

**Employers' Views on Disability Policy and the Employment of People
with Mental Health Problems in the South East of Ireland**

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Declaration

I declare that this dissertation is my own work. Any reference made to others work has been clearly indicated in the text and cited within a reference list. This research has not been submitted to any other university.

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September 17th, 2008

Abstract

There has been increased clinical and policy interest in the relationship between employment and mental health, in terms of the well-being of populations in general, and of people with psychological and psychiatric problems in particular. The Irish Mental Health Commission (2005) advocates a recovery model for delivering mental health services, in which open employment plays a central part. Therefore, the views of employers on policy and services which they see helping or hindering the employment of people with mental health problems are significant for the successful implementation of a recovery based model of service delivery. This study explores employers' views on equal status employment policy and the support available for businesses in Ireland as these issues relate to the employment issues that confront them with regard to people with mental health problems.

The research design consisted of a mixed method approach, utilising a questionnaire, focus groups and individual interviews to collect data from a range of employers (N=403) in the South East of Ireland. Statistical analysis was conducted through entry of quantitative data into SPSS Version 13. Data derived from focus groups and individual interviews were entered into computer aided qualitative data analysis software, 'NVivo 7', and were analysed using a seven stage coding framework approach.

Findings from this study indicated that a large number of employers initially underestimate the prevalence of mental health problems within their workforce due to a lack of knowledge and understanding of mental health issues. Employers express a negative attitude towards their obligations under employment equality legislation. They feel that it acts as a barrier to the employment of people with mental health problems. Available information on current employment support initiatives is seen as poor. This has a negative impact on the willingness of employers to engage with support initiatives for people with mental health problems in the workplace.

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Glossary of Abbreviations

WIT	Waterford Institute of Technology
ICF	International Classification of Functioning, Disability and Health
NDA	National Disability Authority
EU	European Union
WHO	World Health Organisation
HRB	Health Research Board
HR	Human Resources
ADA	Americans with Disabilities Act
DDA	Disability Discrimination Act
GP	General Practitioner
HSE	Health Service Executive
NRB	National Rehabilitation Board
IBEC	Irish Business and Employers Confederation

AHEAD	Association for Higher Education Access and Disability
ICTU	Irish Congress of Trade Unions
UK	United Kingdom
US	United States
USA	United States of America
PRSI	Pay Related Social Insurance
ILO	Irish Labour Organisation
SPSS	Statistical Package for Social Sciences
CAQDAS	Computer Aided Qualitative Data Analysis Software
IDA	International Development Association
NESF	National Economic and Social Forum

Definition of Key Terms

- Disability:** A substantial restriction on the person to carry on a profession, business or occupations in the State or to participate in social or cultural life in the State by reason of enduring physical, sensory, mental health or intellectual impairment.
- Social Model of Disability:** A model of disability that proposes that barriers and prejudice and exclusion by society (purposely or inadvertently) are the ultimate factors defining who is disabled and who is not by a particular society. It recognises that whilst some people have physical, intellectual or psychological differences from a statistical mean, which may sometimes be impairments, these do not lead to disability unless society fails to accommodate and include them in the way it would those who are normal.
- Medical Model of Disability:** A model of disability by which illness or disability is the result of a physical condition, is intrinsic to the individual (it is part of that individual's own body), may reduce the individual's quality of life, and causes clear disadvantages to the individual.
- Recovery Model:** The recovery model in the mental health services emphasises the expectation of recovery from mental ill health and promotes both enhanced self-management for mental health services users and the development of services which facilitate the individual's personal journey towards recovery.
- Policy:** A policy is a deliberate plan of action to guide decisions and achieve outcomes. The term may apply to government, private sector organisations and groups, and individuals. Policy differs from rules or law. While law can compel or prohibit behaviours, policy merely guides actions towards those that are most likely to achieve a desired outcome.

Mental Health Problems:

A dual categorisation (severe and enduring mental health problems and common mental health problems) will be used:

- 1) Severe and enduring mental health problems including psychotic disorders (schizophrenia and bipolar disorder, also known as manic depression).
- 2) Common mental health problems such as anxiety, depression, phobias, obsessive compulsive and panic disorders.

CHAPTER ONE

Background and Organisation of Thesis

1.0 Introduction

There has been increased clinical and policy interest in the relationship between employment and mental health in terms of the well-being of populations in general, and of people with psychological and psychiatric problems in particular (Secker and Membrey, 2003; Social Exclusion Unit, 2004; European Commission, 2005). The Irish Mental Health Commission (2005) advocates a recovery model for delivering mental health services, in which open employment plays a central part. Therefore, the employers' views on policy in this area are significant for the successful implementation of a recovery based model of service delivery. This study explores the views of employers on equal status employment policy and their awareness of the support available for businesses in Ireland as these issues relate to the employment issues of people with mental health problems.

Section 1.1 provides a brief reflective description of the catalyst for the study, with particular reference to factors that led to my interest in this study. This is followed by Section 1.2, which considers the issues pertaining to this study, so as to alert the reader to their potential significance in shaping the design, implementation and analysis. A description of the South East business environment is provided in Section 1.3. Finally, Section 1.4 concludes by outlining the structure and contents of this study.

1.1 Catalyst for the Study

Initial pilot work for this project began in 2004, prompted by Dr. John Wells, Head of the Department of Nursing in Waterford Institute of Technology, and Mr. David Heffernan, South East Coordinator of Vocational Training with the Health Service Executive (South), who were both interested in employment policy and people with mental health problems. A pilot study was conducted in 2005 which established that mental health and equality policy was an issue in the workplace, and the literature consulted indicated that the employers' perspective on this issue had been overlooked in previous studies. A submission was made to the Council of Directors of the

Institutes of Technology Strand 1 in Ireland to obtain funding for the study. Having secured funding to carry out the project a position was advertised for a research assistant to work on the study. I indicated my interest in the position and was duly appointed.

A number of factors reflecting my personal and professional experience provided the impetus to embark on this study exploring employers' views on disability policy and the employment of people with enduring mental health problems. At a personal level, I was among the first cohort of graduates to emerge from the new degree programme in mental health nursing in Ireland. I entered the mental health services in Ireland at a time when they were making a transition from the traditional institutional setting to a community context, yet staff were largely unprepared for practicing in a more 'socially orientated' paradigm.

I felt there was a need for more nurses to involve themselves in research, in order to assist the advancement of the mental health services in a community setting. I became very interested in the potential role employment could play in mental health promotion, social inclusion, and rehabilitation of those with mental health problems, and it was this that prompted me to apply for the project position.

1.2 The Issues Pertaining to this Study

Prior to commencement of this study, the European Commission issued a Green Paper on mental health indicating that people with mental health problems had the highest rates of unemployment amongst all people with disabilities (European Commission, 2005). The Commission called for more research to be carried out in this area (European Commission, 2005).

However, there was evidence to suggest that mental health issues were clearly a feature in the lives of many of the working population (Lim *et al.*, 2000). Therefore, it was important to examine employers' views of disability policy and what they felt helps or hinders them in providing adequate support for people with mental health problems in their workplaces.

This prompted an in-depth literature search (see Appendix 1, for details of search strategy) which established that there was significant literature on employees who experience mental health problems. However, there was a paucity of empirically based literature, particularly in the Irish context, which looked at the issues of mental health and employment from the employers' perspective. In particular how employers' experience policies and support, and how they feel about its practicability within a business context when dealing with mental health issues. As a result, an evidence base to inform effective policy in this area, in terms of effective engagement of employers is scant. Providing such evidence was the rationale for this study.

