EUROPEAN SOCIAL FUND:
helping develop employment by promoting employability, the business spirit and equal opportunities and investing in human resources

National Flexi-work Partnership
work-life balance project

Mental Health & Employment:

Promoting Social Inclusion in the Workforce

margret fine-davis • mary mccarthy
• grace edge • ciara o'dwyer

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The National Flexi-Work Partnership, a collaborative venture between the Centre for Gender and Women's Studies, Trinity College Dublin, FÁS, the Irish Business and Employers' Confederation (IBEC), the Irish Congress of Trade Unions (ICTU), Aware, and Age Action Ireland, carried out a survey on mental health and employment, in order to highlight the needs of people with mental health issues, both employed and non-employed, in relation to work-life balance and flexible working. This survey was carried out in the context of a broader project on Work-Life Balance. This project is funded by the European Social Fund through the EQUAL Community Initiative and administered through the Department of Enterprise, Trade and Employment.

The members of the Steering Committee of the National Flexi-Work Partnership:

Centre for Gender and Women's Studies, Trinity College, Dublin: *Dr. Margret Fine-Davis*, Senior Research Fellow & Project Director, *Mary McCarthy*, Deputy Project Director, *Grace Edge*, Researcher and *Ciara O' Dwyer*, Researcher

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1 INTRODUCTION & BACKGROUND

1.1 Background

The National Flexi-Work Partnership, a collaborative venture between the Centre for Gender and Women's Studies, Trinity College Dublin, FÁS, the Irish Business and Employers' Confederation (IBEC), the Irish Congress of Trade Unions (ICTU), Aware, and Age Action Ireland, carried out a survey on Work-Life Balance and Mental Health. The primary purpose of the study was to examine the attitudes of people with mental health problems towards the workplace. Special focus was placed on the identification of factors which facilitate the social inclusion and work-life balance of this group. This study was carried out in the context of a broader project on Work-Life Balance, funded by the European Social Fund through the EQUAL Community Initiative, and administered through the Department of Enterprise, Trade and Employment.

The Work-Life Balance project involved several elements. The first was a series of pilot projects designed to encourage the development of flexible working arrangements for three specific target groups: working parents and carers, older people and people with mental health issues, and to assess the effects of flexible working on their work-life balance. The results of this can be found in our report – *The Effects of Flexible Working on Work-life Balance and Social Inclusion: An evaluation of a series of pilot projects* (Fine-Davis, McCarthy, O'Dwyer, Edge and O'Sullivan, 2005). In addition, the project carried out a Nationwide Survey on Work-life Balance (Fine-Davis, O'Dywer, McCarthy and Edge, 2005). Some of the comparable data from that survey is contained in the present report. Finally, the project carried out a pilot project on men in childcare, the findings of which are contained in : *Men in Childcare: Promoting Gender Equality in Children* (Fine-Davis, O'Dwyer, McCarthy, Edge, O'Sullivan and Wynne, 2005).

In this report we present the results of the survey on work-life balance and mental health.

1.2 Rationale

Research has indicated that depression is one of the most prevalent forms of mental illness (Regier, Hirschfield and Goodwin, 1988; Weissman, Bland, Joyce, Newman, Wells and Wittchen, 1993). In Ireland, it has been estimated that 300,000 people, or one in 14, suffer from depression (McKeon, Healy, Bailey and Ward, 2000).

Everyone has a right to the opportunity of participating in the economic life of the country both to fulfill their own potential and to make their contribution to society as a whole. For people with mental health difficulties, this opportunity can be severely limited. Inflexible policies and lack of adequate support may exclude them from the workplace. Valuing and promoting diversity, as well as providing equal opportunities, are issues of vital importance to the workplace of today and tomorrow. These factors are crucial if Ireland is to create an inclusive and fair labour market, which can be a source of potential advantage to both employers and employees.

The Forum on the Workplace of the Future has called for a "focus upon specific groups in society whose labour power is, to date, underutilised" in order to increase labour force participation (NCPP, 2005).

In the same report, it was estimated that in Ireland, 40% of workers will be over the age of 45 by 2015. The number of young people entering the workplace is declining as the drop in birth rates witnessed in this country over the last thirty years or so begins to affect the working age population. The large numbers of educated young graduates entering employment will eventually begin to decline considerably. If economic growth is to be sustained and built upon, other sources of labour must be identified.

The labour force participation of under-utilised groups cannot be dictated by economic necessity alone. Equal opportunities and diversity must always underpin workplace practices, regardless of the status of the supply of labour. Instead it should be recognised that creating practical policies for equal opportunities and diversity in the workplace are beneficial to everyone. The dividend for existing employees is a workplace that can adapt to their needs and for potential employees, access to employment which had not been possible before, and this is particularly so for people with mental health difficulties.

Work and its function and meaning have long been the subject of psychological and social research. Fromm (1955) sees work as providing an opportunity for autonomy and self-expression. Jahoda (1982) suggests that, in addition to economic needs, employment meets many 'latent functions', e.g. interpersonal contact, time structure, activity, status, purposefulness and sense of control. He also identifies work as providing an opportunity for: skill use, external goal and task demands, variety, environmental clarity, securing an income, physical security and valued position. Consequently the ability to access and retain employment is of critical importance, not only to an economy facing a potential labour shortage, but also to the happiness, welfare and confidence of individuals in society, especially so for people with mental health problems. As research by Brown and Harris (1989) has shown, employment also provides a "protective effect" against depression.

1.3 Work-Life Balance

Work-life balance has been defined by the National Framework Committee for the Promotion of Work-Life Balance as a "balance between an individual's work and their life outside work." They also state that "that balance should be healthy, that personal fulfilment is important inside work and that satisfaction outside work may enhance employees' contribution to work" (www.worklifebalance.ie). One might also add that for people with mental health difficulties, this balance is critical.

The provision of flexible working arrangements has been recognised as one of the most important drivers in the facilitation of work-life balance. In their 2004 Annual Report, the Equality Authority indicated that, "flexible working arrangements are necessary to accommodate a range of different needs including the needs of those reconciling work and caring responsibilities, the needs of older people for phased retirement, the needs of minority ethnic workers to meet cultural imperatives, or the accessibility requirements of people with disabilities" (Equality Authority, 2004, p. 15).

Evidence from a survey carried out by the Forum of the Workplace of the Future (NCPP, 2005) suggests that Irish workers are experiencing increasing levels of pressure and stress. As a result increasing numbers of workers are in need of greater work-life balance. Stress

has particularly detrimental effects for people with mental health difficulties.

Work-life balance policies are of critical importance for a growing number of employees and potential employees and there is an ever-increasing demand for workplace practices which enable employees to reconcile their work and private lives. Thus flexible working arrangements are essential in providing employees with a mechanism to facilitate this reconciliation. The implementation of work-life balance policies by employers will lead to the retention of existing employees, as well as attracting potential employees who would otherwise be unable to access employment. If an employer has a diverse workforce he/she will be more likely to be able to meet the diverse needs of the consumer. This is of vital importance to employers who are operating in a tight labour market. It will also ensure a good quality of life in the workplace for those in, and looking for, employment.

2 REVIEW OF PREVIOUS RESEARCH

2.1 Mental Health Issues and the Workplace

For people with mental health difficulties, work can hold paradoxes. The pressure of an increasingly demanding work culture is a challenge to mental well being (Mental Health Foundation, 2003). The cumulative effect of increased working hours impacts upon the manner in which people lead their lives. Some of the activities which are sacrificed in order to work longer hours are exercise, spending time with a partner or friends or taking time out for hobbies and interests. Yet these are factors which are vital to maintaining good mental health. However, even though work and the stresses it entails can exacerbate someone's fragility, it can also provide all of the factors – an opportunity for control, skill use, interpersonal contact, external goal and task demands, variety, environmental clarity, availability of money, physical security and valued position - that can contribute to a person's recovery and reintegration into normal life (Warr, 1987). Work can also act as a coping mechanism, providing a sense of purpose and value for people who suffer from mental health problems. For people with psychiatric difficulties, particularly depression, being able to hold down a job provides objective evidence of their return to well being; thus being able to remain in employment has double significance. Several studies have suggested that the main benefit of employment to people with mental health issues may be affiliative rather than economic. Employment provides the opportunity of meeting this need, in addition to a sense of fulfilment and identity. In summary, Foster (1999) puts forward the view that in relation to mental health rehabilitation, "opportunities for employment are crucial."

Thus being able to maintain employment is extremely important to people with mental health difficulties. Accessing employment is also crucial. Rogers, Pilgrim and Lacey (1993) examined the interaction between mental illness and the stresses arising from unemployment and found that, quite often, unemployment can exacerbate the difficulties faced by this group. The benefits of work, even for people with severe and persistent mental illness, have been found by Auerbach and Richardson (2005) to be considerable. These authors reported that not only was work "a contributor to the person's identity," it was also "an antidote to the person's problem."

2.2 Benefits of Flexible Working for People with Mental Health Problems

The provision of flexible working arrangements is critical if the needs of all people with mental health problems are to be adequately met. For some of this group, the option of flexible working arrangements can make a vital difference. On the practical side, it provides a continued opportunity to engage in the world of work with all the advantages of social inclusion, income continuance and personal fulfilment. More importantly, the employee derives social and psychological support

through the mechanism of flexible working. The operation of these schemes gives a message to the employee that the organisation values them, that the organisation believes that the person will get better and that, even at times when the person is not well, they can still make a contribution to the organisation. Flexible working, therefore, acts as a mechanism both to promote and safeguard the continuation of people with mental health problems in the workplace. From an employer's point of view, it also helps to ensure employee retention during a period which has witnessed an ever increasing tightening of the labour market (NCPP, 2005).

If the option of a phased re-entry back to work with flexible working arrangements is not available, employees with mental health issues may be forced to give up work. Trying to return to the workforce after an episode of ill health can be very daunting to a person who may still be quite fragile, and this can affect a person's chance of re-entry. Without flexible working arrangements, the path faced by someone in this situation who needs phased re-entry is infinitely more difficult. The 'all or nothing' approach can be very difficult, especially if someone has been ill for a while. Self-confidence and self-esteem are very fragile at times of ill health. The person's physical condition may also be quite poor. The choice of returning full time or not at all can be too much for many people during episodes of ill health. In general, it may be better for a person to continue in the workplace at a rate at which matches their need, instead of dropping out of work altogether.

Thus, the opportunity to continue in employment or return to work after a long absence on a flexible working arrangement is of great value because it both contributes to the self-confidence of the person who has been ill, as well as acting as a therapeutic measure in their recovery. Cooper and Cartwright (1996) cite the provision of flexible working arrangements as a proven method for dealing with employee mental health problems. At present though, flexible arrangements are not equally available to all employees. They tend to be concentrated in the public rather than private sector, and are more widely accessible to staff in lower grades and workplaces where unions are present (Woodland, Simmonds, Thornby, Fitzgerald and McGee, 2003; O'Connell, Russell, Williams and Blackwell, 2005). In addition, many employees and potential employees commonly believe that flexible arrangements are only available to working parents (OECD, 2003).

2.3 Stigmatisation and Disclosure

The OPCS Psychiatry Morbidity Study in Great Britain in 1995/1996 discovered that mental health service users had the highest unemployment rates of any disabled group (Office for National Statistics, 1996). Furthermore, of the working UK population, only 17% of people with a diagnosis of serious mental illness are economically active (Office for National Statistics, 1998). The comparative figures for both of these statistics are, to date, unknown in Ireland, however we have no reason to believe that they are significantly different from those in the UK.

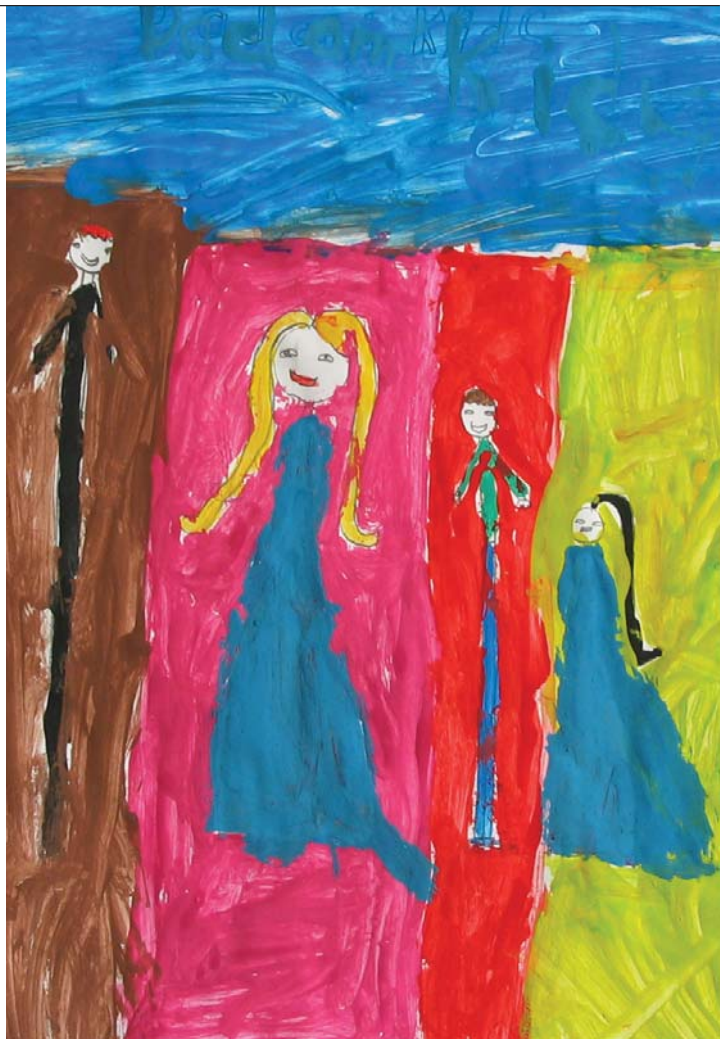
It is little wonder then that disclosure, and the perception of the stigmatisation that disclosing one's mental illness may arouse, are of central importance in the employment of people with mental health problems.

Despite increasing public education, mental illness still evokes anxiety and uncertainty in many members of the public and there is still a lingering perception that people with mental health problems are not capable of working satisfactorily. People with mental health problems are acutely aware of the sometimes negative attitudes of the public towards their illness. According to the preliminary results of a recent survey, which looked at attitudes to depression in the workplace, 87% of those with depression gave a fictitious diagnosis to their employer (McKeon, 2005). In a similar study carried out by the same group 10 years ago, 52% of those surveyed were hiding their illness (McKeon, 1995). Thus, people are even more inclined to hide their illness now than they were 10 years ago. Other results include:

- 26% of respondents today rated their boss as being understanding of their illness. However 10 years ago, this figure stood at 56%.
- 43% of people who have never had depression would advise a friend not to disclose their illness at work.
- 67% of people who have had depression would also advise others not to disclose their illness at work.

This research points towards a hardening of attitudes in the workplace towards people with mental health problems. Its disappointing outcome highlights the fact that stigma is an ongoing issue and, combined with the increasing pressures of work today, adds to the difficulties which employees face in reconciling employment and mental health issues. In their report on Aging and Labour Market Participation, Russell and Fahey (2004) identified disclosure as the most salient issue for people with mental health difficulties. They also drew attention to the fact that there were no clear guidelines or procedures to address this. The fact that a large proportion of people with mental health problems feel that disclosing their illness will lead to stigmatisation in the workplace is a very serious issue to be addressed, particularly in light of the equality legislation which is explicity designed to protect people with disabilities from discrimination in the labour market. If people do not feel free to disclose, they may also forego protection under the law. It must become a goal of society to create an inclusive workplace which responds to the needs of its employees and which supports them during periods of mental ill health. It is hoped that the results of the present study will contribute to knowledge in this area which will enable us to move towards such a more inclusive workplace.

3 METHOD



3.1 Sampling Design and Final Sample

The sample of the study consisted of 133 people who had experienced mental health problems. The sample was recruited mainly through AWARE, the national voluntary agency supporting people suffering with depression, primarily through its support groups throughout the country. The vast majority of the sample therefore had suffered from depression, rather than another form of mental illness.

In order to adequately understand the relationship between mental illness and employment, it was felt that it would be optimal to have a significant proportion of the sample currently employed and a significant proportion non-employed. We also aimed at obtaining a good gender mix, with an equal ratio of males and females. Finally, we attempted to achieve a good spread of respondents across the country, to obtain a good representation of both urban and rural respondents.

Thus a quota sampling design was initially employed, varying the characteristics of employment status (employed/non-employed), gender (male/female) and rural vs. urban location. However, in the course of recruiting respondents, it became apparent that rural respondents were more difficult to obtain. Thus, our sample is more heavily urban based than rural. However, the gender breakdown is quite even, as is that of employment status. The sample contained 59 males (44.4%) and 74 females (55.6%), as shown in Table 1. Just under half of the sample (44.4%) was currently employed and 55.6% was currently non-employed, but had been employed in the past. Within the employed group, 52.5% were male and 47.5% were female. Of the non-employed group, 37.8% were male and 62.2% were female.

3.2 Questionnaire

The questionnaire was designed to explore people's experiences in coping with balancing their mental health needs with employment. In particular, the study focused on the experience of and attitudes toward working arrangements and work-life balance. Perceptions of attitudes in the workplace was also a key focus, including perceived attitudes of employers, supervisors and colleagues.

The questionnaire was designed and developed in collaboration with the project's Mental Health Advisory Committee and Working Party of Employers. As mentioned earlier, the Partnership also designed and piloted flexible forms of working for different target groups, including persons suffering from mental health problems, and learning from this activity was incorporated into the survey.

The survey examined the respondents' own attitudes as well as their perceptions of the attitudes of others in the workplace and the attitudes of the general public.

Table 1: Sample Breakdown by Gender and Employment Status

Gender	Employed (n=59)		Non-employed (n=74)		Total (N=133)	
	f	%	f	%	f	%
Male	31	52.5	28	37.8	59	44.4
Female	28	47.5	46	62.2	74	55.6
Total	59	100.0	74	100.0	13.3	100.0

The questionnaire contained several sections, including:

- Demographics and other Background Details
- Work and Work Arrangements (of the currently employed)
- Work History and Preferences (of the currently non-employed)
- Work and Mental Health Problems
- Bullying and Harassment in the Workplace
- Work-Life Balance and Well-being

3.2.1 Demographics

The Demographic section included such variables as age, sex, family configuration, and location of residence. It also included current and previous employment status, the current activity of the non-employed, type of employment, nature of employing organisation, home and caring arrangements.

3.2.2 Work and Work Arrangements/Work and Work History

These sections ascertained the employment status and type of employment held by currently employed and previously employed respondents. It included their experience (if any) of different forms of flexible working arrangements; the rationale behind their choices; and their perceptions of its effect on their mental health, career, promotion opportunities and work effectiveness. It also elicited their satisfaction with their existing working arrangements and their ideal working arrangements.

In relation to the non-employed, it focused on barriers to employment, respondents' assessment of their opportunities to rejoin the work force and factors which would facilitate access to employment.

3.2.3 Work and Mental Health Problems

This section focused on the respondents' mental health history, their primary diagnosis, and the extent and severity of their illness. The impact of their mental health problems on all aspects of their career were explored, including the issue of disclosure in the workplace and the impact of this disclosure on the respondent.

The extent of support in the workplace, its utilization and effectiveness, was also included in this section, together with recommendations on what policies and practices the respondents would recommend. Throughout the section, the respondents' own attitudes to mental health, as well as their perception of the attitudes of other people in the workplace and society in general, were explored.

