factors outside work, the duration and severity are determined by a number of factors, some of which may originate from the workplace. As such, even if the cause of the health problem is outside of work, this does not mean that what happens at work has no effect on the recovery of the individuals' performance or return to work. As Seymour and Grove (2005)[28] put it:

> *'The causes are less important than the physical, psychological and social barriers to recovery, which can be addressed in all their complexity over time.'*

According to an analysis from the LFS survey 2004/2005, two million workers in Great Britain were suffering from an illness which they believed was caused or made worse by work. Illnesses described as stress, depression and anxiety accounted for a quarter of this group (HSE 2005[29]). It is well known that there are a range of stressors in the workplace that can trigger or exacerbate poor mental health including long work hours, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support, and unclear management and work roles. Indeed, in the Out At Work study conducted by the Mental Health Foundation[30], two-thirds of respondents with mental health problems believed that unrealistic workload, too high expectations or long hours had caused or exacerbated their mental health problems. One in three believed that bullying at work had caused or added to their problems.

The Mental Health Foundation[31] conducted a separate study to look specifically at the impact of the increase in long-hours working in the UK on people's mental health. In

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[28] Seymour L, Grove B (2005), op. cit.

[29] HSE & Office of National Statistics *Health and safety statistics 2004/05.*

[30] Mental Health Foundation (2002), op. cit.

[31] Mental Health Foundation (2003), *Whose life is it anyway? A report on the effects of poor work-life balance on mental health*

a survey of 577 respondents they found that a significant proportion of the respondents (34 per cent) were working more than 50 hours per week, and over a third (36 per cent) were unhappy with the time they spent at work. Many people reported feeling irritable, anxious (34 per cent) or depressed (27 per cent) as a result of their working hours. Whilst these were not clinical diagnoses, they nonetheless reflect the impact of work on well-being and suggest that long hours may be an antecedent to more serious mental health problems. It is also worth noting that a number of participants reported specific mental health problems, including attempted suicide, as a direct result of pressure at work. The Mental Health Foundation expressed its concern that the move towards working longer hours is forcing people to sacrifice the very structures in life which could prevent or help recovery from mental health problems. Many of the participants reported that long hours at work prevented them from taking part in activities including: exercise (48 per cent), quality time with partner (45 per cent), time with friends and social activities (42 per cent) and hobbies/entertainment (41 per cent).

However, research is inconclusive on how exactly work is bad for mental health. A review of current theory of the associations between work features and psychosocial ill health by Briner (2004)[32] concluded that despite a plethora of evidence, much of it was of poor quality and did not allow for conclusions to be drawn about which psychological features of work were most harmful to mental health. A range of theories abound, of which the HSE's stress management standards is but one. There are also individual differences to consider; what may appear harmful to one employee may have no such effect on another. As such, Briner states that we may need different approaches and different styles of intervention to deal with different contexts.

In addition, it is important to recognise that work can actually be beneficial to health. A recent and extensive evidence review conducted by the Department for Work and Pensions[33] confirmed that *'work is generally good for health and well-being'*. The report concluded that the benefits of work to individuals outweigh the risks to them of not working. Work promotes better health, while unemployment especially when combined with inactivity leads to illness.

According to Will Hutton of The Work Foundation (Me, Myself and Work Report) [34] work is good for self-esteem.

> *'Work is at the heart of our lives. It is, of course, the source of the income that sustains our capacity to live. But it is more than that …. Above all, work is a supremely social act: work*

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[32] Briner R (2004), *Beyond understanding?* Chief Medical Officer's Report.

[33] Waddell G, Burton A (2006), *Is work good for your health and well-being?* Department for Work and Pensions Report.

[34] Cited in Westwood A (2004), *Me, myself and work: Self-esteem and the UK labour market*. Report by The Work Foundation for the Cosmetic Toiletry and Perfumery Association.

cannot be prosecuted by ourselves as solitary individuals, but rather through a network of relationships. To have work, and to be respected at work by others, are central to both individual well-being and to working effectively.'

