Chapter 1

Introduction: Mental Health, Emotional Well-Being and 21st Century Work

It is very often the case that those who talk of the importance of the 'human factor' in one breath tell us that 'the main problem is attitudes' in the next. On the view taken here attitudes are no more suspended in mid-air than is technology . . . and 'attitudes' nearly always take us back to management. (Nichols, 1997: p. 117)

There is a long standing interest in the relationship between mental health and work. However in recent years a consensus has developed both in academia and policy formulation that the number of people who are out of work as a result of mental ill-health constitutes a 'crisis' of public health care. Approximately one million recipients of incapacity benefit result from poor mental health and this represents 40% of the total people on incapacity benefit. Moreover this figure has increased from 26% in 1996 and will continue to be supplemented by an estimated 200 000 people with mental health conditions moving on to incapacity benefit each year (Black, 2008). The number of people currently on incapacity benefit has been constituted by Dame Carol Black as a serious failure of both employment support for the workless and of healthcare in the UK (Black, 2008). This has led to prominent calls for a desperate need for growth in publicly-funded mental health services in the UK (Layard, 2005). Indeed the sheer volume and variety of UK government policy documents in recent years that have been formulated to address the problems of those out of work with mental ill-health stands as testament to the postulated severity of this problem.

This 'crisis' sits against a backdrop of many studies that have highlighted the beneficial impacts of employment, counterpoised with the negative implications of joblessness (Bartley, 1994; Beale and Nethercott, 1985; Cohen, 2008; Huxley 2001; Lelliott and Tulloch, 2008; Rife, 2001; Zabkiewicz and Schmidt, 2009). As Huxley explains, mental well-being appears to be particularly sensitive to socio-economic influences (Huxley, 2001: p. 368). The obvious correspondence between high social capital and employment status is a determinant factor in feelings of self worth, and often alleviates stresses provoked by financial or employment insecurity. Alternatively the effects of joblessness and precarious employment are documented as impacting negatively on feelings of mental well-being (Gallie *et al.*, 1993; Hutchison, 2005; Karsten and Moser, 2009; Masterkaasa, 1996). This relatively unproblematic assumption of employment having positive effects and not being in work as having negative effects is made increasingly complex by the characterization of the labour market as changing – where precarious and non-standard employment are becoming the everyday reality of millions of people's experience of work and employment. The effects of working in such environments are reported to be complex, but for some sectors of the population working in casual employment has a detrimental effect on 'psychological well-being' (Bardasi and Francesconi, 2000). Using interviews with people from public, voluntary and private sector industries and with people who are attempting to enter or re-enter the job market having suffered mental health difficulties, this book examines the relationship between mental health and work in twenty-first century Britain.

The centrality of work to our lives clearly marks it out as influential in both the personal and socio-cultural realms and is one that is often uncritically referred to. Through policy and practices, the way in which work is organized and the ways in which we, as workers, are managed are key to understanding the reported levels of unhappiness and dissatisfaction that many experience at work. Long working hours, job insecurity or expectations of discontinuous employment, rather than being seen as anomalous to normal working lives, are becoming culturally instilled as 'the way it is.' There is research documenting the demoralizing effect of the increasing flexibilization and intensification of work, and a concern for this book is to garner a close perspective on what such changes mean to people. How are people making sense of their day-to-day work? How are people with mental health problems expected to integrate into situations that many are

reporting as being bad for their health? How are those tasked with managing today's workers managed or expected to behave?

There is a considerable literature documenting the detrimental effects of long working days, job insecurity and, more generally, the potentially debilitating effects of work and employment in the twenty-first century (Gorz, 1999; Humbert and Lewis, 2008; Wang *et al.*, 2008). The severity of the problem is highlighted in National Institute for Health and Clinical Excellence estimates, where the number of work days lost due to illness amounts to 13 million a year at an estimated cost to the British economy of £28 billon (National Institute for Health and Clinical Excellence, 2009). At any one time 16% of working age adults in the UK are considered to have a mental illness, of whom up to half are seriously incapacitated, and when we consider that the current annual growth rate for mental health problems is in the region of 5%, then we can see that this is, if not a crisis, then certainly an area of grave concern for sufferers, employers and the government. As will be further illustrated in later chapters, the economic crisis of 2008 has further intensified the perception of a precarious employment environment where anxiety and depression are commonplace (Helm, 2009; Meltzer *et al.*, 2009).

