Thrive London:
The Experiences of People with Serious Mental Health Problems in Obtaining Employment

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Public Health England   LONDON CCGs   LONDON COUNCILS   NHS England   SUPPORTED BY MAYOR OF LONDON

Contents

Executive Summary

<u>Introduction</u>

Thrive London – a programme of activity delivered by the London Health Board – is the Mayor of London's Roadmap for addressing mental health in the capital. One of its priority areas is reducing the gap in employment rates between Londoners affected by mental health problems and the wider population. To inform its work, the task and finish group on employment and mental health commissioned the McPin Foundation to carry out research that sought to understand:

- What formal and informal forms of support have people with serious mental health problems who live or work in London used to help gain and sustain employment?
- Which forms of support do they consider to be the most effective?
- What barriers do they face?
- Within this group, what are the specific experiences of people from a Black, Asian and Minority Ethnic (BAME) background?

One hundred and twenty-nine people who identified as having had serious mental health problems, recruited via social media and mental health networks, responded to a survey on their experiences. Eight semi-structured interviews with participants from a BAME background were carried out to gain a fuller understanding of their experiences as part of a group that is likely to be particularly disadvantaged in the labour market.

<u>Findings</u>

The findings from both the survey and interviews are intended to be illustrative, rather than representative, of the range of experiences of Londoners who are affected by mental health problems. The samples were small and self-selecting. The strongest themes that emerged were:

- A widespread desire on behalf of respondents to work or return to work, but also a recognition that work can contribute to mental health problems. A number of participants had had negative experiences related to short-term or insecure employment, the jobs most likely to be open to people with a history of serious mental health problems.
- Mental health stigma and discrimination, actual and anticipated, being widespread amongst employers, public services and in the workplace. This presents a barrier to many people to disclosing their mental health problems to a (potential) employer. A number of respondents also identified wanting to be viewed as 'normal' as a reason for not disclosing. This presents a substantial barrier to accessing employment support services that involve engagement with employers, or to requesting reasonable adjustments in the work place.
- Informal forms of support such as, friends and family, work colleagues and managers, and volunteering were the most used, and most highly valued, forms of support. Views of Job Centre Plus and other conventional employment services were more negative.

<u>Recommendations</u>

In the light of these findings, we suggest the following recommendations for the Thrive London Employment and Mental Health task and finish group:

1. That an asset-based approach to employment support that mobilises or draws on people's personal and community networks as well statutory services is likely to be more effective. Participants across both samples were more likely to use such sources of informal support and to rate them as more helpful.

2. Recognising that many participants valued volunteering for building skills and confidence. This should be considered in the wider offer for people seeking to enter, or return to, the labour market.

3. Our sample included people from across the professional spectrum and at many levels of management. It is therefore important that employment support and advice is relevant to the type of work that: people want, are qualified to perform, and fits with their mental health needs – rather than having an exclusive focus on entry-level jobs.

4. Take steps to address the stigma and discrimination, actual and anticipated, which people with mental health problems face in the workplace and from statutory services. Most forms of formal employment support for people with mental health problems, including employers making reasonable adjustments, require a measure of disclosure. It is clear that many of our participants were not comfortable with this for fear of being discriminated against or stigmatised.

Background

Introduction

Thrive London – a programme of activity delivered by the London Health Board – is the Mayor of London's Roadmap for addressing mental health in the capital. One of its priority areas is reducing the gap in employment rates between Londoners affected by mental health problems and the wider population. A task and finish group was created to develop recommendations for improving the support received by individuals affected by mental health problems who live or work in London to find and stay in suitable work, and also the guidance and support provided to employers to help them support employees.

There is evidence that suitable employment has a positive impact on people's mental wellbeing,[1] and that the majority of people with mental health problems want to work.[2] However, there remains a substantial employment gap, with only 32% of working age people with a diagnosed mental health problem in work, compared with 75% for the whole population.[3] Employment rates for people with the most severe mental health problems are even lower.[4] This is not inevitable – Individual Placement and Support (IPS) has been identified as the 'gold standard' for employment support programmes for people affected by mental health problems, with a success rate of up to 60% where it is implemented in accordance with a pre determined set of criteria.[5]

There are a number of different forms of support available to people to help them obtain and stay in work, with variation in provision across London. Public service provision includes services commissioned by local NHS trusts and local authorities, alongside the Work Programme and various Job Centre Plus programmes for benefits claimants. In addition, there is a range of voluntary sector support, support provided by employers, and informal support through family, friends and community networks.

In order to inform its proposals, and ensure the voice of the people it seeks to help is heard, the task and finish group commissioned research to better understand which forms of support people who have experience of seeking work *and* a serious mental health problem have accessed, how effective they were, and what barriers they faced.

In particular, they wished to ensure that the experiences of people from Black, Asian and Minority Ethnic (BAME) backgrounds were captured in this research, as there is evidence to suggest that the combination of a diagnosis of a 'severe mental illness' (SMI – generally understood to include those

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[1] Waddell, G., & Burton, K. *Is Work Good for your Health and Well-being*? London: The Stationary Office. (2006)

[2] Social Exclusion Unit *Mental Health and Social Exclusion*, London: Office of the Deputy Prime Minister (2004)

[3] *Health, Work and Disability Green Paper Data Pack* DWP/DH 2016 and "UK Labour Market: October 2016" Office of National Statistics

[4] *Ibid.*

[5] *Doing What Works: Individual Placement and Support into Employment*, Sainsbury Centre for Mental Health. (2009)

whom have a diagnosis of bipolar, psychosis, schizophrenia or personality disorders) and belonging to an ethnic minority group is associated with negative employment outcomes.[6]

Previous research

As noted above, there is evidence of both the existence of a substantial employment gap *and* of the efficacy of IPS models in supporting people affected by mental health problems into employment. The majority of people affected by serious mental health problems want to work, were it not to adversely affect their health.[7] Motivating factors include the social connections, identity and sense of worth that stem from being employed, as well as the increased income and economic independence. [8] There is also substantial evidence that being unemployed can have a detrimental effect on people's mental and physical wellbeing.[9] [10]

However, previous research has also identified a number of barriers or challenges to employment for people with mental health problems. These go beyond the immediate impact of an individual's mental health problems on their ability to work – or of the potential negative effects of work on an individual's mental health and wellbeing. They include: stigma and discrimination, actual and perceived or anticipated; concerns about loss of benefits resulting from job-seeking activities; low expectations from health professionals or friends and family about a person's ability to work; and the impact long periods out of work has on skills and employability.[11]

Although there have been a number of evaluations of the efficacy of individual interventions such as IPS,[12] there is limited evidence about how individuals experience and use the range of different kinds of support – both formal and informal – that may be available to them. Moreover, there is evidence to suggest that poor interaction between different agencies in contact with an individual can reduce the efficacy of the support they receive.[13]

Aims of the study

Research was commissioned that sought to better understand the employment support needs of Londoners with mental health problems, as well as address some of the gaps in the existing research in this area. In particular, the research sought to understand:

- What formal and informal forms of support have people with serious mental health problems who live or work in London used to help gain and sustain employment?