A number of research projects have revealed how work can be therapeutic, an important aspect of recovery for those suffering from mental health problems. One of the respondents to the Mental Health Foundation's Out At Work study described how:

'Employment has been an essential part of my recovery. My self-esteem and confidence have grown immeasurably and my colleagues' acceptance of my mental health difficulties have encouraged me to be more accepting of them.'

Considering the benefits of work, it is very unfortunate that those with mental health problems are more likely than others to be absent from work or not working at all. As the LSE argues in The Depression Report[35]:

'The tragedy is that work is a powerful aid to recovery, but so many people are in a vicious circle where the loss of work adds to depression which makes the return to work even more difficult – unless help is provided.'

This should stress to employers the importance of quick rehabilitation and timely return to work for those who go off sick with mental health problems. Often employers are afraid of bringing employees back to work too soon. Whilst it is necessary to tread carefully and ensure that the employee is both willing and able to return to work, it should be noted that it is often in the employee's best interests to ensure that they get back to normality as soon as possible.

Workplace interventions for mental health problems

Whilst mental health problems are common, most are not severe and are generally dealt with by a family doctor without professional psychiatric help. However, there is a great deal that organisations which employ these people can do, as well as good reason for them to take action.

At present few companies focus on mental health at work. In a Confederation of British Industries (CBI) survey[36] of over 800 companies, 98 per cent of respondents said they thought the mental health of employees should be a company concern. The large majority (81 per cent) also thought that the mental health of staff should be part of company policy. However, the research identified that less than one in ten of the companies sampled had an official policy themselves.

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[35] LSE (2006), op. cit.

[36] Cited in Gray P (1999), op. cit.

It would appear that companies are more likely to take action on stress than any other mental health problem. Research by the Chartered Institute for Personnel and Development in 2004[37] found that more than three-quarters (77 per cent) of employers were addressing the problems of stress in their workplace and that almost half had introduced stress audits. However, in the HSE's Workplace Health and Safety Survey[38], whilst a high number of employees were concerned about stress, only three in ten (28 per cent) reported that their employer had undertaken any initiatives to cut stress. It would seem, therefore, that employers could be doing much more to help employees who suffer from mental health problems.

The British Occupational Health Research Foundation (BOHRF) recently published a widespread international review[39] on workplace interventions for people with common mental health problems. By common mental health problems, BOHRF was referring to those that:

- *'occur most frequently and are more prevalent*
- *are mostly successfully treated in primary rather than secondary care settings*
- *are least disabling in terms of stigmatising attitudes and discriminatory behaviour.'*

Depression and anxiety are two clear examples of common mental health problems. As mentioned previously, they did not include stress within their definition.

The review considered evidence on prevention, retention and rehabilitation, which is summarised below. These can be thought of conceptually as covering the following three types of interventions:

- Preventing problems by eliminating or minimising mental health problems at source.
- Minimising the negative effects of mental health problems via education and management strategies.
- Assisting individuals who are experiencing the effects of mental health problems.

Prevention

For employees without common mental health problems or who are not considered to be at high risk, BOHRF found moderate evidence to suggest that a range of stress management interventions can have a beneficial and practical impact, providing

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[37] CIPD (2004), op. cit.

[38] Hodgson J, Jones J, Clarke S, Blackburn A, Webster S, Huxtable C, Wilkinson S (2005), *2005 Worker survey first findings report* HSE Workplace Health and Safety Survey Programme.

[39] Seymour L, Grove B (2005), op. cit.

employees with a range of useful skills. Techniques that BOHRF found to be useful included problem solving skills, exercise and relaxation. However, there was no evidence to say that these stress management techniques prevent common mental health problems from developing, nor was there any evidence to show that these stress management techniques help people once they have common mental health problems.