1.2.1 Research Design

Particular issues pertaining to this study influenced the methodology adopted and methods of data analysis utilised throughout the study. A large number of attitudinal studies carried out amongst the general population and employers in relation to employment and people with mental health problems adopted largely a quantitative method of inquiry (Mental Health Ireland, 2003; Shaw Trust, 2006). This trend was reflected in a recent Irish study conducted by the National Economic and Social Forum (NESF) on 'Mental Health in the Workplace'¹ (NESF, 2007), which looked at both the attitudes of employers and employees and the supports available to employers in the employment of people with mental health problems. This study employed largely a quantitative approach and lacked the depth, meaning and understanding which is generated through in-depth qualitative inquiry. The NESF (2007) study therefore compliments this research but does not supersede it.

Much of the Irish literature consulted focused on industries in the public sector as a result of a quota system requiring that 3% of public sector positions were filled by people with disabilities (Conroy and Fanagan, 2001; Murphy *et al.*, 2002). This led to increased monitoring and surveillance of the public sector industry to establish their compliance with the scheme. However, this directive does not apply to the private sector. As a result few studies have concentrated on employment issues and how they relate to the employment of people with disabilities in the private sector. It was

¹ 'Mental Health in the Workplace' was a research study commissioned on behalf of the National Economic and Social Forum to Millward Brown IMS. It was published as a supplement to the full Report 'Mental Health and Social Exclusion' (NESF, 2007).

therefore decided to focus on the private sector in terms of sample. The employers selected for inclusion in the study are all from private sector industries in the South East of Ireland.

The research design adopted in this study employed a mixed method approach to provide both breadth and depth of exploration for the purpose of meaningful understanding (see Chapter 5). A quantitative questionnaire was employed to provide population based data to facilitate geographical and business comparative analysis in relation to policy. It thereby provides local and national policy makers with a broad snapshot of both the regional impact of policy and views of local businesses on their engagement with issues of mental health and employment. Focus groups and individual interviews were employed to provide further depth of understanding in relation to the issues identified through the questionnaire.

1.3 Description of the South East Business Environment

The focus of this study is on businesses in the private sector in the South East of Ireland. This region consists of five main centres of industry which include, Waterford, Wexford, Carlow, Kilkenny and South Tipperary. The total population for the Region is approximately 500,000 people. The regional economy of the South East is based primarily on agriculture, manufacturing and services, tourism, fishing and aquaculture. The agriculture and food sector account for a significant proportion of output with employment in the region having a higher than average reliance on this sector.

A high proportion of the manufacturing industry in the South East is foreign owned. The national promotion and support agency for overseas industry is the Industrial Development Agency (IDA), and the support agency for indigenous industry is Enterprise Ireland². There are 69 IDA supported overseas companies operating in the South East Region, employing over 12,000 people. Pharmaceutical and Medical Technologies are the largest sector through companies such as GlaxoSmithkline,

² The International Development Association (IDA) Ireland is the agency responsible for industrial development in Ireland. IDA Ireland is responsible for the attraction and development of foreign investment in Ireland. Enterprise Ireland is responsible for the promotion of Irish companies. These agencies are responsible to the Minister for Enterprise, Trade and Development in the Irish Government.

Genzyme, Merck Sharp & Dohme, Boston Scientific and Abbot Ireland Vascular. Engineering is the second largest sector with 23% of the employment in companies such as Honeywell, Braun and ABS Pumps. The high manufacturing base in the South East impacts on the level of human capital in the region, with currently lower than average rates of educational attainment suggesting a future skills gap.

An analysis of economic data on the South East region indicates that the economic performance of the region has been poor. As a consequence of the poor economic performance, labour resources appear to be under-utilised and earnings are comparatively lower than the rest of the country. Unemployment rates in the South East region are 4.9%, which is the third highest in the country.

1.4 The Structure of this Study

In the first stage of this study existing knowledge and information were consulted and analysis of published sources conducted, in order to establish what was previously known about mental health and employment. A thematic literature review was conducted. This review is divided into three chapters (Chapters Two to Five).

Chapter Two will discuss the relationship of mental health and employment, providing important definitional terms significant to the operationalisation of the study. The prevalence of mental health problems and its relationship to this study will be examined, as well as the value of employment within our society, particularly in relation to people who experience mental health problems. The issue of disclosure of a mental health problem, particularly in the work context will be examined. Literature regarding the value of employment will be presented, with a particular emphasis on people who experience mental health problems, the health care professionals view, and the effects of unemployment.

Chapter Three will explore the social model of disability and the employment policy context for people with mental health problems in the European Union and Ireland. The Disability Act (Government of Ireland, 2005) in Ireland, with particular reference to employment quota systems introduced to public sector industries, and the practicalities of such quota systems to the private sector will be discussed. The principle statutes of anti-discrimination and rights-based legislation as they relate to

people with mental health disabilities will be explored. The limitations of disability policy will be presented. Literature regarding employers engagement or lack of engagement with disability policy and in particular equal opportunities policy will be examined in the context of people with mental health disabilities.

Chapter Four will examine attitudes of both the general public and employers' in relation to people with mental health problems, paying particular attention to the impact of stereotyping and prejudice and issues of disclosure. The impact of employers' attitudes and how they impede on the employment prospects of people with mental health problems will be discussed. Particular reference to the interplay between employers' attitudes and subsequent uptake of employment support schemes will be made explicit. Current research on employers' engagement with mental health in the workplace in Ireland will be critiqued. Policy theory and how it can shed light on policy engagement for this study will be discussed. An assessment of literature from Chapter Four will be presented. Finally, in this chapter an assessment of the overall literature discussed in the literature review will be examined and how this led to the development of the research question, aims and objectives of this study will be made explicit.

Chapter Five will discuss the process of investigation used in this study. The methodology adopted for this study will be discussed, outlining both quantitative and qualitative approaches. The rationale for the use of a mixed methods approach in this study will be explored. The measures taken to ensure 'trustworthiness' of findings, will be discussed. Sampling procedures used in this study will be outlined. Ethical considerations pertinent to this study will be made explicit. Finally, this chapter concludes by outlining approaches to data collection, including the stages of data collection and issues related to design of the instruments used in this study.

Chapter Six will discuss the methods of data analysis adopted for use in this study. This chapter will highlight particular issues which arose in choosing an approach for the analysis of data. Analysis of quantitative data using the statistical package for social sciences (SPSS) will be explained and the various statistical analysis conducted will be discussed. The management and analysis of qualitative data using computer

aided qualitative data analysis system (CAQDAS) 'NVivo 7', and a seven stage coding framework approach will be described in detail.

Chapter Seven will present the quantitative results from the study. An overview will be given of the response rate to the postal questionnaire. Descriptive analysis will be presented in four sections including demographics, employing people with a disability, employment of people with a mental health disability and exploring how supportive is policy. Associations between categorical variables (recruitment of disabled employees; retention of disabled employees; employees who experience mental health problems; access to supports) and size of business will be discussed. Data from the two ranking questions included in the questionnaire will be presented.