3.2.4 Bullying and Harassment In the Workplace

This section focused on the experiences and perceptions of respondents in relation to bullying and harassment at work. It explored the reactions of people in their workplace when they returned from sick leave. It also inquired into the specific form which bullying or harassment took, e.g. being excluded, being passed over for promotion, etc. Respondents were asked if, when they were bullied, they took any action and if not, why not. The availability and effectiveness of anti-harassment policies were also ascertained. Respondents' awareness of the Equality Authority and the fact that this discrimination is prohibited was also examined.

3.2.5 Work-Life Balance and Well-being

The last section of the questionnaire focused on respondents' work-life balance and quality of life in various life domains. Specifically, respondents were asked how easy or difficult it was to combine their job with their family or personal life, how satisfied they were with their work-life balance and what changes they might like, e.g. more time with family, personal time, etc. The issue of stress was also explored, i.e., whether respondents felt under stress, and what were the main sources of stress. The issue of overall satisfaction with their life in general, together with items on their health, and satisfaction with relationships and financial situation were also assessed.

3.3 Data Collection Procedures

Interviews were carried out on a one-to-one basis by trained interviewers of the Economic and Social Research Institute's Survey Unit. Each interview took approximately one hour. Interviews were carried out in a location chosen by the respondent, usually their home.

3.4 Data Analysis Procedures

Data analysis was carried out by the Survey Unit of the Economic and Social Research Institute, Dublin, in collaboration with the project's research team.

Cross-tabulations by gender and employment status were initially carried out and inspected. It was found that there were virtually no gender differences in the data set. It was therefore decided to present cross-tabulations by employment status, as this variable was found to highlight significant differences within the sample. In addition, factor analysis was carried out on a set of 10 Likert items measuring attitudes to mental health and the workplace in order to examine the structure of attitudes in this area. Comparisons were made with comparable results from a nationwide representative sample carried out at the same time by the project.

4 RESULTS

4.1 Demographic Characteristics of the Respondents

4.1.1 Age

The average age of the sample was 45 years of age, with those employed in the past being slightly older; the mean age of those currently employed was 43.7 and the mean age of those employed in the past was 45.2.

As may be seen in the Table 2 below, the largest proportion of the sample (49.2%) was in the age range 45-64 range, followed by 23.5% in the 35-44 range and 18.2% in the 25-34 range. Relatively few (5.3%) were in the age range of 18-20 or in the age group 65+ (3.8%).

4.1.2 Education

The overall level of education was high. Over 61% of the employed and 58% of the non-employed had a post leaving cert qualification. Just over 27% of the employed and 20% of the previously had leaving certificate or the equivalent. Only 5% of each group had primary education alone.

Table 2 Age Group of Respondents, Cross-tabulated by Employment Status

Age group	Employed (n=58)	Non-Employed (n=74)	Total (N=132)
	%	%	%
18-24	3.4	6.8	5.3
25-34	17.2	18.9	18.2
35-44	32.8	16.2	23.5
45-64	43.1	54.1	49.2
65+	3.4	4.1	3.8
Total	**100.0**	**100.0**	**100.0**

Table 3: Highest Level of Education Completed, Cross-tabulated by Employment Status

Highest level of Education completed	Employed (n=59)	Non-employed (n=74)	Total (N=133)
	%	%	%
incomplete primary education	1.7	.0	.8
completed primary	3.4	5.4	4.5
group/inter/junior cert or equivalent	6.8	16.2	12.0
leaving cert or equivalent	27.1	20.3	23.3
post leaving cert diploma/cert	15.3	18.9	17.3
3rd level primary degree	11.9	14.9	13.5
post graduate certificate/diploma	22.0	17.6	19.5
post graduate degree	11.9	6.8	9.0
Total	**100.0**	**100.0**	**100.0**

4.1.3 Family Configurations

Almost half the respondents (46.6%) reported living with a partner/husband/wife; 32.3% reported living with their children, 15.8% reported living with parents, 8.3% lived with other relatives and 9.8% reported living with non-relatives.

Of the total group, 42.9% had children, with slightly more of the currently employed (45.8%) than the previously employed (40.5%). Almost a third of the total group lived with their children, slightly more of the currently employed (35.6%) than the previously employed (29.7%).

Almost twice the percentage of non-employed (20.4%) lived with their parents, as compared to the currently employed (10.2%). In view of the fact that the age range of both groups was similar, this may reflect their need to be cared for and the severity of their illness.

4.1.4 Rural vs. Urban Location

Over two-thirds (67.79%) of the total sample lived in Dublin City or County. The remaining third of the sample lived in open country (8.9%), villages and towns with populations of 200 – 9,999 (11.1%), in other towns of 10,000 or more (6.3%) or in cities other than Dublin (6.3%).

4.2 Work Characteristics of Respondents

4.2.1 Type and Length of Employment

The currently employed had been working with their current employer for an average of eight years. Sixty-one per cent were employed full time, 22% were in part time employment, 11.9% were self employed and 5.1% were employed on a government employment scheme. Men were more likely to be working full-time (71%) than women (50%), and women were more likely to be working part-time (42.9%) than men (3.2%). Men were also more likely to be self-employed (19.4% of men vs. 3.6% of women).

Table 4: Type of Employment, of Currently Employed, Cross-tabulated by Gender

	Male (n=31)	**Female** (n=28)	**Total** (N=59)
	%	%	%
Employee full time	71.0	50.0	61.0
Employee part time	3.2	42.9	22.0
Self employed (incl farmer)	19.4	3.6	11.9
On government employment scheme	6.5	3.6	5.1
Total	**100.0**	**100.0**	**100.0**

4.2.2 Employment contracts

The type of employment contract was similar for employed and non-employed: almost 68 % of employed respondents and 67% of those employed in the past were or had been on permanent contracts, indicating a stable level of employment on the part of the vast majority of respondents. Fixed term contracts were reported by 16.9% of the employed and 13.7% of the previously employed. Casual work (no contract) was reported by 15% of the previously employed.

4.2.3 Main Activity and Size of Company/Organisation in Which Respondents Currently Worked, or had Worked in the Past

Education and Health were the major sectors of employment, employing a quarter of the currently employed (25.4%) and 19.4% of the previously employed. The next most frequently cited sector was "Other Services" (21.4%), followed by "Financial and Other business services" (17.6%).

The distribution of the employed and non-employed (previously employed) in the various sectors of employment was quite similar, as may be seen in Table 5.

Respondents were employed in companies and organisations of varying sizes. Small enterprises (employing 10-49 people) had employed the largest number of employed (32.2%) and non-employed (33.3%), followed by micro enterprises (employing 1-9 people) and medium enterprises (50-249 people), with 22.9% and 20.6% respectively of the total group.

4.2.4 Sector: Public vs. Private Organisation

Employment in private industry was the most frequently reported activity: 54.2% of the employed and 67.1% of the previously employed had worked there. The public sector employed 35.6% of the currently employed and 30.1% of the previously employed. The greatest difference between the two groups was in the community/NGO sector, with 10.2% of employed and 2.7% of the previously employed reporting having worked there.

Table 5: Activity of Company/Organisation Respondents are/were employed in: Cross-tabulations by Employment Status

Activity or business	Currently Employed (n=59)	Previously Employed (n=72)	Total (N=131)
	%	%	%
Agriculture, forestry & fishing	.0	2.8	1.5
Other production industries	5.1	6.9	6.1
Construction	5.1	2.8	3.8
Wholesale & retail trade	10.2	13.9	12.2
Hotels & restaurants	1.7	4.2	3.1
Transport, storage & communications	3.4	1.4	2.3
Financial & other business services	13.6	20.8	17.6
Public administration & defense	15.3	5.6	9.9
Education & health	25.4	19.4	22.1
Other services	20.3	22.2	21.4
Total	**100.0**	**100.0**	**100.0**

Table 6: Type of Organisation Respondents are/ were Employed in: Cross-tabulations by Employment Status

Type of organisation	Currently Employed (n=59)	Previously Employed (n=73)	Total (N=132)
	%	%	%
Public	35.6	30.1	32.6
Private	54.2	67.1	61.4
Community/NGO	10.2	2.7	6.1
Total	**100.0**	**100.0**	**100.0**

This suggests that private sector employment was possibly more difficult to retain for people with mental health difficulties. The Community/NGO sector appears to be the most supportive. While it only employs 10.2% of the currently employed, this is four times the proportion of the previously employed. The public sector would appear to also be somewhat more supportive than the private sector.

4.2.5 Activities of the Non-Employed and Reason for Leaving Workforce

Previously employed respondents reported having worked an average of 17.2 years, compared with the employed respondents, who had worked on average 20.5 years. These figures further reflect the stability of the employment of this group, which has been demonstrated in other studies. As may be seen below, the non-employed group had been out of the workforce for an average of 7.8 years and had left the work force at an average age of 37.5 years.

Over a third of those not employed (35.2%) were on long-term sickness-insurance benefit or allowance. The next most frequent category was looking for work (15.5%). Almost 13% were full time students and 14% were retired. There were gender differences in their activities: 28.6% of males, yet only 2.3% of females were students, and 16.3% of females and no males were looking after the home or family.

The main reason which caused the previously employed to leave their last job had been mental health problems, as may be seen below in Table 8, with 58.9% citing this reason. A further 15.1% left due to a physical illness/disability; 5.5% left due to retirement, whilst 4.1% were obliged to stop by their employer (e.g., redundancy, early retirement, business closure, dismissal, etc.).

Table 7: Activities of those Not Currently in Employment

Activity	f	%
Student full time	9	12.7
On government training scheme	3	4.2
Unemployed, actively looking for job	11	15.5
Long-term sickness-insured benefit (prsi)	16	22.5
Long-term sickness-allowance (means test)	9	12.7
Looking after the home or family	7	9.9
Retired	10	14.1
Other	6	8.5
Total	**71**	**100.0**

Table 8: Main Reason for Leaving Workforce: Non-Employed Respondents

	f	%
Mental health problems	43	58.9
Own illness/disability (physical)	11	15.1
Retirement	4	5.5
Obliged to stop by employer	3	4.1
Childbirth/caring for children	1	1.4
Caring for old/sick/disabled persons	2	2.7
Marriage	2	2.7
End of contract/temporary job	1	1.4
Sale/closure of own/family business/farm	1	1.4
Study/training	1	1.4
Other	4	5.5
Total	**73**	**100.0**

4.2.6 Supervisory/Management Responsibilities

The number of respondents in management/supervisory positions was high. A higher percentage of the previously employed had held such positions (45.2%), compared with the currently employed (25.4%). However, where the currently employed were in a management/supervisory role, they supervised on average a greater number of people (16 vs. 8.5 supervised by the previously employed).

4.2.7 Hours worked – Contracted and Actual

Employed respondents reported being contracted to work on average 32.5 hours per week and actually working 34 hours. Hence, they worked on average 1.5 hours more than they were contracted to work. The most important reasons given for this included "having too much work to finish in the working day" (17.6%), "to make more money" (11.8%), "employer expects it" (11.8%), "liking the job"(11.8%), "the nature of the job" (11.8%), "colleagues all work more hours" (5.9%), "covering for absence" (5.9%), "meeting deadlines" (5.9%), or that they "wanted to distract" themselves (5.9%). Several of these responses are indicative of the therapeutic effect which work can have, an issue which is discussed at greater length subsequently in the report. Among the second most important reasons given were "to make the commute easier", "organisation encourages it" and "not wanting to let down the people I work with".

4.3 Work and Work Arrangements

4.3.1 Employment status and type of employment held

The majority of currently employed respondents worked full-time (71.2%), with 25.4% working part-time and the rest (3.4%) job sharing. The majority of respondents who had been employed in the past had done so on a full-time basis (80.8%), while 19.2% had worked part-time hours. None of these respondents had been involved in job-sharing.

4.3.2 Individual Flexibility

When asked about the amount of individual flexibility in relation to their jobs, 62.6% of employed respondents reported to have "some", "a fair amount" or a "great deal" of flexibility, while 37.3% said they had little or no flexibility. In contrast, 69.8% of respondents who had previously been employed said that they had had very little, or no flexibility whatsoever in their previous jobs. This may have influenced their decision to leave paid employment, as they may have had difficulties striking a balance between their full-time working arrangements and their mental health problems (the reason given by the majority of respondents for leaving work).

Table 9: Nature of Employment: Comparisons between the Currently and Previously Employed

Nature of Employment	Currently employed (n=59)	Previously employed (n=73)	Total (N=132)
	%	%	%
Full-time	71.2	80.8	76.5
Part-time	25.4	19.2	22.0
Job share	3.4	.0	1.5
Total	**100.0**	**100.0**	**100.0**

Table 10: Level of individual flexibility: Comparison between the Currently and Previously Employed

Individual Flexibility	Currently Employed (n=59)	Previously Employed (n=73)	Total (N=132)
	%	%	%
None at all (rigid set hours)	30.5	57.5	45.5
Very little	6.8	12.3	9.8
Some (e.g., start/finish time)	16.9	13.7	15.2
A fair amount	27.1	13.7	19.7
A great deal (could decide own hours)	18.6	2.7	9.8
Total	**100.0**	**100.0**	**100.0**

4.3.3 Availability and take up of flexible arrangements amongst the currently employed

A variety of different types of flexible arrangements were available to employed respondents. The form of flexible working most widely available was part-time working (half time or less) with 49.2% of respondents reporting that part-time was available to them, and of those, 39.3% were availing of it. The second most widely available form of flexible working was flexi-time. A significant minority of respondents (39%) said that this arrangement was available to them and, of these, 85.7% had taken it up. The third most widely available mode of flexible working was working from home (tele-working/e-working). Some 22% of respondents said that this was available to them and, of those, 61.5% had availed of the opportunity. Another 15.3% indicated that personalised hours were available to them in their place of employment, with 66.7% reporting that they had availed of it. Overall, the most availed of form of flexible working was flexi-time, with 39% of respondents saying that it was available to them and 85.7% taking it up.

Table 11: Availability and take up of flexible working arrangements among the currently employed

Flexible Working Arrangement		Available		Availing of	
		f	%	f	%
part time (0.5 time/less)	Yes	29	49.2	11	39.3
	No	28	47.5	17	60.7
	Don't Know	2	3.4	0	0.0
	Total	**59**	**100.0**	**28**	**100.0**
part time (more 0.5 time)	Yes	12	20.3	5	41.7
	No	43	72.9	7	58.3
	Don't Know	4	6.8	0	0.0
	Total	**59**	**100.0**	**12**	**100.0**
job share	Yes	10	16.9	1	10.0
	No	46	78.0	9	90.0
	Don't Know	3	5.1	0	0.0
	Total	**59**	**100.0**	**10**	**100.0**
other reduced hours	Yes	3	5.2	1	33.3
	No	47	81.0	2	66.7
	Don't Know	8	13.8	0	0.0
	Total	**58**	**100.0**	**3**	**100.0**
Work-flexi time	Yes	23	39.0	18	85.7
	No	35	59.3	3	14.3
	Don't Know	1	1.7	0	0.0
	Total	**59**	**100.0**	**21**	**100.0**
Personalised hours	Yes	9	15.3	6	66.7
	No	48	81.4	3	33.3
	Don't Know	2	3.4	0	0.0
	Total	**59**	**100.0**	**9**	**100.0**
Compressed work week	Yes	5	8.5	0	0.0
	No	52	88.1	5	100.0
	Don't Know	2	3.4	0	0.0
	Total	**59**	**100.0**	**5**	**100.0**
Other flexible hours	Yes	4	6.9	3	75.0
	No	51	87.9	1	25.0
	Don't Know	3	5.2	0	0.0
	Total	**58**	**100.0**	**4**	**100.0**

table 11 - continued on subsequent page

table 11 - continued…

Compressed work week	Yes	5	8.5	0	0.0
	No	52	88.1	5	100.0
	Don't Know	2	3.4	0	0.0
	Total	**59**	**100.0**	**5**	**100.0**
Other flexible hours	Yes	4	6.9	3	75.0
	No	51	87.9	1	25.0
	Don't Know	3	5.2	0	0.0
	Total	**58**	**100.0**	**4**	**100.0**
work, home-tele-work	Yes	13	22.0	8	61.5
	No	46	78.0	5	38.5
	Don't Know	0	0.0	0	0.0
	Total	**59**	**100.0**	**13**	**100.0**
work, home-piece work	Yes	1	1.7	0	0.0
	No	57	98.3	1	100.0
	Don't Know	0	0.0	0	0.0
	Total	**58**	**100.0**	**1**	**100.0**
Other flex place of work	Yes	3	5.1	0	0.0
	No	54	91.5	2	100.0
	Don't Know	2	3.4	0	0.0
	Total	**59**	**100.0**	**2**	**100.0**
Term time working	Yes	4	6.8	0	0.0
	No	52	88.1	4	100.0
	Don't Know	3	5.1	0	0.0
	Total	**59**	**100.0**	**4**	**100.0**
Other form, flex working	Yes	2	3.4	1	50.0
	No	55	93.2	1	50.0
	Don't Know	2	3.4	0	0.0
	Total	**59**	**100.0**	**2**	**100.0**

4.3.4 Ideal working arrangements amongst the currently and previously employed

Currently employed respondents were asked if they would like to change their current working arrangement. A large majority of employed respondents (78.9%) said they would like a different working arrangement. These respondents were asked to mention their top two ideal arrangements. All non-employed respondents were also asked what their most and second most ideal working arrangement would be should they return to paid employment.

Two options were elicited since very often it takes more than one arrangement to make a perfect package. For example, someone may want part-time work with flexible hours; they might want personalised hours, together with term time; they might want full-time work with some tele-working, etc.

As may be seen in Table 12, a significant proportion of employed respondents (39.3%) reported that their ideal working arrangement was full-time, fixed hours. The second most popular working arrangement for this group was flexi-time (23.2%), with another 16.1% citing part-time (half time or less), a further 7.1% citing part-time (half time or more) and 7.1% citing personalised hours.

Table 12: Ideal working arrangement -1st mentioned: A comparison of currently and previously employed

Ideal Working Arrangement 1st Mention	**Currently Employed** (n=56)	**Previously Employed** (n=67)	**Total** (N=123)
	%	%	%
Full time work, fixed hours	39.3	9.0	22.8
Part-time (0.5 time or less)	16.1	40.3	29.3
Part-time (more than 0.5 time)	7.1	4.5	5.7
Job share	1.8	1.5	1.6
Other reduced hours	1.8	3.0	2.4
Flexi-time	23.2	20.9	22.0
Personalised hours	7.1	16.4	12.2
Other flexible hours	.0	3.0	1.6
Working from home (piece working)	1.8	.0	.8
Working from home (e-working/teleworking)	0	0	0
Term time working	1.8	1.5	1.6
Total	**100.0**	**100.0**	**100.0**

This contrasted with the preferences of the previously employed, of whom (40.3%) cited part-time working (half time or less) as their ideal working arrangement. A further 20.9% indicated that flexi-time was their arrangement of choice and 16.4% cited personalised hours. Interestingly, only 9.0% of this group cited full-time fixed hours as their ideal working arrangement. This highlights the daunting nature of returning to employment full-time, especially after absence due to poor mental health. These data indicate the importance of flexible working in facilitating and promoting the return to the workplace of the currently non-employed.