> *'There is moderate evidence, based on five studies, that stress management interventions are of benefit to employees …. However, the evidence is almost completely silent on whether this prevents common mental health problems. It may be of benefit to the individual, to develop skills that they can use in other parts of their lives but there is no evidence that these programmes and interventions prevent the development of common mental health problems.'*

Retention

Looking at retention of at-risk employees (at-risk either because they have been individually assessed as such or because they are in 'high-risk' jobs), the authors found that the most effective programmes were those that focused on the individual rather than the organisation, including those offering personal support, individual social skills and coping training. Longer-lasting effects were found for multi-modal approaches (those that use more than one technique). However, it is clear that for any such intervention to be effective, there firstly needs to be an effective method of identifying at-risk individuals so that solutions may be adequately targeted.

Rehabilitation

For people already experiencing common mental health problems at work, there are a range of therapies available. There was strong evidence in the BOHRF review that the most effective approach is brief individual therapy (up to eight weeks) and that CBT is particularly effective. A number of psychotropic drugs are also available, and are commonly used by sufferers of mental health problems. However, the overall consensus from research is that therapy is as effective as drugs in the short term but in the long-term therapy has more long-lasting effects. CBT was found to be most effective when given early on.

> *'It doesn't have to be 12 months of CBT and it surely doesn't have to be after a 12-month waiting period – it has to be early and it has to be done effectively.'*

The authors also reported on a computer-aided therapy option which showed some promise as an alternative to the more established face-to-face CBT. This may be useful given the shortage of current cognitive behavioural therapists (see next section).

There was clear evidence from the BOHRF review that effective organisational rehabilitation policies and procedures are also key. The evidence suggests that good medical management of anxiety and depression helps people to retain employment.

In particular line managers, occupational health professionals and GPs need to work together to enable employees to have the best chance of rehabilitation. Unsurprisingly, support from supervisors that was 'well-developed and proactive' featured as an important facilitation to return to work. It must also be timely as evidence showed that early return to work is facilitated by line managers who keep in touch with the employee at least once every two weeks. However, the review suggested that there are limits to what supervisor support can achieve, especially with more depressed workers.

Mental Health First Aid

There has been recent interest and activity in the UK around the concept of 'Mental Health First Aid', which arose due to work being carried out in Australia from 2000 onwards. Mental Health First Aid (MHFA) is defined as the help provided to a person developing a mental health problem or in a mental health crisis. In Australia, a 12-hour course has been developed to help people provide initial support for someone with a mental health problem. The course is available throughout Australia and course participants have included HR practitioners, particularly those working in central and local government. MHFA has also been piloted in Scotland during 2004, using the Australian programme. The aims of the training are to:

1. Preserve life where a person may be a danger to themselves or others.
2. Provide help to prevent the mental health problem developing into a more serious state.
3. Promote recovery of good mental health.
4. Provide comfort to a person suffering a mental illness.

The evaluation report[40] of the pilot project was positive and recommended that the training, seen as having significant value across all sectors, should be made widely available. The report authors noted, however, that it had been difficult to attract participants from private sector companies; the bulk of participants were from public sector organisations. As these MHFA programmes are relatively new to the UK, interested readers are advised to carry out an Internet search to find out about current availability.

Taking a holistic approach

The above interventions all focus at the level of the individual as opposed to the organisation. Given the range of antecedents to mental health problems, which may relate to work or outside, it is certainly important that approaches look at the situation

[40] Scottish Executive (2004), *Evaluation of Mental Health First Aid Pilot Project in Scotland*

of the individual experiencing mental health problems, regardless of their cause. However, focusing purely on individual problems can be counterproductive as it may lead to a failure to tackle any underlying causes of problems in the workplace.

In some cases, tackling both individual and work factors may be the best method. For example, in the BOHRF review they found that the effect of CBT on those who go off sick with mental health problems is stronger for employees who already have a high degree of control in their job. For workers with less control, CBT may need to be combined with an increase in job control to maximise results.

Arthur (2002)[41] emphasises the importance of taking an integrated approach to mental health care, as stressors come from various sources, such as the individual, the group, the organisation or from socio-economic status.