Chapter Eight will provide a presentation of qualitative findings from this study. The qualitative data is reported in six main sections reflecting the key areas included in the topic guide used in the focus groups and individual interviews. Findings related to the obstacles to employers understanding of mental health issues in their workplace will be discussed. The issues which prevent employers from recruiting and retaining people with mental health problems in their workplace will be presented. Findings regarding employment equality legislation will be discussed. Removing barriers to the employment of people with mental health problems will be explored. Employers' views on employment equality policy and its dissemination to their business will be highlighted. Finally, employers' views on improving communication will be made explicit.

Chapter Nine will present a synthesis of the analysis of data presented in Chapters 7 and 8. The employers' perspective, which was the focus of this study, will be discussed. Kingdon's Multiple Streams Model (1985) will be discussed. Issues that employers believe affect employment of people with mental health problems will be identified. This chapter will examine the capacity of employers to recognise mental health problems in the workplace. Compliance with disability policy will be highlighted. Employers' views on employment equality policy and its dissemination to their business will be explored. The degree of support that employers feel they receive from statutory and non-statutory agencies when employing people with mental health problems will be described and analysed. Ways of engaging employers

in the implementation of employment equality policy with regard to the employment of people with mental health problems will be identified. Following this, the implications for policy, including, the nature of the policy problem, a possible policy solution, and the need for political support will be discussed. This chapter will highlight some of the studies weaknesses, to which the reader needs to be alert, when assessing the studies conclusions. Finally, this chapter will conclude by making suggestions for future research in the area of policy, employment and people with mental health problems.

CHAPTER TWO

The Relationship of Mental Health and Employment

2.0 Introduction

This review of the literature regarding policy, mental health, and employment from the employers' perspective sets the current study in context. Prior to this study, there was a paucity of published literature in the Republic of Ireland on employers' views on employment policy and people with mental health problems.

The studies that do exist focus on employers' attitudes towards the employment of people with psychological and mental health problems (O' Donnell and Wilson, 1989; Herzig and Thole, 1998; Mangili *et al.*, 2004). There are a large number of studies on the protective function of employment with regard to maintenance of mental health in the general population (Szasz, 1974; Smith, 1985; Shephard, 1989; Galloway, 1991; Oliver *et al.*, 1996; National Disability Authority, 2005). However, most recent studies have tended to focus on how employment can be used to maintain the mental health of people diagnosed with long-term mental health problems (Perkins and Repper, 1996; Bachrach, 1997; Secker and Membrey, 2003). Whilst literature exists on employers' attitudes towards mental illness (Diffley, 2003), there is a surprising lack of literature on employers' views on European Union (EU) and national governments' policy on this issue.

This literature review draws upon empirical studies largely from the UK, Europe and Northern America which were significant in constructing the research question and providing context to this study (see Appendix 1 for search strategy). This review will be divided into three parts. To help synthesise recent findings, increase understanding of the issues under consideration, and offer suggestions for future research, the subsequent chapters will outline the literature consulted, and will provide a relatively broader review of the issues of policy, mental health and employment.

Section 2.1 will examine the meaning of 'mental health disability' in the context of this study. Section 2.2 will discuss the prevalence of mental health problems in the population and the workforce. Section 2.3 notes the issue of disclosure of a mental

health problem, particularly in the work context. Finally, Section 2.4 will present literature regarding the value of employment, particularly in the lives of people who experience mental health problems, the health care professionals view, and the effects of unemployment.

2.1 Defining People with Disabilities and Mental Health Problems

In the context of physical disabilities, there is often clarity in understanding what exactly the condition is. However, in the case of mental health problems a lack of clarity in terms of what a mental health disability means is often apparent (Shaw Trust, 2006). A commonly agreed definition of disability and mental illness remains elusive. This reflects the diversity of social composition, gender, age, ethnicity, social and medical problems, that such terms have to encompass at individual and group level (Bachrach, 1997). From a research perspective, definitional terms are important for comparative analysis and generalisation from a local to wider context. Thus, there is a need to identify the meaning of ‘mental health disability’ as it will be used in this study. Such a definition needs to be able to encompass three domains- diagnosis, functional disability and duration. It also needs to reflect the particular disabilities experienced by people with mental health problems as these relate to physical, social and psychological issues. The dual categorisation (severe and enduring mental health problems and common mental health problems, see Box 2.1) outlined in the UK report on mental illness and social exclusion (Social Exclusion Unit, 2004) is one that incorporates the three domains. It has therefore been adopted for this study.

- **severe and enduring mental health problems** including psychotic disorders (schizophrenia and bipolar affective disorder, also known as manic depression).
- **common mental health problems** such as anxiety, depression, phobias, obsessive compulsive and panic disorders.

Social Exclusion Unit (2004)

Box 2.1 What is meant by a mental health disability?

2.2 Prevalence of Mental Health Problems in the Population and Workforce

This section will explore the prevalence of mental health problems in the population and in the workforce. The prevalence of mental health problems in the population will be discussed with specific reference to epidemiological data on prevalence of mental health problems in Ireland. Specific attention will be afforded to mental health problems in the workforce.

2.2.1 Mental Health Problems in the Population

The prevalence of mental health problems, both short and long-term, is increasing in western countries (European Commission, 2005). The World Health Organisation (WHO) estimates that world-wide, one in four families have a family member with a mental health problem (WHO, 2001). By the year 2020, it is estimated that depression will be the second leading cause of disability globally, followed by ischemic heart disease (WHO, 2001).

In Ireland estimates indicate that 10% of the population have a recognised mental health disability (Mental Health Ireland, 2005; National Office for Suicide Prevention, 2007). However, comprehensive epidemiological data on the level of mental ill-health in the Irish population has until recently been poor (see Section 2.2.2). Therefore, the prevalence of mental health problems in the workforce has been difficult to assess. Unlike the UK, for example, data on mental health disabilities is not collected through the national census process. It must be acknowledged though that the Health Research Board (HRB) have made progress in addressing this shortfall in information (HRB, 2007). However, the validity of such measures needs to be acknowledged. Limitations are apparent in relation to the generalisability of such measures as they only target a small sample of the Irish adult population.

2.2.2 Epidemiological Data on Prevalence of Mental Health Problems in Ireland

Until recently the only sources of national data on prevalence of mental health problems in Ireland, were to be found in general health statistics collated by the Department of Health and Children, and in an annual survey by the Inspector of Mental Health Hospitals on admission to the mental health services. Both sets of data are likely to underestimate the overall prevalence of mental health problems in the population and, by implication, in the workforce. However, a recent initiative by the

HRB to monitor current levels of psychological distress in the population seeks to address this gap (HRB, 2007). It is envisaged that the survey will be completed at regular intervals to identify trends and monitor changes, and to assist national planning and evaluation of mental health in the Irish population.

The survey provides information on the extent of psychological distress in the Irish adult population. Findings from the first national survey indicated that one in eight adults (12%) are currently experiencing significant symptoms of psychological distress and one in seven (14%) had experienced mental health problems in the previous year (HRB, 2007). The results are in line with findings from the World Health Organisation (WHO, 2001) of a point prevalence of 10%, and show similar patterns in terms of gender and age, to health surveys carried out in the UK (Northern Ireland Health and Social Wellbeing Survey, 2002; Scottish Health Survey, 2003; Health Survey for England, 2003). By applying the survey findings to the Irish population, figures indicate that 348,500 adults are experiencing symptoms of psychological distress. The results highlight that the extent of psychological distress in Ireland is comparable to that in other European countries.