Both groups were then asked what their second most ideal arrangement would be. Some 20.3% of currently employed respondents cited flexi-time as their second most ideal working arrangement, whilst 16.9% cited personalised hours, 8.5% part-time (more than half time), 5.1% part-time (half time or less) and a further 5.1% e-working/tele-working. Just over a quarter of the previously employed indicated that flexi-time was their second most ideal working arrangement, with a further 18.6% citing personalised hours, 16.9% e-working/tele-working and 6.8% part-time (half time or more).

It is interesting to note that neither the currently employed nor the non-employed cited e-working or tele-working as their first ideal choice; however, 5.1% of the employed and 16.9% of the non-employed mentioned it as a second ideal arrangement. This suggests that respondents would like to use e-working or tele-working in a secondary manner to complement their primary arrangement.

Table 13: Ideal working arrangement -2nd mentioned: A comparison of currently and previously employed

Ideal working arrangement 2nd Mention	Currently Employed (n=59)	Previously Employed (n=59)	Total (N=118)
	%	%	%
Full time work, fixed hours	1.7	3.4	2.5
Part time (0.5 time or less)	5.1	10.2	7.6
Part time (more than 0.5 time)	8.5	6.8	7.6
Job share	0	10.2	5.1
Other reduced hours	1.7	3.4	2.5
Flexi time	20.3	25.4	22.9
Personalised hours	16.9	18.6	17.8
Compressed working week	3.4	0	1.7
Other flexible hours	0	1.7	0.8
Working from home (e-working/tele-working)	5.1	16.9	11.0
Working from home (piece working)	1.7	0	0.8
Other flexible place of work	1.7	0	0.8
Other form of flexible working	3.4	3.4	3.4
Not applicable	30.5	0	15.3
Total	**100.0**	**100.0**	**100.0**

Currently employed respondents were asked how many hours per week they "ideally" would like to work. They indicated that they would prefer to work, on average, 31.5 hours per week. Given that they actually worked 34 hours a week, this indicates that employed respondents are working on average 2.5 hours more than they ideally would like to.

4.3.5 Reasons why currently employed are working flexibly

All currently employed respondents on a flexible arrangement were asked the reasons why they were working flexibly. Some 10.3% reported that they work flexibly in order to spend more time with family, whilst a further 10.3% said that they could only find part-time work. Respondents also gave reasons such as avoiding stress/protecting their mental health (6.9%), using the extra time afforded for caring responsibilities (6.9%), making the commute easier (6.9%) and having a more free time for leisure (6.9%). Some 41.1% of currently employed respondents said that they were working flexibly for "other" reasons, citing the "nature of the job" and self-employment amongst others.

4.3.6 Ease vs. difficulty of finding a flexible arrangement

The majority of employed respondents who work flexibly (85.7%) had found it "somewhat easy" "easy" or "very easy" to access a flexible arrangement, with only 14.2% of this group expressing difficulty in relation to finding flexible modes of working.

4.3.7 Reasons why currently employed are not working flexibly

Some 35.6% of all currently employed respondents did not have a flexible working arrangement. These respondents were asked to give up to two reasons as to why they were not working flexibly. Two thirds of respondents (66.7%) indicated that their main reason for not having a flexible arrangement related to the fact that they were content with their current arrangement and did not wish to change. A further 28.6% reported that flexible working was not available to them in their current employment, whilst 4.8% expressed concerns that working flexibly would affect their job security.

The responses to the second most important reason why currently employed respondents did not working flexibly were more varied. Some 14.3% of respondents cited concerns about how they would be regarded at work. The same percentage also indicated that they did not think it possible to do their current job whilst working flexibly, while another 14.3% said that working flexibly was just not an option. A further 9.5% of respondents said that they could not afford a reduction in income, whilst another 9.5% believed that working flexibly could damage their career progression.

4.3.8 Effect of flexible working on careers of employed respondents

The majority of employed respondents who had a flexible arrangement believed that their flexible arrangement had had a positive effect on their career (55.5%). Some 37% of respondents felt that it had neither had a positive nor a negative effect on their career, while only 7.4% of respondents felt that it had had a negative effect.

4.3.9 The effects of a flexible working schedule on mental health

Respondents, both employed and previously employed, who had worked flexibly, were asked to assess the effect that their flexible arrangement had had on their mental health. Some 77.7% of employed respondents believed that working flexibly had had a positive affect on their mental health. A further 18.5% of currently employed respondents said that it had had neither a negative nor a positive effect, while just 3.7% said it had had a negative effect.

In comparison, 61.9% of non-employed respondents who had worked flexibly in the past felt that their flexible arrangements had had a positive affect on their mental health. This is almost 16% lower than for those currently employed. Similarly, 28.6% of this group said that their flexible arrangement had had no impact on their mental health (10.1% higher than the employed group) whilst 9.5% claimed that it had had a negative effect (5.8% higher than for those employed).

Table 14: Effect of flexible working on mental health: A comparison between the currently employed and previously employed

Effect of flexible working on mental health	Currently Employed (n=27)	Previously Employed (n=21)	Total (N=48)
	%	%	%
Very negative	3.7	9.5	6.3
Negative	18.5	28.6	22.9
Neither negative nor positive	7.4	14.3	10.4
Positive	33.3	38.1	35.4
Very positive	37.0	9.5	25.0
Total	**100.0**	**100.0**	**100.0**

4.4 Attitudes towards Work and Working Arrangements

4.4.1 Satisfaction with Number and Arrangement of Working Hours

The majority of employed respondents (84.8%) said that they were "somewhat satisfied", "satisfied" or "very satisfied" with the current number of hours they worked, while 15.3% reported that they were "somewhat dissatisfied", "dissatisfied" or "very dissatisfied" with the number of hours they were currently working. A significant minority of non-employed respondents (34.3%) indicated that they were "somewhat dissatisfied", "dissatisfied" or "very dissatisfied" with the hours they worked in their last job.

Table 15: Satisfaction with working hours: A comparison between the currently and previously employed

Satisfaction with working hours	Currently Employed (n=59)	Previously Employed (n=73)	Total (N=132)
	%	%	%
Very dissatisfied	1.7	11.0	6.8
Dissatisfied	1.7	13.7	8.3
Somewhat dissatisfied	11.9	9.6	10.6
Somewhat satisfied	10.2	13.7	12.1
Satisfied	47.5	39.7	43.2
Very satisfied	27.1	12.3	18.9
Total	**100.0**	**100.0**	**100.0**

The majority of employed respondents indicated that they were satisfied with the way their current hours were organised (88.1%). On the surface, this appears to conflict with earlier data, whereby the majority of employed respondents (78.9%) expressed a wish to change their current working arrangement (see Ideal Working Arrangements) amongst the currently and previously employed). However, it may indicate that whilst respondents were not overtly dissatisfied with their current arrangements, they perhaps felt that their arrangements could be improved upon.

Some 38.4% of respondents who had previously been employed reported dissatisfaction with their working arrangements in relation to their former job. Considering the majority of previously employed respondents left employment due to their mental health problems (58.9%), it may be that there is an interaction or relationship between a person's working arrangements and their mental health. It would not be unreasonable to think that working arrangements could affect, either positively or negatively, the mental health status of an individual, and could be a catalyst in their decision to remain in or leave employment. The data clearly show that the formerly employed were more dissatisfied with their working arrangements and we know that they left employment, so this may have been one of the reasons precipitating this decision. Given that a high proportion left for mental health reasons, their working arrangements may not have enabled them to remain in the workforce.

Table 16: Satisfaction with working arrangements: A comparison between the currently and previously employed

Satisfaction with working arrangements	Currently Employed (n=59)	Previously Employed (n=73)	Total (N=132)
	%	%	%
Very dissatisfied	1.7	11.0	6.8
Dissatisfied	.0	15.1	8.3
Somewhat dissatisfied	10.2	12.3	11.4
Somewhat satisfied	6.8	12.3	9.8
Satisfied	54.2	37.0	44.7
Very satisfied	27.1	12.3	18.9
Total	**100.0**	**100.0**	**100.0**

4.4.2 Effectiveness in work

All respondents currently employed were asked how effectively they felt they were carrying out their work, given the number of hours they worked and the type of working arrangements they had. All respondents reported that they were carrying out their work either "somewhat effectively" (10.2%), "effectively" (54.2%) or "very effectively" (35.6%).

4.4.3 Overall satisfaction with employment

All respondents, both employed and previously employed, were asked the extent to which they were satisfied, overall, with their job. The previously employed were asked about their last job. The majority of employed respondents (83%) were "somewhat satisfied," "satisfied" or "very satisfied" with their present employment overall, whilst only 17% indicated that they were "somewhat dissatisfied," "dissatisfied," or "very dissatisfied" with their current job.

Among the currently non-employed respondents, a large minority (31.4%) indicated that they were "somewhat dissatisfied," "dissatisfied," or "very dissatisfied" with their last job. However the majority (68.4%) of non-employed respondents indicated that they were "somewhat satisfied," "satisfied" or "very satisfied" with their former employment. In general, these results indicate that the majority of people with mental health problems, who had been previously employed, expressed positive feelings towards their previous occupations. Nevertheless, the non-employed were almost twice as likely to express dissatisfaction with their last job as currently employed respondents were about their current job (31.4% vs. 17%).

Table 17: Overall satisfaction with employment: A comparison between the currently and previously employed

Overall satisfaction With employment	Currently Employed (n=59)	Previously Employed (n=73)	Total (N=132)
	%	%	%
Very dissatisfied	3.4	6.8	5.3
Dissatisfied	.0	8.2	4.5
Somewhat dissatisfied	13.6	16.4	15.2
Somewhat satisfied	20.3	17.8	18.9
Satisfied	30.5	30.1	30.3
Very satisfied	32.2	20.5	25.8
Total	**100.0**	**100.0**	**100.0**

4.4.4 Work and financial need

When asked if they would give up employment if they had no financial need to work, 64.4% of currently employed respondents said that they would either probably or definitely not give up work, whilst 33.9% said that they probably or definitely would. A further 1.7% of respondents were unsure. The high proportion saying they would not give up work if they had no financial need to work confirms findings of other research both in Ireland and in other countries to the effect that work meets many needs over and above the financial – including needs for companionship, a sense of accomplishment and fulfilment, enjoyment of the work, etc. (Rosenfeld and Perrella, 1965; Fine-Davis, 1983a, 1983b).

Table 18: Likelihood of giving up job if no financial need: Percentage responses for the currently employed

Likelihood of giving up job	f	%
Definitely not	22	37.3
Probably not	16	27.1
Not sure	1	1.7
Probably yes	11	18.6
Definitely yes	9	15.3
Total	**59**	**100.0**

4.5 Mental Health and the Workplace: Barriers and Facilitators to Re-entry

4.5.1 Barriers to Re-entry

The majority of respondents not currently employed (54.8%) said their mental health problems were the most significant barrier preventing them from accessing employment. Problems in relation to physical health (16.4%) featured as the second most common barrier, whilst 6.8% said a lack of suitable employment was preventing them from entering paid employment. Some 8.2% said they had retired from work.

Table 19: Most important reason why the non-employed are not working

Reason why non-employed are not working	f	%
Have mental health problems	40	54.8
Prefer stay at home & care for children	3	4.1
Retired	6	8.2
Have health problem/disability (physical)	12	16.4
Lack of suitable jobs	5	6.8
Lack of flexible working arrangements	1	1.4
Lack of education or training	1	1.4
I am studying	4	5.5
Other	1	1.4
Total	**73**	**100.0**

4.5.2 Attitudes to Returning to Work

Despite the barriers to returning to work, 70.2% of all respondents not currently employed said that they would like to return to employment (see Table 20). This indicates a significant desire on behalf of the majority of non-employed respondents to access employment at some point in the future.

However, when asked how likely it was that they would return, only 55.4% of respondents felt that they "probably" or "definitely" would return, as shown in Table 21. Some 18.9% of respondents were unsure, 10.8% indicated that they "probably" would not return and 14.9% ruled it out entirely. Nevertheless, the fact that 70% desired to return and 55.4% saw it as likely indicates that it is fruitful to consider the barriers that they perceive, so that these barriers can be lessened, thereby facilitating their re-entry.

Table 20: Desire to access employment: percentage responses of the non-employed

Like to work at some point	f	%
Definitely not	9	12.2
Probably not	5	6.8
Not sure	8	10.8
Probably yes	20	27.0
Definitely yes	32	43.2
Total	**74**	**100.0**

Table 21: Likelihood of non-employed accessing employment in the future: Percentage responses of the non-employed

How likely will work in the future	f	%
Definitely will not	11	14.9
Probably will not	8	10.8
Not sure	14	18.9
Probably will	21	28.4
Definitely will	20	27.0
Total	**74**	**100.0**

4.5.3 Factors facilitating re-entry to the labour force

Some 44.6% of non-employed respondents said that an improvement in their mental health was the most important factor which would facilitate their re-entry to the labour force and access to paid employment, while 16.2% cited further education as being the most important facilitator in their return to employment.

The second most important factor reported by non-employed respondents was the availability of suitable work (20.3%) whilst further education was cited by 18.8% and improvement in mental health was cited by 17.2%. While improved mental health was the key facilitator to returning to work, it will be noted that among the other facilitators were availability of part-time or other reduced hours and flexible working arrangements. A total of 13.5% mentioned availability of part-time/reduced hours as the most important or second most important facilitator and a total of 9.2% mentioned flexible working arrangements. Thus, as may be seen in Table 22, a total of 22.7% mentioned some form of flexibility as their most or second most important facilitator to returning to work.

Table 22: Most important and second most important factors which would enable non-employed to access employment

Factors which will facilitate access to employment	Most important (N= 74)	Second most important (N= 64)
	%	%
If mental health improved	44.6	17.2
If physical health improved	10.8	9.4
Further training/education	16.2	18.8
Availability of work suited to my skills	6.8	20.3
Availability of part time/reduced hours	4.1	9.4
Flexible working arrangements	1.4	7.8
Better workplace supports-disabled people	1.4	4.7
Better workplace supports-MH problems	1.4	4.7
Not applicable (retired/not go back, work)	13.5	7.8
Total	**100.0**	**100.0**

4.6 Work and Mental Health Problems

The interaction between work and mental health problems can be a complex one and the following data describe individual mental health, its impact on the ability to function in the workforce and the respondents' experiences and perceptions of acceptance, support, rejection and stereotyping or stigmatisation in the workplace. Of particular relevance is the impact which mental health issues have had on the career patterns of the respondents.

4.6.1 Current Mental Health Status

Just over half of the total sample (59% of those currently employed and 50% of those previously employed) described their mental health as good, very good or excellent. Just under 7% of the employed described their mental health as poor and 18% of the previously employed described it as either poor or very poor. A third of both groups described their mental health as 'fair'.

Thus it can be seen in our sample that employment is associated with better health than non-employment. As has been noted in the literature review, employment helps to prevent depression and therefore it is not surprising to see that the employed enjoy better health. However, it has also been noted that a majority of the non-employed in our sample said they left the labour force due to mental health reasons. So it is also true that the less well have opted out of the labour force and this in part explains the differences in health status between the two groups.

Table 23: Current Mental Health Status: Comparisons by Employment Status

Current mental health status	Employed (n=59)	Non-Employed (n=74)	Total (N=133)
	%	%	%
very poor	0.0	5.4	3.0
poor	6.8	12.2	9.8
fair	33.9	32.4	33.1
good	39.0	29.7	33.8
very good	20.3	17.6	18.8
excellent	0.0	2.7	1.5
Total	**100.0**	**100.0**	**100.0**

4.6.2 Diagnosis

Respondents were asked the diagnosis of their mental health problems. As can be seen from Table 24, and not surprisingly considering the provenance of the sample, uni-polar and bi-polar or manic depression were the most frequently reported diagnoses. Eighty-four per cent of the total sample reported one of these as their diagnosis (88% of the employed group and 81% of the non-employed). One third of the total sample reported "depression" (uni-polar) and just over half (51.1%) reported manic depression or bi-polar disorder. The percentages for the employed and non-employed were very similar, but with a slight tendency for the non-employed to be more likely to report bi-polar.

The remainder of both groups gave other diagnoses, said they had not been diagnosed, or said "other." Thus, the vast majority of the sample suffered from depression, as has been described earlier.

Table 24: Primary Mental Health Diagnosis: Comparisons by Employment Status

Current mental health status	Employed (n=59)	Non-Employed (n=74)	Total (N=133)
	%	%	%
depression(uni polar)	39.0	28.4	33.1
manic depression or bi polar disorder	49.2	52.7	51.1
anxiety disorder, phobia,panic attack	6.8	8.1	7.5
alcohol addiction	1.7	.0	.8
schizophrenia	.0	1.4	.8
na(have never been diagnosed)	1.7	1.4	1.5
other	1.7	8.1	5.3
Total	**100.0**	**100.0**	**100.0**

Very few reported a secondary diagnosis. Those who did cited anxiety disorder, phobia and panic attacks, with 10.3% of the employed and 19.2% of the non-employed stating this. In addition a small percentage of the employed (6.9%) reported a secondary diagnosis of personality disorder.

4.6.3 Experience of Mental Health Problems

The severity of the respondents' illness in strictly medical terms was not ascertained. However, information on the following factors: age at onset of mental health problems, the number of years they suffered from these problems, and the percentage of time overall they had been ill, give a reasonable indication of the difficulties encountered.

For the group as a whole, the onset of their problems had started on average at about 27 years of age – 26 for those currently employed and 28 for those employed in the past.

The whole group had suffered from these problems for an average of 17 years. The currently employed reported a marginally higher figure at 18 years and the non-employed reported 16 years. When asked what proportion of the time since onset had they experienced mental health problems, both groups said, on average, 60% of the time.

4.6.4 Disclosure of Mental Health Problems in the Workplace

Feeling able to disclose mental health difficulties safely, as was highlighted in the literature review, is one of the central factors which enables mental health sufferers to feel secure in the workplace. Thus, the following results are of particular significance.

These relate to the extent to which respondents discussed or felt able to disclose their mental health problems in the work environment, their own experiences and their perceptions of how others viewed and reacted to the issue.

Feeling able to disclose one's mental health problems is a positive thing for people with mental health problems and the fact that 44.7% of the total group had not spoken to anyone demonstrates the difficulties around this issue.

Respondents were asked if they had told anyone in their workplace that they had suffered from depression or other mental health problems. Just over half of the whole group (53%) - almost two-thirds (62.7%) of the employed and 45.2% of the non-employed - had told someone about their mental health problems in their current or last job respectively. Conversely, whereas 32.2% of the employed had told no one, a much higher proportion of the non-employed had told no one (54.8%), indicating that the non-employed had experienced less supportive working environments.

Disclosure at interview can be a particularly complex and difficult decision. From previous experience, candidates may feel that once they mention mental illness, a stereotyped response occurs and their qualifications and experience fade under the stigma of mental illness. Candidates may also feel that, as they are no longer ill, it is not appropriate to disclose past illnesses.

When asked if they had disclosed their mental problems at the job interview, over two-thirds (68.1%) of the total sample (59.5% of the employed and 78.1% of the previously employed) had not.

This reflects a marked difference between the two groups and there may be several reasons for this. The interviews in question may have occurred earlier in time for the previously employed – they had been out of the workforce for an average of seven years, when knowledge and awareness of the issue was even less than it is now; recent equality legislation has also impacted on overt discrimination.

However, the fact that over two-thirds of the total sample felt unable to disclose at interview highlights the difficulty that this group faced in an employment situation. Starting a new job is a stressful event and this stress may be may further complicated by the knowledge that one has withheld information about their health status at interview.