Situated Perceptions and Work 'Cultures'

A concern for this book is not to deny the debilitating experiences of many workers in the UK, but to illustrate the role that particular cultures of work or perceptions of the experience of work contribute to a 'crisis' of mental well-being at work.

For many people their 'understandings' of their own health, often through the interpretation of health professionals, lead them into positions of mental ill health of varying severity. An initial visit to a GP can have profound repercussions for a person who has sought a consultation for the treatment of 'depression' or 'stress.' As Healy in particular has noted, the indiscriminate prescribing of SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants can have serious negative consequences for a patient (Healy, 2006). The sorts of diagnoses and treatments offered are dependent on all sorts of factors – the confidence that a health professional (commonly a GP) has in a particular diagnoses, the predisposition the health professional has for particular types of treatment, what treatments are available in a

particular area, the presentation of the person at the initial consultation and so on.

For those who suffer as a result of their jobs, the assessment of their psychological distress or damage will determine much of their subsequent engagement with work and the labour market. The psychological damage done at work will provoke a series of mechanisms that places them deep into mental health services, and state provided 'support' networks. For others, however, their engagement with support services will involve a trip to their GP, perhaps a limited amount of time signed off work, perhaps some antidepressants and an unsupported return to work. It is clear that consultations with GPs and others are important in establishing a route into mental health services or state-provided 'support' networks. As we have said, this is not to suggest that people are not suffering varying degrees of difficulty or distress, or that health professionals are behaving in a routinely improper manner. However, as we shall illustrate throughout the book, the position that people occupy in relation to discourses of mental health and work, in particular the positions in which they are placed by others – including health professionals, employers, colleagues, family and others – are key to understanding why it is that work and mental health have become synonymous with an interesting, and rarely addressed, dichotomy. That is, 'work' is good for people who are suffering mental ill health, and that many of those who are not suffering mental ill health report that 'work' is bad for them or makes them unhappy.

In data presented in this book the complexity in the relationship between mental health and work becomes evident. For those that have pre-existing or first episode mental health problems that are not considered to be directly caused by work there are particular issues for maintaining an employable persona. As will be discussed, the capacity of employers and colleagues to react supportively to others' problems is often mediated by the extent to which they are felt to have 'legitimate' reason to require support. This raises particular issues of disclosure to colleagues and also the judgemental, normalizing discourse of the deserving and undeserving 'sick' – that is to say who deserves support and who does not. As we illustrate, those whose problems stem from outside of work are often introduced into work places with attendant suppositions and subsequent behaviours towards them. The initial 'sick role' is often enforced by strategies and practices commonplace in places of employment – and levels of support are compromised by the economic or productive imperative.

Government Responses to Increasing Awareness
of Mental Health Illnesses at Work

As we will discuss, with the cost of absenteeism spiralling, successive British governments have more recently attempted to introduce legislation and promote initiatives designed to support employers and employees with mental health related issues. It is interesting to note that whilst government has long been concerned with the impact of long working hours on certain parts of the workforce, an explicit engagement with mental health is relatively recent (Wainwright and Calnan, 2002: p. 3).

Two centuries ago policies started to emerge that recognized the need for conditions of work to be centrally regulated, and bound up in this regulation was the obvious recognition that people had to feel well to work. For example the 1802 Factories Act sought to regulate the working day, particularly for child workers, to between 8 and 12 hours. It also instructed factory owners to adequately ventilate their factories and attend to the outbreak of any infectious diseases inside their properties. However subsequent Factories Acts concentrated on the physical well-being of workers and almost no attention was paid to the mental impact of Victorian employment conditions. Throughout the nineteenth and twentieth centuries the spectre of work-related mental health problems appears to have grown unchecked. Wainwright and Calnan suggest that it really was not until the 1990s that the UK government Health and Safety Executive (HSE) began to take a meaningful interest in the issue of, in particular, work stress. That said the implementation of the Health and Safety at Work Act in 1974, and subsequent amendments, outlined responsibilities of employers to their employees' health as well as indicating levels of reasonable responsibility for employee health and wellbeing (HSE, 1974). Once again though, the *implied* concern with mental well-being in the Health and Safety at Work Act was not felt by some to be adequate for addressing the problem. In 1993 the Principle Medical Officer at the Department of Health wrote an article in *Occupational Medicine* entitled 'Mental health at work – why is it so under-researched?' In it he outlined the economic costs of mental ill health and, importantly, drew a distinction between 'stress' – and all of its attendant meanings, and what he referred to as 'clinical notions of health and illness' (Jenkins, 1993: p. 65). What the article indicated was that there was little empirical evidence from which policy could be derived. Jenkins called for 'accurate epidemiological prevalence studies' and 'research

into techniques for primary, secondary and tertiary prevention' (Jenkins, 1993: p. 67).