2.2.3 Mental Health Problems in the Workforce

The high prevalence of mental health problems does not appear to be recognised by employers. A recent survey of 550 senior managers was commissioned by the Shaw Trust on how British businesses perceive mental health in the workplace (Shaw Trust, 2006). Nearly half of employers who responded thought that none of their workers would suffer from a mental health problem during their working life, and over two-thirds put the relevant figure in the range 0-5 per cent. Even among the human resources directors interviewed in the survey, nearly half thought that 5% or less of the workforce would ever be affected by a mental health problem.

An Australian study (Lim *et al.*, 2000) based on full-time workers found a substantial amount of lost productivity due to mental health problems amongst the full-time working population. In Ireland a study conducted by Maguire and O'Connell (2007) in the Civil Service Occupational Health Department examined teacher retirements due to ill-health and found that 46% retired due to 'mental disorders' with depression, anxiety and chronic fatigue the most common. However there is a paucity of

literature which examines mental health problems amongst the working population, the majority of literature focuses on those who are unemployed as a consequence of their mental health problem. Therefore, there is a need for more studies in the Irish context to look at mental health issues amongst the working population and to describe the level of awareness amongst employers of the mental health status of their employees.

The literature indicates that the prevalence of mental health problems in the population, and by implication, in the workforce is increasing. Epidemiological data on the prevalence of mental health problems in the Irish population is poor. It must be acknowledged that the HRB (2007) have recently made progress in addressing this shortfall. However, limitations are apparent in relation to the generalisability of such measures. Although current figures are in line with international trends, they indicate that a large proportion of the Irish population experience mental health problems. In actual fact these figures are likely to be an underestimate, as many individuals conceal the fact that they experience mental health problems for fear of stigmatisation and social exclusion (Quinn and Redmond, 2005).

2.3 The Issue of Disclosure

Literature indicates that disclosure of a disability is generally viewed as resulting in negative consequences (Allen & Carlson, 2003; Ellison *et al.*, 2003). However, most of the Irish literature related to disclosure of a disability is generic and is not specific to mental health problems. There is a lack of literature particularly in the Irish context relating to disclosure of mental health problems. This may be as a result as a failure to recognise mental health problems as a significant feature in the lives of the working population in Ireland.

2.3.1 Factors Influencing Decisions to Disclose

The decision to disclose may often be influenced by the type of disability experienced (Madaus *et al.*, 2002; Allen & Carlson, 2003; Wilton, 2006). Where a disability is not visible, the issue of disclosure can be more complex (Wilton, 2006). This is often the case for employees who experience a mental health disability. For instance, in the UK, a survey carried out by the Mind Out for Mental Health (2001) found that 74% of job applicants with mental health disabilities did not disclose their condition in

application forms, and 52% percent of those employed concealed mental health disabilities for fear of losing their job. This is similar to an Irish survey on mental health and employment conducted by Workway (2005) who found that two-thirds of the total sample felt unable to disclose at the interview stage, and 41% of those in employment had not disclosed to anyone in their workplace. A Canadian study carried out by Wilton (2006) found that disclosure was frequently cited as a concern by disabled workers, which included workers who experienced mental health problems. Findings indicated that anxiety about the potential for discrimination and dismissal, coupled with concerns about loss or renegotiation of identity, led people to conceal conditions when possible (Wilton, 2006).

Wilton (2006) found that employers would more readily provide accommodation to employees with whom they had already established a working relationship. As well as this, employees who had established good relationships with superiors often felt more at ease to disclose (Wilton, 2006). A number of studies found that those organisations with supported employment and/or positive discrimination measures impacted positively on disclosure decisions (Ellison *et al.*, 2003; Goldberg *et al.*, 2005). Previous studies indicated that those in higher rank positions (i.e. managerial/professional) had fewer regrets about disclosing their disability (Ellison *et al.*, 2003). Wilton (2006) pointed out that this may be as a result of the stability of employment which may also have influenced disclosure decisions and those with least control (i.e. non unionised/temporary), may have felt the least comfortable about disclosing. Studies suggested that knowledge of legislation may have also impacted on a person's decision to disclose (Ellison *et al.*, 2003; Goldberg *et al.*, 2005).

A UK study carried out by Diffley (2003) reported that 46% of employees would disclose a mental health problem to their line manager. Employees anticipated that managers would understand, however, only 2% believed that they could offer practical support. The same study found that over 50% of line managers felt that they did not have adequate information on how to manage people with mental health problems.

2.3.2 Consequences of Disclosure

A Mental Health Foundation survey, 'Out of Work' (2002), reported that of those who had been open about their mental health issues 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 of their situation. Nevertheless in an earlier survey by Baker and Strong (2001), 74% had concealed their psychiatric history for fear of losing their job.

A study carried out by Pearson *et al.* (2003) attempted to ascertain whether employers' decisions about employing people with a disability were influenced by disclosure of the disability. Researchers responded to 409 job advertisements in two national newspapers for clerical positions. Each advert received four application letters identical in every respect except one. One letter did not mention disability, one mentioned a hearing impairment, one mentioned walking with the assistance of crutches and one mentioned having recovered from a reactive depression. Findings from this study indicated a preference by employers to employ people who do not disclose that they have a disability. Of all disabilities disclosed employers were least likely to consider those who had disclosed depressive illness.

2.3.3 Reasons for Disclosure

Reasons for disclosure include employment equality legislation which is designed to protect people with disabilities from unfair treatment during all aspects of employment (Allen and Carlson, 2003). In the workplace in Ireland, an employer is not obliged to make a workplace adjustment unless they are aware that their employee has a mental health problem (Quinn and Redmond, 2005). In the UK if a person with a mental health problem is dismissed from their job and does not disclose the fact that they have a mental health problem to their employer then they are not protected by the law (Schneider, 1998).

One could argue that contrary to popular belief many people may not disclose the fact that they experience mental health problems due to the value they place on employment in their lives. They may avoid disclosure for fear of stigma and discrimination by their employers and fellow colleagues and fear of job loss.

2.4 The Value of Employment

“Employment is nature’s physician, and is essential to human happiness”

(Galen)

Employment provides not only a monetary recompense but also ‘latent’ benefits which consist of, non-financial gains to the worker which include social identity and status; social contacts and support; a means of structuring and occupying time; activity and involvement and a sense of personal achievement (Shepherd, 1989). In Ireland, the National Disability Authority (NDA) conceptualise work as a central part of most adult lives (NDA, 2005). Paid employment provides people with an income, with financial independence, with the opportunity to meet and socialise with colleagues and participate in the wider society, and a chance to make a worthwhile contribution (NDA, 2005).

2.4.1 Employment and Mental Health Promotion

The value of employment in enhancing the mental health, and quality of life, of people who experience psychological problems, has been widely documented by key researchers in the field (Bennett, 1975; Shepherd, 1984; Warr, 1987; Rowland and Perkins, 1988; Jahoda *et al.*, 1993; Grove, 1999; Evans and Repper, 2000; Secker *et al.*, 2001; Thornicroft, 2006;). There are large numbers of studies on the protective function of employment with regard to maintenance of mental health in the general population (Foster, 1999; Mental Health Commission, 2005). Work has been intrinsically linked to promoting positive mental health, social inclusion and the recovery of those who experience mental health problems (Boardman *et al.*, 2003; Mental Health Commission, 2005). The therapeutic benefits of employment to a person’s mental health have been well established for a number of years (Jahoda *et al.*, 1993). Enabling people to retain or gain employment has a profound effect on more life domains than almost any other medical or social intervention (Boardman *et al.*, 2003). A study of Irish social firms showed how work can be a significant factor in people staying out of hospital, and reducing their use of their medication, and day treatment centres (McKeown *et al.*, 1992). This is similar to more recent studies which focus on how employment can be used to maintain the mental health health of

people diagnosed with long-term mental health problems (Secker and Membrey, 2003).