[6] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital (2016)

[7] Social Exclusion Unit *Mental Health and Social Exclusion*, London: Office of the Deputy Prime Minister (2004)

[8] Rinaldi, M., Perkins, R., Glynn, E., Montibeller, T., Clenaghan, M. & Rutherford, J. Individual placement and support: from research to practice, *Advances in Psychiatric Treatment*, 13, 50-60. (2008)

[9] Warr, P. *Work, Unemployment and Mental Health*. Oxford: Oxford University Press. (1987)

[10] Warner, R. *Recovery from Schizophrenia: Psychiatry and Political Economy* (2nd edition). Oxford University Press. (1994)

[11] Hamilton, S., Kotecha-Hazzard, R., Pinfold, V. *Project 100: Evaluation of a model of Individual Placement Support Delivered through DWP employment services.* McPin Foundation (2017)

[12] *Doing What Works* (2009)

[13] Hamilton, S., Kotecha-Hazzard, R., Pinfold, V. *Project 100: Evaluation of a model of Individual Placement Support Delivered through DWP employment services.* McPin Foundation (2017)

- Which forms of support do they consider to be the most effective?
- What barriers do they face?
- Within this group, what are the specific experiences of people from a BAME background?

Methodology

Our approach

We adopted a mixed methods approach in order to address the research questions – an online survey that sought to capture the experiences and perspectives of a wide range of people from the target audience, and interviews with a smaller number of people from BAME backgrounds.

The research team consisted of researchers with personal experience of mental health difficulties, who brought their relevant personal experience to the design and delivery of the survey and interviews, as well as the analysis of the data and interpretation of findings.

Survey

We developed an online survey (Appendix 1), hosted in Survey Monkey, aimed at anyone with experience of a serious mental health problem, either living or working in London, and either in, or seeking, employment (including volunteering), at the time of completing the survey. The survey was developed using logic such that people who were 'in employment' were asked a different set of questions to those who were 'seeking employment'. People who did *not* either live or work in London were excluded from the survey, as were those who did not meet the employment status criteria ('in work' or 'seeking work').

The mental health criteria adopted for inclusion in the survey was as follows:

- Respondents either had to self-identify as having a diagnosis of a SMI (bipolar, psychosis/schizophrenia, personality disorders); or:
- Respondents had to self-identify as having any other mental health problem *and* stated that their mental health had a serious impact on their day-to-day life.

By selecting the above as mental health inclusion criteria, we sought to ensure that we could include people who do not have a diagnosis that can be officially categorised as severe, yet feel that their mental health problems, such as depression or anxiety, have a serious impact on their day to day lives.

The main focus of the survey was to understand people's experiences of formal and informal forms of support in either obtaining or sustaining work. In addition to screening according to the inclusion criteria noted above, a range of background and demographic data was also collected. Descriptive analysis on the survey data was performed in Excel, with the exception of the qualitative comments, which were reviewed in conjunction with the thematic analysis of the interview data (see below), and are reported on within both sections.

The survey was live for 6 weeks in January and February 2017. It was promoted by the McPin Foundation and a wide range of contacts through a range of online channels – within and beyond the mental health sector, and including BAME networks. The language used to describe the survey was

carefully considered, and did not make explicit reference to serious or severe mental health problems, as there was a concern that this might hinder response rates, due to the high levels of stigma surrounding mental health, particularly among BAME communities. Survey participants could opt in to consenting to be re-contacted to take part in a follow-up interview about their experiences. They could also opt in to participate in a prize draw to win shopping vouchers as an incentive to complete the survey.

305 people began the survey; however, more than half were screened out because they did not meet either the geographical, employment status, or mental health criteria. Data from the 129 people who completed the survey were included for analysis and are reported on here.

Interviews

Of those who completed the survey and said that they would be willing to take part in an interview about their experiences, 8 people from a BAME background were invited to take part in a telephone interview with a member of the research team. The BAME focus for the interviews was motivated by the concern that this group might not be well represented in the survey, and because, as noted above, people from BAME backgrounds with a SMI diagnosis are more likely to have negative outcomes in relation to employment than the general population.

The main objective of the interviews was to explore the issues covered in the survey in more detail (See Appendix 2). Prior to the interview, the researcher familiarised themselves with the participant's survey responses, so they could probe around interesting points as appropriate. All interviews were conducted by a member of the research team with lived experience of mental health difficulties, and this was disclosed to the participant prior to the interview. All the interviews were audio recorded and transcribed, with the participants' consent. The interview transcripts underwent a light-touch thematic analysis, carried out by two members of the research team, during which key themes, examples and quotes were identified, discussed and agreed on. Qualitative data from the survey was reviewed as part of this analysis process, and is reported on alongside the interview data below. This analysis approach was adopted as similar themes were identified following a preliminary review of the survey data by the interviewing team. However, in the reporting, data from the interviews and data from the survey comments are distinguished, as the former has a more targeted focus.
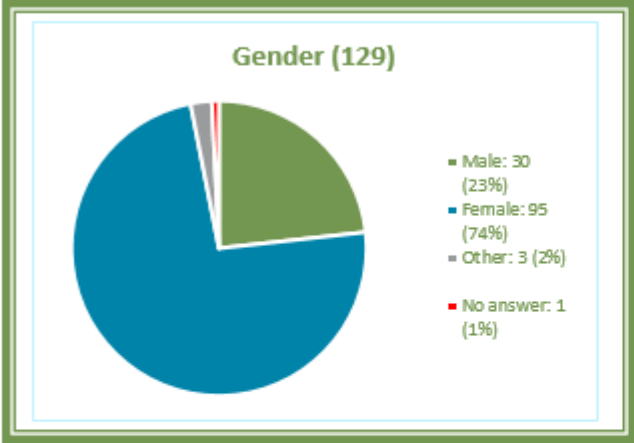
Selection for interview was strongly determined by the tight timescales for the project and was primarily pragmatic – with interviews beginning soon after the first eligible respondents had completed the survey. However, we also sought to sample strategically where possible, and aimed to include people with a range of personal characteristics, mental health diagnoses, and experiences of support.

All interview participants were provided with an information sheet, and had the opportunity to ask questions of a member of the research team before consenting to take part. Ethical procedures regarding anonymity, confidentiality and safeguarding were clearly laid out in the information sheet. Interview participants received a shopping voucher in appreciation for their time.

Findings: Survey

Respondent characteristics

129 people participated in the survey. Numbers in brackets indicate the number of valid responses to each item.

Gender (129)

- Male: 30 (23%)
- Female: 95 (74%)
- Other: 3 (2%)
- No answer: 1 (1%)

Age (129)

18-24: 16 (12%)	25-34: 41 (32%)	35-44: 33 (26%)	45-54: 24 (19%)	55-64: 14 (11%)	No answer: 1 (1%)
16	41	33	24	14	1

Ethnicity (129)

White British	86
White Irish	4
White Other	15
Arab	1
Asian - Bangladeshi	3
Asian - Chinese	2
Asian - Indian	4
Asian - Pakistani	2
Asian - Other	2
Black Caribbean	2
Gypsy or Traveller	1
Mixed White/Asian	1
Mixed Other	3
Other	2
No answer	1
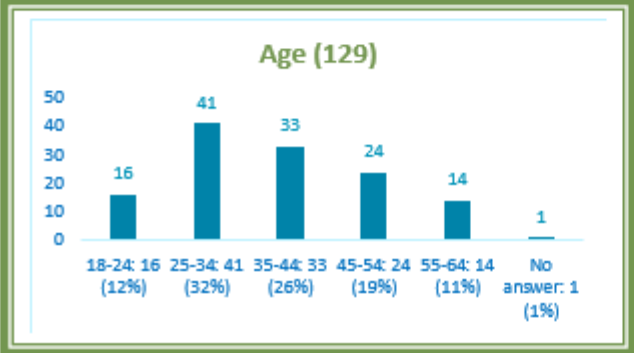
Sexual Orientation (129)

Bisexual	16 (12%)	Lesbian	4 (3%)
Gay	6 (5%)	Other	2 (2%)
Heterosexual	97 (75%)	No answer	4 (3%)

Disability (129)

