

# Out at work

A survey of the experiences of people with  
mental health problems within the workplace

ISBN 1 903645 28X

Price £12.50

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**The Mental Health Foundation** is the leading UK charity concerned with both mental health and learning disabilities policy, research and development.

Its work informs government policy, promotes new understandings and challenges discrimination.

We aim to maximise expertise and resources by creating partnerships for change with a broad range of stakeholders across the voluntary, corporate and public sectors.

**Acknowledgements:**

This report is based on responses from a large number of people who took part in the survey and took the time to tell us their experiences.

Support and advice on the design of the questionnaire, questionnaire distribution and the writing of the report was received from colleagues at the Mental Health Foundation including Julie Ballard, Nigel Duerdoth, Alison Faulkner, Andy Field, Anna Olek, Sarah Wright, and from Paul DePonte.

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## 1. Executive summary and key findings

We know that for many people with mental health problems work is an important coping mechanism, providing a sense of purpose and value (*Strategies for Living*, Mental Health Foundation, 2000) as well as often important social contacts. Respondents to this survey agreed.

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

Certainly within society in general, one of the main ways in which people identify themselves is through their role in the workplace. Although, as is reinforced by the survey, a number of people believe their mental health problems to be caused or made worse by the workplace, particularly long hours and high expectations.

However, as seen in this survey, the majority of people with mental health problems are still not in paid employment, in either a full-time or part-time capacity. A number of reasons were given, including the effects of medication,

*“I can’t use medication whilst working due to drowsiness and sleep patterns...”*

*“No one can do hard physical work on this level of medication.”*

the difficulties of losing benefits

*“Getting back into paid work is very difficult, not only do you have to overcome reluctance from employers, but also risk loss of benefit if the job makes you ill and you have to leave.”*

and discrimination, particularly not being shortlisted or being turned down for jobs because of mental health problems. The decision as to whether or not to “come out” as a mental health service user is for many people fraught with difficulty.

*“If tell truth, not considered for interview.”*

Yet those who had succeeded in getting a job reported largely positive experiences. When they had come out about their personal experience of mental health problems, whether by choice or through disclosure, people’s recent experience was positive, even if this had not been the case a few years before.

*“Present employers know my history of illness and have been supportive, as was my university when I went back to train as a teacher last year. It has taken seven years to return to work after appalling experience in medical school, where I was employed as medical researcher. I became ill with depression, was bullied, intimidated, harassed until I resigned..... a technician pinned up offensive articles about mentally ill people in my lab and one person refused to speak to me.....”*

*“After applying for loads of jobs unsuccessfully, it was suggested by a disability officer at job centre that I should not put it on application forms. When well, it has no effect on my ability/performance. I then secured present job, however.... became ill and welfare officer from work visited me in hospital and gathered I'd been ill in past & had not put it on application form. She reported this back to employer who sent out very abrupt disciplinary letter. .... However I kept my job but with five year medical probation. Luckily, when probation period was up I became established. I must add since, employer has been fantastic, I've had five/six spells in hospital in ten years, always had job back, now have scheme where you return on recuperative hours. My boss is very understanding, flexible with my illness and my colleagues are all very supportive.”*

Despite the general agreement that, when somebody had found a job, workplaces were generally accepting and supportive, a number of people referred to themselves as "lucky" and their situation as "unusual". The frequency with which this comment was made, unprompted, in the returned questionnaires suggests that workplaces may now perhaps be more accepting than previous experience showed and that these respondents were less unusual than they believed.

Many of those who responded worked in mental health (one in five worked in healthcare and a further one in five in social care for example) and so felt that their experience of mental health problems was more likely to be accepted. This does raise the danger that, without a guarantee of good policies and acceptance in other employment areas, there is a danger of people being ghettoised in mental health organisations - which may for many people be draining and not necessarily good for their own mental health.

People's criticisms of their workplaces tended more to focus on areas where they believed they had been perhaps over-protected, or that too much account was taken of their mental health problems.

**Key findings**

- Over half believe that they had definitely or possibly been turned down for a job in the past because of their mental health problems.
- Only one third feel confident in disclosing their experience of mental health problems on job application forms.
- People with anxiety or depression were more likely to be employed - but still less than 60% were employed on a full-time or part-time basis.
- Less than half of the people who responded with psychosis, schizophrenia, manic depression or phobias were in full-time or part-time employment.
- People with mental health problems make a major contribution to society with one in five doing voluntary work. Some of those who are statistically least likely to be paid for their work (particularly people with manic depression or schizophrenia) are those most likely to be working in a voluntary capacity.
- Nine out of ten people currently in employment (whether full-time, part-time or in a voluntary role) had informed somebody in the workplace about their experience of mental health problems.
- Of those who had been open about their mental health problems in the workplace, over half always or often had support when they needed it, with another one in five sometimes getting support. Around two-thirds reported that people at work were always or often very accepting.
- However, around one in four people reported that too much account was sometimes taken of their mental health problems, saying that they always, often or sometimes felt patronised or more monitored than other colleagues.
- More than 15% believed that they had been passed over for promotion because of their mental health problem.
- One in ten always or often believed that colleagues made snide or sarcastic remarks or that colleagues avoided them because of their mental health problem.
- One in three believed that bullying at work had caused or added to their mental health problems.
- Nearly two out of three respondents believed that unrealistic workload/too high expectations/long hours had caused or exacerbated their mental health problems.

## 2. Introduction

Over 25 million people in the UK spend a large part of their lives at work<sup>1</sup>. For many people with mental health problems, work is an important coping mechanism, providing a sense of purpose and value (Mental Health Foundation, 2000<sup>2</sup>) as well as important social contacts.

However the national situation of people who experience mental health difficulties is far from positive when it comes to employment. Of the working UK population, only 17% of people with a diagnosis of serious mental illness are economically active (Office for National Statistics, 1998<sup>3</sup>). Further the OPCS Surveys of Psychiatry Morbidity in Great Britain in 1995/6 discovered that mental health service users had the highest unemployment rates of any disabled group (Office for National Statistics, 1995<sup>4</sup>). A staggering 85% of people with long-term mental illness were unemployed.

A more recent report found that 95% of mental health service users felt that their mental health problems had considerable negative effects on their employment prospects (Focus on Mental Health, 2001<sup>5</sup>).

Research by the Mental Health Foundation found that 47% of respondents who had experience mental distress had also faced discrimination in the workplace (2000<sup>6</sup>). Thirty seven percent had also reported discrimination in seeking employment.

It is therefore no wonder that 55% felt that they could not always tell their work colleagues about their mental health difficulties.

These results have been echoed in other studies. A survey of 778 users of mental health services found that 34% had reported being dismissed or forced to resign from their jobs (Read and Baker, 1996<sup>7</sup>). A further 39% felt that their diagnosis was used as grounds for being denied a job. Understandable again, over half (52%) did not reveal that psychiatric history for fear of losing their job, and 69% feared discrimination to the extent of being unwilling to apply for work.

People's experiences of discrimination in the work place have therefore led to a position where it is almost impossible for many people to be honest about their difficulties. 74% of the earlier Mental Health Foundation survey said that they could not disclose details about their mental health on application forms. A survey of people with a serious mental illness diagnosis reported almost the same results; 75% said that they would not inform prospective employers about their diagnosis (Link et al, 1997<sup>8</sup>). This is worrying as it could prevent many employees from not only communicating their needs, but also receiving support

Unfortunately this also makes it difficult for employers to develop strategies for support and assistance. The Disability Discrimination Act places a duty on employers to make 'reasonable adjustments' to prevent disabled applicants or employees being disadvantaged at work. The Disability Discrimination Act also makes it unlawful for employers of 15 or more people to discriminate on the grounds of disability. Whilst many people with mental health difficulties may require no adjustments to be made,

informing employers of mental health difficulties binds them to comply with this Act and legally provide appropriate working arrangements when needed and to not discriminate against mental health diagnoses when recruiting staff.