> *'What is needed therefore is an integrated psychological approach that assesses the individual, their immediate work group, and the organisation in a holistic way to identify, manage and treat the causes of stress/mental health problems.'*

Unfortunately, the BOHRF review identified few other studies that had looked at organisational interventions to reduce or ameliorate common mental health problems.

Mind Out's Line Manager's Resource[42], aimed at small and medium-sized enterprises (SMEs), provides practical advice for managers and those supporting people who are experiencing stress, distress and mental health problems. The guidance covers the following key recommendations:

- Match the job requirements with the person's capability.
- Talk at an early stage of distress to prevent the problem escalating.
- Keep in touch during sickness absence to offer support and plan for the return to work.
- Achieve a successful return to work.
- Manage a long-term illness whilst remaining in work.
- Access sources of support and information.

The resource emphasises the holistic approach which needs to be taken in managing an individual with mental health problems, which includes the phases of recruitment of individuals, through to organisational policies, absence management and return to work.

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[41] Arthur A (2002), *Mental health care in the workplace – the need for an integrated approach*, Presented at European Academy of Occupational Health Psychology Conference, Vienna, December 2002.

[42] Mind Out for Mental Health (2003), *Line managers' resource: A practical guide to managing and supporting mental health in the workplace*, currently available at www.mindfulemployer.net.

In line with the first of its recommendations, research has shown how it is very important to match the skills of the individual to the organisation. As Green & Gallie[43] found using data from the 2001 Skills Survey, those workers with underutilised skills (approximately one in three workers) experience more boredom and depression, and less contentment, than those who do not have underutilised skills. In addition, those whose skills are not kept up with job requirements (about one in six workers) experience greater depression, more anxiety and less satisfaction than those in matched jobs.

Another key issue for managers to address, as mentioned above, is good, honest communication with the employee:

> *'It is very important to engage with an individual. Dwelling on definitions and diagnoses is unlikely to be helpful. All too often a diagnostic 'label' leads to preconceptions of what a person can – or cannot – do. The most productive approach is to talk to the person, understand problems or issues and work on the basis on the person's capabilities.'*
>
> Mind Out

An integral part of any healthy work environment is the general ethos of the company, which should be supportive and encourage employees to be open about problems they are experiencing.

Ensuring that line managers are equipped with the necessary skills and support to tackle these issues is therefore paramount. The range of skills is vast. They will need to have an awareness of mental health problems, the ability to identify when an employee is having problems and skills in how to respond to this, as well as knowledge of the full rehabilitation procedures to be used if an employee goes off sick. They will also need to play a role in raising awareness of mental health problems amongst the workforce as a whole so that those with problems may be protected from bullying and harassment. Recent research by the consultancy OPP[44] looking at stress found that the majority of line managers would like more training and development to manage the stress of their direct reports. Thirty-nine per cent said that they had never received any guidance in this area. It is likely that at present those with knowledge of the fuller range of mental health problems is lower still.

Workplace interventions for tackling stress

Many of the recommendations mentioned above also apply to those who are experiencing stress at work, but there are more tools available to help tackle this issue. In the area of stress, provisions that target the organisation as well as the individual

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[43] Green F, Gallie D (2002), *High skills and high anxiety: Skills, hard work and mental well-being.*

[44] OPP (2006), op. cit.

have been found to be the most beneficial.[45] The reader should remember, however, that there is no evidence that stress management interventions help to prevent common mental health problems (see page 14).

It can be useful to start by conducting a stress audit to understand which factors of the work environment and organisational structures may make employees vulnerable to stress. The HSE has developed a stress audit tool based on their management standards which is freely available, called the Occupational Stress Indicator (OSI), alongside software to help organisations analyse their findings. Please refer to the IES Network Paper on 'Stress Audits: What You Need to Know'[46] for more information. However, it should be noted that the management standards approach is not without its critics. Some believe that the universal model does not allow for differences in the interpretation of adverse work conditions and subsequent reporting of stress. In other words, there is too little emphasis on the individual in this approach.