90 people (70%) described themselves as having a disability. 39 people (30%) described themselves as not having a disability. One person had mental health issues but did not consider it a disability.
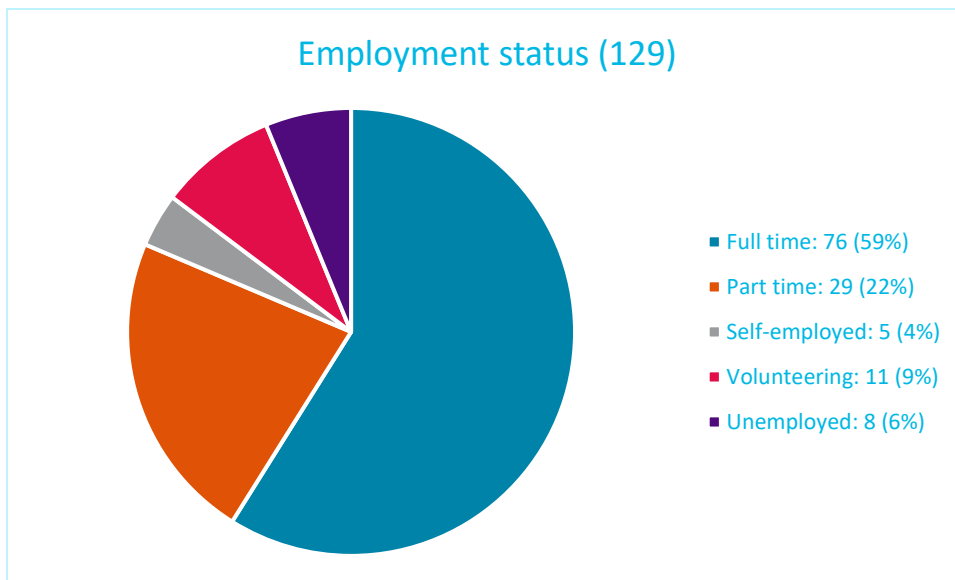
- 19 (15%) had a physical disability
- 10 (8%) had a sensory disability
- 78 (60%) had a mental health difficulty

Caring responsibilities (129)

- Yes: 30 (23%)
- No: 97 (75%)
- No answer: 2 (2%)
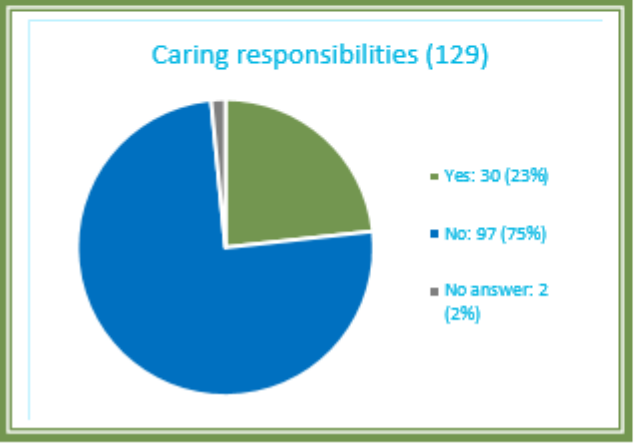
Employment status

The majority of survey respondents were in paid employment and/or volunteering (n=121), with a majority (59%) employed in full-time work. Only eight survey respondents were 'seeking work' and therefore not currently in any form of employment or volunteering programme. Employment status is shown in the following chart:

Figure 1: Employment status

Employment status (129)

- Full time: 76 (59%)
- Part time: 29 (22%)
- Self-employed: 5 (4%)
- Volunteering: 11 (9%)
- Unemployed: 8 (6%)

Of the eight respondents who were not in any form of employment or volunteering, half (n=4) had been in employment within the last five years, and all four cited mental health as a contributing factor for why they had left employment.

Those who were employed and/or volunteering were undertaking a variety of roles at different levels. The largest proportions of people were employed in entry level (42%) or junior management (22%) roles, but some were in more senior positions, or were self-employed. The following chart shows this in detail:

Figure 2: Employment level

Employment level (121)

- Entry level: 51 (42%)
- Junior manager 28 (22%)
- Middle manager: 24 (19%)
- Senior manager: 8 (6%)
- Supervisor: 6 (5%)
- Owner / CEO / Board: 4 (3%)
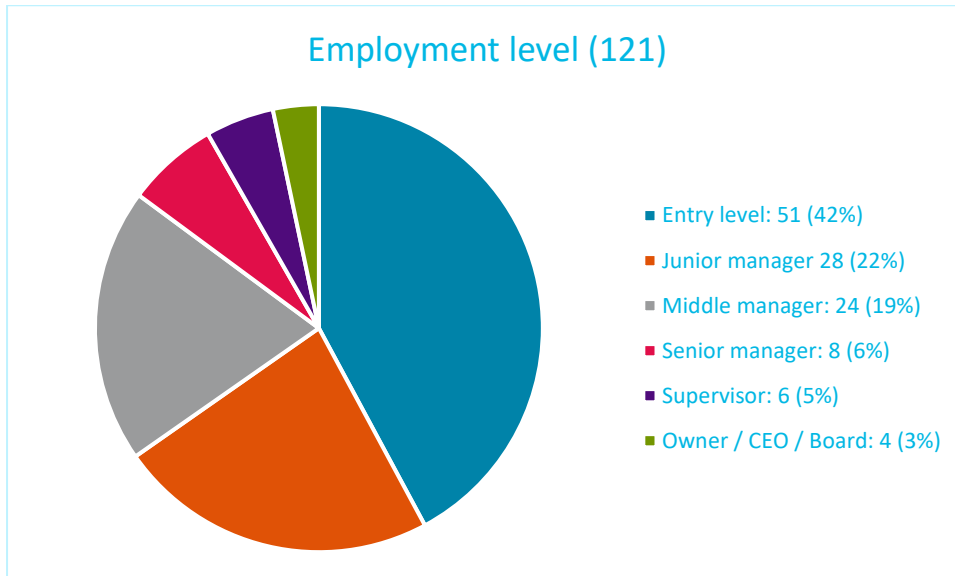
Experience of mental health problems

All but one of the survey respondents said that they had experience of mental health problems – with one respondent saying they were 'unsure'.[14] Table 1 below shows the prevalence of different self-reported diagnoses of respondents across the sample (with respondents being able to select more than one diagnosis).

Table 1: Participants' self-reported diagnoses

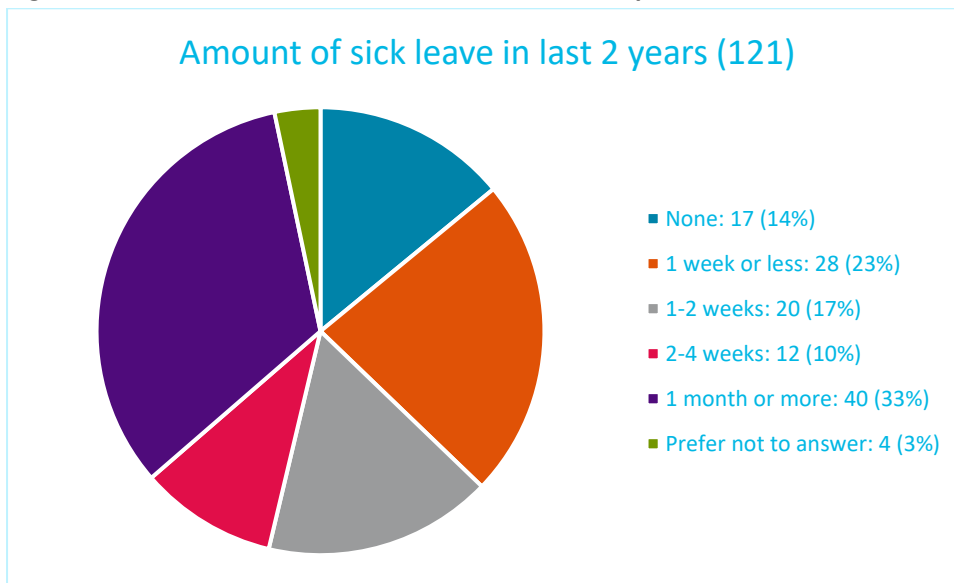| Diagnosis	Total	% of sample
Depression	104	74
Anxiety	99	71
OCD	19	15
Bipolar	15	12
Personality Disorder	17	12
Schizophrenia	3	2
Psychosis	7	5
Other/unsure	15	12

The most commonly accessed types of support that survey respondents reported for mental health problems were primary care (n=70, 54%), family and friends (n=62, 48%) and secondary mental health care (n=49, 38%). 11% (n=15) said that they received no support for mental health problems.