This current survey is important because it asks about people's experiences not only in seeking employment but also within the workplace, particularly experiences of seeking or receiving support.

If we are to try to ensure that more than 15% of people with serious mental illness are able to work then we need to find out what sort of support best enables people to remain in employment, and tackle the discrimination that some people may still be experiencing.

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<sup>1</sup> The Mental Health Foundation. (1999) *Mental Health in the Workplace* The Mental Health Foundation: London

<sup>2</sup> Faulkner, A. and Layzell, S. (2000) *Strategies for Living*. A report of user-led research into people's strategies for living with mental distress The Mental Health Foundation: London.

<sup>3</sup> Office for National Statistics (1998) *Labour Force Survey* The Stationery Office: London.

<sup>4</sup> Office for National Statistics (1996) 'Physical complaints, service use and treatment of residents with psychiatric disorders' *OPCS Surveys of Psychiatry Morbidity in Great Britain*, Report 5, The Stationery Office: London.

<sup>5</sup> Focus on Mental Health (2001) *'An uphill struggle' Poverty and mental health*. Focus on Mental Health: London.

<sup>6</sup> DePonte, P. (2000) *Pull Yourself Together: A survey of the stigma and discrimination faced by people who experience mental distress* The Mental Health Foundation: London.

<sup>7</sup> Read, J. & Baker, S. (1996) *Not just sticks and stones: A survey of the discrimination experienced by people with mental health problems* Mind: London.

<sup>8</sup> Link, et al. (1997) 'On stigma and its consequences: evidence from a longitudinal study of men and dual diagnosis of mental illness and substance abuse' *Journal of Health and Social Behaviour* 38, 177-90.

## Methodology

### 3.1 Recruitment

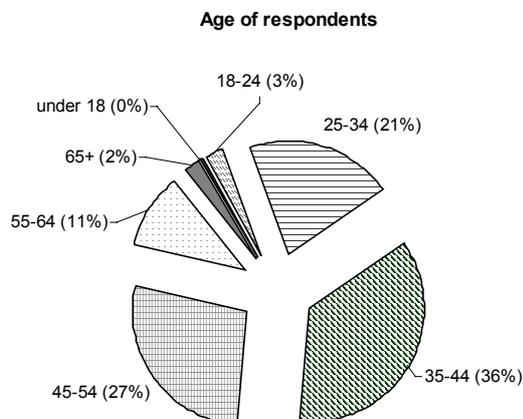
A self-complete questionnaire (see Appendix One) was constructed asking people about their experiences of mental health in the workplace. This was distributed to a number of people who had identified themselves as experiencing mental health problems, particularly:

- People on the Mental Health Foundation's Strategies for Living mailing list (1,500 people) - an area of the Mental Health Foundation focusing specifically on mental health service user and survivor-led research.
- Mental Health Media's mailing list (946 addresses) - individuals and groups, particularly mental health service users and survivors who have received training or guidance in how to work with the media at a local level.
- Manic Depression Fellowship self-help groups (150 addresses).
- MCCCH Society Ltd (150 copies). The Clubhouse organisation which provides drop-in support, and return-to-employment support for members.
- Other organisations, including the Kensington & Chelsea Forum (mental health service users group) also publicised the questionnaire in their newsletter.
- The questionnaire was also on the Mental Health Foundation's website and emailed to a people who had registered on the Foundation's Connects portal and self-identified as having personal experience of mental health problems.

It is estimated that around 3,000 copies of the questionnaire were distributed from the end of October through to November, with over 500 completed questionnaires returned by Friday 21 December. Of these, 411 respondents met the inclusion criteria of having experience of mental health problems.

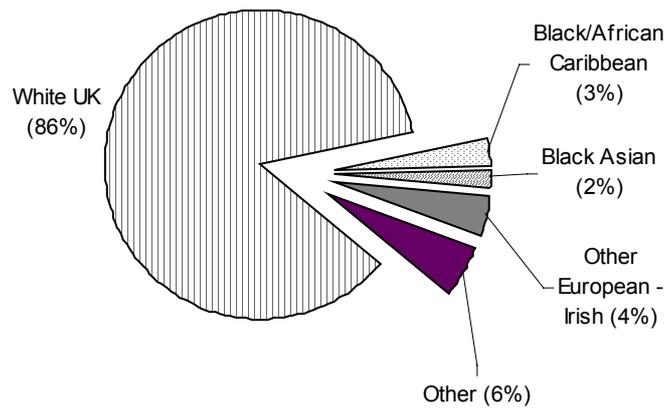
### 3.2 Participants

Of the 411 analysed questionnaires, 30% were from males and 66% from females (3% did not specify). Of those who provided details of their age, the majority were aged 35-44 or 45-54. Only one person was aged under 18 years.



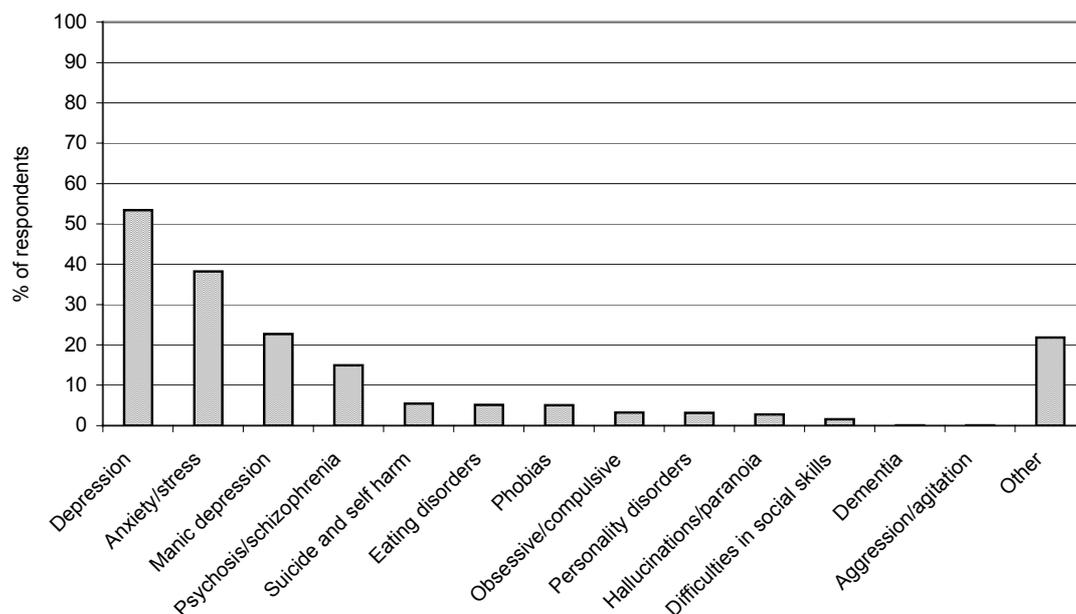
Of those who chose to reply, over four-fifths were White UK with only small numbers of Black/African-Caribbean/Black British and Black Asian/Indian/Bangladeshi/Asian British/Asian Other. 6% described themselves as “other” identifying Punjabi/Irish, White UK/Jewish, Mixed race, European, Gypsy, Spanish and American or Australian for example.

**Ethnic origin of respondents**



Respondents were asked to describe their own mental health problem in their own words. A number of people identified more than one particular issue. The most common experiences were depression (53%) - including clinical, reactive, postnatal, and uni-polar affective disorder - and anxiety or panic attacks (38%).