For example, research conducted by the Institute for Employment Studies[47] using representative databases of the UK population found a number of individual differences that influence stress-related illness, including gender, age, socio-economic group, as well as occupational groups, indicating differences in the risk of experiencing and reporting stress-related illness amongst different groups. As such the authors concluded that some monitoring systems might overestimate the extent of stress-related illnesses attributable to work, especially in some demographic groups in the population. Instead, they recommended that greater emphasis be placed on how individuals interpret the work environment in practice, *eg* through focusing interventions on how individuals pursue and attain goals. One of the most common interventions that focuses on the individual is the use of Employee Assistance Programmes. Please refer to the IES Network Paper 'Employee Assistance Programmes'[48] for more information on this form of interventions.

As with other mental health problems, it is important to remember that any intervention needs to be part of a wider management strategy for targeting stress in the workplace, and other elements to help with the prevention, management and

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[45] Cox T, Griffiths A, Rial-Gonzalez E (2000), *Research on work-related stress,* European Agency for Safety and Health at Work.

[46] Newton L, Hayday S, Silverman M (2005), *Stress Audits: What you Need to Know*, Institute for Employment Studies, Network Paper MP48

[47] Daniels K, Jones D, Perryman S, Rick J, Fergusson E (2004), *Cognitive factor's influence on the expression and reporting of work-related stress*. HSE Research Report RR170.

[48] Newton L, Hayday S, Barkworth R (2005), Employee Assistance Programmes, Institute for Employment Studies, Network Paper MP45

treatment of stress also need to be included. The CIPD[49] states that there are four approaches that organisations should adopt to address stress at work. These include:

- **Policy, procedures and systems audit**, to ensure that the organisation provides a work environment that protects the well-being of the workforce, and is able to identify and support troubled employees.
- **Problem-centred approach**, which looks to examine the reasons why stress problems arise and how they may be solved, *eg* through risk assessments, examining sickness absence levels, employee feedback *etc.*
- **Well-being approach**, with the aim of proactively maximising employee well-being to create a healthy workforce.
- **Employee-centred approach**, which focuses at the individual level through providing education and support so that employees can deal with the problems they face in the workplace, *eg* stress management training and employee counselling.

Is it the role of the employer or the NHS to provide help?

The above research identifies the effectiveness of therapy in rehabilitating individuals who go off sick with mental health problems. Many employers may be wondering how this information benefits them, since really this relies on the employee seeking help from their GP outside of work. However, the lack of adequate provision for the treatment of mental health problems in the UK at present is leading some larger employers to start providing counselling services themselves. Many are now using employee assistance programmes (EAPs) to provide counselling support to employees, but a minority have gone even further and started to introduce CBT for those who go off sick.

The National Institute for Clinical Excellence (NICE)[50] recently recommended that CBT be made available to all people with depression or anxiety disorders or schizophrenia, unless the problem is very mild or very recent. The LSE[51] has argued for these recommendations to be taken on board, but expressed concern that it is currently impossible because of a lack of therapists. Currently only one in four of those who suffer from depression or any kind of anxiety is receiving any kind of treatment. Whilst depression and anxiety account for a third of all disability, they attract only about two per cent of NHS expenditure. Furthermore, very little of the treatment currently offered is psychological therapy. According to Lord Layard's

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[49] CIPD Stress at work webpage:www.cipd.co.uk/subjects/health/stress/stress.htm

[50] National Institute for Clinical Excellence, *National Practice Guidelines*, cited in Layard, R. (2006) op. cit.

[51] LSE (2006) op. cit.

report[52] earlier this year, only four per cent of all those with depression and anxiety disorders have received such therapy in the last year.

These issues are being debated widely at present, and pressure is being put on government to improve support for those with mental health problems. In September 2005, the Labour peer Lord Layard called for psychological therapy to be made freely available on the NHS[53] and he has recommended that 10,000 more therapists be put in post. However, it will take some time for these improvements to be made, if they are made at all. It is therefore imperative that in the meantime employers help with the recovery of their own employees.