2.4.2 A Desire to Work

A majority of people who experience mental health problems would like to work and there are compelling ethical, social and clinical reasons why this should be supported (Bates, 1996; Pozner *et al.*, 1996; Rinaldi and Hill, 2000; Secker *et al.*, 2001; Crowther *et al.*, 2001). In 1996 Bates published a study which challenged previous assumptions that people with mental health problems do not want to work. Seventy-seven day centre clients who experienced enduring mental health problems were interviewed for this study. Bates (1996) found that 61% of clients would like to return to work despite being in contact with the mental health service for an average of twenty one years. Findings indicated that around half of those who had lost touch with the labour market over an extended period would like to return work. Bates's (1996) ground breaking study prompted further studies to be carried out incorporating a larger sample of service users.

Four years later in a study of 241 people with disabilities, including mental health disabilities, Rinaldi and Hill (2000) found that half of this group had previously worked but were currently out of work and one-tenth had never worked. Over half of this group wished to return to work. However, the focus of this study was not specific to mental health disabilities. In 2001, Secker *et al.* carried out a study in Sheffield. Secker *et al.* (2001) focused more specifically on people with mental health problems than Rinaldi and Hills (2000) study and carried out interviews amongst 156 service users. Secker *et al.* (2001) also conducted focus groups to represent the minority groups under represented in the interviews. Open employment was the most frequently identified long term goal amongst service users. A similar study by Grove (1999) indicated that a large percentage of people who had experienced mental health problems would like to work, or return to work.

However, despite the evidence that showed that a large number of people who experienced mental health problems had a desire to work, mental health care professionals seldom regarded work as a health issue (Becker *et al.*, 1999). For example, in a UK study carried out amongst a group of women with serious ongoing

mental health problems, women reported that they were often discouraged to return to work by health professionals because of a fear that they would not be able to cope (Repper *et al.*, 1998).

2.4.3 Health Care Professionals

Rinaldi and Hill (2000) found in their study of 241 people with disabilities, over one-third of which were currently working, that 16% had received advice not to work and 75% of this advice was received from health professionals. However, this study included people with mental health problems but they were not the specific focus of the study. Thornicroft *et al.* (2003) in a study of 404 patients, who experienced schizophrenia in five European countries, found that psychiatric services were largely inefficient in managing the personal impact of schizophrenia, especially upon workers. Findings indicated that clinical practice needed to focus on the consequences of schizophrenia, which impacts on areas of the individual's life such as work, rather than on symptoms alone.

Such lack of regard for the importance of employment in the recovery of those with mental health problems may be as a result of an over reliance on the medical model in the past. Thus, a key opportunity to impact positively on clients' mental health and potentially reduce service costs is arguably lost. Secker *et al.* (2002) suggests a need for health care professionals to move to the social model of disability. An increased emphasis on the social model of disability is important for both health care professionals and also for employers. A more in-depth discussion of the influence of the social model of disability will be presented in Chapter Three.

2.4.4 Effects of Unemployment

Studies show a strong link between unemployment and mental ill-health (Warr, 1987). Stuart (2006) acknowledged the many adverse effects of being excluded from the workforce, which included material deprivation, erosion of self-confidence, isolation and marginalisation. Rinaldi and Hill (2000) noted that the consequences of prolonged periods of unemployment went beyond mere financial hardship and challenged both the individual and community of which they formed a part. Rowland and Perkins (1988) believed that people who experienced mental health problems were vulnerable to the negative effects of unemployment and the loss of structure,

purpose and identity which it brings. Foster (1999) stated that “opportunities for employment are crucial to rehabilitation”, yet, people with mental health problems continue to experience the highest rates of unemployment amongst all people with disabilities (European Commission, 2005), despite studies which indicated that many people within this group wish to obtain, can obtain and sustain employment (King *et al.*, 2006).

2.5 Costs to Businesses

WHO (2000) argues that employers need to recognise mental health issues as a legitimate workplace concern. WHO (2000) recognise that the mental health status of employees are linked to employer performance, rates of illnesses, absenteeism, accidents and staff turnover. Therefore, the mental health status of employees has financial implications for the employer. An inclusive approach can assist employers to retain experienced staff in a competitive economic climate, by reducing absence; creating better work relations; enhancing productivity and motivation; making the workplace more efficient; fostering acceptance and diversity; employing the best person for the job; and gaining and retaining important skills (WHO, 2005).

Dewa and Lin (2000) examined work productivity for those with mental health and physical health problems. Mental and physical status impacted on work productivity even after differences in worker characteristics and work conditions were accounted for. However, the effect of mental health on productivity was far less obvious than the effect of physical illness. Rather than contributing to ‘total disability’ days, mental ill-health had its greatest impact on partial and extra effort days. In other words, compared to people with physical disabilities, people with mental health problems were more likely to turn up for work but required extra effort to function.

In the US, the Partnership for Workplace Mental Health (2006) published a report entitled ‘A Mentally Healthy Workforce: It’s Good for Business’. This report highlighted the business case for employers and explained that investing in action early on can lower total medical costs; increase productivity; lower absenteeism and decrease disability costs.

2.6 Conclusion

This chapter discussed the concept of what is meant by mental health disability for the purpose of this study, drawing upon the Social Exclusion Units definition of what is meant by a mental health problem. The literature would seem to indicate that mental health problems are a feature in the lives of the working population and not exclusive to the unemployed. Furthermore, the prevalence of mental health problems in the Irish population, and by implication, in the workplace are pronounced. The issues of disclosure of a mental health problem and how this is likely to result in an underestimation of prevalence of mental health problems in the workplace was discussed. Studies highlight the value of employment particularly in the lives of people who experience mental health problems, where employment is advocated for rehabilitation and recovery. The financial implications of the mental health status of employees for businesses suggest that employers have a lot to gain from addressing the issue of mental health in their workplaces more effectively. There is a business case for health promotion in the workplace to support and retain staff when they have mental health problems.

Having established the relationship between mental health and employment, the next chapter will review the current policy context in the European Union and Ireland as it relates to the employment of people with mental health problems. The influence of the social model of disability will be incorporated into discussion as it relates to policy development and delivery.

CHAPTER THREE

Disability, Equal Status Policy and People with Mental Health Problems in the European Union and Ireland

3.0 Introduction

This chapter will discuss disability, equal status policy, and people with mental health problems in the European Union and Ireland. Section 3.1 will discuss the social model of disability. Section 3.2 will examine the employment policy context for people with mental health problems in the European Union and Ireland. Section 3.3 will discuss the Disability Act (Government of Ireland, 2005) in Ireland with particular reference to employment quota systems introduced to public sector industries and the practicalities of such quota systems in the private sector. The principle statutes of anti-discrimination and rights-based legislation as they relate to people with mental health disabilities will be explored in Section 3.4. The limitations of disability policy will be presented in Section 3.5. This is followed by Section 3.6, which will review the literature regarding employers engagement or lack of engagement with disability policy, and in particular equal opportunities policy in the context of people with mental health disabilities.