124 of the 129 respondents (96%) said that their mental health problems had a serious impact on their day-to-day life. Of those who were 'in work' (employed or volunteering), 79% (n=95 out of 121) said

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[14] Participants who selected this option were able to continue to the next question where they were asked if they identified with particular mental health diagnoses.

that their mental health problems had a serious impact on their work. Most participants reported having time off from work due to mental health problems in the last 12 months, as shown in Figure 3 below. Only 14% (n=17) reported taking no mental health-related sick leave in the past two years, whereas 60% (n=72) had been off work for at least a week, and 33% (n=40) for at least a month. Most people (n=68, 56%) said that the combination of personal and work problems had an adverse effect on their mental health, with 15% (n=18) stating that work alone had the biggest adverse effect on their mental health.

Figure 3: Time taken off work due to mental health problems

Amount of sick leave in last 2 years (121)

- None: 17 (14%)
- 1 week or less: 28 (23%)
- 1-2 weeks: 20 (17%)
- 2-4 weeks: 12 (10%)
- 1 month or more: 40 (33%)
- Prefer not to answer: 4 (3%)

Employment support

Support into employment

Most respondents said they found it difficult to be open about mental health at work (n=89, 74%), suggesting high levels of stigma and discrimination (anticipated and/or real). Almost all survey respondents reported that they had used at least one type of support to help them return to work (n=121, 94%). Personal support, namely friends and family, was the most commonly used (n=112, 87%), followed by volunteering opportunities (n=84, 65%). A significant proportion reported using the Job Centre (n=58, 45%), or benefiting from employers' positive discrimination policies, such as flexible working hours (n=59, 46%). Fewer people had used employment support either through the voluntary sector (n=39, 30%), Individual Placement and Support (n=30, 23%) or work programmes (n=29, 22%).

Respondents were also asked to rate the helpfulness of the support they had received. Support through volunteering was rated as helpful in 83% of cases (n=70 out of 84). Family and friends were considered helpful in 79% (n=89 out of 112) of cases, and positive discrimination policies in 63% (n=37 out of 59). By contrast, the Job Centre was rated helpful in only 12% of cases (n=7 out of 58), and 69% rated it as unhelpful (n=40). Only 13% of people found work programmes helpful (n=4 out of 29) whilst 52% found them unhelpful (n=15).

For the eight respondents who were not in employment or volunteering, the most commonly cited barriers for seeking work were mental health discrimination and stigma (n=5), length of time out of work (n=3), lack of suitable opportunities (n=3), lack of experience (n=2) and lack of qualifications (n=2).

Employer support for mental health problems

The most commonly reported types of support for mental health used in the workplace were talking to colleagues (n=90, 74%), followed by flexible working (n=81, 67%), support from a manager who was knowledgeable in mental health (n=74, 61%), access to occupational health (n=51, 42%), a phased return to work (n=51, 42%), and resilience training (n=47, 39%). The less commonly used sources of support were employee assistance programmes (n=41, 34%) and mentorship schemes (n=32, 26%).

All of the aforementioned support mechanisms were considered helpful more often than not. The type of support which was most consistently rated as helpful was flexible working (84%, n=73 out of 87), followed by talking with colleagues (76%, n=67 out of 88), phased returns to work (74%, n=42 out of 57), and support from a line manager (71%, n=54 out of 76). Employee Assistance Programmes received the greatest proportion of 'unhelpful' ratings (32%, n=12 out of 37).

Survey respondents identified various barriers to seeking support at work, the most common being the fear of negative consequences (58%, n=70) and concern about what others would think (57%, n=69). Smaller numbers reported that support was not available (29%, n=35) or that the support available was not helpful (25%, n=30).

Managing mental health at work

A variety of strategies were used by survey respondents to help them manage their mental health at work separate to support provided by employers (see Table 2 below). In many cases, these are the same, or are extensions of, the strategies they used to manage their mental health in general. All of the types of support listed were commonly used. The most common included support from family and friends, exercise, and medication. All of the strategies were considered helpful more often than considered unhelpful, and the support received from family and friends was considered the most helpful. However, the qualitative survey comments revealed a general trend that people did not feel that support through medication or short-term talking therapy was sufficient.

Table 2: Strategies people use to help manage mental health at work separate to support provided by employers (and how helpful they are)

	Used (n=121)	Helpful	Unhelpful
Support from family/friends	110 (91%)	98 (87%)	4 (4%)
NHS talking therapies	84 (69%)	55 (70%)	14 (18%)
Private talking therapy	68 (56%)	57 (79%)	5 (7%)
Medication	96 (79%)	65 (73%)	15 (17%)
Support from voluntary organisation	58 (48%)	44 (80%)	7 (13%)
Online	79 (65%)	57 (77%)	11 (15%)
Alternative therapies	82 (68%)	61 (75%)	8 (10%)
Exercise	106 (88%)	84 (79%)	7 (7%)

| Clubs/hobbies | 79 (65%) | 65 (76%) | 4 (5%) |
| Spirituality | 57 (47%) | 33 (59%) | 6 (11%) |

Findings: Interviews

Impact of work on mental health

This section describes the key themes that emerged in the eight interviews with people from a BAME background. Two of the eight interviewees identified as having a diagnosis of a SMI whilst the remainder self-identified as having another mental health issue that seriously impacted on their day to day lives. Not every theme was present in every interview, and as would be expected some participants had contradictory experiences.

Reflecting existing evidence on the impact of employment on mental health, the interview data revealed that work may have a positive or a negative impact on mental wellbeing and mental health problems. Overall, interviews revealed a strong desire to undertake meaningful work or volunteering activity. Some participants, especially those with enduring mental health problems, made a direct link between employment and their recovery journey, seeing work as part of the recovery process:

'I don't want to be institutionalised. I think [being in work] is my way out. Sometimes I hope that I can get out.'

Interview participant

'When I was hospitalised, part of my request was that I wanted to do a staggered return to the community. I've always been someone who's been motivated and wants to work.'

Interview participant

However, in other cases, the nature of employment undertaken had a negative consequence on mental health and wellbeing – including being viewed as a cause of work-related stress and anxiety. In some instances, this was due to the high-pressure demands of a senior professional role:

'I'm okay when things are normal, but when there's a lot of pressure – like this week has been intense because we have a pitch for a new client – and when stuff just gets a bit too much, I tend not to do so well with that…'

Interview participant

For others, stressful working conditions stemmed more from the current economic climate and subsequent organisational restructuring:

'There's more work for less people, and of course that's causing a huge amount of stress.'

Interview participant

Half the interviewees worked in professional roles in the city. The other people we spoke with were employed in sessional or shift roles, on short term or zero hours contracts (in several cases for third

sector organisations). There was a sense from the latter group, that work could have a negative impact on their mental health. The challenge was more to do with the instability and ad-hoc nature of the work, the lack of defined boundaries (e.g. regarding hours of work), and, in some cases, experienced these jobs as unrewarding and unfulfilling. It must be added though that too much rigidity, for example having fixed hours of work, was not necessarily perceived to be conducive to good mental health. The qualitative survey comments demonstrated that flexible working arrangements are highly valued by employees with mental health problems.