**Description of mental health problem**



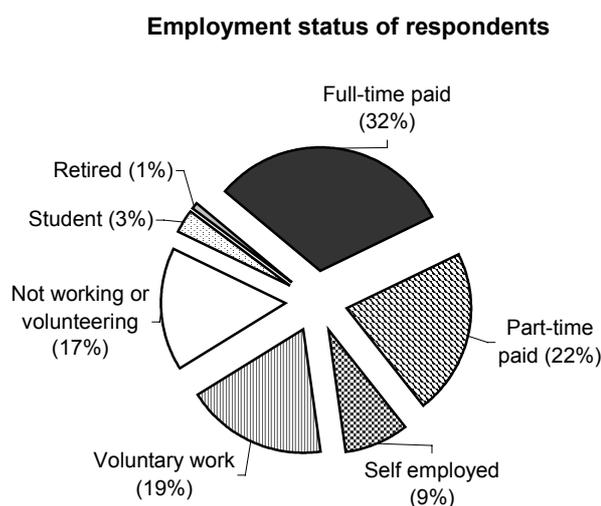
## 4. Results

Percentages are presented to the nearest whole number. There therefore may be occasions when percentages add up to over 100%.

All quotes are given anonymously.

### 4.1 Employment situation

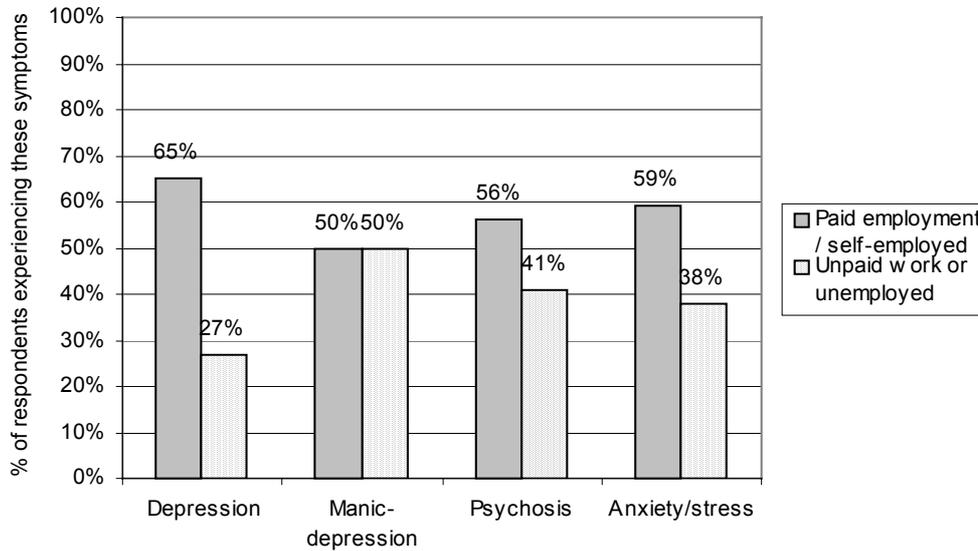
Overall, less than two-thirds of respondents (63%) were in paid employment. Whilst one in five (19%) were doing voluntary work, around one in six (17%) were not working in either a voluntary or paid capacity. This means that over one third (36%) of our respondents were NOT in paid employment. Only a small number were students or retired.



#### In paid employment

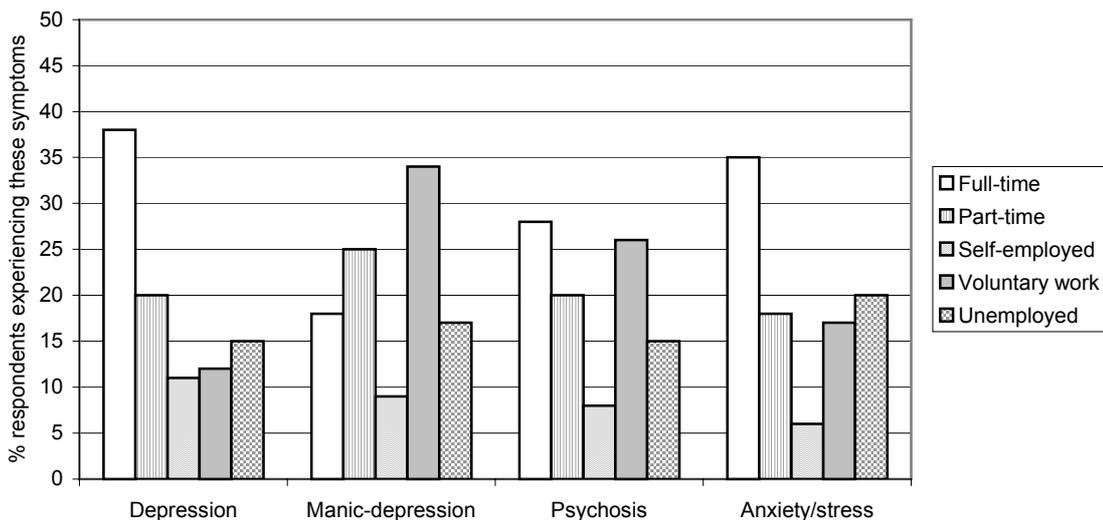
Of all the respondents, 32% worked full time, 22% part time, and 9% were self-employed or part-employed/part-self-employed. More female respondents were in paid employment (67%) than male respondents (51%).

**Ratio of paid working respondents vs unpaid working or unemployed respondents**



Nearly six out of ten (58%) of people with depression (clinical, postnatal or other) who responded were employed either full time or part time, and 56% of those with anxiety or stress related problems were in full time or part time employment. (The remainder of those working is made up of people describing themselves as working - self-employed, see over).

**Breakdown of working situation for the four most reported mental health difficulties in this survey**



Less than half of those with schizophrenia or manic depression were in paid employment, with only 48% of those with psychosis or schizophrenia type disorders in full time or part time employment, as were 48% of people with bipolar disorders/manic depression.

## Self-employed

Of the 37 people who described themselves as self-employed or full-time self-employed/employed;

- nine had manic depression (10% of those with bipolar disorder or manic depression)
- 24 described themselves as having some form of depression (11% of the total number of people with depression)
- 10 experienced stress/anxiety related disorders (7% of the total number of people with some sort of anxiety problem)
- 6 people experienced psychosis/schizophrenia (10% of people with psychosis/schizophrenia).
- 2 people identified themselves as having eating disorders (10% of the total sample of people with eating disorders)
- Just one person who identified suicide and self-harm as an issue described themselves as self-employed, which was 4.5% of the total number who described their mental health problem in this way.

*“I went freelance 18 months ago after deciding to leave my job (until then I’d always had permanent, full time work). Partly for more flexibility and new challenges but also because I was put under pressure to resign because of my depression. Best thing I ever did! I now have lots more leeway and independence, can take time out if I need to, and earn more. I’ve also been able to come out about depression and work around mental health.”*

Generally, people with depression, schizophrenia/psychosis, manic depression or eating disorders appear to be drawn to self-employment in the same sort of proportion. However, with the perceived uncertainties that self-employment brings, it is possibly not surprising that people who describe themselves as experiencing anxiety related problems are less likely to pursue self-employment as an option.

## Voluntary work

Significantly nearly one in five (19%) did voluntary work, with men (26%) more likely to describe themselves as doing voluntary work than women (17%). Those with manic-depression/bipolar disorder were most likely to be doing voluntary work – more than one third of respondents (35%) ticked this box - and just over a quarter of those with psychosis or schizophrenia (26%).

## Not working in a paid or voluntary capacity

Overall, around one sixth of respondents (17%) described themselves as neither in employment nor doing voluntary work; men were more likely (24%) to be unemployed than women (14%).

Although as a group more likely to be in full time employment, people with clinical depression were also the most likely to be not working. Nearly four out of ten (38.9%)

of those with clinical depression were not currently employed as against 15% of those with depression overall.