The costs involved in providing help are much lower than may be anticipated. The LSE calculate that the treatment costs of around £750 per person can lead to an extra 12 months free of depression, or nearly two months more work than is the case with drugs alone. Lady Meacher, chair of the City and East London NHS Mental Health Trust who was a signatory to the LSE report believes that, whilst it is not the role of employers to pay for mental health treatment, more generally:

'This may be a good way forward for some employers.'

Employers may decide also work alongside the NHS, and to work together to ensure quick and effective support for employees who go off sick. For example, as reported by Davies & Kitchiner (2006)[54], the South Wales Fire and Rescue Service has joined services with the Cardiff and Vale NHS Trust Department of Liaison Psychiatry. In the past, a firefighter presenting with post-traumatic stress disorder may have had to wait up to 12 to 18 months for access to specialist services for intervention and faced the possibility of being retired on the grounds of ill health. In recent cases, however, the partnership has secured a return to work after just eight to ten hours of therapy, which equates to just a few weeks or months. The partnership has also included the provision of a Stress Control course for firefighters and other staff, which includes elements of CBT. The qualitative feedback on the course has been good and the partnership believes it is statistically effective at reducing stress and anxiety.

Irrespective of the antecedents of mental health problems, the point that needs to be recognised is that they are highly prevalent and can have a negative impact on work, particularly if employees are absent for long periods of time. With social provision low at present, the most cost-effective option for employers may be to take action both to prevent and reduce the incidence of mental health problems, and help those who suffer from them. Another incentive for taking action is that those with mental health

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[52] Layard R (2006), op. cit.

[53] Lord Layard's proposal can be seen on the Sainsbury Centre for Mental Health website: www.scmh.org.uk

[54] Davies L, Kitchiner N (2006), A partnership approach to mental health at work: A joint fire-service-NHS initiative to provide nurse-led mental healthcare. *Occupational Health at Work*, 2(5), 20-23.

problems may not be able to seek help themselves. The Social Exclusion Unit[55] reported that people with poor mental health are four times less likely to have someone to talk to about their problems compared to the general population.

Taking a more positive approach

Much of the language around mental health is negative in tone, concentrating on mental ill-health rather than mental well-being, which can be off-putting for employers and employees alike. On a more positive note, employers should note how improving the health of the workforce, both mental and physical, can have a positive effect on productivity. For example, IES research[56] into employee engagement has shown that employees who believe that their employer cares about their health and well-being have higher levels of engagement, which in turn can result in higher commitment and output in the role. In addition, demonstrating concern for employee welfare is one means through which employers can improve their own branding and thereby make themselves more attractive to jobseekers and customers alike.

Changing the approach to the topic may also help the workforce to take the issue more seriously. Mind Out's guide to managing and supporting mental health in the workplace[57] urges line managers to focus on mental *health* as a means of reducing the stigma:

> *'A holistic approach to promoting the mental and physical well-being of your staff will repay your investment many times over in terms of productivity, morale and creativity. By presenting the issue in terms of well-being you are also more likely to overcome barriers around stigmas and to achieve buy-in from staff.'*

Some organisations have started to move beyond compliance with health and safety legislation towards promoting health in the workplace through simple initiatives such as exercise classes, healthy eating options, and drink and smoking cessation projects. This positive approach involves creating a workforce which is not only safe from or supported during mental health problems but which is actually mentally well.

Just as with reducing ill-health, promoting health should take a holistic approach and focus on as many relevant factors as possible. British Gas Business (BGB), part of Centrica, has developed a range of initiatives in its call centres to improve the well-being of its employees. In addition to focusing on improving life at work, for example through a relaxing office layout with chill-out zones, games and fishtanks, and time out to de-stress, (*eg* 'snowball fights' in the office using foam balls during the week

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[55] Dunn, S. c*reating accepting communities: report of the mind inquiry into social exclusion and mental health problems*, Mind, 1999.

[56] Robinson D, Perryman S, Hayday S (2004), *The drivers of employee engagement.* IES Report 408.