From anecdotal evidence, it is apparent that some mental health sufferers feel that although they have not told anyone, some people in their workplace have an idea of their condition. The majority felt that no one had an idea of their mental health illness. Where they felt that some people knew, colleagues were most frequently mentioned at 23.5%, followed by supervisors (17.6%) and employers at 10.2%. There was little difference between the currently employed and the previously employed.

Of the 59 employed respondents, only 35 (59%) had disclosed their mental health problems to anyone in the workplace. When asked who they had told about their mental health problems, 60% had told a colleague, 60% their supervisor, 48.6% their employer and 40% their HR Manager. Relatively few had disclosed to a workplace doctor or counsellor (20%) or union representative (11.4%). Thus, of those who had disclosed, they disclosed, on average to between two and three people in their workplace. However, 41% had not disclosed to anyone in their workplace.

The picture for the non-employed respondents was similar. They also were most likely in their last job to have disclosed to their supervisor (62.5%), their employer (50%) and/or to a colleague (40.6%). They were somewhat more likely than the currently employed to have approached the workplace doctor or counsellor (25% had done so) and somewhat less likely to have approached their HR Manager (18.8%). As in the case with the currently employed, a large proportion did not disclose to anyone – an even greater proportion than among the currently employed (57%). However, when they did disclose, as was the case with the employed, they tended to disclose to about two people on average.

Table 25 presents these data, and it will be seen that the total number of responses is greater than the number of respondents.

Table 25: People whom Respondents have told in the Workplace about their Mental Health Difficulties: Comparisons by Employment Status

Person disclosed to	Employed (n=35)		Non-Employed (n=32)	
	f	%	f	%
Colleague	21	60	13	40.6
Supervisor	21	60	20	62.5
Hr manager	14	40	6	18.8
Workplace doctor/ counsellor	7	20	8	25.0
Union rep	4	11.4	2	6.3
Employer	17	48.6	16	50.0
other	1	2.0	1	3.1
Total responses	**85**	**242.9**	**66**	**206.3**

For almost half the group as a whole (48.6%) disclosure had been a somewhat positive, positive or very positive experience. This was true for 61% of the currently employed, but much less so for the previously employed at 34.5%. This may partially account for the non-employed status of the second group, or their reluctance to disclose in future. The higher figure for the currently employed may reflect an improved awareness of the issues in today's workplace.

However, almost a third of the total sample (30.9%) reported the effect of disclosing as being a somewhat negative, negative or very negative experience. There is a marked difference between the currently employed (13.9%) and the previously employed (50%) reporting this and again this may account for their current employment status.

Table 26: The Effect that the Respondents' Disclosure had on them: Comparisons by Employment Status

Effect disclosure had on respondents	Currently Employed (n=36)	Previously Employed (n=32)	Total (N=68)
	%	%	%
very negative	.0	12.5	5.9
negative	8.3	28.1	17.6
somewhat negative	5.6	9.4	7.4
neither negative nor positive	25.0	15.6	20.6
somewhat positive	22.2	9.4	16.2
positive	30.6	18.8	25.0
very positive	8.3	6.3	7.4
Total	**100.0**	**100.0**	**100.0**

The paradoxes of disclosure are well illustrated by the fact that, despite the above, only 19.4% overall (12.5% of employed and 24.7% of the non-employed) would have liked to tell someone (else) at work about their mental health problems and, of these, the preferred person was a colleague, followed by supervisor and employer.

4.6.5 Workplace Supports - Policies

As has been shown in the literature review, the successful retention in employment of people with mental health difficulties is influenced by the quality of supportive schemes which employees perceive are available in the workplace and the ease of access they have to them. These included sick leave, flexible working hours, paid and unpaid leave of absence.

The study showed that sick leave was the most widely used arrangement. The availability of other arrangements such as flexible working hours, paid leave and unpaid leave was limited, although where flexible working hours were available, they had a high take-up and were found to be helpful.

• Flexible Working Hours
Almost two-thirds (61%) of respondents said that flexible working hours were not available to them, though there was a marked difference between the two groups in this area. This arrangement was available to 49.2% of the currently employed and had been available to only 29% of the previously employed. This may reflect the increased availability of flexible working arrangements in recent years.

For those for whom it had been available, 30.8% employed and 75% of the non-employed said that they had availed of this arrangement. All of the employed and 46% of the non-employed had found this arrangement either helpful or very helpful.

• Sick Leave
Sick leave was available to 67.4% of the total group (74% of employed and 61% of non employed). Overall 71.4% had availed of it. Almost all employed (96%) reported finding this helpful or very helpful, as did 57.7% of the previously employed. However, 23% of the latter group had found it unhelpful.

• Paid Leave of Absence
Just over half of the total group (53%) said that Paid Leave of Absence was not available to them with a higher proportion of non-employed reporting this. However, for those to whom it was available, over 77.3% of the non-employed had availed of this compared to 40% of the employed and a majority (91.3%) of both groups had found it either helpful or very helpful, though the employed were more likely to have done so.

• Unpaid Leave of Absence
Over half of the total group (53%) reported this as being unavailable to them with a slightly greater number of the non-employed (56.2%). Of those for whom it was available, 36% used it (30.8% of the employed and 41.7% of the non-employed). Respondents were equally divided on how helpful it was. Overall, it was considered helpful or very helpful by 53.4% of those who had availed of it. The remainder found it either unhelpful or very unhelpful.

4.6.6 Workplace Supports - Personnel

Although formal company policies are important, and are an indication of the organization's attitude to mental health, the core need emerging from this study is the importance of having available another supportive human being in the organisation whom they could approach.

Respondents were asked to identify people or programmes that were available to them to provide support in relation to their mental health problems.

• HR Personnel
Almost two-thirds of the total group (63.6%) reported that HR Personnel were not available to them. Of these, just over half (51.2%) had spoken to HR about their mental problems and, of these, 76.2% had found this either helpful or very helpful The pattern for both groups was similar; however the employed were somewhat more likely to have contacted HR personnel and also somewhat more likely to have found it helpful.

• Immediate Supervisor
Just over half of the total sample (53%) had found that their immediate supervisor was available to provide support in relation to their mental health problems, with slightly more for the currently employed. Over two-thirds had spoken to them and a majority (87.5%) had found this helpful or very helpful

• Workplace Doctor/Counsellor
Three-quarters (77.3%) reported that support of a workplace doctor or counsellor was not available in their workplace. For the 21.2% for whom it was, 63% had spoken to them and 87.5% reported finding the experience either helpful or very helpful.

• Colleagues
Just under half (47%) (50.8 % employed and 43.8% non-employed) felt that their colleagues were available to them. Of these, 66.1% had spoken to their colleagues about their mental health problems and of these 91.4% had found the experience useful.

• Trade Union Representative
Only 15.3% said their trade union representative was available to them. Of these, 70% had spoken to them and 91.7% had found it either helpful or very helpful.

• Employee Assistance Programme
Only 13% of respondents reported that an EAP was available to them. Of these, 43.8% had spoken to the EAP and had found it very helpful.

4.6.7 Working Arrangements to Reconcile Work and Mental Health

The choices of working arrangements which people with mental health difficulties make in order to reconcile work and the demands of their illness can often mean the difference between being able to remain in employment and feeling that the only option is to withdraw from the workplace. Table 27 shows the arrangements that both groups had chosen over the course of their employment.

Certified sick leave was the most frequently mentioned *modus vivendi* for coping with mental health problems, with 35.6% over all citing it as their option. This figure consists of 28.8% of the currently employed and 41.1% of the non-employed.

Uncertified sick leave was used by 12.1% of the total group - 16.9% of the currently employed and 8.2% of the previously employed.

Flexible working, either formalised or informal, was identified by 10.6% of the total group as the next preferred choice. This was used by 17% of the currently employed and only 5.5% of the non-employed. It is interesting to note that 11.9% of the employed used a formalised flexible arrangement, whereas none of the non-employed did. It is possible that flexible working was not as common a choice when this group had been at work.

An interesting finding is that 24.2% of the total group said that they had never taken time off for mental health reasons.

Very few cited a second choice, but the most frequently cited was annual leave, with 18% overall using this, followed by unpaid leave of absence (15%) and paid leave of absence (13%).

4.6.8 Extent of Support Available in times of Mental Health Difficulties

Mental illness, particularly depression, is an ongoing process and an appropriate and sympathetic response in a time of crisis is probably the most crucial factor for these respondents. In view of this, it was worrying to see that overall 59.2% (43.8% of the currently employed and 71.6% of the non-employed) had had little or no support in times of mental health difficulties, and even where this support was perceived as available, only a small number had used this resource.

Where support was available, 56% availed of it sometimes, often or very often.

Table 27: Extent of Support for People with Mental Health Difficulties: Comparisons by Employment Status

Extent of support	**Currently Employed** (n=48)	**Previously Employed** (n=60)	**Total** (N=108)
	%	%	%
there is no support	31.3	53.3	43.5
a little support	12.5	18.3	15.7
some support	22.9	15.0	18.5
a fair amount of support	8.3	6.7	7.4
a lot of support	25.0	6.7	14.8
Total	**100.0**	**100.0**	**100.0**

Table 28: How Often Respondents Have Availed of the Supports: Comparisons by Employment Status

How often availed of these supports	Currently Employed (n=33)	Previously Employed (n=26)	Total (N=59)
	%	%	%
not at all	21.2	7.7	15.3
rarely	24.2	34.6	28.8
sometimes	27.3	42.3	33.9
often	15.2	11.5	13.6
very often	12.1	3.8	8.5
Total	**100.0**	**100.0**	**100.0**

4.6.9 Perception of Response of People in the Workplace

The perception of how different people in the workplace had responded to them when they had mental health problems is an important element in building an employee's confidence around both disclosure and a feeling of safety and support in the workplace How the relevant people had responded to them may be seen in Table 29.

Table 29: How Different People in the Workplace Responded to Respondents' Mental Health Problems: Comparisons by Employment Status

People	Not at all well %	Not too well %	So-so %	Well %	Very well %	Total %
employer						
Employed (n=31)	9.7	6.5	9.7	25.8	48.4	100.0
Non-employed (n=42)	31.0	4.8	19.0	23.8	21.4	100.0
Total (N=73)	**21.9**	**5.5**	**15.1**	**24.7**	**32.9**	**100.0**
immediate supervisor						
Employed (n=33)	12.1	.0	12.1	42.4	33.3	100.0
Non-employed (n=34)	11.8	5.9	26.5	23.5	32.4	100.0
Total (N=67)	**11.9**	**3.0**	**19.4**	**32.8**	**32.8**	**100.0**
colleagues						
Employed (n=31)	.0	6.5	16.1	25.8	51.6	100.0
Non-employed (n=33)	9.1	3.0	30.3	36.4	21.2	100.0
Total (N=64)	**4.7**	**4.7**	**23.4**	**31.3**	**35.9**	**100.0**
workplace doctor						
Employed (n=11)	.0	.0	9.1	36.4	54.5	100.0
Non-employed (n=12)	8.3	.0	25.0	16.7	50.0	100.0
Total (N=23)	**4.3**	**.0**	**17.4**	**26.1**	**52.2**	**100.0**
HR personnel						
Employed (n=14)	7.1	.0	14.3	64.3	14.3	100.0
Non-employed (n=17)	5.9	11.8	35.3	41.2	5.9	100.0
Total (N=31)	**6.5**	**6.5**	**25.8**	**51.6**	**9.7**	**100.0**
trade union rep						
Employed (n=8)	.0	.0	12.5	62.5	25.0	100.0
Non-employed (n=14)	28.6	.0	14.3	21.4	35.7	100.0
Total (N=22)	**18.2**	**.0**	**13.6**	**36.4**	**31.8**	**100.0**

Overall the response was favourable, with 57% saying that their employers had responded either well or very well. However over 31% of the non-employed said that employers had responded not at all well, compared to 9.7% of the currently employed who felt this way.

Both groups felt that their immediate supervisor had responded well (65.6%). Over two-thirds (67.2%) considered that their colleagues had responded well or very well. Over three-quarters (78.3%) reported that the workplace doctor or counsellor responded very well. Again with both HR and trade union representatives, the overwhelming report was that both these groups had responded well or very well.

However, there were some differences in the experiences of employed and non-employed people. The latter group reported more negative experiences than the currently employed. In addition to the greater likelihood of negative experience with employers, as noted above, 28.6% of the previously employed reported negative experiences from trade union representatives, 17.8% negative responses from HR personnel, and 17.7% negative responses from their immediate supervisor.

The majority of the currently employed (53.5%) rated the support they received at work as either helpful or very helpful. This contrasts with the figure for the previously employed, which was 29.8%. This may be a factor in their non-employed status (Table 30).

Table 30: How Respondents Rated the Support Received at Work: Comparisons by Employment Status

Helpfulness of support received at work	**Currently Employed** (n=43)	**Previously Employed** (n=54)	**Total** (N=97)
	%	%	%
very unhelpful	9.3	16.7	13.4
unhelpful	7.0	7.9	15.5
somewhat unhelpful	4.7	7.4	6.2
somewhat helpful	25.6	24.1	24.7
helpful	41.9	18.5	28.9
very helpful	11.6	11.1	11.3
Total	**100.0**	**100.0**	**100.0**

4.6.10 Perceptions of the Effect of Work on Mental Health

As noted earlier in the review of previous research, work has been found to have a protective effect in preventing depression as well as a therapeutic effect for those with depression. In light of this, the respondents' views on whether they considered that working in general contributed positively or negatively to their mental health were elicited.
The vast majority (82.8%) of the currently employed and just under half (46.4%) of the non-employed said that working in general contributed positively to their mental health. Only 8.6% of the currently employed and 43.5% of the non-employed said that the effect of work was negative or very negative.

Table 31: Respondents' assessment of how work in general affects their mental health: Comparisons by Employment Status

How work in general affects their mental health	Currently Employed (n=58)	Previously Employed (n=69)	Total (N= 127)
	%	%	%
very negatively	5.2	8.7	7.1
negatively	1.7	26.1	15.0
somewhat negatively	1.7	8.7	5.5
neither negatively nor positively	8.6	10.1	9.4
somewhat positively	6.9	11.6	9.4
positively	39.7	29.0	33.9
very positively	36.2	5.8	19.7
Total	**100.0**	**100.0**	**100.0**

4.6.11 Perceptions of Level of Acceptance of Supervisor, Employer and Colleagues towards Mental Health Problems in General and to the Respondent's Mental Health Problems in Particular

The attitude of individuals in the workplace, both to mental health problems in general and to the respondents' own mental health problems in particular were elicited and are presented in Tables 32 and 33. These included the respondent's immediate supervisor, employer and colleagues. Respondents were asked to rate on a seven point scale how accepting they felt each of these people was towards "mental health problems in general" and towards "your mental health problems." The scales ranged from "very unaccepting to very accepting."

These questions were put both to the currently employed and to the non-employed. The latter group was asked about people in their last place of employment.

Table 32, presenting respondents' perceptions of the attitudes of these people *vis à vis* mental health problems in general. The respondents' immediate supervisor was viewed as accepting in varying degrees by 62% overall. Supervisors were more likely to be seen as accepting of mental health problems in general by the currently employed (76.1%) than they were by the non-employed, of whom only 50% felt this way.

Respondents' employers were viewed as accepting of mental health problems in general by 65.7% of the total sample. Again there were differences between the two groups, with 81.3% of the employed seeing them as accepting, compared with only 51.9% of the non-employed. They were viewed as unaccepting by 14.6% of the employed and 38.9% of the non-employed.

Their colleagues were viewed as accepting of mental health problems in general by over two-thirds (67.3%) of the sample. Once again, a higher proportion of the non-employed (32.7%) viewed them as unaccepting compared to 13.5% of the employed.

The respondents' perceptions of these people's attitudes to their (the respondent's)own mental health problems were somewhat similar, with a higher percentage of the employed than non-employed finding these attitudes accepting.

Almost two-thirds of these people were seen as either accepting or very accepting: 80.6% of the employed and 62.5% of the non-employed had found their immediate supervisor somewhat accepting, accepting or very accepting; 81.0% of the employed and 58.5% of the non-employed had found their employer the same; 81.% of the employed and 63.6% of the non-employed had also found that their colleagues were also accepting or very accepting towards the respondents' mental health problems.

Table 32: Perceived Level of Acceptance of Mental Health Problems "In General" by Supervisor, Employer and Colleagues: Comparisons by Employment Status

	Very unaccepting %	unaccepting %	Somewhat unaccepting %	Neither %	Somewhat accepting %	Accepting %	Very accepting %	Total %
immediate supervisor								
currently employed (n=46)	6.5	2.2	8.7	6.5	17.4	30.4	28.3	100.0
previously employed (n=54)	5.6	24.1	9.3	11.1	14.8	24.1	11.1	100.0
Total (N=100)	**6.0**	**14.0**	**9.0**	**9.0**	**16.0**	**27.0**	**19.0**	**100.0**
your employer								
currently employed (n=48)	4.2	8.3	2.1	4.2	14.6	39.6	27.1	100.0
previously employed (n=54)	14.8	16.7	7.4	9.3	16.7	24.1	11.1	100.0
Total (N=102)	**9.8**	**12.7**	**4.9**	**6.9**	**15.7**	**31.4**	**18.6**	**100.0**
your colleagues								
currently employed (n=52)	.0	5.8	7.7	7.7	17.3	34.6	26.9	100.0
previously employed (n=58)	1.7	17.2	13.8	10.3	15.5	34.5	6.9	100.0
Total (N=110)	**.9**	**11.8**	**10.9**	**9.1**	**16.4**	**34.5**	**16.4**	**100.0**

Table 33: Perceived Level of Acceptance of Respondent's Own Mental Health Problems by Supervisor, Employer and Colleagues: Comparisons by Employment Status

	Very unaccepting %	unaccepting %	Somewhat unaccepting %	Neither %	Somewhat accepting %	Accepting %	Very accepting %	Total %
immediate supervisor								
currently employed (n=36)	5.6	5.6	2.8	5.6	16.7	25.0	38.9	100.0
previously employed (n=40)	12.5	10.0	5.0	10.0	22.5	20.0	20.0	100.0
Total (N=76)	**9.2**	**7.9**	**3.9**	**7.9**	**19.7**	**22.4**	**28.9**	**100.0**
your employer								
currently employed (n=37)	2.7	8.1	.0	8.1	16.2	27.0	37.8	100.0
previously employed (n=41)	14.6	14.6	2.4	9.8	14.6	26.8	17.1	100.0
Total (N=78)	**9.0**	**11.5**	**1.3**	**9.0**	**15.4**	**26.9**	**26.9**	**100.0**
your colleagues								
currently employed (n=42)	2.4	2.4	11.9	2.4	16.7	33.3	31.0	100.0
previously employed (n=44)	.0	15.9	9.1	11.4	15.9	34.1	13.6	100.0
Total (N=86)	**1.2**	**9.3**	**10.5**	**7.0**	**16.3**	**33.7**	**22.1**	**100.0**

4.6.12 Perceptions of Effect of Own Workplace on Mental Health

In addition to their perception of how working in general affected their mental health, respondents were asked how their own workplace had affected their mental health. As may be seen in Table 34, the workplace was viewed by 77.3% of the currently employed as contributing somewhat positively, positively, or very positively compared to only 28.8% of the non-employed. Conversely, only 17.6% of the employed saw the workplace as having a negative effect on their mental health, whereas 57.2% of the non-employed felt that their last place of employment had had a negative effect on their mental health. This undoubtedly contributed to their desire to leave the workplace.