21% of those with anxiety or stress-related problems and 17% of people with manic depression replied that they were unemployed and not involved in voluntary work. Only 15% of people with psychosis/schizophrenia were neither employed nor working in a voluntary capacity.

### **Ill health / retirement**

Interestingly less than one per cent of people described themselves as subject to medical or ill-health retirement, although a further 3% referred to long term sickness, therapeutic earnings, incapacity benefit/DLA or supported/sheltered employment. About 1% were retired/semi-retired.

### **Conclusion**

Our results do not indicate as large an unemployment rate as reported by the other sources: 83% of people with a diagnosis of serious mental illness were economically inactive according to the Office for National Statistics, 1998. There are possible explanations for the contradiction in figures.

The largest factor in this disparity is the sample used for our survey. Particularly, the Strategies for Living mailing list consists of service users and professionals interested in the mental health field, with many people identifying with both of these descriptions. We would therefore expect that our sample of service users would have a larger proportion of working people than if we were to use a general population sample.

It also must be considered that our definition of mental health difficulties was not restricted to medical diagnoses, so our sample is a lot more varied than in the other studies, which identified 'serious mental illness diagnosis' as their target population.

What is important is that even in our sample, 50% of people with manic-depression, and 41% of people with schizophrenia/psychosis did not have paid employment. Our survey does therefore support the previous evidence that unemployment amongst people with mental health difficulties is considerably higher than in the general population.

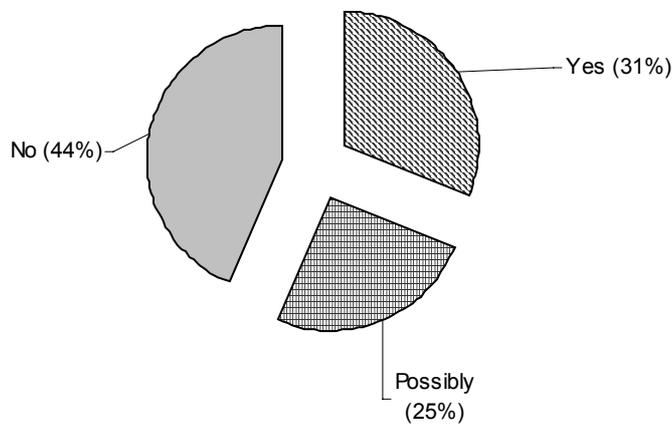
Another very significant result is that 19% of our respondents were involved in voluntary work, the figure rising to 35% and 26% for people with manic-depression and psychosis/schizophrenia respectively. Although we do not have information on the type of voluntary work carried out, this result does ask the question, 'How many of these volunteers are able to carry out full-time or part-time paid employment?' And therefore, 'Why are those that are able work, not in paid employment?' This question will be answered in the following section.

## 4.2 Looking for a job

When looking for employment the majority of respondents, nearly six in ten (56%) believed that they may have been turned down for a job because of their mental health difficulties. Almost a third of all the respondents (31%) thought that they had definitely been turned down for a job for this reason. Over four in ten (44%) said that this was not the case.

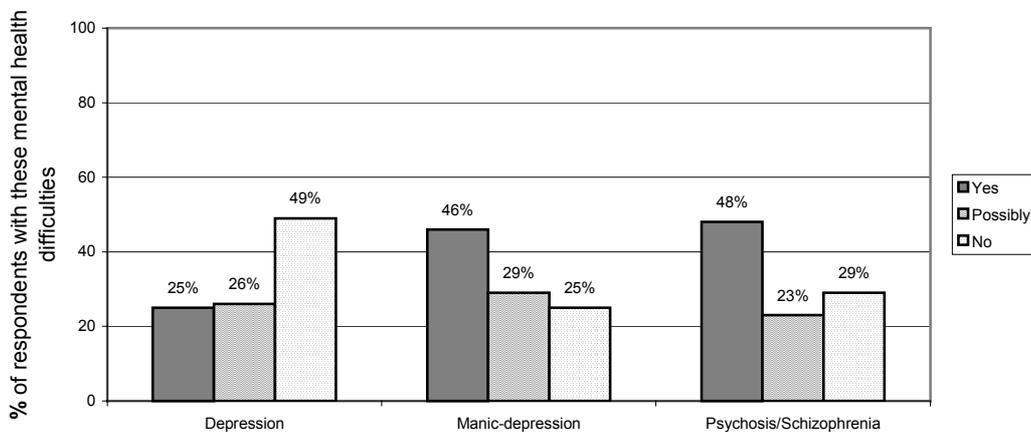
*“At interview, as soon as I declared I had a mental health problem I always lost the job.”*

**Did respondents feel that they had not been offered work due to their mental health difficulties?**



There was a marked difference here depending on people’s specific diagnosis. People with bipolar disorder/manic-depression or psychosis/schizophrenia were more likely to report being turned down for a job because of their mental health problem.

**Did respondents with the more commonly reported mental health difficulties believe themselves to be discriminated against when job seeking?**



Almost half of them agreed with this: 46% of people with manic depression/bipolar disorder (from a total of 85 who responded to this question) and 48% of people with schizophrenia (from 56). Only around a quarter (25%) of those with manic depression and nearly three in ten (29%) of people with psychosis/schizophrenia said this had never happened.

Conversely, people with various forms of depression were more likely to say that they had never been turned down for a job for this reason. Nearly half (49%) reported that they had never been turned down for a job, while around a quarter (26%) said possibly and slightly more (27%) said yes.

### **The experience of people with depression**

*“Told directly I was unsuitable due to illness.”*

*“Was verbally offered a job, then received a phone call to say no longer available.”*

*“Lost a job when had to explain gap in employment record was because of being mentally ill.”*

*[Turned down] “by mental health services, even as a volunteer.”*

### **The experience of people with manic depression**

*“Following diagnosis, took 12 months to get job – no problems prior.”*

*“Forced by Occupational Health to forfeit appointment as Finance Director because of manic depression.”*

### **The experience of people with psychosis/schizophrenia**

*“Not short-listed for more senior position when others with less experience and less qualifications were.”*

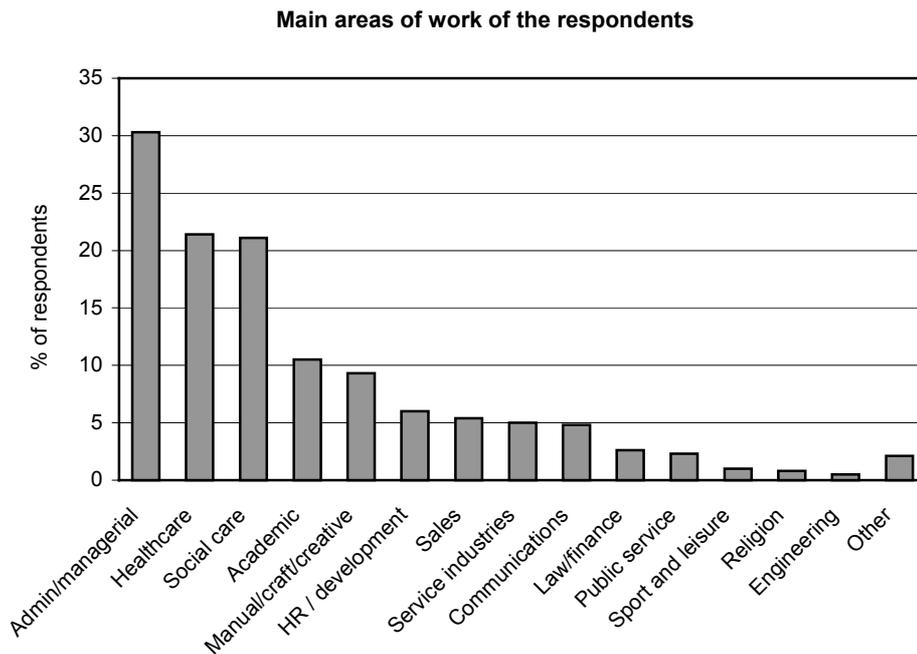
*“Turned down because of medical after gaining place on teacher training course.”*

### **Conclusion**

56% of the survey respondents reported to have experienced possible discrimination in the recruitment process and only 25% of people with manic depression and 29% of people with schizophrenia/psychosis felt that this had never happened to them. While this is not everybody's experience, it may indicate a lack of knowledge about these conditions. Perhaps with what are considered the more severe mental health diagnoses - manic-depression and schizophrenia/psychosis - there may be an over-reliance on media descriptions of these problems which, although improving, may still inaccurately emphasise dangerousness as a major component.