[57] Mind Out for Mental Health (2003), op. cit.

leading up to Christmas), employees are able to take part in a range of activities focused on life outside of work. These include family events, competitions for employees' children, and opportunities to do voluntary work at local and national charities. The call centres and other offices also put on a series of well-being events in which external companies are invited to deliver guidance to employees on a vast range of health, safety and well-being issues, from drink-driving to sun protection. The idea behind BGB's activities is to make life both in and outside of work as easy and stress-free as possible.

Whilst some of these activities may seem ambitious to some employers, it is worth recognising how simple initiatives, such as improving flexible working arrangements, can have positive effects on life both within and outside of work, and thereby help promote psychological well-being.

At present the scientific evidence on the impact of health promotion activities is not clear cut. Whilst published evaluation studies have found moderate success in affecting lifestyle (smoking, drinking, diet, weight loss and exercise) the evidence on stress is ambiguous. The evidence on organisational benefits, such as reduced absenteeism, is also inconclusive (please refer to the IES Network Report 'Promoting a Healthy Workplace'[58]). However, much of the problem relates to a lack of methodologically sound research in this area.

Within BGB, the Well-being Team report a positive reaction to the activities from employees, which has enabled them to win a number of 'best company' competitions, including the Sunday Times' Best Companies Award, The BBC Big Challenge for Health Workplace Award (Midlands), The Best People Experience in the European Call Centre Awards, and the Financial Times' Great Places to Work Award, amongst others. The Well-being Team also believes their initiatives have had a positive effect on absence and churn, which they see as comparing favourably with other similar companies of the same size. It would appear then that much more research is needed in this area to identify the benefits of health promotion activities.

Conclusion

The prevalence of mental health problems in the UK population is high, so it is an issue that every employer is likely to face at some point or another. There are clear, strong arguments for getting to grips with mental health problems in the workplace. They can have damaging consequences for business as well as individuals, through effects on absence, productivity and on other aspects of health. Companies are legally obliged to protect workers, and treat workers and job applicants fairly.

[58] Hayday S (2004), *Promoting a Healthy Workforce*, Institute for Employment Studies, Network Paper MP34

Mental health problems stem from a range of factors, some of which can be work-related and/or originate from home and personal life. Whilst organisations need to recognise how their own working practices may be having an impact, taking action should not depend on the precise cause of the illness. Even if mental health problems originate from outside of the workplace, they may be exacerbated by events in work and/or have an impact on work.

Workplaces have found a number of interventions to be useful, particularly those which provide employees with the skills to look after their own mental health, and treatments for employees whose mental health problems have already developed. However, employers need to be thoughtful of the range of work-related factors that can make people ill, and how these are interpreted by the individual. In the case of rehabilitation, it needs to be recognised throughout that work, on the whole, is good for people and good for recovery, so in most cases employers should do their best to enable employees with mental health problems to stay in work.

Managers should take a holistic approach to tackling mental health problems, considering the full range of relevant situations, from the employment of individuals into roles that suit their skills and competencies, through to return to work policies and procedures. Ensuring that managers have the skills and support to carry out these tasks is, therefore, paramount. They will need to have an awareness of mental health problems, the ability to identify when an employee is having problems and skills in how to respond to this, as well as knowledge of the full rehabilitation procedures to be used if an employee goes off sick. They will also need to play a role in raising awareness of mental health problems amongst the workforce as a whole so that those with problems may be protected from bullying and harassment.

Some organisations are beginning to take a more positive approach to tackling mental health issues, and are going beyond complying with legislation towards focusing on promoting mental well-being at work. Many of these activities look at health factors outside of work, including exercise, healthy eating and family issues, amongst others. Whilst the evidence on the efficacy of these interventions is lacking, there is some research to suggest that actually improving the mental health of the workforce can have a beneficial impact on the organisation, possibly through increasing engagement. Furthermore, such initiatives could improve employer branding and make the organisation more attractive to potential employees and customers alike.