Table 34: Respondents' Perception of how the Workplace Contributes to their Mental Health: Comparisons by Employment Status

How workplace affects respondents' mental health	Employed (n=57)	Non-employed (n=73)	Total (N=130)
	%	%	%
very negatively	3.5	12.3	8.5
negatively	5.3	32.9	20.8
somewhat negatively	8.8	11.0	10.0
neither negatively nor positively	5.3	15.1	10.8
somewhat positively	24.6	15.1	19.2
positively	28.1	9.6	17.7
very positively	24.6	4.1	13.1
Total	**100.0**	**100.0**	**100.0**

4.7 Perceived Stigmatisation

4.7.1 Own Experience of Stigmatisation

Stigmatisation and stereotypical responses are a persistent difficulty facing people with mental health problems. Their experience of these negative situations leads them to anticipate the same reactions in the future. It can also lead to self-stigmatisation and a fear of rejection.

The experiences and views of the respondents in regard to their own experience of stigmatisation in the workplace and their perception of stigmatisation in general in the workplace appear in Tables 35 and 36.

Almost two-thirds of the whole group said that they had either not been stigmatised, or had been stigmatised very little in the workplace. However 42% of the employed and 29.9% of the non-employed said that they had been stigmatised either to some extent, a fair amount or a great deal. This means that over a third of these respondents had been subjected to this discrimination. As will be seen later in the study, this can be both subtle and undermining of the employee's confidence.

Table 35: To What Extent Respondents have Felt Stigmatised in the Workplace: Comparisons by Employment Status

Extent of stigmatisation	Employed (n=50)	Non-employed (n=70)	Total (N=120)
	%	%	%
not at all	52.0	62.9	58.3
very little	6.0	7.1	6.7
to some extent	16.0	11.4	13.3
a fair amount	18.0	11.4	14.2
a great deal	8.0	7.1	7.5
Total	**100.0**	**100.0**	**100.0**

4.7.2 Perceptions of Stigmatisation of People with Mental Health Problems in General

Respondents' perceptions of stigmatisation in general differed from their own experience, with 90.3% stating that they considered that people in general were stigmatised to some extent, a fair amount or a great deal. Only 9.7% felt that people were either were not stigmatised or only very little. This is a more pessimistic view that that of their own reported experience.

Table 36: To What Extent Respondents think that People with Mental Health Problems are Stigmatised in the Workplace: Comparisons by Employment Status

Extent of stigmatisation	Employed (n=56)	Non-employed (n=68)	Total (N=124)
	%	%	%
not at all	1.8	10.3	6.5
very little	3.6	2.9	3.2
to some extent	26.8	26.5	26.6
a fair amount	32.1	22.1	26.6
a great deal	35.7	38.2	37.1
Total	**100.0**	**100.0**	**100.0**

4.8 Attitudes towards Disclosure

In view of their experiences, respondents were asked if they would disclose to a new employer and what advice they would give to a friend in the same circumstances.

A majority of the total sample (64.4%) - 72.9% of the currently employed and 57.5% of the previously employed - said that they definitely would not or probably would not disclose the fact that they had had depression or other mental health problems to a new or potential employed. As shown in Table 37, only 18.7% of the currently employed respondents and 21.9% of the previously employed said that they either probably would or definitely would disclose to a new or potential employer. A higher proportion of the non-employed were "not sure" if they would disclose if they would disclose or not (20.5%, as compared with only 8.5% of the employed).

Table 37: Likelihood of Respondents Disclosing their Mental Health Problem to a New Employer: Comparisons by Employment

Likelihood of disclosing to new employer	Employed (n=59)	Non-employed (n=73)	Total (N=132)
	%	%	%
definitely would not	49.2	43.8	46.2
probably would not	23.7	13.7	18.2
not sure	8.5	20.5	15.2
probably would	8.5	9.6	9.1
definitely would	10.2	12.3	11.4
Total	**100.0**	**100.0**	**100.0**

With regard to advising a friend about disclosure of mental health problems, both groups had clear reservations, with 61% of the employed and 58.1% of the previously employed saying that they would advise a friend not to disclose and only 11.9% of the employed and 10.8% of the previously employed said that they would advise to do so. A high proportion were unsure what was the best course of action (27.1% of the employed and 31.1% of the non-employed).

Table 38: Likelihood of Respondents Advising a Friend to Disclose Mental Health Problems to their Employer: Comparisons by Employment Status

Likelihood of advising a friend to disclose	Employed (n=59)	Non-employed (n=74)	Total (N=133)
	%	%	%
No	61.0	58.1	59.4
Not sure	27.1	31.1	29.3
Yes	11.9	10.8	11.3
Total	**100.0**	**100.0**	**100.0**

4.9 Perceived Effects of Respondents' Mental Health on their Career

In view of the fact the group as a whole had suffered from mental health problems for almost a third of their life since they were diagnosed, the detrimental effect which this had had on their working life, i.e. obtaining and retaining employment, on their promotion prospects, and on their career overall was elicited and may be seen below in Table 39.

The effect of their mental health problems on obtaining employment was seen as either very negative or negative by 44.6% of the employed and by 51.7% of the previously employed. Just under one-third of the employed (31.9%) and 19% of the previously employed said that this had no effect.

The effect of their mental health problems on retaining employment was viewed as having no effect by 40.4% of the currently employed and by 5.2% of the previously employed. A negative or very negative effect was reported by 38.4% of the currently employed and by 79.4% of the previously employed, as may be seen in Table 39.

Table 39: The Effect of Mental Health Problems on Obtaining and Retaining Employment, Promotion Prospects and Career Overall: Comparisons by Employment

Effect on Career	Employed (n=59)	Non-Employed (n=73)	Total (N=132)
obtaining employment	%	%	%
very negative	19.1	24.1	21.9
negative	25.5	27.6	26.7
somewhat negative	21.3	19.0	20.0
no effect	31.9	19.0	24.8
somewhat positive	.0	3.4	1.9
positive	.0	1.7	1.0
very positive	2.1	5.2	3.8
total	**100.0**	**100.0**	**100.0**
retaining employment	%	%	%
very negative	9.6	32.8	21.8
negative	28.8	46.6	38.2
somewhat negative	15.4	10.3	12.7
no effect	40.4	5.2	21.8
somewhat positive	1.9	.0	.9
positive	1.9	3.4	2.7
very positive	1.9	1.7	1.8
total	**100.0**	**100.0**	**100.0**
career overall	%	%	%
very negative	30.5	47.9	40.2
negative	27.1	27.4	27.3
somewhat negative	16.9	9.6	12.9
no effect	22.0	9.6	15.2
somewhat positive	.0	4.1	2.3
positive	3.4	.0	1.5
very positive	.0	1.4	.8
total	**100.0**	**100.0**	**100.0**
promotion prospects	%	%	%
very negative	25.0	33.3	29.3
negative	33.9	50.0	42.2
somewhat negative	10.7	8.3	9.5
no effect	26.8	5.0	15.5
somewhat positive	1.8	1.7	1.7
positive	1.8	.0	.9
very positive	.0	1.7	.9
total	**100.0**	**100.0**	**100.0**

The overall effect of their mental health problems on their career was reported by 57.6% of the currently employed and by 75.3% of the previously employed as being either negative or very negative. Only 22% of employed and 9.6% of the previously employed said that there had been no effect.

The effect of these problems on their promotion prospects were reported as having a negative or very negative effect by 58.9% of the currently employed and by 83.3% of the previously employed. No effect was reported by 26.8% of the employed and by only 5% of the previously employed.

4.10 Policies which would Support and Maintain People in Employment

One of the main objectives of this research was to identify what were the most important factors which would facilitate this group in the reconciliation of their mental health needs and employment.

'Supportive attitudes in the Workplace' were identified both groups (52.5% of those currently employed and 47.3% of those employed in the past) as being the most important factor which would help people with mental health problems in the workplace. The second most important factor cited was flexible hours, with 25.4% of the currently employed and 23.0% of the previously citing this. As will be seen from Table 40, an open environment where people could disclose their mental health problems was also seen as important, with 15.3% of the employed and 23% of the previously employed citing this.

Table 40: Respondents' Views of the Most Important Factors in Supporting and Maintaining Employment for People with Mental Health Problems: Comparisons by Employment Status

Most important factors in supporting and maintaining employment	Employed (n=59)	Non-Employed (n=74)	Total (N=133)
	%	%	%
flexible hours	25.4	23.0	24.1
part time working/job sharing	6.8	6.8	6.8
supportive attitudes at work	52.5	47.3	49.6
open environment - could disclose mental health problems	15.3	23.0	19.5
Total	**100.0**	**100.0**	**100.0**

The fact that supportive attitudes is listed as the most important is not surprising. It encapsulates many of the factors that have emerged in these results. One can assume that if supportive attitudes are in place, then practical arrangements, such as flexible working hours, etc. will follow. Even more important is the fact that the employee will then feel able to approach others, articulate their needs and feel sure of a positive, constructive and sympathetic response.

4.11 Attitudes towards Mental Health and the Workplace

4.11.1 Structure of Attitudes towards Mental Health and the Workplace: Factor analytic results

The attitudes of the respondents and their perceptions of attitudes of people in general towards mental health issues as they relate to the workplace were elicited through a series of Likert items, to which they were asked to agree or disagree on seven-point scales, ranging from strongly disagree to strongly agree.

The responses to this set of 10 items were factor analysed to identify the underlying dimensions or structure of the items. The analysis resulted in three factors or clusters of items, each of which represents a different factor or attitudinal dimension. These are presented in Table 41.

Table 41: Factor Analysis of Attitudes to Mental Health Problems in the Workplace (N=133)

Factor I: Belief in Flexibility and Openness towards Employees with Mental Health Problems

Item	Varimax Rotated Loading
1. Flexible working can help if people with mental health problems are to participate fully in the workplace	.64
2. If people with mental health problems need flexibility at work in order to stay in the workforce, their work colleagues should make allowances for this	.76
3. People should be able to be more open in the workplace about mental health issues	.72
4. Employers should make a special effort to accommodate the particular needs of employees with mental health problems in the workplace	.52
% Variance: 26.9% Cumulative % Variance: 26.9% Cronbach's Alpha: .65	

Factor II: Perception of Mental Health Problems as an Illness which should be supported by Employers

Item	Varimax Rotated Loading
1. Mental health problems should be regarded in the same way as any other illness	.76
2. It is in the interest of employers to support people with mental health problems so as to retain their skills and experience	.76
3. *People with depression aren't really ill- they should just pull themselves together	-.60
% Variance: 15.5% Cumulative % Variance: 42.4% Cronbach's Alpha: .54 * Reversed composite score	

Factor III: Perception of Stigma attached to Mental Health Problems

Item	Varimax Rotated Loading
1. People think worse of you if you tell them that you have suffered from mental health problems	.83
2. *Most people think that employees with mental health problems are just as capable of contributing to the workforce as any other employee	-.66
3. It is not in an employee's best interest to discuss/disclose mental health problems in the workplace	.58
% Variance: 12.7% Cumulative % Variance: 54.1% Cronbach's Alpha: .50 * Reversed composite score	

Factor I is entitled "Belief in Flexibility and Openness towards Employees with Mental Health Problems." Four items loaded on this factor. These items include the statements that "flexible working can help if people with mental health problems are to participate fully in the workplace," and "If people with mental health problems need flexibility at work in order to stay in the workforce, their work colleagues should make allowances for this."

The factor also contains the view that "People should be able to be more open in the workplace about mental health issues." Finally, it contains the statement that "employers should make a special effort to accommodate the particular needs of employees with mental health problems in the workplace".

Factor II, entitled "Perception of Mental Health Problems as an Illness which should be supported by Employers" contains three items. These include the statement, "Mental health problems should be regarded in the same way as any other illness." The item "People with depression aren't really ill – they should just pull themselves together" also loads on this factor, but negatively, indicating that people who agree with the other items on the factor tend to disagree with this one. Finally, the factor included the statement, "It is in the interest of employers to support people with mental health problems so as to retain their skills and experience."

Factor III, entitled "Perception of Stigma attached to Mental Health Problems" includes three items. The first is the belief that "People think worse of you if you tell them that you have suffered from mental health problems." In addition, those high on this factor believe that "it is not in an employee's best interest to discuss/disclose mental health problems in the workplace. Loading in a negative direction is the statement, "Most people think that employees with mental health problems are just as capable of contributing to the workforce as any other employee." Thus, people agreeing with the first two items would tend to disagree with the third item and conversely people agreeing with the third item would tend to disagree with the first two.

4.11.2 Attitudes towards Mental Health and the Workplace: Percentage Responses with comparisons with Nationwide Sample

Responses of the sample to each of these 10 attitudinal items, grouped into the three factors, are presented in Table 42. Seven of these items were also administered to a nationwide representative sample of 1,212 people, also in the context of the present Work-Life Balance Project (Fine-Davis, O'Dwyer, McCarthy and Edge, 2005), and it is therefore possible to compare the attitudes of the two samples – the first, the present sample of 133 people with depression, and the second, the nationwide representative sample of the population.

These responses demonstrate the negative view of mental illness which the respondents feel is the attitude of the general public. Most telling is the first item in Factor III, in which 72.9% of the mental health sample agreed that "people think worse of you if you tell them that you have suffered from mental health problems." Another response which echoes this was the fact that only 38.9% of the mental health sample said that "most people think that employees with mental health problems are just as capable of contributing to the workforce as any other employee" (Factor III).

A majority of the mental health sample (79.6%) felt that it was "not in an employee's best interest to discuss or disclose mental health problems in the workplace" (Factor III). Yet this is what they would like to do, as may be seen in the fact that almost all (95.4%) of the sample agreed that people should be able to be more open in the workplace about mental health issues" (Factor I). It is encouraging to note that an almost equally high proportion of the nationwide sample (93.6%) agreed with this.

With regard to their participation in the workplace, their value to their employers and the necessity of making various flexible working arrangements available in order to achieve this, almost all of the sample (97.7%) agreed that "employers should make a special effort to accommodate the particular needs of employees with mental health problems" (Factor I). The vast majority of the nationwide sample also agreed with this. Almost all (97%) agreed that "flexible working can help if people with mental health problems are to participate fully in the workplace" (Factor I).

The need for a supportive attitude in their colleagues is also flagged, with almost all (94%) agreeing that "their work colleagues should make allowances" if people with mental health problems need flexibility at work in order to stay in the workforce (Factor I). The nationwide sample was also in agreement with this (89% agreed).

However, on a more assertive and positive note, recognition of the contribution which this group can bring to the workplace is shown by the fact that 100% of the mental health sample agreed that it was "in the interest of employers to support people with mental health problems so as to retain their skills and experience" (Factor II). The nationwide sample also supported this view (92.7% agreed).

The underlying theme recurring throughout this study that mental illness should be treated the same like any other illness again appears and almost all of the sample agree (97.7%). The nationwide sample concurs (92%). Moreover, there is a total rejection of the statement that "people with depression aren't really ill and they should just pull themselves together". Ninety-seven per cent of the mental health sample reject this statement, as do 92.8% of the nationwide sample.

These attitudes and perceptions reiterate the data already elicited. What people with mental health problems want is acceptance that mental illness is an illness like any other, that they have a valuable contribution to make both in the workplace and to society, and that this contribution is only possible with the understanding and awareness of their employers, colleagues and society as whole.

The fact that the attitudes of the nationwide sample were so supportive is encouraging. However, the negative experiences encountered by many of those suffering mental health problems and the stigma they perceive suggests that some caution should be taken in interpreting the attitudes of the nationwide sample. It is possible that these attitudinal statements may, to some extent, be eliciting a "social desirability response set". Further research would be needed to more fully assess these responses. For example, a closer inspection of the data reveals that whereas the mental health sample indicated stronger levels of agreement, the nationwide sample was more likely to express slight or moderate levels of agreement and herein lies the subtle difference of attitude. In other words, while it is to be welcomed that the nationwide sample is expressing supportive attitudes, they are not being expressed in as wholehearted a fashion as would be desired.

Table 42: Attitudes to Mental Health and the Workplace: A Comparison of the Mental Health and Nationwide Samples – Percentage Responses to Items grouped by Factor (N=1345)

Factor I: Belief in Flexibility and Openness towards Employees with Mental Health Problems

1. Flexible working can help if people with mental health problems are to participate fully in the workplace	**Mental Health (N=133):**						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	-	1.5	1.5		6.8	36.1	54.1
		3%		**0%**		**97%**	
2. If people with mental health problems need flexibility at work in order to stay in the workforce, their work colleagues should make allowances for this	**Mental Health (N=133):**						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	-	3.8	2.3		8.3	31.1	54.5
		6.1%		**0%**		**94%**	
	Nationwide (N=1212):						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	2.7	2.3	5		8.3	31.1	54.5
		10%		**1%**		**89%**	
3. People should be able to be more open in the workplace about mental health issues	**Mental Health (N=133):**						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	2.3	.8	1.5		.8	31.8	63
		4.6%		**0%**		**95.4%**	
	Nationwide (N=1212):						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	1.3	1.6	2.7		22.5	28.6	42.4
		5.6%		**.8%**		**93.6%**	
4. Employers should make a special effort to accomodate the particular needs of employees with mental health problems in the workplace	**Mental Health (N=133):**						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	.8	1.5	-		6.8	35.6	55.3
		2.3%		**0%**		**97.7%**	
	Nationwide (N=1212):						
	DISAGREE			**D.K, etc**	**AGREE**		
	Strong	Moderate	Slight		Slight	Moderate	Strong
	3.4	2.5	3.1		23.4	30.7	36.1
		9%		**.7%**		**90.3%**	

table 42 - continued on subsequent pages

table 42 - continued…

Factor II: Perception of Mental Health Problems as an Illness which should be supported by Employers

1. Mental health problems should be regarded in the same way as any other illness	**Mental Health (N=133):**						
		DISAGREE		**D.K, etc**		**AGREE**	
	Strong	Moderate	Slight		Slight	Moderate	Strong
	-	.8	1.5		2.3	18.8	76.7
		2.3%		**0%**		**97.7%**	
	Nationwide (N=1212):						
		DISAGREE		**D.K, etc**		**AGREE**	
	Strong	Moderate	Slight		Slight	Moderate	Strong
	1.8	2.2	3.5		12.6	24.1	55.2
		7.5%		**.6%**		**92%**	
2. It is in the interest of employers to support people with mental health problems so as to retain their skills and experience	**Mental Health (N=133):**						
		DISAGREE		**D.K, etc**		**AGREE**	
	Strong	Moderate	Slight		Slight	Moderate	Strong
	-	-	-		1.5	27.3	71.2
		0%		**0%**		**100%**	
	Nationwide (N=1212):						
		DISAGREE		**D.K, etc**		**AGREE**	
	Strong	Moderate	Slight		Slight	Moderate	Strong
	.8	2.3	3.5		19	29.7	44
		6.6%		**.7%**		**92.7%**	
3. People with depression aren't really ill - they should just pull themselves together	**Mental Health (N=133):**						
		DISAGREE		**D.K, etc**		**AGREE**	
	Strong	Moderate	Slight		Slight	Moderate	Strong
	85.7	10.5	.8		.8	1.5	.8
		97%		**0%**		**3%**	
	Nationwide (N=1212):						
		DISAGREE		**D.K, etc**		**AGREE**	
	Strong	Moderate	Slight		Slight	Moderate	Strong
	65.5	19	8.3		2.8	1.7	2
		92.8%		**.6%**		**6.6%**	

table 42 - continued…

Factor III: Perception of Mental Health Problems as Stigmatised

1. People think worse of you if you tell them that you have suffered from mental health problems	**Mental Health (N=133):**				**D.K, etc**			
		DISAGREE					**AGREE**	
	Strong	Moderate	Slight			Slight	Moderate	Strong
	3.8	9.0	12.8			18.8	30.8	23.3
		25.6%			**1.5%**		**72.9%**	
2. Most people think that employees with mental health problems are just as capable of contributing to the workforce as any other employee	**Mental Health (N=133):**				**D.K, etc**			
		DISAGREE					**AGREE**	
	Strong	Moderate	Slight			**Slight**	**Moderate**	**Strong**
	19.5	27.1	12.8			12.8	18	9
		59.4%			**.8%**		**39.8%**	
3. It is not in an employee's best interest to discuss/disclose mental health problems in the workplace	**Mental Health (N=133):**				**D.K, etc**			
		DISAGREE					**AGREE**	
	Strong	Moderate	Slight			Slight	Moderate	Strong
	5.3	10.6	4.5			12	30.3	37.1
		20.4%			**0%**		**79.6%**	
	Nationwide (N=1212):				**D.K, etc**			
		DISAGREE					**AGREE**	
	Strong	Moderate	Slight			Slight	Moderate	Strong
	8.8	10	10			21	19.7	28
		28.8%			**2.3%**		**69%**	

4.12 The Experience of People with Mental Health Problems in the Workplace

4.12.1 Reasonable accommodation

Respondents, both currently and previously employed, were asked to what extent they felt their mental health needs had been "reasonably accommodated" by their employers. Just under a quarter (22.2%) of currently employed respondents felt that their mental health needs had not been reasonably accommodated by their employer. This contrasts with 51.8% of the previously employed who felt that their needs had not been reasonably accommodated in their former employment. Thus, there is a considerable difference in the extent to which these two groups felt they had been accommodated, with an extra 29.6% of those non-employed feeling that they had been poorly treated.