### 4.3 What is or was your main job?

Nearly one third of respondents worked in administrative or managerial roles, including clerical, secretarial, chief executive and UN consultant. Around one in five worked in healthcare, including medical/nursing, medical research, psychologist and speech and language therapist and a further one in five worked in social care in support work, social work or as a mental health worker. The other main area was academic (11%) including teaching, university lecturer and, simply, academic.



The fact that so many of the respondents worked in health or social care should not be surprising as these are two of the main national employment areas. It may also be expected that health and social care organisations have better equal opportunities policies and mental health policies. However, this may not necessarily be the case, as will be discussed later.

In addition, many service users and survivors work within the social care or healthcare field, particularly mental health, where their personal experience of mental health can be seen as valuable or, in some cases, essential.

*“I am currently a second year social work student. I am interested in working in the mental health sector when qualified. I approached my personal tutor at college and explained I would like a mental health placement in (town) as I do not drive. I told her about my past experience as a service user and said this may be a problem if I come across a client who knew me from hospital. Disappointingly, my tutor and placement organiser agreed – so much for the theory that people who have experienced the problems of a particular client group make the best social workers. I am concerned whether or not I will face discrimination in the future.....”*

*“My current employer is a mental health organisation – although I feel very unsupported, I feel that it is safer here than in other organisations. The issue of personal mental health is very much ignored – management have the attitude that all employees are treated equally but this means differences are not acknowledged, adjustments not made and being open is difficult.”*

However, research by the journal, Community Care, found that of the social workers who regularly read the publication, only 6% felt that their stress levels were at an acceptable level (1999). More recent research (Community Care, 2002) reported that of nearly 500 social workers who had experienced depression, 80% of respondents identified work as a cause of their depression.

With such rates of stress and depression experienced in health and social care fields it does raise the question of whether there is a danger of creating a form of mental health ghetto - with people with mental health problems believing that they are more likely to be accepted within health or social care than anywhere else, and so working in this area rather than bringing a variety of experiences to bear in other areas of work.

*“I feel the biggest barrier is often the fear that people will discriminate. Manic depression is seen as a big, dangerous illness, you are likely to become a maniac at any time!. Perhaps the only jobs open to us are in the “mental health industry” – I resent this as I don’t want to make a career out of it.”*

*“I work in mental health because I believed it was my only choice of work as no other employer would employ me.”*

While this obviously does bring benefits to the health and social care sector in acceptance and understanding of mental health issues and the personal experience that staff bring to their roles it can also mean that staff experience considerable pressures in continually supporting not only clients but also, potentially, other staff members experiencing mental health problems.

*“As I work in mental health field my immediate line manager is very supportive. However I feel that the structure further up is not. Also, service users still expect you to be well no matter what pressures I am under.”*

*“being surrounded by mental health issues can be draining if not properly managed.”*

## **Conclusion**

Not surprisingly, there were a large variety of employment roles represented within the sample although general management and administration, health and social care predominated. While many people may be attracted to health and social care through their own interest in and experience of mental health problems, working in this sector can provide additional stress as demonstrated.

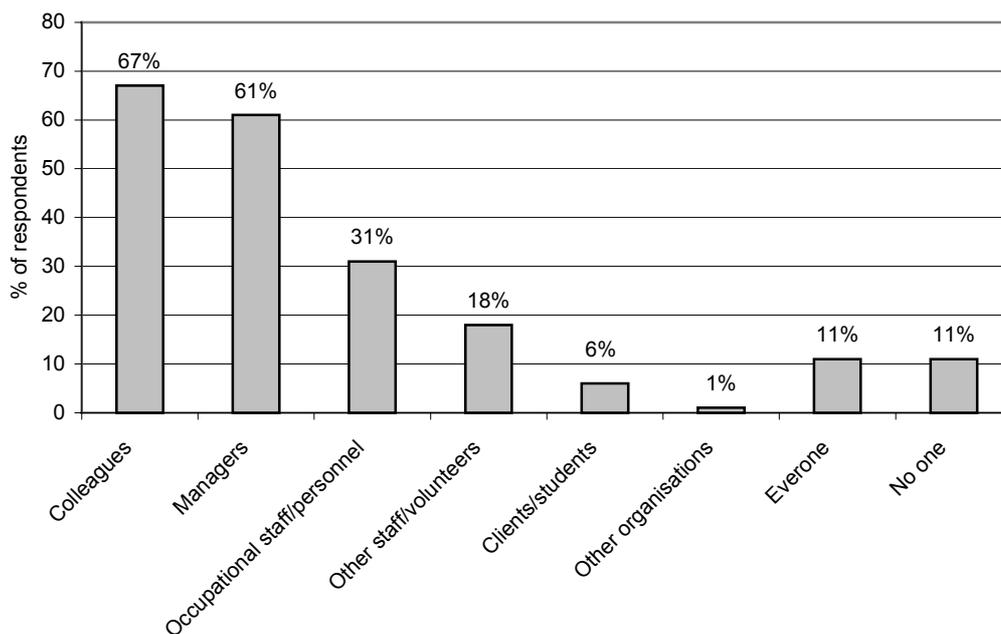
## 4.4 Knowledge of mental health problems within the workplace

Most people had chosen to inform people at work about their mental health problems, although disclosure could be selective, but some people had been "outed" by former employers or doctors. They reported generally positive responses within the workplace with acceptance and being valued predominating.

### Who at work knows of your mental health problem?

Respondents who declared themselves as being in employment (full-time, part-time, voluntary or self-employed) were asked who at work knew of their mental health problem. Only one in ten (11%) declared that no one at work knew of their mental health problem. Conversely a further one in ten (11%) stated that everyone knew, and an additional 1% said that "most people who know me" knew.

Who at work knew about respondents' mental health problems?



Around two thirds (67%) declared that colleagues knew, while six out of ten (61%) stated that their manager/deputy manager/vice principal knew.

*“My senior manager would not support me if he knew of my illness”*

Three in ten (31%) said that occupational health/staff counsellor/personnel were informed. Although this last figure appears small, it should be remembered that not all of the respondents will be working in organisations large enough to have a designated personnel or occupational health function.

However, a number of people had experienced problems in getting initial occupational health clearance on taking up their post.

*“Occupational health took three months to OK me for work.”*

*“Always awaiting medical clearance.”*

*“Bad experience with occupational health clearance.”*

A number of people were heading up organisations, so 2% informed their trustees/management board/chairman and committee.

More than one sixth (18%) informed staff or volunteers and 6% informed their clients, students or members of the user group. Least likely to be informed were “other organisations I work with” (1%).

A number of people were more selective in who they told.

2% declared that they had told a few selective people or friends, while 2% were not sure as it had not been explicitly discussed, and a further less than half a per cent (0.3%) responded that work was aware of the situation but not the details.

Those least likely to tell their manager were people with experience of postnatal depression (33%), and those most likely to tell their manager were those with obsessive behaviours or obsessive-compulsive disorders (90%) and personality disorders (92%).