Having drawn attention to the detrimental affects of depression, anxiety and other conditions Jenkins went on to co-author a relatively influential document 'Stress at Work: A Guide for Employers' (HSE, 1995). It has been argued that this was the culmination of an explicit engagement with the issue of mental health in the 1990s (Wainwright and Calnan, 2002: p. 3), and perhaps this is true, but the concentration on 'stress' has, we will argue, left many people marginalized through discourses of well-being and health at work. Whilst the guidance in the booklet was not compulsory it provided employers and employees with an indication of the symptoms and consequences of stress at work. However, there is an implicit assumption that the work and the well-being of the employee are solely causally linked. As has been suggested, this marginalized, and continues to marginalize, those with long standing mental health problems and also those whose problems cannot be easily ascribed to stress.

Work/Life Balance and Organized Support

Today there is a clearer understanding that there is a relationship between work and mental health that is worthy of attention. There is a psychiatric, psychological and more recently sociological concentration on the impact of work and employment on mental well-being. This more enlightened approach to work and health has lead to a number of strategies by policy makers and also activity in the voluntary and informal sectors. Supported employment schemes like the one used in one of our interview cohorts are becoming gradually more widespread, and the development of the concept of work/life balance have helped to make explicit the idea that there is a strong relationship between mental health and work and employment. However, another concern of this book is the extent to which strategies of support are appropriate to certain sections of the workforce. Once again it appears to us that some people who have been signed off work for a period of time, for instance with 'stress', and have not been referred elsewhere from an initial GP consultation and that such people fall between support networks that may be useful to them. The dichotomy of work and mental health – good for people that are unwell, bad for people that are well – is problematic for the contradictory positions of those who do suffer from mental health problems at work are placed. As will be illustrated, for those

with pre-existing mental health problems the perception of the workplace as somewhere inaccessible to them is a cause of distress and discrimination – the levels and types of support required to shoehorn people into jobs in themselves serve to separate employees, as either easy and productive, or difficult and unproductive. On the other hand, those people who are not put into the systems of state or health institutional support are made responsible for their mental well-being in isolation, or with the occasional intervention of a GP.

We will illustrate an apparent individualizing effect through rhetoric of the work/life balance that is detrimental to people's feelings of well-being. By placing the onus of well-being at work as a balance with home life the responsibility of any employer for the mental health of their employees is diminished – in this discourse the key to happiness resides with employees getting the balance right.

Complimentary Perspectives of Mental Health at Work

The way in which mental health at work is framed can be examined from a number of complimentary perspectives. We contend that the relationship between mental health and work is framed in particular ways to serve particular ends, but that each perspective impacts on the experience we have of working, and our view of ourselves as healthy and productive workers. As we have already mentioned, the first is the governmental rhetoric that promotes the idea of work/life balance and flexibility. In this construct the onus of responsibility for one's mental well-being is individualized. An interpretation of this rhetoric is that work is accepted as being necessarily bad for people and seen as needing a positive counterweight – the 'life' part of a 'work/life balance'. An employer perspective on the mental well-being of employees is always mediated by the need to be fully staffed and economically 'productive'. As we shall illustrate, in this rhetoric the responsibility of the employer has to be tempered by economic considerations. Employee perspectives can be characterized as largely unsympathetic to those perceived to be emotionally needy thus provoking a judgemental discourse – that of being 'on the sick'. Whilst there are clear differences in terms of a hierarchy of power between government/policy maker, employer and employee positions in the labour market the three discourses outlined above do not exist in competition. They are supportive of a particular view of work as something that is to be coped with. If a person cannot cope then

they have organized their work/life balance poorly. As well-being at work is an individual's responsibility employers can mobilize an economic or productive argument against employing or supporting workers in distress. Colleagues or co-workers frequently judge others who are getting into difficulty, or requiring support, as a sign of weakness or a source of resentment.

Clearly these observations are generalized and workplaces do not operate or react in such a linear or simplistic manner. However, our encounters with workers, with and without diagnosed mental health problems, have led us to conclude that these discourses are operating as regulators of 'reasonable' reactions to the issue of a relationship between mental health and the everyday experience of work.