3.1 Social Model of Disability

The social model of disability represents an alternative to the traditional medical model of disability. The social model promotes issues such as employment amongst people who experience mental health problems. The social paradigm of disability acknowledges that social roles can be maintained despite having a disability, which includes a mental health disability. However, the person may require support to adapt to changed circumstances. Within this paradigm people with disabilities can expect society to make changes to enable their participation. According to the social model people with impairments are only disabled when expected to perform in a society that does not make adjustments for their impairments. This paradigm is consistent with employment equality legislation such as the Americans with Disabilities Act (ADA) (United States Federal Government, 1990), the Disability Discrimination Act (DDA) (HM Government, 1995) and in Ireland, the Disability Act (Government of Ireland, 2005) which states that employers cannot discriminate against people with disabilities, and are obligated to provide reasonable accommodation to facilitate them. Figure 3.1

illustrates the social model of disability and employment when applied to a mental health context. The diagram indicates that the person who experiences a mental health problem may achieve active participation in the labour force depending on a range of environment factors, such as the employer and their engagement with disability policy, and the provision of adequate supports. These factors influence the successful participation of the individual in open employment.

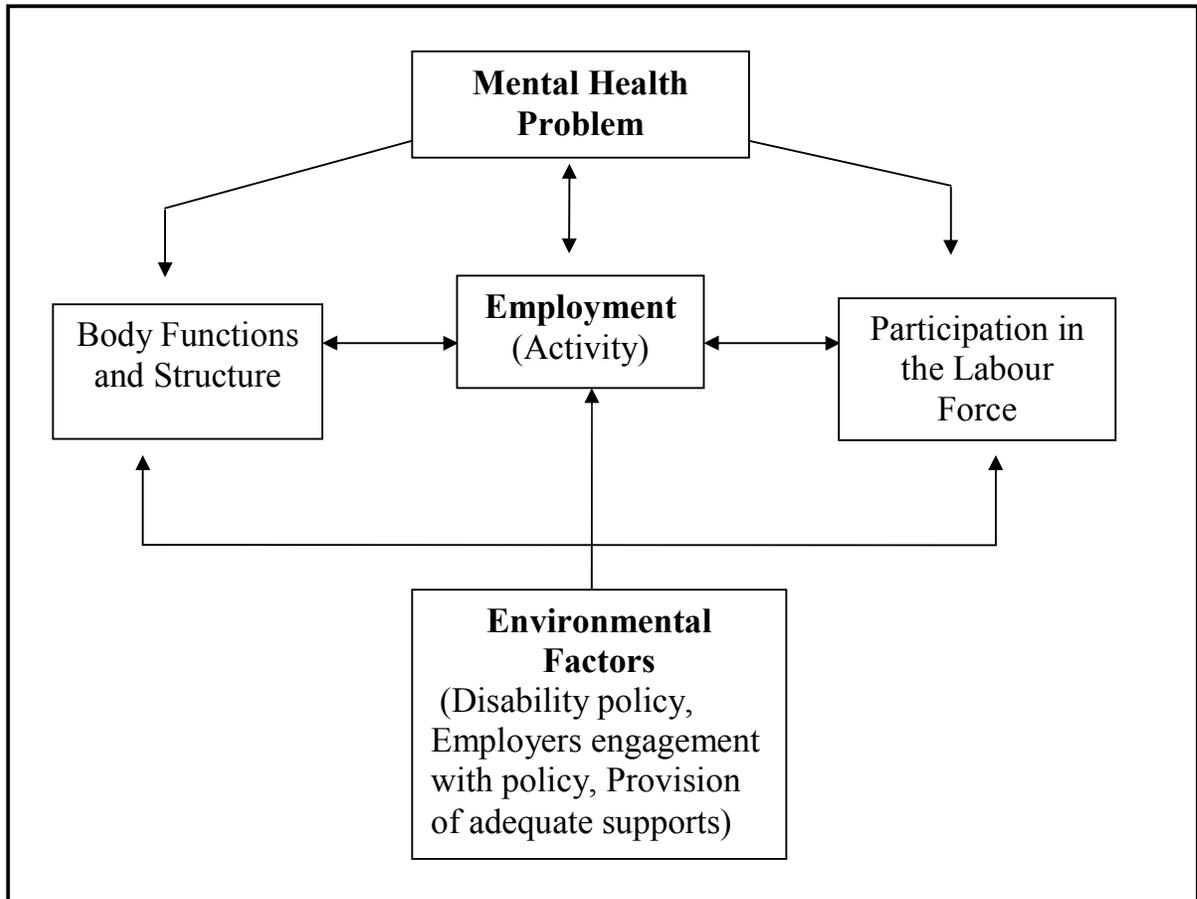


Figure 3.1 Social Model of Disability, Adapted from WHO, (2002)

The recovery model for the mental health services also advocates employment as being central to the rehabilitation and recovery of people with mental health problems (Mental Health Commission, 2005). The recovery model does not refer purely to the remission of clinical symptoms but is a wider concept which incorporates the person's total adjustment to life. Roberts and Wolfson (2004) point out that a person with a mental health problem can recover even though the illness is not cured and that the process of recovery can proceed in the presence of continuing symptoms and

disability. A recovery model reflects the ethos of a social model of disability in that it aims to support an individual in their own personal development, building self esteem, identity and finding a meaningful role in society (Allott and Loganathan, 2003).

3.2 Employment Policy Context for People with Mental Health Problems in the European Union and Ireland

In the past decisions relating to whether or not to employ a person with a mental health disability was left to the discretion of the employer or the general practitioner (GP) (Thomas *et al.*, 2002). There was little political influence protecting the rights of people with disabilities to obtain employment (Manpower, 2003). Many employers did not see people with disabilities, including mental health problems, as potential candidates for employment (Sainsbury Centre for Mental Health, 2007). This may have been as a result of a past reliance on the medical model of disability where health professionals deemed people who experienced mental health problems as not being capable of participating in employment. However, in recent years we have seen increased policy interest at both international and national level in the employment of people who experience mental health problems. It may be argued that such developments have come about in response to an increased emphasis on the social model in relation to the context of people with disabilities.

3.2.1 Employment Policy Context in the European Union

Internationally, we have seen the recent Helsinki Declaration (WHO, 2005), the Social Partners Framework Agreement (Monks *et al.*, 2004) and the European Commission Green Paper on Mental Health (European Commission, 2005). McDaid *et al.* (2005) highlight the increasing social and political importance of mental health issues. These movements may all offer significant opportunities for a greater focus to be given to mental health and employment. In Ireland, the National Health Strategy 'Quality and Fairness – A Health System for You' (Department of Health and Children, 2001) committed to a new action programme around mental health and programmes to promote positive attitudes to mental health. This reflects international trends. WHO (2001) stated that public education and awareness campaigns should be launched in all countries. In Ireland the publication of new mental health policy which sets out the future shape of the mental health services (Department of Health, 2006), and a recent discussion paper on the recovery model for the mental health

services (Mental Health Commission, 2005) both demonstrate an effort to deliver the Quality and Fairness commitment and a step towards tackling the social exclusion of people with mental health problems. In particular, recent emphasis in Ireland on the recovery model, reflects the efforts of the social model in highlighting the supports people need, in order to maintain employment when they experience mental health problems.