Under the Employment Equality Acts (1998 and 2004), people with mental health issues in the workplace must be reasonably accommodated by their employers. It is therefore worrying that nearly a quarter of those in employment and slightly more than half of the previously employed felt that they had not been reasonably accommodated by their employers. In total, this means that 38.6% of all those either employed or previously employed perceive that they had not been reasonably accommodated.

Table 43: Extent to which respondents felt they had been reasonably accommodated in the workplace: A comparison between the currently and previously employed

Mental health needs accommodated	Currently Employed (n=56)	Previously Employed (n=45)	Total (N=101)
	%	%	%
Not at all	11.1	21.4	16.8
Not very much	11.1	30.4	21.8
Somewhat	20.0	14.3	16.8
Quite a lot	24.4	19.6	21.8
A great deal	33.3	14.3	22.8
Total	**100.0**	**100.0**	**100.0**

4.12.2 Effects of Leave of absence

Respondents were asked if they had ever taken leave of absence from their jobs as a result of their mental health problems. As may be seen in Table 44, 57.6% of those currently employed and 53.4% of those who had worked in the past, had taken leave of absence from their jobs due to their mental health problems. In total, 55.3% of all respondents had taken leave of absence.

Table 44: Use of leave of absence as a result of mental health problems: A comparison between the currently and previously employed

Leave of absence	Currently Employed (n=59)	Previously Employed (n=73)	Total (N=132)
	%	%	%
Yes	57.6	53.4	55.3
No	42.4	46.6	44.7
Total	**100.0**	**100.0**	**100.0**

When asked about their return to the workplace after a leave of absence, 21.3% of respondents currently employed felt that their supervisor/employer reacted either "negatively" or "very negatively" towards them, whilst 21.3% of the currently employed reported that they had had a "positive" or "very positive" reaction from their supervisor or employer. The remainder (57.6%) of those currently employed said that the reaction was neither positive nor negative.

Table 45: Reaction of supervisor/employer to respondents after return from leave of absence: A comparison between the currently and previously employed

How attitude of supervisor/employer changed	Currently Employed (n=33)	Previously Employed (n=39)	Total (N=72)
	%	%	%
Very negatively	6.1	7.7	6.9
Negatively	15.2	25.6	20.8
Neither	57.6	48.7	52.8
Positively	15.2	10.3	12.5
Very positively	6.1	7.7	6.9
Total	**100.0**	**100.0**	**100.0**

A third (33.3%) of all previously employed respondents who had taken leave of absence in order to deal with mental health issues, felt that the attitude of their supervisor/employer had changed in a negative way upon their return to work. Another 48.7% felt that the reaction was neither negative nor positive, whilst 18% felt that it had been either "positive" or "very positive". The data from the previously employed compare less favourably with the responses of the currently employed. Overall, the previously employed felt that the reaction to them upon their return to work was more negative than that experienced by their employed counterparts.

Generally, the data reflect the diversity of all the respondents' experiences whilst in employment. However, they also point to the non-uniformity of standards in dealing with people with mental health problems across the broader workplace. This shows that an employee's experiences, both in and returning to the workplace (after a leave of absence) may depend very much on the company they work for.

4.12.3 Perceived Bullying and Harassment by Colleagues

Respondents, both currently and previously employed, were asked if they had ever been bullied or harassed in the workplace by colleagues as a result of their mental health problems. Some 32.2% of the currently employed reported that they had been bullied by colleagues "sometimes", "often" or "very often", as a result of their mental health problems, while 19.2% of the previously employed reported that colleagues had "sometimes", "often" or "very often" bullied or harassed them.

In total, a quarter of all respondents (both currently and previously employed), reported that their colleagues had "sometimes", "often" or "very often" bullied them, while 3% said that they had "rarely" been bullied and some 61.4% said colleagues had never bullied them.

Table 46: Extent to which respondents reported having been bullied/harassed by colleagues: A comparison between the currently and previously employed

Bullied by colleagues	Currently Employed (n=59)	Previously Employed (n=73)	Total (n=132)
	%	%	%
Not at all	57.6	64.4	61.4
Rarely	3.4	2.7	3.0
Sometimes	18.6	8.2	12.9
Often	10.2	1.4	5.3
Very often	3.4	9.6	6.8
N/a	6.8	13.7	10.6
Total	**100.0**	**100.0**	**100.0**

4.12.4 Perceived Bullying and Harassment by Employer

Both currently and previously employed respondents were asked if they had ever been bullied/harassed by their employer as a result of their mental health problems. Just under a quarter (24.1%) of currently employed respondents said that their employers had "sometimes", "often" or "very often" bullied/harassed them. The majority of currently employed respondents (62.1%) said that they had not been bullied/harassed at all by employers, while 3.4% said that they had "rarely" been bullied/harassed.

Responses from the previously employed were quite similar. Just over a fifth (21.9%) of these reported that they had "sometimes", "often" or "very often" been bullied/harassed by their employer. A further 3.1% said that they had "rarely" been bullied/harassed by employers as a result of their mental health problems, while 61.6% said that they had never been bullied/harassed by their supervisor. In total, 22.9% of all respondents (both currently and previously employed) reported being bullied/harassed by their employer.

Table 47: Extent to which respondents reported having been been bullied/harassed by employer: A comparison between the currently and previously employed

Bullied by employer	Currently Employed (n=58)	Previously Employed (n=73)	Total (N=131)
	%	%	%
Not at all	62.1	61.6	61.8
Rarely	3.4	2.7	3.1
Sometimes	12.1	8.2	9.9
Often	8.6	5.5	6.9
Very often	3.4	8.2	6.1
N/a	10.3	13.7	12.2
Total	**100.0**	**100.0**	**100.0**

4.12.5 Type and extent of bullying/harassment that respondents reported having experienced

All respondents were asked about the specific nature of any bullying or harassment which they may have felt subjected to as a result of their mental health problems. These included the following seven possible forms of bullying and harassment: verbal abuse from colleagues, verbal abuse from a manager/superior, having been excluded, having had one's workload lessened, having been unfairly rebuked, having been passed over for promotion and having had one's job description changed. Respondents, both currently employed and previously employed, were asked if they had ever experienced each of these as a result of their mental health problems, and, if so, to what extent. They could reply from "not at all" to "a great deal." The responses to each of these items is presented in Table 48.

It can be seen that the most prevalent form of bullying and harassment experienced took the form of "exclusion." Thirty per cent (30.5%) of the total sample said that they had experienced anything from "some" to "a great deal" of exclusion as a result of their mental health problems. This figure was somewhat greater for the currently employed (33.9%) than it was for the previously employed (27.7%).

The next most frequently reported form of bullying was having been passed over for promotion. Over all respondents, this was experienced by 28.8% either "some", "quite a lot," or "a great deal." Again it was more often experienced by the currently employed (33.9%) than by the previously employed (24.7%).

This was followed by having been unfairly rebuked, a form of bullying reported by 25.8% of the sample overall. Another frequently reported form of bullying was having one's workload reduced. This was reported by 21.4% overall – again more frequently by the currently employed (27.2%), as compared with the previously employed (16.7%).

Table 48: Specific nature of bullying/harassment which respondents reported having experienced: Comparisons between the currently and previously employed

Specific nature of Bulling/harassment	Currently Employed (n=73)	Previously Employed (n=59)	Total (N=132)
Verbal abuse from colleagues	%	%	%
Not at all	71.2	65.8	68.2
Not very much	1.7	2.7	2.3
Some	15.3	6.8	10.6
Quite a lot	3.4	6.8	5.3
A great deal	.0	2.7	1.5
n/a	8.5	15.1	12.1
Total	**100.0**	**100.0**	**100.0**
Verbal abuse from manager/supervisor	%	%	%
Not at all	64.4	61.6	62.9
Not very much	5.1	5.5	5.3
Some	10.2	8.2	9.1
Quite a lot	8.5	4.1	6.1
A great deal	1.7	6.8	4.5
N/a	10.2	13.7	12.1
Total	**100.0**	**100.0**	**100.0**
Been excluded	%	%	%
Not at all	52.5	51.4	51.9
Not very much	6.8	5.6	6.1
Some	23.7	13.9	18.3
Quite a lot	6.8	6.9	6.9
A great deal	3.4	6.9	5.3
N/a	6.8	15.3	11.5
Total	**100.0**	**100.0**	**100.0**
Had your workload lessened	%	%	%
Not at all	62.7	65.3	64.1
Not very much	3.4	4.2	3.8
Some	15.3	11.1	13.0
Quite a lot	8.5	2.8	5.3
A great deal	3.4	2.8	3.1
N/a	6.8	13.9	10.7
Total	**100.0**	**100.0**	**100.0**
Been unfairly rebuked	%	%	%
Not at all	61.0	57.5	59.1
Not very much	3.4	5.5	4.5
Some	20.3	12.3	15.9
Quite a lot	5.1	9.6	7.6
A great deal	3.4	1.4	2.3
N/a	6.8	13.7	10.6
Total	**100.0**	**100.0**	**100.0**

table 48 - continued opposite

table 48 - continued

Been passed over for promotion	%	%	%
Not at all	47.5	52.1	50.0
Not very much	1.7	2.7	2.3
Some	18.6	11.0	14.4
Quite a lot	8.5	9.6	9.1
A great deal	6.8	4.1	5.3
N/a	16.9	20.5	18.9
Total	**100.0**	**100.0**	**100.0**
Had your job description changed	%	%	%
Not at all	70.7	64.4	67.2
Not very much	1.7	.0	.8
Some	13.8	8.2	10.7
Quite a lot	.0	5.5	3.1
A great deal	3.4	2.7	3.1
N/a	10.3	19.2	15.3
Total	**100.0**	**100.0**	**100.0**

Having been verbally abused by a manager or other superior was reported by 19.7% of the total sample and, in addition, 17.4% reported anywhere from some to a great deal of verbal abuse from colleagues.

Finally, 16.9% of the total sample reported that they had had their job description changed as a result of their mental health problems.

Overall, currently employed respondents reported experiencing all forms of bullying/harassment more frequently than those non-employed. Thus, we can conclude that a significant proportion of currently employed people with mental health problems are having to work under conditions of bullying and harassment.

It is perhaps not a coincidence that exclusion was overall, the most frequent form of bullying and harassment which respondents say they have been subjected to, followed by being passed over for promotion. These are both insidious forms of bullying. They are not as direct a form of bullying as, for instance, verbal abuse. It is often very difficult for the victim of such bullying to gather tangible evidence due to the covert nature of such behaviour. Indeed given the nature of depression, which involves low self-esteem, it is likely that many people experiencing these and other forms of bullying may think that this treatment is justified and my internalise the negative views of their bullies.

4.12.6 Undermining of employees with mental health problems in the workplace

All respondents, both currently and previously employed, were asked if they had ever been undermined in the workplace as a result of their mental health problems. Some 23.6% of the total sample reported that they had "sometimes", "often" or "very often" been undermined in the workplace as a result of their mental health problems. This figure was similar for both the employed and non-employed.

Table 49: Extent to which mental health problems have been used to undermine respondents in the workplace: Comparison between the currently and previously employed

Extent to which mental health problems used to undermine respondents	**Currently Employed** (n=56)	**Previously Employed** (n=71)	**Total** (N=127)
	%	%	%
Not at all	62.5	70.4	66.9
Rarely	14.3	5.6	9.4
Sometimes	12.5	15.5	14.2
Often	7.1	4.2	5.5
Very often	3.6	4.2	3.9
Total	**100.0**	**100.0**	**100.0**

A comparison by gender showed that males and females were very similar in their experience of being undermined in this regard: 24.3% of all female respondents (either employed or employed in the past) felt that they had "sometimes", "often" or "very often" been undermined at work because of their mental health problems. Similarly 22.9% of all male respondents, either employed or employed in the past, felt that they had also been undermined at work due to their mental health problems.

4.12.7 Seeking advice and taking action to stop bullying/harassment

Only 18.2% of the total sample sought advice on how to stop the bullying and harassment. However, bearing in mind that approximately 20-25% experienced bullying and harassment, this figure is actually quite high. Interestingly, a higher proportion of women said that they sought advice that men did - 24.3% of female respondents, both employed and previously employed, compared with 10.3% of their male counterparts.

Table 50: Looked for advice on how to stop bullying/harassment: comparison by gender

Looked for advice	**Male** (n=58)	**Female** (n=74)	**Total** (N=132)
	%	%	%
Yes	10.3	24.3	18.2
No	89.7	75.7	81.8
Total	**100.0**	**100.0**	**100.0**

When asked if they had taken any action to stop the bullying and harassment, only 9.8% said they had. Again a somewhat higher proportion of females reported having done so (12.2%) and males (6.9%). Some 12.2% of all female respondents had taken action in relation to bullying/harassment, compared to 6.9% of male respondents. This indicates that half of the women who sought advice in relation to bullying/harassment took action, whilst two-thirds of men who sought advice took action. Of those respondents who sought advice or took action, most approached their trade union representative (53.8%). The next most frequent course of action was approaching a legal person (30.8% did so). Relatively few approached the Equality Authority (15.4%). Over a third said they approached other persons or organisations. Some approached more than one person or agency for advice or help.

Table 51: Action taken to stop bullying/harassment: comparison by gender

Taken any action	**Male** (n=58)	**Female** (n=74)	**Total** (N=132)
	%	%	%
Yes	6.9	12.2	9.8
No	93.1	87.8	90.2
Total	**100.0**	**100.0**	**100.0**

All respondents who indicated that they had been bullied/harassed at work were asked why they had not taken action against the perpetrators. Both the currently employed (35.7%) and previously employed (33.3%) said that the biggest factor preventing them from taking action was a fear of losing their job. Not having enough energy was cited by 14.3% of those currently employed, while fear of making matters worse was reported by a further 14/3%. For those employed in the past, 22.2% said that they did not take action because they did not want to draw attention to themselves, while another 22.2% said that they quit their jobs.

Table 52: Most important reasons why no action was taken to stop bullying/harassment: A comparison between the currently and previously employed

Reason why no action taken	Currently Employed (n=14)	Previously Employed (n=9)	Total (N=23)
	%	%	%
Afraid of losing my job	35.7	33.3	34.8
Didn't know where to turn to for help	7.1	11.1	8.7
Didn't have enough energy	14.3	.0	8.7
Didn't want to draw attention to self	7.1	22.2	13.0
Afraid it would make things worse	14.3	11.1	13.0
I quit my job	7.1	22.2	13.0
Stopped of its own accord after a while	14.3	.0	8.7
Total	**100.0**	**100.0**	**100.0**

4.12.8 Prevalence and perceived effectiveness of anti-bullying/harassment policies

Asked if there was an anti-harassment/bullying policy in their place or former place of employment, 60.3% of the currently employed said there was, while 27.6% said there was not and 12.1% did not know. Of those currently not employed, 25.7% said there had been anti-harassment/bullying policies in operation in their previous jobs, while 52.4% said there had not and 22.9% did not know. As highlighted above, there is a significant difference between the responses of the currently employed and those employed in the past. The average length of absence from paid employment for those currently non-employed was 7.8 years, which refers to the period prior to the introduction of the Employment Equality Act (1998). Thus the data may reflect the extent to which recent equality legislation has impacted on employees in Ireland through the provision of workplace anti-harassment and bullying policies and through the legislation itself. This is particularly relevant for employees and potential employees with mental health difficulties, as this legislation ensures that discrimination on the basis of a person's mental health is prohibited.

Table 53: Extent of anti-bullying/harassment policies in the workplace: A comparison between the currently and previously employed

Anti- harassment/ bullying policy in the workplace	Currently Employed (n=58)	Previously Employed (n=70)	Total (N=128)
	%	%	%
Yes	60.3	25.7	41.4
No	27.6	51.4	40.6
Don't know	12.1	22.9	18.0
Total	**100.0**	**100.0**	**100.0**

All respondents who indicated that there were anti-harassment/bullying policies in their workplace/former workplace were asked the extent to which they felt these policies were effective. Just under half of respondents currently employed (48.6%) reported that current policies were "somewhat effective", "effective" or "very effective". A significant minority (37.1%) of currently employed respondents thought that anti-harassment/bullying policies in operation in their workplace were "somewhat ineffective", "ineffective" or "very ineffective". Some 14.3% of currently employed respondents did not know if the anti-harassment/bullying policies in their workplace were effective or ineffective.

Similarly, just under half of those employed in the past (44.5%), thought that the anti-harassment/bullying policies in their former workplaces were "somewhat effective", "effective" or "very effective". Some 33.4% of those employed in the past thought that the policies were "somewhat ineffective", "ineffective" or "very ineffective", while 22.2% did not know.

Table 54: Perceived effectiveness of anti-harassment/bullying policies in the workplace: A comparison between the currently and previously employed

Effectiveness of anti-harassment/bullying policy	Currently Employed (n=35)	Previously Employed (n=18)	Total (N=53)
	%	%	%
Very ineffective	14.3	11.1	13.2
Ineffective	17.1	5.6	13.2
Somewhat ineffective	5.7	16.7	9.4
Don't know	14.3	22.2	17.0
Somewhat effective	8.6	11.1	9.4
Effective	20.0	16.7	18.9
Very effective	20.0	16.7	18.9
Total	**100.0**	**100.0**	**100.0**

Whilst the data points to a considerable increase in the frequency of anti-harassment/bullying policies in the broader workplace between those currently employed and non-employed (25.7% of the currently non-employed said their previous workplace had anti-harassment/bullying policy compared to 60.3% of those currently in employment), it does not show a comparative increase in the perceived effectiveness of these policies. Whilst equality legislation has and continues to encourage employers to implement anti-harassment/bullying policies in their organisations, there appears to be a lack of faith, on behalf of employees and potential employees with mental health problems, that these policies actually protect them.