Changing Labour Markets and Understandings of Mental Well-Being at Work

Whilst we would argue that the relationship between being at work and not being at work have never been as strongly demarcated in the past as is often implied (Fincham, 2008: p. 619), there have clearly been changes in the organization of labour in the UK that have had profound influences on the way we think of ourselves as workers. The increase of flexible labour (Bramham, 2006: p. 385; Taylor, 2001) and the perception of insecurity fuels a culture of long working hours and an excessive emotional investment in jobs (Gorz, 1999). Capitalist concerns with competing in a global labour economy, and in particular the assumption that the UK is increasingly a 'knowledge economy,' contributes to uncertainty and insecurity being a fundamental 'reality' of the organization of modern labour.

In *Reclaiming Work* Gorz illustrates the relationship between the micro and the macro. In his somewhat apocalyptic portrayal of the contemporary relationship between workers, their work and crucially their employers Gorz describes the process of 'subjection' where workers are inextricably allied to their corporate employers. With no particular affiliation to trades unions or class, people in current labour markets are made to feel grateful for being able to sell their labour and it is through this gratitude, Gorz suggests, that much exploitation arises (Gorz, 1999: p. 37–39, 52–53). It is clear from our data that people often work long hours and do more than their contracts imply because they fear that there is somebody waiting to give more to the job and ready to take the job if they do not prove their

worth to employers. Global changes in trajectories of work and employment are having direct, mundane, everyday consequences for individual workers in the UK. Whilst this might be an obvious statement, it is often forgotten particularly when it is the individual that is being made to feel responsible for their happiness at work. A key point of this book is to support the idea that mental well-being and happiness at work are relational – the sorts of things that are happening at a governmental level are having direct consequences for our lived experiences of [and at] work.

The day to day experience of work for millions of people at work is defined by discourses of the direction of work and employment in the twenty-first century. Underpinning much of this book is the largely ignored relationship between the micro everyday experience of work and the macro organization of the global labour market – 'work' is popularly described as increasingly 'insecure' or unstable and psychological well-being is characterized by psychological stability and security. We argue, however, that this relationship – and importantly its particular discursive components – and how it is managed, has antecedents in the organization of labour at local, national and international levels.

Disciplining of Labour

The level of emotional and mental disquiet communicated by participants in this study has indicated a broader historical shift in the regulation of work and workers. As new technologies and strategies for flexible working have increased so the techniques for regulation and control have had to change. In the past labour has been disciplined through the requirement to be physically present, and 'hard' work was represented by the idea of arduous physical labour and its effects on the body. It is now disciplined by coping with pressure and intense mental or emotional activity. Of course in the UK this has accompanied the decline in manufacturing industries and agricultural work, but labour still needs disciplining and normalizing. Those that fall outside of this disciplining or normalizing regime are configured as difficult workers – and it is undoubtedly the case that those with mental health problems fall into this category. Throughout the book we will illustrate the point that behaviours that do not fit a 'normal' pattern of working or productivity are problematic to managers, who themselves are attempting to cope with regimes of discipline from their own managers.

There has been a perceptual shift to the realm of the psychological. In this shift those whose capacity to be mentally or psychologically productive increasingly find themselves victims of the increasingly intense and unhappy processes of twenty-first century work.

Organization of this Book

This book is organized into five further chapters. Chapter 2 examines in more detail the policy context within which our considerations sit. There is a recent historical overview of UK government attempts to keep everybody working, and discussion of developments in strategies in health promotion, flexible working and other policy initiatives aimed at addressing happiness and well-being at work or reintroducing people to work. Chapter 3 presents data from interviews with employees and managers from across the private, voluntary and public sectors. The data is organized into themes, rather than sectors being dealt with discretely. This is because we have found that, whilst there are clearly differences in terms and conditions between the three sectors, many of the key issues that have arisen in terms of mental well-being are common to all. Using data from interviews, chapter 4 addresses the experiences of those that are attempting to retain or re-enter the job market whilst suffering a diagnosed mental illness. Chapter 5 examines the contribution of occupational culture to considerations of mental well-being and happiness at work and chapter 6 examines inherent contradictions in the way that discourses of work/life balance are mobilized in UK workplaces. An extended conclusion in chapter 7, contextualizes the previous material through a consideration of the problematic 'dialogue' between psychology and labour. The book finishes with comments and recommendations for practice.