In 2001, the European Commission issued a Public Health Action Framework for Mental Health. This recommended that Member States promote mental health in the areas of work and employment policy and set a target year of 2010 for equality of rates of employment between those with and without disabilities in each of the member states (European Commission, 2005). Such targets may be achieved through an obligatory employment quota scheme for businesses and government agencies.

3.2.2 Employment Policy Context in Ireland

According to the National Disability Authority (NDA), over the past few years there have been significant legislative and policy developments in equality, human rights and disability, particularly in relation to mental health disabilities (NDA, 2008). These developments include publication of the report of the Commission on the Status of People with Disabilities (Government of Ireland, 1996); the establishment of the National Disability Authority, the Equality Authority, Comhairle, the Mental Health Commission, and the Human Rights Commission; and publication of the National Disability Strategy (Government of Ireland, 2005) with the government objective to put in place the most effective combination of legislation, policies, institutional arrangements and services to support and reinforce equal participation for people with disabilities reflective of the social paradigm of disability. This government objective clearly follows a social model of disability and recognises the importance of society providing an environment which promotes the inclusion of people with disabilities, including mental health disabilities. This political commitment is significant particularly when it filters down to the workplace and how employers facilitate the employment and retention of people with mental health problems.

3.3 The Disability Act (2005)

The Disability Act (Government of Ireland, 2005) in Ireland combines a social model of disability with a rights based approach. According to Quinn (2007) this has been achieved in two ways, by supporting people actively and not passively through welfare, and with legal remedies to challenge discriminatory behaviour. Legal remedies which promote inclusion of people with disabilities in the workforce are exemplified in Section 3.3.1 which examines employment quota schemes introduced under the Act.

3.3.1 Employment Quota Schemes

In Ireland an employment quota scheme for the representation of employees in the public sector has been part of government policy since 1977. The Disability Act (Government of Ireland, 2005) put this employment target on legal basis for the first time. The Act requires that public sector industries such as the Health Service Executive (HSE) and the civil service meet employment quotas which require 3% of positions in their workforces to be filled by people with disabilities. However this quota system does not apply to industries in the private sector. Private sector employers though encouraged to take their cue from this public sector quota are not legally required to do so. This lack of statutory enforcement within the private sector appears to have been influenced by strong hostility within the business community to any such requirement.

As a result of increased monitoring to ensure that employment quotas are being met there have been many studies conducted recently which have looked at industries in the public sector and a notable lack of studies which have looked at private sector industry (Conroy and Fanagan, 2001; Murphy *et al.*, 2002). An exception to this is an Irish study which was carried out by IBEC/AHEAD (1996). This looked at the employers in the private sector and their experience of employing people with disabilities using a quantitative method of inquiry. In this study of private sector industries, IBEC commented that along with the majority of participants they did not favour the introduction of compulsory quotas. The study found that where employers did attempt to meet the 3% target, it would appear that they preferred recruiting people with physical disabilities as opposed to people who experienced mental health problems (IBEC/AHEAD, 1996). IBEC argued that contrary to popular perception

employers were involved with disabled people, and employees had shown themselves in this survey to be both open to, and interested in, the needs of disabled employees (IBEC/AHEAD, 1996). However, it must be acknowledged that IBEC are an employer interest group and their effort to establish that employers in the private sector are involved with disabled employees and are interested in their needs, may be an attempt to prevent introduction of compulsory quota systems to this sector.

3.4 Provision of Anti-Discrimination and Rights-Based Legislation in Ireland and People with Mental Health Disabilities

Such initiatives are often supported by anti-discrimination legislation or rights based legislation. Through a general policy framework of mainstreaming (Department of Justice, Equality and Law Reform, 1996), people in Ireland with disabilities have the same rights of equal treatment as those without disability in employment and education, articulated in the Employment Equality Act (Government of Ireland, 1998) and the Equal Status Act (Government of Ireland, 2000). This is significant to employers as they have legal obligations to be non-discriminatory towards potential and current employees with disabilities. Furthermore, the employers must provide reasonable accommodation for such employees in their workplace. From an overview of legislation in this area it is clear that in relation to people with disabilities in employment, the issue of mental health is not treated differently from any other types of disability. This is particularly significant as people with mental health problems have different needs to people with other types of disabilities. For employers to accommodate people with physical disabilities, adaptations to the physical environment in the workplace are often required. However, people with mental health problems require different types of support from their employer, such as flexible working hours, provision of extra training and clear communication and support (Flood and Jones, 2000).

3.4.1 The Employment Equality Act (1998)

The Employment Equality Act (Government of Ireland, 1998) employs a medical definition of disability. Section 2 of the Act defines disability and Part A and Part E are particularly relevant to people with mental health problems. Part A defines disability as the total or partial absence of bodily or mental functions, including the absence of part of a person's body, and Part E defines disability as a condition,

disease or illness which affects a persons thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour. These definitions of what constitutes disability under the Act includes a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person. Under the Employment Equality Act (Government of Ireland, 1998) employers must not discriminate against those with mental health problems in relation to any aspect of employment. Employers are not obliged to employ or retain an individual who is not capable of undertaking the employment. However accordinging to the Employment Equality Act (Government of Ireland, 1998), employers have a legal obligation to provide reasonable accommodation for those with disabilities as long as it does not impose a disproportionate burden on the employer. The nature of reasonable accomodation is only emerging slowly from cases brought before Equality and Employment Tribunals (NESF, 2007). The Workway initiative developed a guide to Disability in the Workplace in 2004 which outlines the core categories of reasonable accommodation. This may assist employers in understanding what is meant by reasonable accommodation in their workplaces.

3.4.2 The Equality Act (2004)

The Equality Act (Government of Ireland, 2004) essentially further codifies the provisions of latter legislation (Employment Equality Act, 1998; Equal Status Act, 2000). The Equality Act (Government of Ireland, 2004) marks a shift in national policy to a rights-based approach, which was first signalled in ‘A Strategy for Equality, the Report of the Commission on the Status of People with Disabilities’ (Government of Ireland, 1996). The Act makes further provision for the promotion of equality between fully-abled and disabled employed persons in the field of work. The needs of people with mental health problems should be addressed through this legislation. Yet, as the literature indicates, people with mental health disabilities face particular problems that such generic legislation does not effecively address.

Current Irish disability policy, such as the Equality Act (Government of Ireland, 2004) shares common features with anti-discrimination legislation such as the Disability Discrimination Act (HM Government, 1995) in the UK, the Americans With Disabilities Act, (United States Federal Government, 1990) in the US, and the Employment Directive (European Union, 2000), which is themed around an anti-

discrimination approach that publicly emphasises equality, participation, quality and social inclusion (NDA, 2004). Provision of such legislation requires employers to take appropriate measures to facilitate a person with a disability to have access to employment. This is consistent with the social model of disability. By taking appropriate measures to facilitate the person employers are removing the barriers which disable. According to the social model employers are effectively removing the person's disability. This is the theoretical perspective in relation to the social model of disability. However in reality this is not always the case as employers' engagement with such policy is often ambiguous. There is a paucity of literature particularly in the Irish context on how employers engage with such policy, and the literature indicates that the provision of supports for employers, particularly in a mental health context, is poor.