4.13 Mental health and the law

All respondents, both currently employed and previously employed, were asked if they were aware that discrimination in the workplace against people with mental health problems was prohibited under the law. Just over half of the currently employed (57.6%) indicated that they were aware of this legislation, whilst 37.3% were not and 5.1% did not know. Just under a half of those employed in the past (49.3%) said that they were aware of the legislation, whilst 47.9% said they were not and 2.8% did not know.

Table 55: Awareness that discrimination against people with mental health problems is prohibited: A comparison between the currently and previously employed

Awareness of anti-discrimination law	Currently Employed (n=59)	Previously Employed (n=71)	Total (N=130)
	%	%	%
Yes	57.6	49.3	53.1
No	37.3	47.9	43.1
Don't know	5.1	2.8	3.8
Total	**100.0**	**100.0**	**100.0**

All respondents, both currently and previously employed, were asked if they had ever heard of the Equality Authority. A large majority of respondents currently employed (84.7%) had heard of the Equality Authority, whilst 15.3% had not. Of those respondents not currently employed, 81.7% had heard of the Equality Authority and 18.3% had not.

Table 56: Awareness of the Equality Authority: A comparison between the currently and previously employed

Heard of the Equality Authority	Currently Employed (n=59)	Previously Employed (n=71)	Total (N=130)
	%	%	%
Yes	84.7	81.7	83.1
No	15.3	18.3	16.9
Total	**100.0**	**100.0**	**100.0**

There is a considerable discrepancy between the high proportion who have heard of the Equality Authority (83.1% of all respondents in total) and those who knew that it is prohibited under law to discriminate against people on the basis of their mental health status (53.1% in total) Thus, the Equality Authority appears to be highly visible amongst this particular sample. However, the equality legislation which covers, among the nine grounds, the area of disability – which includes *inter alia* the area of mental health - is not well known to this group of respondents. Just somewhat over half of the respondents who are protected by this legislation are aware that it protects them on the grounds of discrimination in the area of mental health in the workplace. This is a worrying phenomenon considering the high percentages of respondents who felt that they had, as a result of their mental health problems, suffered bullying and harassment in the workplace, as has been detailed above.

4.14 Work-Life Balance and Well-Being

Combining work and personal life is a challenge that many face in today's workplace. If this dilemma is not resolved, increased levels of stress ensue. This is particularly serious for people with mental health difficulties, as increased levels of stress can trigger instances of mental illness, which in turn can contribute negatively to overall mental well-being.

This section of the report examines the work-life balance, quality of life and overall well-being of the respondents. Measures reported are those which have been widely used in previous studies in the social indicator and quality of life area. Some newer measures were also developed in the context of a cross-cultural study – *Fathers and Mothers: Dilemmas of the Work-Life Balance* (Fine-Davis, Fagnani, Giovannini, Hojgaard and Clarke, 2004).

4.14.1 Ease vs. Difficulty in Combining Work and Personal Life

As a major focus of the study is work-life balance, respondents were asked how easy or difficult it was for them to combine their job with their personal life. This measure was developed in the study cited above (*Ibid.*) and it was found in that study to be a very useful measure of work-life balance. In the present study employed respondents were asked about their current ease vs. difficulty in combing work and personal life, whereas non-employed respondents were asked about this in relation to their last job.

As may be seen from Table 57, over two-thirds (69.4%) of the currently employed found that it was either "somewhat easy," "easy" or "very easy" to combine their job with their personal life. This compared with 48.6.% of the previously employed who felt this way. Conversely, 30.5% of the employed and a full 51.3% of the previously employed had found it difficult. More of the employed said it was only "somewhat difficult" (20.3%), whereas the previously employed were more likely to have found it "difficult" (20.8%) in their last job to combine work and personal life.

This compares with 18.5% of a nationwide representative sample who said they found combining work and personal life difficult and 81.4% of whom who found it easy (Fine-Davis, O'Dwyer, McCarthy and Edge, 2005). Of course the nationwide representative sample is quite diverse and includes a wide range of people – employed, retired, working parents, etc. and it is not directly comparable to the samples under investigation in the present study. Furthermore, there are of course differences within the various groups in the nationwide sample. Nevertheless, it is useful to use it as a comparison since it is large and representative of the population at large.

Table 57 : Ease vs. Difficulty in Combining Job with Personal Life: Comparisons by Employment Status and with Nationwide Representative Sample

Ease vs difficulty in combining job with personal life	Currently Employed (n=59)	Previously Employed (n=72)	Total (N=131)	Nationwide Sample (N=1068)
	%	%	%	%
very easy	23.7	16.7	19.8	30.8
easy	27.1	22.2	24.4	32.2
somewhat easy	18.6	9.7	13.7	18.4
somewhat difficult	20.3	20.8	20.6	11.3
difficult	3.4	20.8	13.0	5.8
very difficult	6.8	9.7	8.4	1.5
Total	**100.0**	**100.0**	**100.0**	**100.0**

4.14.2 Satisfaction with Work-Life Balance

The pattern observed above in relation to the currently employed respondents was reflected in their expressed satisfaction with their work-life balance. As noted above, 69.4% had found it easy, to one degree or another, to combine work and personal life. Thus, it is not surprising that 61.1% expressed satisfaction with their work-life balance. When compared with a sample of employed persons from the nationwide sample, it may be seen in Table 58 that an even higher proportion (82.5%) expressed satisfaction with their work-life balance.

Table 58 :Satisfaction with Work-Life Balance: Comparison between Employed Respondents in Present Study and in Nationwide Representative Sample

Satisfaction with work-life balance	Mental health sample, employed (n=59)	Nationwide sample, employed (n=675)
	%	%
very dissatisfied	1.7	2.2
dissatisfied	11.9	4.9
somewhat dissatisfied	25.4	10.7
somewhat satisfied	13.6	19.1
satisfied	33.9	45.2
very satisfied	13.6	18.0
Total	**100.0**	**100.0**

4.14.3 Stress: Frequency and Sources

Stress levels are particularly salient for people with mental health difficulties and quite high stress levels were reported overall, with a total of 50.8% reporting that they felt under stress either “often,” “very often” or “always”. Levels were slightly higher among the currently employed (54.2%) compared to the previously employed (47.9%). Table 59 presents these comparisons and also shows the stress levels reported in the nationwide sample. This comparison reveals that the stress levels in the nationwide sample were significantly lower, with only 18.7% reporting that they often, very often or always experienced stress.

Table 59: How often Respondents feel under Stress: Comparisons between Employed, Non-employed and Total in Current Sample with Nationwide Representative Sample

How often feel under stress	Employed (n=59)	Non-employed (n=73)	Total (N=132)	Nationwide Sample (N=1202)
	%	%	%	%
never	5.1	9.6	7.6	19.7
rarely	3.4	15.1	9.8	20.5
sometimes	37.3	27.4	31.8	41.1
often	27.1	15.1	20.5	10.1
very often	23.7	26.0	25.0	6.1
always	3.4	6.8	5.3	2.5
Total	**100.0**	**100.0**	**100.0**	**100.0**

In view of the above, it is not surprising that the main sources of stress for the currently employed were their mental health problems (27.8%) and their job (27.8%), as shown in Table 60. For those not currently employed, the main source of stress was their mental health problems (41.8%). Relationships were the third main source of stress for the employed (18.5%), followed by financial concerns (11.1%). Among the non-employed, after mental health problems, financial concerns (18.2%) and relationships (14.5%) were the major sources of stress.

A comparison with the nationwide sample shows that one's job was also the main source of stress for the population at large (28.1%), as it was with the employed in the mental health sample (27.8%). The next major source of stress for the nationwide sample was financial concerns (17.7%), which was quite similar to the non-employed mental health sample (18.2%). However, caring and domestic activities (13.9%) and juggling job and caring activities (12%) were more important sources of stress for the nationwide sample than they were for the mental health sample (3.7% and 4.6% respectively). Only 5.8% of the nationwide sample said relationships were a major source of stress, which contrasted with the mental health sample, of whom 16.5% mentioned this. Physical health problems were also more important as sources of stress for the nationwide sample (9.5%), probably in large part because the sample includes a large proportion of older people. Psychological or mental health problems were a major source of stress for only a very small part of the nationwide sample (1.2%),whereas they were the major source of stress for the mental health sample (34.9%), particularly for those who were currently unemployed (41.8%).

Table 60: Main Source of Stress for Respondents: Comparison by Employment Status

Main source of stress	Employed (n=54)	Non-employed (n=55)	Total (N=109)	Nationwide Sample (N=725)
	%	%	%	%
my job	27.8	7.3	17.4	28.1
caring/domestic activities	1.9	5.5	3.7	13.9
juggling job & caring activities	7.4	1.8	4.6	12.0
relationships	18.5	14.5	16.5	5.8
financial concerns	11.1	18.2	14.7	17.7
commuting	1.9	.0	.9	2.2
physical health problems	3.7	3.6	3.7	9.5
mental health problems	27.8	41.8	34.9	1.2
own school/education commitments	.0	3.6	1.8	6.3
other	.0	3.6	1.8	3.2
Total	**100.0**	**100.0**	**100.0**	**100.0**

4.14.4 Extent of Desire for More time with Family and for more Personal Time

One advantage of not working is that people have more time to spend with their families, so as Table 61 shows, as was to be expected, only 25.7% of those not employed wanted to spend more time with their families. This compared to over half (52.6%) of employed respondents would like to spend more time with their family or others close to them.

With regard to personal time, a majority of both groups were content with their current level of personal time, arrangements with 51.7% of the employed and 66.2% of the non- employed saying that they would like to have the same amount of time as at present. Not surprisingly, 44.9% of the employed and 20.3% of the non-employed would have liked somewhat more time, while 13.6% of the non- employed opted for much less time or less time.

Table 61: Amount of Time Respondents Would Like to Spend with their Family: Comparison by Employment Status

Amount of time would like to spend with family	Employed (n=59)	Non-employed (n=74)	Total (n=133)
	%	%	%
much less time	.0	1.4	.8
less time	8.5	10.8	9.8
about the same	39.0	62.2	51.9
somewhat more time	40.7	13.5	25.6
much more time	11.9	12.2	12.0
Total	**100.0**	**100.0**	**100.0**

Table 62 :Amount of Personal Time Respondents would like to have: Comparisons by Employment Status

Amount of personal time would like	Employed (n=58)	Non-employed (n=74)	Total (N=132)
	%	%	%
much less time	.0	1.4	.8
less time	3.4	12.2	8.3
about the same	51.7	66.2	59.8
somewhat more time	32.8	12.2	21.2
much more time	12.1	8.1	9.8
total	**100.0**	**100.0**	**100.0**

4.14.5 Self-Assessed Physical Health

The present state of their physical health, as assessed by the respondents is shown in Table 63. The group as a whole reported that their physical health was "good," "very good" or "excellent" (68.4%). However the slight difference between the two groups - 74.6% of the employed compared to 63.5% of the non-employed - would suggest that not only the mental health but also the physical health of the non-employed was not as good as that of the currently employed. Comparisons with the nationwide sample show that 84.1% of the nationwide sample rated their health as good, very good or excellent.

Table 63: Self-Assessed Physical Health at the Present Time: Comparisons by Employment Status and with Nationwide Sample

Self-assessed health	Employed (n=59)	Non-employed (n=73)	Total (N=132)	Nationwide Sample (N=1209)
	%	%	%	%
poor	8.5	10.8	9.8	3.5
fair	16.9	25.7	21.8	12.5
good	37.3	31.1	33.8	28.7
very good	28.8	24.3	26.3	33.7
excellent	8.5	8.1	8.3	21.7
total	**100.0**	**100.0**	**100.0**	**100.0**

4.14.6 Satisfaction with Physical and Mental Health

To obtain an overall picture of respondents' satisfaction with a number of different areas of their life, they were asked about health, personal life, financial situation and life in general.

As will be seen in Table 64, 50.9% of the employed and 46.5% of the previously employed expressed themselves as being either somewhat satisfied, satisfied or very satisfied with their present state of physical health. This compared with 86.8% of the nationwide sample feeling this way.

Table 64: Satisfaction with Physical Health: Comparisons by Employment Status and with Nationwide Sample

Satisfaction with physical health	Employed (n=59)	Non-employed (n=73)	Total (N=132)	Nationwide Sample (N=1210)
	%	%	%	%
very dissatisfied	6.8	8.2	7.6	2.6
dissatisfied	11.9	16.4	14.4	4.5
somewhat dissatisfied	18.6	9.6	13.6	6.1
somewhat satisfied	11.9	19.2	15.9	10.8
satisfied	40.7	30.1	34.8	40.0
very satisfied	10.2	16.4	13.6	36.0
total	**100.0**	**100.0**	**100.0**	**100.0**

Table 65: Satisfaction with Mental Health: Comparisons by Employment Status

Satisfaction with mental health	Employed (n=59)	Non-employed (n=73)	Total (N=132)
	%	%	%
very dissatisfied	1.7	15.1	9.1
dissatisfied	15.3	19.2	17.4
somewhat dissatisfied	16.9	13.7	15.2
somewhat satisfied	25.4	15.1	19.7
satisfied	32.2	27.4	29.5
very satisfied	8.5	9.6	9.1
total	**100.0**	**100.0**	**100.0**

With regard to their mental health, 66.1% of the employed and 42.1% of the non- employed said that they were either somewhat satisfied, satisfied or very satisfied with their present mental health. Conversely, 33.9% of the employed and 48% of the non-employed were dissatisfied with their mental health, as shown in Table 65 above.

4.14.7 Satisfaction with Family/Personal Life

A majority of both groups (77.9% of the employed and 63.5% of the non-employed) were either somewhat satisfied, satisfied or very satisfied with their family or personal life. However, slightly more of the previously employed (36.5%) were dissatisfied than the currently employed (22.1%), as shown in Table 66. While these figures reflect a reasonably high level of satisfaction, they do not come close to the levels expressed in the nationwide sample, where 94.9% expressed satisfaction with family/personal life and only 5.1% expressed dissatisfaction.

Table 66: Satisfaction with Family/Personal Life: Comparisons by Employment Status and with Nationwide Sample

Satisfaction with family/ personal life	Employed (n=59)	Non-employed (n=74)	Total (N=133)	Nationwide Sample (N=1208)
	%	%	%	%
very dissatisfied	1.7	8.1	5.3	1.0
dissatisfied	10.2	13.5	12.0	0.9
somewhat dissatisfied	10.2	14.9	12.8	3.1
somewhat satisfied	20.3	10.8	15.0	8.4
satisfied	32.2	27.0	29.3	44.1
very satisfied	25.4	25.7	25.6	42.5
total	**100.0**	**100.0**	**100.0**	**100.0**

4.14.8 Satisfaction with Relationship with Spouse/Partner

Respondents were asked about their satisfaction with their relationship with their husband, wife or partner. This category did not apply to 39% of the employed and 47.9% of the previously employed. Table 67 shows that, of the remainder, 83% of the employed and 74% of the non-employed said that they were either somewhat satisfied, satisfied or very satisfied with their relationship.

Table 67: Satisfaction with Relationship with Husband/Wife/Partner: Comparisons by Employment Status and with Nationwide Sample

Satisfaction with relationship with spouse/partner	Employed (n=59)	Non-employed (n=73)	Total (N=132)	Nationwide Sample (N=1206)
	%	%	%	%
very dissatisfied	3.4	2.7	3.0	1.1
dissatisfied	.0	6.8	3.8	0.2
somewhat dissatisfied	6.8	4.1	5.3	0.9
somewhat satisfied	6.8	8.2	7.6	1.9
satisfied	16.9	6.8	11.4	19.0
very satisfied	27.1	23.3	25.0	38.3
NA	39.0	47.9	43.9	38.6
total	**100.0**	**100.0**	**100.0**	**100.0**

4.14.9 Satisfaction with Financial Situation

With regard to their financial situation, 35.6% of the employed and 52.1% of the non- employed said that they were either somewhat dissatisfied, dissatisfied or very dissatisfied. Not surprisingly, their financial situation was of greater concern to the non-employed. These figures compared with 71.5% of the nationwide sample which expressed satisfaction with their financial situation and 28.4% of whom expressed dissatisfaction (Table 68).

Table 68: Satisfaction with Financial Situation: Comparisons by Employment Status and with Nationwide Sample

Satisfaction with financial situation	Employed (n=59)	Non-employed (n=73)	Total (N=132)	Nationwide Sample (N=1205)
	%	%	%	%
very dissatisfied	3.4	15.1	9.8	4.8
dissatisfied	18.6	19.2	18.9	9.5
somewhat dissatisfied	13.6	17.8	15.9	14.1
somewhat satisfied	20.3	13.7	16.7	25.0
satisfied	35.6	27.4	31.1	35.4
very satisfied	8.5	6.8	7.6	11.1
total	**100.0**	**100.0**	**100.0**	**100.0**

4.14.10 Life Satisfaction

Life satisfaction is the most global measure of happiness or well-being. Not surprisingly, a higher proportion of the employed (78%) expressed life satisfaction to one degree or another, ranging from "somewhat satisfied," to "satisfied," to "very satisfied." The remaining 22% expressed dissatisfaction with life in general; however, most of these (16.9%) fell into the "somewhat dissatisfied" category. In contrast, the non-employed were more likely to express lower life satisfaction; 55.5% expressed satisfaction and 44.6% expressed dissatisfaction. This probably reflects several factors, including poorer mental and physical health and financial concerns. A comparison with levels of life satisfaction in the nationwide sample reveals contrasts. In this sample, 92.7% expressed some level of life satisfaction, whereas only 7.3% expressed dissatisfaction.

Table 69: Satisfaction with Life in General: Comparisons by Employment Status and with Nationwide Sample

Satisfaction with life in general	Employed (n=59)	Non-employed (n=74)	Total (N=133)	Nationwide Sample (N=1208)
	%	%	%	%
very dissatisfied	1.7	12.2	7.5	0.3
dissatisfied	3.4	13.5	9.0	1.2
somewhat dissatisfied	16.9	18.9	18.0	5.8
somewhat satisfied	33.9	12.2	21.8	12.0
satisfied	30.5	33.8	32.3	50.0
very satisfied	13.6	9.5	11.3	30.7
total	**100.0**	**100.0**	**100.0**	**100.0**

5 DISCUSSION & IMPLICATIONS

5.1 Disclosure: Experiences, Attitudes and Benefits

For some individuals with disabilities, the issue of disclosure is not especially problematic as their disability is easily apparent. Workers, for instance, who arrive for a job interview aided by a sign language interpreter or using a wheelchair, automatically reveal the presence of their disability. On the other hand, workers with a non-apparent disability, such as a psychiatric illness, who feel they might want or need accommodation in the workplace now or in the future, face a dilemma. They may be hired and employed without disclosing that they have a mental illness. However, in times of poor mental health, they may wish for their employer to accommodate their disability. An employer has no obligation, however, to make accommodations for a disability, in cases where that disability is unknown to them. This represents the "Catch 22" that many employees and potential employees with a mental illness, face when trying to access employment.

The dilemma of disclosure is essentially a problem of uncertainty. A worker or potential worker with a mental health problem must make a choice without knowing, in advance, how an employer will respond to disclosure, how far the information will spread in the workplace, or in what way it might impact on his/her personal or professional quality of life. Workers with mental health problems must make an assessment of the risks and benefits they face in deciding whether they should or should not disclose their psychiatric disability. Recent equality legislation - the Employement Equality Acts (1998 and 2004) - tries to reduce this uncertainty by imposing penalties on those who discriminate, but it does not fully eliminate the risk of negative consequences due to disclosure.