The interviews also found that a crucial factor that determines the negative impact that work has on mental health is the extent to which people fear or experience mental health stigma and discrimination in the workplace (discussed in more detail below).

Finally, it is worth reflecting on how the experiences of people from minority ethnic backgrounds may differ from those of their white counterparts. Firstly, people from minority ethnic groups tend to be disadvantaged in the job market. But even for those who are in full time work, there may be particular challenges in the workplace that are linked to their ethnic or cultural background:

'I don't come from that kind of privileged background, and I spent a lot of my career competing against privileged people, who had been to boarding schools and the like. It all kind of just blew up in my face, because I just became increasingly ill.'

Interview participant

Impact of mental health on work

Interestingly, of the interview participants who were city professionals and quite advanced in their careers, most did not consider themselves to have a 'disability' (defined as 'a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities') – indicating, perhaps, that there it might feel somehow 'inconsistent' to have a serious mental health problem in a position with a high level of responsibility. There was a tendency for this group to emphasise how they managed to find ways to cope – or appear to cope – in a work context.

'I think the more senior you are, the more they expect everything to be okay.'

Interview participant

Again, this links to stigma and discrimination: one participant explained how, when he wasn't coping at work, it was easier to frame the issue in terms of a personal problem at home, than relate it to the concept of mental ill health. One participant, however, was an exception to this pattern, and described how his mental health impacted on every aspect of his life, including his very demanding professional life, using the analogy of someone who needs to wear glasses, removing them:

'If you take your glasses off and imagine that's how you relate to the world mentally…so it is kind of blurred around the edges, difficult to make things out, difficult to recall, difficult to string sentences together…'

Interview participant

Overall, however, it was the interview participants with more unstable jobs – who were also more likely to have chronic and enduring symptoms who tended to describe how their mental health problems directly impacted on their work. This impact could manifest itself in terms of performance – for example, participants explained how they needed much longer to complete tasks than their colleagues – or needing to take time off sick. The challenges these issues pose are yet again closely linked to stigma and discrimination in the workplace.

Among this group, there was also a sense of acknowledgment, coupled with frustration, that their mental health history strongly impacted on the *kind* of work they were able to realistically obtain in the first place – precisely the unstable, often unfulfilling jobs that can exacerbate the symptoms of mental health problems. This can create a vicious cycle.

Stigma, discrimination and disclosure

The issue of mental health stigma and discrimination is widely acknowledged, yet it continues to underpin many of the challenges people with mental health problems face in a work context. Similar to the survey findings, the interview data revealed numerous instances of perceived and experienced stigma and discrimination against people with mental health problems in the workplace. Several interviewees described the kind of response they received when they had been upfront with their employer and colleagues about their mental health problems:

'Everyone looks at you like you're from Mars.'

Interview participant

Another participant described the awkward reaction of her line manager – with whom she otherwise had a good relationship – when she disclosed her mental health history. The manager did not respond at all, and, after the disclosure, never raised the subject with the participant again.

One interview participant described how he had been discriminated against due to his mental health problems, which he had been upfront about with his employer at the outset (a judge had later ruled in his favour at a tribunal):

'The discrimination was done in such a way that they had already decided to dismiss me. Whilst I was off sick, I was being called in for one and a half hours every month, to be investigated, and the union rep was here and I was always left in tears.'

Interview participant

This type of incident was also mentioned in the survey comments:

'Despite holding a senior position, when I experienced a depressive episode my manager (a Director of Communications) provided no support and actively discriminated against me causing me to leave my job.'

Survey respondent

Other participants, especially those in more precarious roles, explained how they were simply too scared to be honest with their employer about their mental health. In these instances, disclosure was

deemed to be risky, and people tended to play down or trivialise their problems in order to avoid negative repercussions. One participant explained how she didn't really want to talk about her mental health problems with her line manager, as she thought it might impact on a possible future reference. Another explained that disclosure posed a direct risk to her current job:

'If I declare it then they will want to get access to my GP notes…I've been to hospital so many times, they'll probably say I'm unfit to work. So I just had to put it really lightly and just say, "I suffer from anxiety".'

Interview participant

For others, it was perceived stigma, rather than any concrete discrimination, that led them to downplay or hide their mental health problems at work. There was a strong sense from the interview data that this was motivated by a desire to come across as 'normal':

'I keep to myself and no one really knows what's going on. I'm normal at work, acting normal and talking to people – but I just generally deflect all questions and ask everyone about what they're doing in their life.'

Interview participant

For one participant, this sense of wanting to be 'normal' was connected to not wanting to be 'pitied' by her colleagues. Another participant described how although she valued being able to disclose her mental health history at work, she sometimes found it disempowering when she was treated differently as a result – for example, by being told to leave earlier when everyone else was staying late. This example points to some of the tensions and contradictions involved in disclosing. Attempts by an employer to be supportive or to make what the employer perceives as reasonable adjustments can be experienced as disempowering or stigmatising by employees, especially if they are not achieved through consultation with employee, or, are perceived as being primarily motivated by a desire to protect the employer.

There was a suggestion that in some professional work environments, lip-service is often paid to 'staff wellbeing' in a way that actually serves to divert attention away from mental health problems, thereby compounding stigma:

'I think it's like a box tick, "we do look after you, and we care about your wellbeing and stuff" – I mean, we have incredible perks – but it's not…Because how do you talk about mental health? I don't think anyone's familiar or equipped to talk about it the right way, so usually in the workplace it's just, "we're doing all this great stuff so that we're looking after you". They're selling it to you as a benefit. And you can't really sell any type of solution to do with mental health as a benefit.'

Interview participant

Finally, it is worth reflecting again on how the stigma and discrimination experienced by people from minority ethnic backgrounds may differ from the experiences of their white counterparts. Although it is difficult to draw firm conclusions based on a small number of interviews, the data suggests that self-stigma in the workplace can be partly explained by the way different cultures may interpret the cause

of mental illness, which is not readily understood by those who come from more secular, western cultures.[15]

'I think for me, I found that people would say, "You're being possessed" or "voodoo was done on you", just the whole to do with maybe spiritual, not abiding by godly principles…[I would think,] "You're being punished. Maybe you're being punished…"'

Interview participant

In addition, it is important to take into account the extent to which intersecting social identities can, and do, give rise to overlapping structures of disadvantage, stigma (including self-stigma), and discrimination:

'I don't want to be harping on about the discrimination element, but when you've got gross misconduct sitting against your name, you are male, you're touching fifty and you're Muslim, you've got the recipe for the biggest level of hidden discrimination.'

Interview participant

'I think if you are from an ethnic minority, you're carrying that much more weight if you've got other issues as well, because we're facing lots of things as ethnic minorities in terms of progression. A lot of that is on the part of women especially from ethnic minorities, who don't feel they deserve to be in the top positions and all of that. So there's that aspect. But if you're carrying shame and guilt at the same time, which a lot of us naturally do coming from ethnic minorities, and then on top of that you've got the shame and guilt that's associated with depression and anxiety or personality disorder or whatever it is, then there's lots of obstacles there I think.'

Interview participant

Support structures and mechanisms: in work

One of the key sub-themes to emerge from both the interview and qualitative survey data was the resourcefulness and tenacity of those in employment in seeking out their own support and coping strategies. One respondent described how it had been an uphill struggle to secure reasonable adjustments and flexible working arrangements with her employer, primarily due to the bureaucracy involved in the process and the requirement to tell third parties, which she found off-putting. Another described how he had simply worked hard to identify the coping strategies that were most helpful for him:

'If you're not very good at keeping time, you have a clock everywhere you look. Or, if you have a problem with losing notebooks, make sure that you have one phone, or one notepad, that you use.'