People with manic depression were slightly more likely to tell their manager (70%) than their colleagues (67%) whereas this was reversed in people with clinical depression, other sorts of depression and psychosis/schizophrenia. 50% of people with clinical depression told their manager, and 70% their colleagues; 61% of people with other types of depression told their manager and 67% their colleagues; and over two-thirds (67%) of people with experience of psychosis/schizophrenia told their manager, while more than four out of five (83%) told their colleagues.

Again, some people made the decision whether or not to disclose their mental health problems according to the particular employer.

*“Don’t declare mental health history unless job is in mental health.”*

And guidelines or policies on disclosure or medicals did influence which jobs people applied for.

*“Didn’t pursue some jobs because full medical history/assessment required.”*

## Discovering the truth

For those whose workplace did know about their experience of mental health problems, the majority appeared to be in control of who they told about their mental health problem within the workplace and when. Nearly six out of ten (59%) said that they chose to let people know, even if this referred to selective people, after a period of time or as they felt confident. Just over one third (35%) declared their mental health problem on their application form, perhaps due to fears that they would be discriminated against if they did. This is, however, a slight increase from the 30.2% of people who reported disclosing this information in the Mental Health Foundation's *Pull Yourself Together* report in 2000.

The other major way in which people at work discovered that the person had a mental health problem was because they were unwell for a period (24%).

*“Was not allowed to continue working as Ward Sister, redeployed in Education.”*

But for just under one in seven respondents, experience of mental health problems was an essential requirement of the job - because they worked for a mental health service user charity, for example.

Of the remainder, 5% of workplaces found out because somebody else, not the respondent told them, 1% were informed by a doctor's sick note, a reference or an occupational health report, 1% had applied for jobs with organisations which already knew their mental health history. Only one person (0.4%) did not know how their workplace found out.

## Effect upon employment

Respondents were asked, in relation to their current employment, “if your mental health experience is known about, what impact or effect has this had on your employment?” The results are presented in the table over the page.

From these responses it appears that people currently in employment generally felt accepted (nearly two thirds said this was the case always or often, with a further 18% stating sometimes) particularly by colleagues. Around seven out of ten of those who responded stated that colleagues seldom or never made snide/sarcastic remarks and seldom or never avoid them. This is a more positive picture than the earlier findings of the Mental Health Foundation's report, *Pull Yourself Together* (2000) in which nearly three out of ten people with personal experience of mental distress reported discrimination in the workplace.

But some people clearly felt that colleagues were still unsure of how to react or whether to acknowledge somebody's mental health problems.

*“There is a marked difference between the way someone with a physical illness is treated and the way someone with a mental problem is, e.g. I came back to work after a bout of depression, people didn't even ask how I was. No one visited or sent a get well card – things that always happen if people have a physical illness.”* 19

Some people felt that their experiences were valued by their workplace (and a number of respondents worked in the mental health field where personal experience of the issues was seen as a definite plus),

*“People in the mental health field are the most understanding”*

*“I work in the mental health sector where my experience is valued.”*

The following person, however, thought that mental health organisations may not be as good employers as others might think.

*“Mental health personnel sometimes seem more prejudiced than those outside the mental health world.”*

<b><i>Question/statement</i></b>	<b><i>Always/often</i></b>	<b><i>Sometimes</i></b>	<b><i>Seldom/ never</i></b>
People are very accepting	65%	18%	3%
It makes no difference	47%	19%	15%
My workplace values my personal experience	62%	13%	13%
I have had support when and where I need it	52%	21%	13%
Management is patronising	10%	14%	56%
I feel more monitored than other colleagues	11%	14%	54%
Mistakes are attributed to my mental distress	9%	14%	58%
Colleagues make snide/sarcastic remarks	4%	7%	70%
I am discouraged from taking on exciting projects	4%	8%	68%
Colleagues avoid me	2%	7%	72%
Life is very difficult and I'm thinking of leaving	8%	12%	59%
I believe I have been passed over for promotion	7%	10%	60%

(between 12% and 24% did not answer each question)

There did appear to be a slightly more reticent view towards management generally. Only just over half of respondents said that they received support when and where they needed it, either always or often – more than one in five had sometimes had support but just over one in eight (13%) had seldom or never had support when they needed it.

*“Sometimes expected to perform when I obviously needed support.”*

*“Manager aware but under pressure so little practical support.”*

*“Employer very supportive/understanding.”*

*“Manager’s knowledge made a positive difference.”*

*“When I was working in an office as a grants administrator for the voluntary sector, management were very unsympathetic to my mental health distress. I was actually given a warning by my line manager that if I didn’t start to look happier, I’d be given the sack. Of course this made my situation worse.”*

The latest ruling from the courts states that employers cannot be held responsible for stress or mental ill-health unless the employee brings the situation to the employer’s attention (The Guardian, Wednesday February 6<sup>th</sup>, 2002), so there is now an even greater need for employees to actively seek support when they need it and not assume that their employer is aware of their difficulties. As around six out of ten respondents had informed their manager of their mental health problem this may still leave a considerable number who, if they did experience problems, would be likely to fall foul of this ruling and be unable to claim compensation if this became necessary.

Around one in ten of those who responded always or often felt that management was patronising, they were more monitored than other colleagues or that mistakes were attributed to their mental distress.

*“Feel I’m not taken seriously after bouts of illness.”*

*“Want to work full-time but managers won’t let me.”*

*“Managers make it awkward until you leave.”*

However, a number of people did make specific comments about their current employment including:

*“It’s taken me three years to find a part time job.”*

*“Rejected very rudely for RMN training.”*

*“Feel I have to work harder to prove I can ‘cope’”*

### **Nobody knows**

Of those in work, only one in ten declared that nobody at work knew of their mental health problem, and these appear to have made a positive decision not to inform people, stating “it’s not a current problem so not relevant” (40%), “I haven’t been asked and don’t want to offer the information” (30%), or “it’s not relevant to the job” (23%).

Worryingly, a third of those who stated that nobody at work knew also believed that if they declared their mental health problem they would not get the job, and just over a quarter (27%) stated that they knew it would be a bad idea from previous experience. Other people gave individual responses including:

*“I lied on my Occupational Health form – would recommend others to do so.”*

This indicates that there are still a number of people who believe themselves to be in a “Catch 22” situation. They believe that they wouldn’t get a job if they do declare their experience of mental health problems, and are therefore unable to ask for support within the workplace and liable to disciplinary procedures or sacking if they are discovered to have omitted relevant information or lied on their application form. While the total number of respondents here is fairly small, it should be remembered that these responses are crucial as they are from people currently in employment.

## **Conclusion**

There are many reasons why people would choose to inform their employer about their mental health problem, including accessing appropriate support, and the majority of the respondents in this survey were doing this. Unfortunately there was still fear of discrimination reported by a third of the respondents.

A general criticism appears to be that some people with mental health problems sometimes feel over-protected, over-monitored or over-cosseted, particularly shielded from taking on more responsibility or passed over for promotion. While this might in some cases be done with supportive intentions, it does indicate that people with mental health problems are in some cases perhaps still not being accepted as able to make their own decisions over what is right for them.

*“When I challenged management re being overlooked for promotion after being ill, and made my case for employment, they felt they’d ‘acted in my best interests’, and hadn’t approached me because they didn’t want to ‘put too much on me’. All without talking to me about it. Subsequently they did employ me because I could do the job.”*

In addition, there is great nervousness amongst those who have not revealed their experience of mental health problems at work, often based on previous experience. However this may also indicate that people are unaware of the increasingly positive experiences of people with mental health problems within the workplace, and this survey has demonstrated some of these positive experiences.

## 4.5 Support at work

Over half of those at work had flexi-time and peer support available to them and people valued the support they received from colleagues and managers.

Participants were asked what support was available, or what support they would find helpful from their employer. The table below shows the experiences and opinions of those who responded to each part of the question.