Disclosure is problematic for workers with mental health problems because of the risk of discrimination. Based on their previous experiences and those of their peers, many employees and potential employees with psychiatric disabilities fear that disclosure will, *inter*

alia: endanger their promotion possibilities, undermine their professional reputation, eliminate their job opportunities, make them a target for bullying/ harassment or lead to their exclusion in the workplace. These fears are supported by research - a survey of 778 users of mental health services in the U.K. found that 34% had reported being dismissed or forced to resign from their jobs (Read and Baker, 1996). A further 39% said they felt that their diagnosis was used as grounds for them being denied a job.

Just over 53% of respondents in the present study, both currently and previously employed, disclosed to someone at work about their mental health problems, whilst 44.7% indicated that they had not disclosed. There were, however, considerable differences between the responses of the employed and non-employed, as almost two-thirds of the employed had disclosed, compared with 45.2% of the non-employed. When asked if they had disclosed their mental illness at interview, 37.8% of the employed had, whilst only 21.9% of the non-employed had. Overall, 61.1% of currently employed respondents felt that disclosure had had a positive effect on them, whilst the non-employed again compared less favourably, with just over a third (34.5%) reporting that disclosure had had a positive effect on them. In general, as the above results show, the non-employed appear to have had more negative experiences in the workplace than their currently employed counterparts, as a result of their mental health problems. As mentioned earlier in the report, this may have been due to the lack of Equality legislation at the time, and consequently lesser awareness of the issues. This may account to some extent for the long length of absence from the workplace of the non-employed, which was on average 7.8 years per person.

Respondents were also asked how likely/unlikely they would be to disclose their mental illness to a new or potential employer. Overall, some 64.4% of respondents said that they "definitely" or "probably" would not disclose. Of these, almost three-quarters of employed respondents said they "definitely" or "probably" would not disclose, whilst 57.5% of the non-employed expressed similar opinions across the same categories. When asked if they would advise a friend with mental problems to disclose to an employer, some 59.4% of all respondents said they would not. The results from this study echo the findings of an earlier study, undertaken in Dublin by Prof. Pat McKeon, which found that 67% of people who had had depression would advise others not to disclose their illness at work (McKeon, 2005). These results point towards a deep-seated unease and lack of confidence amongst those with mental health problems towards employers and the workplace in general.

At first glance, the need for disclosure seems logical and straightforward. But once disclosure has occurred, there can be no turning back for the employee or potential employee. Thus, decisions about whether or not to disclose, when to disclose, to whom, and how much to say, can be very delicate and complicated. There are, however, numerous benefits to disclosing. Firstly it allows co-workers and employers to offer their personal support during episodes of poor mental health, thus making coming to work during periods of heightened symptoms easier. Secondly, at a macro level, one person's disclosure may empower another person to disclose. Thirdly, it also "normalises" issues surrounding mental health and the workplace, thus moving mental health from a context of taboo and secrecy to an everyday, average problem. Non-disclosure, or hiding a psychiatric disability, can also be detrimental to the personal process of recovery.

Disclosure is and must be seen, as a fundamental step toward the exercising of rights by workers with psychiatric disabilities. When an applicant's or employee's disability is not known to the employer, the potential of equality legislation to promote equal employment opportunity in the work force is significantly curtailed and the obligation of employers to reasonably accommodate staff with mental health problems cannot be enforced.

5.2 Mental Health, Employment and Workplace Supports

People's experiences and fears of being discriminated against in the workplace, have led to a situation where many feel that it is impossible to be honest about their difficulties, and this was borne out in the present study. This reluctance and fear of disclosure is extremely worrying, as it not only prevents many employees from communicating their needs, but also from receiving support and assistance in times of poor mental health.

Unfortunately, this also makes it difficult for employers to develop strategies to support and assist employees with mental health needs. As mentioned already, the introduction of the Employment Equality Acts (1998 and 2004) places a legal obligation on employers to reasonably accommodate staff with disabilities, including psychiatric disabilities. Whilst many people with mental health problems may require no adjustments to be made, informing employers of their

difficulties binds the employers to comply with the law and legally provide appropriate working arrangements and conditions when needed.

Of the working UK population, only 17% of people with a diagnosis of serious mental illness are economically active (Office for National Statistics, 1998). Furthermore the OPCS Psychiatry Morbidity in Great Britain in 1995/1996 discovered that mental health service users had the highest unemployment rates of any disabled group (Office for National Statistics, 1996). The comparative figures for both of these statistics are, to date, unknown in Ireland, however we have no reason to believe that they are significantly different from those in the UK.

For many people with mental health problems work is an important coping mechanism, providing a sense of purpose and value as well as social contact (Mental Health Foundation, 2000). In an article on work and mental health rehabilitation, Foster (1999) puts forward the view that "opportunities for employment are crucial to rehabilitation". Thus being able to maintain employment is extremely important to people with mental health difficulties. Accessing employment is also crucial. Research has shown that unemployment is associated with deteriorating mental health, including increased levels of anxiety, depression and neurotic disorders, decreased self-esteem, inability to concentrate, general nervousness and can quite often exacerbate the difficulties faced by people with mental health problems (Warr, 1983).

Support in the workplace for people with mental health difficulties must be seen as key, both in relation to the retention of workers with mental health difficulties, but also in terms of promoting positive awareness and understanding of mental health amongst staff in general. Workplace supports act, at a practical level, to assist employees during episodes of poor mental health, but at a theoretical level they also symbolise the employer's commitment to staff during such episodes. The merits of such supports must be based on the experiences of the staff whom they are there to assist, and cannot be judged alone on the extent of a company's HR policy documentation in relation to mental health.

In the present study, taking sick leave was the most widely available method of reconciling work and mental health with over two-thirds (67.4%) of all respondents saying that this option was avail to them. Paid leave of absence was available to only 37.7% of respondents, whilst flexible working hours were available to just 37.9% over all. Where they were available, flexible-working arrangements were the most availed of option, with a take up rate of 79.6%. Of those that did take them up, some 79.5% found them either "helpful" or "very helpful". This illustrates that when flexible arrangements are available to respondents, they will use them, and find them helpful, in times of poor mental health. This is especially important, as the option of flexible working arrangements can make a vital difference to workers with mental health problems. On the practical side, it provides a continued opportunity to engage in the world of work with all the advantages of social inclusion, income continuance and personal fulfilment. More importantly, the employee derives social and psychological support through the mechanism of flexible working. Furthermore, employers benefit from the retention of skilled and experienced staff. They also save money on recruitment and training of replacement staff. So it is a "win-win" situation for all concerned.

Respondents were also asked to identify personnel or programmes, provided by their company, that were made available to them in relation to their mental health. Just over one third (34.1%) said that a person in HR was available, 53% said their immediate supervisor was available, 21.2% said a workplace doctor or counsellor was available to speak to, 47% said their colleagues were available, 15.3% said a trade union representative was available, whilst an employee assistance programme was available to just 13%. In all cases but one (the trade union representative), the people and programmes provided by the company were more widely available to the currently employed than the previously employed. This indicates, in a broad sense, that personnel and programmes which deal with mental health issues are becoming more widespread in the workplace (recent equality legislation may have played some part in this), and generally scored very highly in terms of helpfulness to the respondent. However as this study shows, personnel and programmes are still not extensively available in the workplace in general, and this was supported by some 59.2% of respondents who felt they had little or no support available to them in times of mental health difficulties.

In order to successfully deal with the issues surrounding mental health in the workplace, it must be subsumed into mainstream business policy and practice, at both a macro and micro level. There needs to be a wider debate on the issues which need to be tackled in recruiting and retaining people with mental health problems in employment. New thinking and openness, both on the part of employers and employees will be required if reconciling mental health and the workplace is to become a reality instead of an aspiration.

5.3 Mental Health and Discrimination in the Workplace

As part of this study respondents were asked about their experiences in the workplace in relation to their mental health problems. We would like to preface this part of the discussion by emphasising that most of the experiences of people were positive in relation to the response from their supervisors, employers and colleagues. However, some of the respondents reported negative experiences and some felt that they had been bullied or harassed in the workplace as a result of their mental health problems. In this context, we should like to point out that the results are based on the attitudes and perceptions of respondents in a relatively small sample of 133 individuals who were not randomly selected. The results therefore are not representative of the population as a whole in terms of prevalence of bullying, but are only indicative of the attitudes of our sample. It is also important to bear in mind that some of the results were obtained from individuals who were employed prior to the enactment of protective legislation in this area.

In the area of mental health and employment, 2005 was an important year in that it marked the date of an important case. On 4th February, €57,900 was awarded by the Labour Court in respect of an employee who was found to have been discriminated against by his employer of 14 years on the grounds of his psychiatric disability. In this case, the respondent had taken leave of absence from his job because of his mental health. Whilst the scale of the award has broken new ground, it may also be expected to act as a deterrent to employers who engage in discriminatory behaviour towards an employee as a result of their mental health problems. It is also a reassurance to those with mental health difficulties in the workplace that the law in relation to discrimination is there to protect them, not just in theory, but also in practice.

Respondents who took part in the present study were also asked if they had taken leave of absence from work due to their mental health, and the reaction they had received upon their return. Some 55.3% of respondents had taken leave of absence as a result of poor mental health and, of these, some 27.7% said their supervisor had reacted either "negatively" or "very negatively" towards them when they returned. Almost of one fifth of respondents indicated that they had received a "positive" or "very positive" reaction upon their return to work. This indicates in part, the diversity of experience of employment by this sample. It also highlights the apparent random nature of that experience, i.e. some employers appear to have a better ethos and practice in relation to mental health issues than others. This leaves employees in a situation where there is no guarantee that one will be treated well. The existence of the Equality legislation now offers employees protection in this situation. However, taking legal cases is a daunting matter for any employee, let alone those with mental health problems. A better way of dealing with these issues is through a good company ethos and HR policies, as well as awareness training in the workplace. We make some suggestions and recommendations in this regard in the next section.

All respondents, both currently and previously employed, were asked if they were aware that discrimination in the workplace against people with mental health problems was prohibited under law. In total, 53.1% of respondents were aware, while 41.3% were not and 3.8% were not sure. This compares less favourably to the results obtained in the Quarterly National Household Survey for Quarter 4, 2004 (CSO, 2004), in which 32.1% of persons with a disability (which includes a mental disability) had no understanding of their rights under Irish equality law. The results from the present survey could be a cause of concern considering that overall, a significant proportion of respondents reported having experienced various forms of bullying and harassment in the workplace:

Exclusion was the most frequent form of bullying which respondents perceived they had been subjected to, followed by having been passed over for promotion. It is perhaps not a coincidence that exclusion is an insidious form of bullying, which is not overt by nature, unlike, for instance, verbal abuse. It is often very difficult for the victim of this form of bullying to gather tangible evidence, due to the covert nature of such behaviour. This type of bullying is extremely harmful and damaging, particularly in relation to people with mental health problems, where social contact can be an important factor in maintaining good mental well-being.

In relation to the Equality Authority, some 83.1% of all respondents were aware of its existence. There is a considerable discrepancy between the high levels of respondents who have heard of the Equality Authority and those who knew their rights under Irish equality law. It seems therefore that although the Equality Authority appeared to be highly visible amongst this particular sample, the legislation which the Equality Authority has been instrumental in introducing and promoting, is known overall by little over half of the respondents who are protected by it.

5.4 Reconciling Work and Personal Life

The pressure of an increasingly demanding work culture is perhaps the biggest and most pressing challenge to the mental health of the population (Mental Health Foundation, 2003). The cumulative effect of increased working hours and commuting time is having a considerable effect on the lifestyle of a huge number of people, and this can prove damaging to mental well-being. Some of the activities which are frequently sacrificed in order to work longer hours, include exercise, spending time with a partner, social activities and hobbies and entertainment *(Ibid.)*. Crucially, these are factors which are known to promote good mental health. The importance therefore, of work-life balance, is extremely relevant, particularly in relation to people with mental health issues in the workplace.

The provision of flexible working arrangements has been recognised as one of the most important drivers in the facilitation of work-life balance. In their 2004 Annual Report, the Equality Authority indicated that, "flexible working arrangements are necessary to accommodate a range of different needs including the needs of those reconciling work and caring responsibilities, the needs of older people for phased retirement, the needs of minority ethnic workers to meet cultural imperatives, *or the accessibility requirements of people with disabilities*". Recent statistics show, however, that flexible working arrangements are often not widely available to all workers, a point which is supported in the present study (only 37.9% of respondents said flexible hours were available to them). Flexible arrangements tend to be more accessible to staff in the public sector rather than in the private sector and to staff in lower grades and in workplaces where unions are present (Woodland, Simmonds, Thornby, Fitzgerald and McGee, 2003; O'Connell, Russell, Williams and Blackwell, 2005). One of the main reasons for the irregular spread of flexible working arrangements across the workforce is the limited awareness of the benefits of work-life balance policies and the fact that senior managers are often not sufficiently committed to their introduction (OECD, 2003). In addition, the idea of work-life balance is still often confused with 'family-friendly', and workers frequently believe that flexible working arrangements are only available to working parents.

The present study looked at the challenges which people with mental health issues face in combining work and personal life. Overall, the currently employed (69.4%) found it easier than those previously employed (48.6%) to balance their jobs and personal life and this may explain, to some extent, the exit of the previously employed form the workplace. Work-life balance and flexible working must be seen as critical factors in the safeguarding of people with mental health problems in the workplace. Retention must be seen as a priority for employees with mental health difficulties, as the data show that accessing and re-accessing employment is a major difficulty faced by this group.

6 RECOMMENDATIONS & GUIDELINES

Based on this research and the outcomes of the pilot projects for people with mental health problems (Fine-Davis, McCarthy, O'Dwyer, Edge, and O'Sullivan, 2005) the National Flexi-work Partnership would like to make the following recommendations, which may be considered as guidelines for employers in this area:

6.1 Good Mental Health, Work-Life Balance and Flexible Working

The promotion of work-Life balance through the availability of flexible working arrangements is recommended, as it contributes to the mental health of all employees; it has an added therapeutic and protective value for people with mental health problems.

6.2 Access to Employment

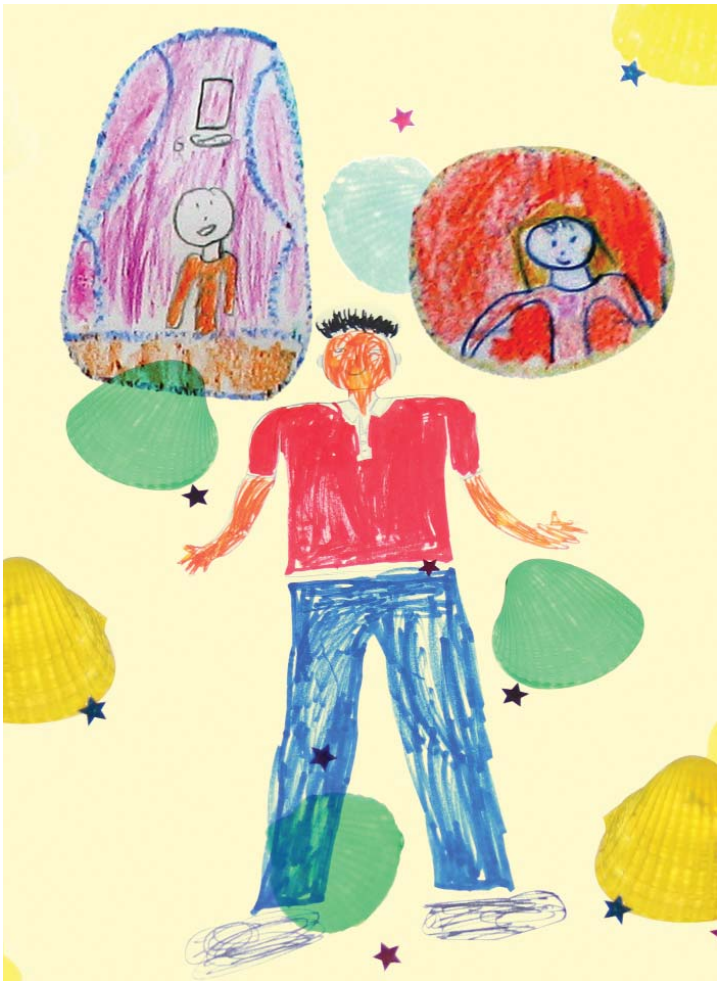
Employers should be aware of how difficult re-entry to employment is for those who have had to leave the workplace. The non-employed in this report had been out of work for 7–8 years on average. Being in employment contributes both to mental health and economic well-being and is important from a personal and societal perspective. Government initiatives which facilitate re-entry should be continued and developed.

6.3 Company policy and practice

Companies should be more open about what help they have available. At present, both in this research and in the earlier report on Flexible Working *(Ibid.)*, support seems to be available on a rather *ad hoc* basis. Employees appear to be dependent on the idiosyncratic response of an individual HR Manager or supervisor, rather than being able to have recourse to formal company policies. All efforts should be made to facilitate retention in employment; employees need to know that the response that they will receive is not dependent on the personality or sympathy of an individual, but is available to all in the organisation as part of an official policy.

6.4 Company Ethos

Company ethos is critical. It may be a difficult concept to define, but unless the overall culture of the company includes a positive and accepting attitude towards mental health problems, employees will not feel empowered to access whatever support is available. Employers should audit their workplaces in order to identify elements of culture or practice which may be detrimental to mental health and redress this weakness.



6.5 Awareness Training

Awareness training for all staff, not just HR personnel, is recommended. All stakeholders in an organisation need to be knowledgeable about mental health and other diversity issues. Acquiring greater sensitivity will benefit staff not only in their workplace, but also in the other areas of their lives.

6.6 Full Integration of Mental Health into Diversity Agenda

Information about the needs of people with mental health problems should be more fully integrated into the area of Diversity Training and Awareness in the workplace. Disability is one of the nine grounds of discrimination, and until this issue - particularly mental illness - is brought into the mainstream, the benefits of good policies and practices will remain elusive.

6.7 Disclosure: Implications for Employers and Employees

The issue of disclosure is unresolved and one which each person must resolve for themselves. However, disclosure is, and must be seen as, a *fundamental* step toward the exercising of rights by workers with psychiatric disabilities. When an applicant or employee's disability is not known to the employer, the potential of equality legislation to promote equal employment opportunity in the workplace is significantly curtailed and the obligation of employers to reasonably accommodate staff with mental health problems cannot be enforced.

While recognizing the obstacles and understandable reservations around the issue of disclosure, employees should bear in mind that:

- Disclosure may make it easier to come to work during a period of heightened symptoms
- Non disclosure, or hiding a psychiatric disability, can be detrimental to the process of recovery
- Disclosure allows the worker to request reasonable accommodations
- Disclosure allows co-workers to offer personal support
- One person's disclosure may empower another person to disclose
- Disclosure can help a person to feel secure in the workplace

6.8 Conclusion

It is hoped that the data from this study will contribute toward a process of greater sensitivity to and awareness of the issues associated with mental health in the workplace. In view of the positive benefits of employment for individuals, in terms of fulfilment and maintenance of mental health, and the benefits to employers of retaining a skilled and diverse workforce, it is in the interest of all that we work towards a more inclusive workplace.

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