Interview participant

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[15] Time to Change. *Family Matters: a report into attitudes towards mental health problems in the South Asian community in Harrow, North West London*. (2010)

This sense of personal resilience and resourcefulness was also reflected in the survey data, with a number of comments highlighting how people had taken matters into their own hands:

'As someone with diagnosed mental health problems, finding the balance and what the right support is challenging. No-one is really going to manage my mental health problems but me.'

Survey respondent

'Everything I have strived for has been done off my own back since initial guidance from an NHS advisor.'

Survey respondent

Support at work

The most common and helpful sources of support within the workplace identified by interview participants were relatively informal, and consisted of disclosing to supportive colleagues and line managers, and subsequently securing reasonable adjustments that made it easier to perform their role. Survey respondents also emphasised the importance of reasonable adjustments such as flexible working arrangements, or quiet 'break' spaces.

However, of the interviewees who had been able to disclose their mental health experiences at work, the majority felt that this type of support had been lacking. As noted above, one employee struggled to secure reasonable adjustments at work, though she was eventually successful. Another felt that she had not been able to be upfront with her manager about being unable to work due to mental ill health, and explained that it would have been beneficial to have an independent counsellor to speak with:

'The first time I called in sick, they were really understanding. Then the second time, I just felt like I couldn't be ill anymore. I don't think there's the infrastructure at work to help me really, like a counsellor or something.'

Interview participant

This suggestion was echoed by several other interview participants, one of whom described how, ideally, it would be someone in an HR role, but with specific counselling expertise and remit.

Within the survey data, there were some examples of progressive practice. For example, one respondent described how valuable they had found the support of a colleague in their team who had the dedicated role of supporting members of staff with mental health problems in the workplace:

'Talking to that colleague is massively helpful because you don't have to start at the beginning each time, she is 'on the same page' which makes a massive difference compared to a mental health professional who might not personally understand or be able to relate.'

Survey respondent

A small number of participants mentioned Remploy as an organisation that had provided ongoing care and support whilst they were in work. However, Remploy tended to be mentioned mainly in the

context of seeking employment, and providing support with CV writing, preparing for 'back-to-work' interviews etc.

Other sources of support to stay in work

The other sources of support cited by interview participants as having helped them stay in work included NHS and private therapy, support groups, and community mental health teams. A couple of the interviewees relied heavily on the latter, and rated that ongoing moral support highly in relation to its impact on their ability to maintain employment.

Some survey respondents reported that NHS therapies were challenging because they were often during the day, meaning it could be difficult to take time off from work to attend sessions. Others identified the need for time off work to attend therapy as a reasonable adjustment that they had used or would have been helpful.

Overall, there was a theme within the survey comments that the support offered through medication or short-term talking therapies was not sufficient. Views on the helpfulness of medication were particularly mixed, with some survey respondents finding them beneficial, and others more problematic – depending on personal interactions and side effects, which could affect performance at work.

Support structures and mechanisms: seeking work

When it came to structures and mechanisms that helped support people *into* work, formal organisations were more frequently mentioned. Interview participants mentioned Mind and other third sector organisations, as well as Remploy, as having been helpful. The former were especially valuable in providing access to volunteering opportunities – this reflects the importance of volunteering found within the quantitative survey data. The qualitative survey data suggested that a few respondents had found the experience of volunteering with a charity helpful in building confidence and skills. It is worth noting that in some cases, this involving upskilling within the field of mental health.

'Using local services, especially voluntary like my local Mind, has been a big factor in supporting me into work. I think because they are local and have different support depending on your career goals, it makes the advice and support more tailored to you. Volunteering is a very good way of building confidence without too much responsibility, I highly recommend it.'

Survey respondent

'I'd be quite happy to go into some form of volunteering, as long as I've got whatever income coming in, whether it's benefits or whatever.'

Interview participant

Remploy was perceived to have a more holistic approach towards understanding people's capabilities and limitations in obtaining work – and was more trusted than – traditional employment services. Interview participants who spoke highly of Remploy described how their positive experience was

closely linked to the presence of a specific staff member, with whom they had had recurring contact, and were able to build a strong relationship.

'Remploy are good when you have one person, and an understanding person…'

Interview participant

However, another participant had a mixed experience of being supported into work by Remploy, hinting at some of the broader challenges people with mental health problems face in obtaining meaningful or desirable work outlined earlier in this report:

'Remploy has helped me prepare for my interview, they've been really good. But the thing is with these things, they're not interested in getting you into long term employment. They just want to get you on the job…MacDonald's or a warehouse.'

Interview participant

The interview participants and survey respondents were overwhelmingly negative about traditional employment services such as Job Centre Plus, noting that they are poorly equipped for supporting individuals with mental health problems:

'I still have to go to the Job Centre…it's really stressful when every single time they give me a letter about work. All these interviews are focused on work. They don't understand that I've actually got a job, I just can't do anymore days because it affects my mental health.'

Interview participant

My primary criticism Job Centre Plus is that it is apparent that the staff receive no training in dealing with people with mental health problems and in my experience demonstrated no empathy.

Survey respondent

Another criticism levelled at traditional employment services was that they are not appropriate for people who have higher than average skills or education levels:

'The service corporately is ill-equipped to assist anyone who has progressed in their career up to and beyond middle manager level.'

Survey respondent

However, one interview participant also found this to be a challenge when engaging with third sector (non-mental health specific) and NHS employment advisors.

'It's quite basic, like CV, cover letter writing, rather than psychological support…'

Interview participant

One survey respondent noted that a specialist disability advisor from the JCP was able to support the job seeker in a more holistic way, through a shared sense of understanding:

'[They understood] how my illness affected my ability to find a job.'

The importance of being able to bring personal experience of mental health problems into a work setting was described in a positive manner by a number of survey respondents, who mentioned that they had secured employment with organisations that encourage applications from people with lived experience of mental distress. However, one survey respondent observed that they felt that positive action policies may end up discrediting the hiring of people based on merit – and that using their disability to help gain employment felt like 'cheating'.

What helps people thrive?

This section provides a brief overview of the various actions, behaviours, policies, attitudes and environment that our interview participants and survey respondents suggested could help people with serious mental health problems 'thrive' in their endeavours to obtain, and stay in work. This is an illustration of the range of issues that participants raised, rather than representing a consensus or prioritisation.

We have identified four key areas for change – though there is substantial overlap between them. The first three relate directly to the workplace setting, the fourth to broader support, systems, and structures.

1. Improving knowledge and attitudes; combatting stigma and discrimination

- There is a need for managers to have high levels of knowledge and understanding around mental health, and an accepting, caring, non-judgmental attitude. Training courses such as "Mental Health First Aid" were identified as one model for achieving this.
- People should be encouraged to share their story in the workplace – senior managers who role model or act as a 'champion' can help facilitate this.
- Formal mechanisms are required to ensure employers do not discriminate.
- Openness around mental health problems can be encouraged in the workplace through targeted awareness-raising events.
- Overall demystifying mental health and enhancing acceptance, eventually leading to the normalisation of mental (ill) health, and a reduction in stigma and discrimination was the theme that had the strongest support from participants.

'It sounds really silly, but having a programme where you're addressing mental health. And just keep embracing the fact that it's okay, it's not a bad thing. You know, it goes back to the phrasing of 'mental health'. It's always thought of as 'not okay'. The only way you're going to get rid of [the stigma] is to keep using the word.'