<i>Method of support</i>	<i>Available</i>	<i>Taken up</i>	<i>Not available</i>	<i>Would use</i>
Flexi-time	51%	27%	21%	29%
Peer support (from staff member)	53%	27%	17%	29%
Work covered if I need time off	37%	13%	36%	33%
Gradual return to work after time off	44%	21%	24%	35%
Counsellor/occupational health services	38%	12%	40%	33%
Support from union/staff association	31%	5%	43%	33%

The most common form of support taken up was flexi-time and peer support with more than a quarter of people using this support, and one in five people said they had taken advantage of the ability to return to work gradually after time off.

*“I have recently had a manic episode. I was in hospital and had six weeks off work. My workplace has been especially supportive in my gradual return to full-time work, for which I am particularly grateful.”*

Interestingly, where a support option was available, around half or less of those able to had taken advantage of it, whereas a greater proportion of people stated that they would be likely to use a particular support option that was currently not available in their workplace. This may indicate the value that people place on support being available, which may affect how they perceive their job and their role within it. Alternatively it may suggest that although support in the workplace seems like a good idea in theory, employees are still anxious about being seen as 'higher maintenance' employees and so unlikely to take up available support.

Some respondents also felt that attitudinal changes would be helpful:

*“Acceptance that I may sometimes get upset but I don't need to go home!”*

*“Realistic view of workload so stress inducing jobs identified.”*

*“Disability equality training for all staff/management.”*

*“Understanding.”*

*“Positive approach to mental distress in the college generally.”*

and management played a big part:

*“Better supervision”*

*“External supervision.”*

*“Good, supportive management.”*

*“Work related supervision would help.*

*“More explicit feedback from manager.”*

*“Supportive line manager has been crucial.”*

*“I was bullied by my female line manager and was encouraged to go part time by her – due to this I lost half my pension rights.”*

others wanted or received practical measures:

*“Time off to see counsellor”*

*“Health promoting practices for everyone.”*

*“Teaching is notoriously hard without support. I think we are the tip of the iceberg. Many high stress jobs could benefit from the kind of debrief that exists for example, in the counselling sector.”*

When asked whether they thought they got the support needed from work, the response was generally positive. Of those who replied, only 13% stated that they seldom or never got the support they needed from work. Just over a quarter of respondents (26%) always got the support they needed while more than one in three (35%) often got this support and more than one in four (27%) sometimes received this support.

Many people, elsewhere in the questionnaire, stated that they felt fortunate or unusual in receiving support.

*“I realise I am very lucky to have such support in my present job. I would be very apprehensive about applying for work with another organisation.”*

*“In the workplace, I have found that my fellow professionals have been very understanding, my illness has been controlled by medication. Surprisingly, I have found that stigma and ignorance have come from the most extraordinary sources. I retired eventually through my own free choice. The firm I left were very understanding, gave me an immense amount of support and asked me not to resign. They were not concerned about my periods of hospitalisation due to hypomania, so a lot of my work experience as a solicitor was not negative. However I am still concerned about returning to the workplace and feel I should re-evaluate my life and start something new.”*

*“My current job is exceptional, I think. My previous experiences at work have been far from similar. I realise that I’m well supported and lucky compared to others, but that should be the norm, not the exception.”*

### **Conclusion**

For those who have chosen, or been forced, to be open about their experiences of mental health within the workplace, the overwhelming impression is of workplaces which are supportive, most of the time, with particular forms of support being valued even if they are not used.

## 4.6 Impact of work upon mental health

Despite the praise for supportive working environments, nearly two-thirds of people believed that unrealistic workloads or pressures at work had caused or exacerbated their mental health problems.

<i>Aspect of work that impacts mental health</i>	<i>Percentage response</i>
Unrealistic workload/too high expectations/long hours	65%
Bad management	63%
Unhealthy working conditions/workplace culture	38%
Bullying at work	35%
Threat of redeployment/redundancy/short term contract	27%
Non-acceptance of mental illness/stigma/ lack of understanding/hiding diagnosis	4%
Factors unrelated to work	2%
Poor medical support/poor support	2%
Sexual harassment/homophobia/sex discrimination	2%
Self-imposed workload / over-stretching	2%
Stress	2%
Poor health / poor coping skills	2%
Relationship problems	2%

(respondents were asked to tick all that applied and given the chance of stating an alternative answer or adding their own comments; only the top five answers were prompted; answers with less than 1% of respondents agreeing have not been included in the summary table)

Unrealistic workload appears to be the main contributor towards mental health problems in the workplace, with nearly two-thirds of respondents stating this to be the case, while nearly as many believed that bad management was one of the key issues. Nearly four in ten believed that working in unhealthy conditions or in a negative culture was a factor. One respondent described a national healthcare organisation as a “*toxic environment*” while another referred to “*Culture at work – a mental health organisation which treats patients and staff badly*”. More than one in three believed that bullying at work had contributed to or caused their mental health problem.

## Conclusion

Pressures of work are commonly recognised as contributing to mental health problems, including stress, anxiety and depression, with three in ten employees having a mental health problem in any one year (Mental Health in the Workplace, 1999) and several employers have recognised that this is cause for concern. But particularly worrying is the number of people who attributed their mental health problems to bullying at work.

### 4.7 Leaving/losing a job

When asked whether they had lost or left a job because of their experience of mental health, only three out of ten said that this had never been the case, while a further 5% were unsure – leaving nearly two thirds who believed that this was the case in some way.

In total nearly half of those who responded (48%) may have felt that the decision had been made for them as they had been redeployed, made redundant, encouraged to resign, sacked, forced out, contract not renewed, or took their employer to court. In addition, more than one in ten (12%) felt too embarrassed to return to their place of employment.

*“Whenever I go to hospital or take time off, I know to look for work elsewhere.”*

*“I was a student psychiatric nurse of fifteen months when I suffered a period of severe depression. It took me eight months to recover, no reoccurrence since 1993. However, my employer was wanting me to sign my resignation and I did. I didn’t feel well enough at that time to fight to keep my job. Since then I have retrained as a social worker, have declared my illness on a medical form this year for a new post. No discrimination happened – I was so happy about this; it has been a long road to get back to my career which I had always envisaged, but I made it.”*

*“I worked for the NHS as a trained nurse. When our ward relocated, I was strongly encouraged to take redundancy. I offered to go down one or two grades just to keep my job but it was not considered. If I hadn’t had a mental health problem I don’t think I would have been made redundant.”*

On a more positive note nearly four in ten (39%) either chose to leave or changed career.

Nearly five per cent (5%) took early retirement or ill health pension.

<i><b>Have you ever lost or left a job through mental health?</b></i>	<i><b>Response/%</b></i>
No	30%
Yes – chose to leave	30%
Yes – encouraged to resign	18%
Yes – sacked	15%
Yes – felt too embarrassed to return	12%
Yes – made redundant	10%
Yes – changed career	9%
Unsure	5%
Ill-health pension/early retirement	5%
Yes – redeployed	4%
Resigned through long term illness	3%
Yes – took employer to court (or planned to)	1%
Nervous breakdown/depression through bullying	1%
Contract not renewed / shortened	1%
Step back from management to practice / went part-time	1%
Left university as a student – lost years/grant	1%
Went self-employed	less than 1%
Wanted to go part-time but was refused	less than 1%
Forced out	less than 1%
Couldn't cope with colleagues	less than 1%
Other/various reasons/found it difficult	1%

## **Conclusion**

With nearly half of those who responded believing that they had had to leave or lost a job because of their mental health problem, there appear to be a number of people who may have had cases for wrongful or constructive dismissal under disability rights legislation. That this has not generally happened may be because people feel too vulnerable and not determined enough to take forward claims and because only recently has the Disability Rights Commission succeeded in such claims.

## 5. Recommendations

The Disability Rights Commission should give priority to addressing discrimination in relation to people with mental health problems.

The Government needs to recognise the importance of employment for people with mental health problems and implement initiatives that promote, support and, where necessary, provide opportunities for returning to employment.

The Government and all agencies working in mental health should consider whether the time is right for a campaign encouraging people to “come out” about their mental health problems, in order that this is identified as not a minority issue.

The benefits system should be re-examined in order that it does not penalise those who return to work but then find they are not well enough and have to leave.

Employers should audit their workplace in order to identify elements of practice or culture that may be detrimental to mental health and seek to address these.

Employers should consider policies such as a gradual return to work after a period of mental illness in order to support and retain valued employees.

Employers should consider giving time off work for counselling/psychotherapy appointments as they would for other medical appointments.

Medical professionals should seriously consider service users’ views and experiences when prescribing medications and seek a collaborative agreement to prescribe the most effective medication with fewer or more acceptable side effects.

There should be mental health awareness training in schools to try and ensure that future employers and colleagues, for example, have a better understanding both of mental health problems and of how to look after their own mental wellbeing.

## 6. Further reading

Baker, S. and MacPherson, J. (2000) *Counting the Cost. Mental health in the media* Mind: London.

Bird, L. (1999) *Suicide and Homicide by People with Mental Illness* The Mental Health Foundation *Updates* vol. 1, issue 5.

De Ponte, P. (2000) *Pull Yourself Together! A survey of the stigma and discrimination faced by people who experience mental distress.* The Mental Health Foundation: London

Faulkner, A. and Layzell, S. (2000) *Strategies for Living. A report of user-led research into people's strategies for living with mental distress* The Mental Health Foundation: London.

Gibbons, H. (1999) *Would you admit to a history of mental illness? A triangulated study examining attitudes to mental illness from 3 inter-related perspectives* Dissertation for MSc in Health Promotion, Brunel University.

Health Education Authority (1998) *Discrimination Hurts.* Press release, 5 October, 1998, Health Education Authority: London.

Mind, (1999) *Creating Accepting Communities: Report of the Mind Inquiry into social exclusion and mental health problems* Mind: London.

Read, J. and Baker, S. (1996) *Not just sticks and stones: A survey of the discrimination experienced by people with mental health problems* Mind: London.

Steering Committee of the Confidential Inquiry into Homicides and Suicides by Mentally Ill People. Safer Services. National Confidential Inquiry into Suicide and Homicide by Mentally Ill People. Department of Health, 1999.

Ward, G. (1997) *Making Headlines. Mental health and the national press.* Health Education Authority: London.

Wright, S. (2001) *Is Anybody There? A survey of friendship and mental health* The Mental Health Foundation: London

## 7. Appendix: Mental Health Action Week questionnaire

1. Do you have personal experience of mental health problems or mental distress?

Yes  No  (if you have answered No please go to Q 13)

2. Can you describe your mental health problems or mental distress:

.....  
 .....

3. Are you currently in employment? (please tick one box only)

Yes, full-time paid employment	<input type="checkbox"/>	Yes, part-time paid employment	<input type="checkbox"/>
Yes - voluntary work	<input type="checkbox"/>	Yes - Self-employed	<input type="checkbox"/>
No - student	<input type="checkbox"/>	No	<input type="checkbox"/>

Other:.....

(If you answered Yes to the above question go to Q 4; if you answered No, go to Q 10)

### CURRENT EMPLOYMENT EXPERIENCE

4. If you answered yes to question 3, who at work knows that you have experience of mental health problems? (tick all that apply)

My manager	<input type="checkbox"/>	My staff	<input type="checkbox"/>
My work colleagues	<input type="checkbox"/>	No-one (go to Q 7)	<input type="checkbox"/>
Personnel department	<input type="checkbox"/>		

Other (please specify):.....

5. If your mental health experience is known about, what impact or effect has this had on your employment (tick any that apply)

	Always	Often	Sometimes	Seldom	Never
People are very accepting	<input type="checkbox"/>				
It makes no difference	<input type="checkbox"/>				
My workplace values my personal experiences	<input type="checkbox"/>				
I have had support when and where I need it	<input type="checkbox"/>				
Management is patronising	<input type="checkbox"/>				
I feel more monitored than other colleagues do	<input type="checkbox"/>				
Mistakes are attributed to my mental distress	<input type="checkbox"/>				
Colleagues make snide/sarcastic remarks	<input type="checkbox"/>				
I am discouraged from taking on exciting projects	<input type="checkbox"/>				
Colleagues avoid me	<input type="checkbox"/>				
Life is very difficult and I'm thinking of leaving	<input type="checkbox"/>				
I believe I have been passed over for promotion	<input type="checkbox"/>				

Other (please specify):.....  
 .....

6. How did your workplace find out about your experience of mental health problems?

I declared it on the application form	<input type="checkbox"/>	Someone else told them	<input type="checkbox"/>
I chose to let people know	<input type="checkbox"/>	I don't know	<input type="checkbox"/>
I was unwell for a period	<input type="checkbox"/>		

Other (please specify):.....

7. If nobody at work knows of your mental health experience is this because: (tick all that apply)

- It's not relevant to the job
- It's not a current problem so not relevant
- I haven't been asked and don't want to offer the information
- I thought if I declared it I wouldn't get the job
- From previous experience I knew it would be a bad idea

Other (please specify).....

8. What support is available or would you find useful from your employer? (tick all that apply)

	Available	Taken up	Not available	Would use
Flexi-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer support (ie staff member to talk to)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for my work if I need time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gradual return to work after time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor/Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from Union/Staff association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify).....

9. Do you think you get the support you need at work:

- Always  Often  Sometimes  Seldom  Never

**PREVIOUS EXPERIENCE OF EMPLOYMENT**

10. Do you think that your mental health problems have been caused/made worse by: (tick all that apply)

- Unhealthy working conditions  Bullying at work
- Unrealistic workload  Threat of redeployment/redundancy
- Bad management

Other (please specify).....

11. Have you ever left or lost a job through your experience of mental health?

- No  Yes - I was made redundant
- Unsure  Yes - I was encouraged to resign
- Yes - I chose to leave  Yes - I was sacked
- Yes - I changed career  Yes - I took my employer to court
- Yes - I was redeployed  Yes - I felt too embarrassed to return

Other (please specify).....

12. Do you think you have ever been turned down for a job because of your mental health experience? Yes  Possibly  No

Please give details (optional)

.....

.....

13. Please use the space below for anything else you wish to add (or attach an extra sheet).

.....  
 .....  
 .....

**ABOUT YOU**

14. What is or was your main job / profession? (tick one only)

Clerical/secretarial	<input type="checkbox"/>	Managerial	<input type="checkbox"/>	Manual	<input type="checkbox"/>
Sales	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	Medical/nursing	<input type="checkbox"/>
Support worker	<input type="checkbox"/>	Journalist	<input type="checkbox"/>	Creative	<input type="checkbox"/>
Computer/web worker	<input type="checkbox"/>	Customer services	<input type="checkbox"/>	Researcher	<input type="checkbox"/>
Advertising/PR	<input type="checkbox"/>	Retailing	<input type="checkbox"/>	Communications	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Childcare	<input type="checkbox"/>
Never employed	<input type="checkbox"/>	Other (pls specify)	<input type="checkbox"/>	.....	

Age: ..... Gender: Male  Female

Ethnic origin:

Black:	African-Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
	Black British	<input type="checkbox"/>	Other	<input type="checkbox"/>
Black Asian:	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Asian British	<input type="checkbox"/>	Other	<input type="checkbox"/>
White:	UK	<input type="checkbox"/>		
Other European:	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you would prefer to describe your racial or ethnic identity differently to above, please do so here:.....

Please tell us any other way in which you identify yourself:.....  
 .....