2. Practical steps and reasonable adjustments

- People can benefit from a range of simple, practical steps to help them at work, such as firm structures and timetables, and clearly defined boundaries to their role.
- Reasonable adjustments that are tailored to an individual's needs and preferences are fundamental to people being able to thrive. Examples included, but are not limited to: flexible

working days (e.g. shorter days, later starts, early finishes); set days; working from home; variable workloads; regular check-ins with managers; the ability to take time off during the day for mental health appointments and therapy; 'quite spaces' or rooms to take breaks in during the day.

'I have PTSD and have access to a quiet room, which is brilliant.'

<div align="right">

Survey respondent

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3. Dedicated support and opportunities in the workplace

- Impartial, in-work counsellors or mediators were recommended – someone who could be a mediator with line management, and act as an advocate for mental health problems.
- Access to a confidential mentor, counsellor or mental health specialist was also mentioned.
- Mentorship could also be provided by someone with personal experience of mental health problems (a 'peer') offering support within the workplace.
- A fourth suggestion was an apprenticeship scheme specifically developed for people with mental health problems.
- Finally, the option of a support group or drop-in online forum for people to share and discuss was mentioned.

'We all work in a really stressful environment and if you're working too much, you should also have an outlet or someone to go and talk to.'

<div align="right">

Interview participant

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4. Changes to external support, structures and systems

- Ongoing, consistent support, provided outside and independent of the workplace, whether through talking therapy, support groups, or secondary mental health services can be the 'outlet' or a 'safety net' that some people need in order to successfully manage their mental health at work.
- Aspects of the labour market may need addressing. The growth of temporary or zero hours contracts can hamper the reintegration of people with mental health problems – especially those with chronic or enduring symptoms – back into the workforce because they can increase stress and insecurity.
- The benefits system should be made flexible enough to support people to find work that is appropriate to one's skills and aspirations, including the time to upskill, rather than a focus on securing 'any job'. A recognition that ultimately work should be fulfilling.

'I feel like you're penalised if you want to study. There's no balance if you want to study or upskill yourself…I'd say, find out what you enjoy because you need to go to work, find out what you're passionate about.'

<div align="right">

Interview participant

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Discussion & Recommendations

Discussion

This research project has sought to explore the experiences of Londoners with serious mental health problems in obtaining employment. It was a small scale study – survey data was gathered from 129 respondents, and eight people from minority ethnic backgrounds took part in a follow-up interview – and therefore has its limitations. First, the survey sample was self-selecting, and accessed predominantly via mental health networks. Second, the relatively small numbers of people from whom qualitative data was gathered (both through the interviews and via the responses to the open survey questions) mean that this data does *not* seek to be representative. Rather, it aims to provide a sense of the different *types* of support that Londoners, especially those from minority ethnic backgrounds access in seeking or sustaining work, and the *range* of experiences, challenges and barriers they encounter. Only two of the interviews identified as having a diagnosis of a SMI so it is not possible to draw conclusions about the specific experience of people from a BAME background with a SMI diagnosis.

This report concludes that the experiences of Londoners with serious mental health problems in obtaining employment are characterised by a number of tensions:

- We found widespread evidence of people *wanting* to work, feeling that being employed was conducive to positive mental health, and being extremely resourceful in their attempts to manage their mental health at, and during the process of seeking work. This is connected to the overwhelmingly positive experience of volunteering as a way of getting back to work – and examples of people proactively seeking to build their skills and confidence in this way as the next step in their recovery journey. However, these findings are at odds with the predominantly negative experiences of those who are working, or obliged to seek work, in short-term, unstable jobs – which people with serious mental health problems may be more likely to end up in. There is a stark contrast between the empowering experience of volunteering, and negative experiences of Job Centre Plus and other conventional employment services.

- Mental health stigma and discrimination were found to be widespread, both in the survey and interview data. The most common barriers to seeking support at work identified in the survey data was 'fear of negative consequences', closely followed by 'what others would think', and we heard of a number of instances of actual, rather than anticipated discrimination. It was felt that jobs geared towards positive disclosure of mental health experiences would be good for both individuals with mental health problems, but also benefit others in the workplace, as it could lead to a normalising of mental (ill) health. In practice, however, we found that many people simple wanted to be viewed and treated as 'normal' – pointing to some of the very real barriers to disclosing at work. This is an issue given that a lot of employment support interventions involve engagement with employers, and moreover that employers are not in a position to make reasonable adjustments without disclosure. Here too, the experiences of people from minority ethnic backgrounds is likely to differ from that of those of their white counterparts – as it is widely recognised that mental health stigma and discrimination is frequently more entrenched in these communities, and also that these groups are more likely to be subject to multiple and overlapping manifestations of disadvantage and discrimination related to identity.

- Finally, our findings highlight the important role of informal strategies (talking with friends, family, colleagues, managers etc.) in managing mental health when in work. The survey data indicated that these informal sources of support were the most commonly used and highest rated throughout – whilst the lowest rated was the more formal Employment Assistance Programme. The role of informal sources of support was not mentioned as frequently in the interviews – this may have been due to the aforementioned higher levels of social stigma experienced by people from BAME backgrounds, or it may have been because it is something so 'obvious' it is not worth discussing in detail in an interview. Even when it came to seeking work, as noted above, less formal avenues (volunteering) were preferred over more formal employment support programmes.

Recommendations

In the light of these findings, we suggest the following recommendations for the Thrive London Employment and Mental Health task and finish group:

1. That an asset-based approach to employment support that mobilises or draws on people's personal and community networks as well statutory services is likely to be more effective, reflecting that participants in our sample were more likely to use such sources of informal support and to rate them as more helpful. The negative experiences and perceptions that many people with mental health problems have had of statutory services also needs to be born in mind.

2. Many participants value volunteering as a route to building skills and confidence and it should be considered within the wider offer for people seeking to enter, or return to, the labour market.

3. Our sample included people from across the professional spectrum and at many levels of management. It is therefore important that formal employment support and advice is relevant to the type of work that people want, are qualified to perform, and fits with their mental health needs – rather than having an exclusive focus on entry level jobs.

4. Take steps to address the stigma and discrimination, actual and anticipated, which people with mental health problems face in the workplace and from statutory services. Most forms of formal in work support for people with mental health problems, including employers making reasonable adjustments, requires a measure of disclosure that it is clear that many of our participants were not comfortable with for fear of being discriminated against or stigmatised. It is important to note that those from ethnic minority backgrounds may face multiple layers of stigma and discrimination related to mental health and also other aspects of their identity such as religion, culture and gender.

Appendix 1: Survey

There were two versions of the survey. Survey 1 was for participants who reported they were currently in employment; Survey 2 for those who reported they were seeking employment. Participants were routed to the correct survey by an initial screening question asking about their current employment status. Participants who reported that they were neither in work nor seeking work were screened out at this stage.

Both surveys asked participants where they lived, and where they were employed or where they were seeking work. Participants who were neither living nor working or seeking work in London were screened out at this stage. Participants who reported living in London were further asked which London Borough they lived in.

Participants were also asked whether they identified as having one or more of a list of mental health diagnoses, and separately, whether their mental health had a serious impact on their day-to-day life. Participants who did not report either a diagnosis of a serious mental health condition or that their mental health had a serious effect on their day to day life were screened out at this stage. Demographic data was recorded for all participants.

Survey 1: in work

1. Please tell us which sector you work in:
    a. Public Sector
    b. Private Sector
    c. Charity/Not for Profit

2. Please select the option that best describes the industry or field you work in:
    a. Administrative & support services
    b. Arts, entertainment & recreation
    c. Automotive industry
    d. Construction and warehouse work
    e. Education
    f. Financial, insurance & real estate
    g. Health & social work
    h. Hospitality & food services industry
    i. Information, technology & communication
    j. Manufacturing
    k. Scientific & technical services
    l. Transport
    m. Utilities and public facilities management
    n. Wholesale & retail trade
    o. Other - please give more detail below

3. Which of the following best describes your position at work?
    a. Entry level
    b. Junior manager
    c. Supervisor
    d. Middle manager

e. Senior manager / Director below board level
f. Owner / CEO / Managing Director / Board

4. Do you think that your mental health has a serious impact on your day-to-day work?
    a. Yes
    b. No

5. Below are some ways in which people can be supported into work. If you used any of these types of support when you were looking for work, please indicate how helpful you found them. If you did not, please select 'not applicable / didn't use'. [Each example to be rated on a scale of; "Very Helpful", "Helpful", "Neither helpful nor unhelpful", "very unhelpful", or "Not applicable / haven't used".]
    a. Job Centre
    b. Work Programme
    c. Volunteering / Interning
    d. Career Advisers / Work Coach
    e. Individual Placement and Support
    f. Friends / family support
    g. Positive discrimination policies of employers
    You may provide more detail if you wish [free text box]

6. Thinking about the past 2 years, roughly how much time have you taken off work due to mental health?
    a. None
    b. 1 week or less
    c. 1-2 weeks
    d. 2-4 weeks
    e. 1 month or more
    f. Prefer not to say

7. What would you say has the main adverse affect on your mental health?
    a. Problems at work
    b. Problems outside work in your personal life
    c. Combination of problems in personal life and work
    d. Prefer not to say

8. Do you currently receive any support for your mental health? You may select more than one option.
    a. Primary care (i.e. your G.P.)
    b. Secondary care (i.e. IAPT, counselling, group treatment)
    c. Hospital outpatient
    d. Private therapy
    e. Other private treatment
    f. Charity sector
    g. Family and friends
    h. None of the above
    i. Prefer not to say
    j. Other - please give more detail below

9. Below are some ways in which people can be supported **by their employer** with their mental health. If you have used any of these types of support, please indicate how helpful you have

found them. If you have not, please select 'not applicable / haven't used'. [Each example to be rated on a scale of; "Very Helpful", "Helpful", "Neither helpful nor unhelpful", "very unhelpful", or "Not applicable / haven't used".]

    a. Phased return to work
    b. Access to flexible working
    c. Talking to another colleague
    d. Support from manager knowledgeable in mental health
    e. Access to Occupational Health / Counsellor
    f. Employee assistance programme (e.g. confidential helpline)
    g. A mentor / coach in organisation
    h. Resilience / mindfulness training

You may provide more detail if you wish [free text box]

10. Below are some **other ways** that people can manage their mental health at work. If you have tried any of these, please indicate how helpful you have found them. If you have not, please select 'not applicable / haven't used'. [Each example to be rated on a scale of; "Very Helpful", "Helpful", "Neither helpful nor unhelpful", "very unhelpful", or "Not applicable / haven't used".]

    a. Support from family / friends
    b. NHS talking therapies
    c. Private talking therapy
    d. Medication
    e. Support from a voluntary organisation (e.g. Mind, Samaritans)
    f. Online forums / social media / website etc.
    g. Alternative therapies (e.g. mindfulness / self-help)
    h. Exercise
    i. Clubs / Hobbies / Social groups
    j. Spirituality

You may provide more detail if you wish [free text box]

11. Have you experienced difficulties being open about your mental health at work?

    a. Yes
    b. No

You may provide more detail if you wish [free text box]

12. What are the barriers in accessing support for your mental health at work? You may select more than one option.

    a. Support is not available
    b. Support available doesn't work for me
    c. Concern about what people might think of me
    d. Fear of potential negative consequences to telling people (e.g. missing out on promotion; losing job etc.)
    e. Other - please give more detail below

13. Could you tell us a bit about what kind of support you would find useful in managing your mental health at work? [free text box]

Survey 2: seeking work

1. Please select the option that best describes the industry or field you are seeking work in:

    a. Administrative & support services

  b. Arts, entertainment & recreation
  c. Automotive industry
  d. Construction and warehouse work
  e. Education
  f. Financial, insurance & real estate
  g. Health & social work
  h. Hospitality & food services industry
  i. Information, technology & communication
  j. Manufacturing
  k. Scientific & technical services
  l. Transport
  m. Utilities and public facilities management
  n. Wholesale & retail trade
  o. Other - please give more detail below

2. Have you been in employment at any point within the last 5 years?
  a. Yes
  b. No

3. Was your mental health a contributing factor in leaving to leaving your last job?
  a. Yes
  b. No
  c. Not sure

4. Do you think that your mental health has a serious impact on your ability to find work, currently?
  a. Yes
  b. No
  c. Not sure

You may provide more detail if you wish [free text box]

5. Do you currently receive any support for your mental health? You may select more than one option.
  a. Primary care (i.e. your G.P.)
  b. Secondary care (i.e. IAPT, counselling, group treatment)
  c. Hospital outpatient
  d. Private therapy
  e. Other private treatment
  f. Charity sector
  g. Family and friends
  h. None of the above
  i. Prefer not to say
  j. Other - please give more detail below

6. Below are some ways in which people can be supported into work. If you used any of these types of support when you were looking for work, please indicate how helpful you found them. If you did not, please select 'not applicable / didn't use'. [Each example to be rated on a scale of; "Very Helpful", "Helpful", "Neither helpful nor unhelpful", "very unhelpful", or "Not applicable / haven't used".]
  a. Job Centre
  b. Work Programme

      c. Volunteering / Interning
      d. Career Advisers / Work Coach
      e. Individual Placement and Support
      f. Friends / family support
      g. Positive discrimination policies of employers

You may provide more detail if you wish [free text box]

7. Could you tell us a bit about what kinds of support would best help you find work? [Free Text box]

8. What kinds of barriers have you faced in seeking work? You may select more than one option, and give more detail if you like.
      a. Lack of experience
      b. Lack of qualifications
      c. Lack of suitable work opportunities
      d. Length of time out of work
      e. Mental health stigma and discrimination
      f. Other - please give more detail below
      g. None of the above

Appendix 2: Interview Schedule

A. Impact of mental health

1. Can you tell me a bit more about the mental health issues you have experienced?

2. (Those in work) What kind of impact has your mental health had on your work?
Probe around stigma/disclosure/working hours/relating to others etc.

3. (Those in work) Can you describe the impact work has on your mental health?

4. (Those seeking work) What kind of impact has your mental health in your search for work?

B. Support for mental health and employment

Everyone in the survey has described either the support they have had for:
a) Looking for work
b) Support for mental health when in work

In each interview, I will summarise the support they have had and then ask as a question:

5. Has the support you have had looking for work [summarise here] been aware of your mental health difficulties?

If yes, how have they supported you with it?
If no, what kind of support would you have liked?

6. If they have never had any support looking for work: How do you think employment support could help people with MH difficulties find work?

7. Has the support you have had for your mental health [summarise here] helped you:
a) (Those seeking work) in your search for work? Describe….
b) (Those in work) manage working life? Describe…..

8. If they have never had mental health support: what kind of support would be helpful in helpful in helping you find work/manage work?

9. Have you experienced any challenges accessing or getting support for you mental health in the work place? Describe…..

10. (If a manager) Have you ever had to support someone at work with their mental health? Describe…..

11. What would you like to see more of in the work place to support mental health (and wellbeing?)?

12. (Those seeking work) What do you think would help someone with mental health difficulties in the work place?

About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

- Guidance and expert support on public and patient involvement in mental health research

- Collaborative research studies in partnership with organisations interested in user focused mental health research

- Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

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