3.5 Limitations of Disability Policy

Disability policy is not without some limitations. For instance, discrimination is justified if such measures would incur a 'disproportionate burden' on the employer, though 'disproportionate burden' is not defined. This creates significant problems in relation to people with disabilities in general, and for people with mental health disabilities in particular. Thus, it is not illegal to discriminate against a disabled person if there are clear actuarial or other evidence that significant costs would result if the discrimination were not permitted (Flood and Jones, 2000). Therefore, an employer may be exempt from the Act if they can show that alterations would be too costly. For example, in the case of an employee returning to work following an admission to the mental health service, where the employee is declared fit to work, but it is recommended that they gradually return to their normal working hours.

Laws such as the Disability Act (Government of Ireland, 2005) in Ireland have been primarily framed in relation to physical disability, and their achievements for people with mental illness have been few and disappointing (Mental Health Ireland, 2005). It is clear that such laws need to be either amended or interpreted in ways that provide legal parity for people with physical and mental disabilities in terms of their entitlements to be in work and be supported whilst in work.

Studies indicated that employers were unaware of support available to them in providing such accommodations. For instance, over half of all the 500 companies included in the Manpower (2003) survey in Ireland were unaware of grants or supports available to them to accommodate employees with disabilities (Manpower, 2003).

Predominance of medical models of disability in the field of the mental health services may be blamed for people with a mental health problem not being viewed as a person with a disability. For instance, it is commonplace that strategies for people with disabilities are separated from mental health. However no rationale is provided for this separation (Department of Health and Children, 2001). This is not exclusive to the Irish situation. A recent European study of attitudes to a wide range of disabilities excluded mental disability (European Commission, 2001).

The needs of people with mental health problems in Ireland must currently be addressed through legislation such as the Disability Act (Government of Ireland, 2005), the Employment Equality Act (Government of Ireland, 1998) and the Equality Act (Government of Ireland, 2004). However, the literature indicates that people with mental health problems face particular problems that such generic legislation does not effectively address. There is currently no Government sponsored national policy focused specifically on assisting people with mental illness to seek or maintain employment in Ireland. Such initiatives have been left to local mental health services and voluntary agencies to pursue, mainly funded by the EU, through such schemes as the European Social Fund or the joint ICTU and IBEC Worklink project. Consequently, policy and support as it relates to employers and the employment of people with mental health problems in this area is often local, variable and ad hoc, with little national direction.

3.6 Employers Engagement with Employment Disability Policy in Relation to People with Mental Health Disabilities

A US study of employer compliance with the Americans With Disabilities Act (United States Federal Government, 1990) found that many employers felt it was not their responsibility to employ people with mental health problems but rather that rehabilitation services should improve employment opportunities for people with this

particular disability (Scheid, 1998). Similar findings in a study carried out by Britt (2000) indicated that many employers remained reluctant to hire disabled people even when they were required to do so by law. A US study of 117 found that only 15% had specific policies for implementing the Americans with Disabilities Act (ADA) (United States Federal Government, 1990), and just one-third had actually employed disabled people. Although larger companies were more likely to know the provisions of the ADA (1990), nevertheless most companies did not see it as their primary responsibility to take the lead in employing disabled people (Scheid, 1999; Scheid, 1998). Compliance with the ADA was greater for those companies who had received formal information about the details of the law, who had previously employed people with 'mental disabilities', or who had received threats of legal sanction (Mechanic, 1998).

In an Irish study (Fine-Davis *et al.*, 2005) conducted amongst 133 people who experienced mental health problems, mostly depression, who were both in employment or had previously been employed, findings indicated that nearly a quarter of those in employment and slightly more than half of the previously employed felt that they had not been reasonably accommodated by their employers. In total this means that 38.6% of all those either employed or previously employed perceived that they had not been reasonably accommodated. All participants were asked if they were aware that discrimination in the workplace against people with mental health problems was prohibited under the law. Just over half of those currently employed (57.6%) indicated that they were aware of this legislation, and just under one-half of those employed in the past (49.3%) said that they were aware of the legislation (Fine-Davis *et al.*, 2005).

In a study conducted in the UK among 778 users of mental health services, one-third of people with mental health problems said they had been dismissed or forced to resign from their jobs, 40% said they were denied a job because of their history of psychiatric treatment, and about 60% said they had been put off applying for a job as they expected to be dealt with unfairly (Read and Baker, 1996). This is despite the provision of equal opportunities legislation in the UK. An Irish study carried out by IBEC/AHEAD (1996) reported that just over one-third of the companies/organisations surveyed had a written equal policy regarding recruitment, although just 9% of the

employers surveyed said that they had a specific policy for people with disabilities. The companies who said that they had a specific policy for people with disabilities were most likely to be multinational, to have a written equal opportunities policy, and to have a workforce of 250 or more employees. Thus, at policy level the provisions which support employment of people with disabilities are in place reflecting the social model of disability, however this fails to translate into positive practice at business level.

3.7 Conclusion

This chapter highlighted the disability policy context in the European Union and Ireland. It is clear that such policy is largely generic in relation to people with disabilities and fails to recognise people with mental health problems as a specific group. In relation to the current available literature there is a paucity of literature that explores with employers their views of legislation and policy as it relates to employment of people with mental health problems. For instance, how they feel about its practicability within a business context and what they would like to support them in employing people with mental health problems.

The limited literature available indicates that employers engagement with such policy when applied to the context of people with disabilities is an issue of policy failure. There is a need for more research to explore employers' views on employment equality policy, dissemination of policy to their business and on ways of engaging employers in the implementation of employment equality policy, particularly with regard to the employment of people with mental health problems.

The following chapter will examine literature pertaining to attitudes of the general public towards people with mental health problems, and how these attitudes are filtered down to employers attitudes in the workplace. The literature will examine whether there is a interconnectedness between attitudes of employers towards employees who experience mental health problems, and employers uptake of support schemes to support people with mental health problems in their workplace.

CHAPTER FOUR

The Interaction of Public Attitudes with Employers' Engagement with Disability Policy

4.0 Introduction

In order to contextualise the research conducted in this study, this chapter will examine the literature on general public attitudes towards people with mental health problems and how these attitudes in turn contrast with employers' attitudes. Section 4.1 will examine how public attitudes determine employers' engagement with disability policy. Section 4.2 will discuss specific themes which arose from the literature review which have a particular interconnectedness with attitudes, in relation to the impact of stereotyping and prejudice on the employment prospects of people with mental health problems. The impact of these attitudes upon the uptake of employment support schemes will be made explicit. The relationship between the attitudes of employers, employment support schemes and their uptake of these schemes when they relate to a context of mental health disabilities will be examined in Section 4.5. Current research on employers' engagement with mental health in the workplace in Ireland will be critiqued in Section 4.6. Section 4.7 will discuss policy theory and how it can shed light on policy engagement. An assessment of literature from Chapter 4 will be presented in Section 4.8. Finally, this chapter will conclude with an assessment of overall literature, which will be presented in Section 4.9.

4.1 Public Attitudes and the Employment of People with Mental Health Problems

In a major study published by the NDA in 2002 on Public Attitudes to Disability in the Republic of Ireland, 55% percent of participants thought that people with mental health problems should have the same access to employment as everyone else, compared to 75% for people with intellectual disabilities and 81% percent for people with physical disabilities (NDA, 2002). Only 33% of participants thought people with mental health problems should have the same opportunities as everyone else (NDA, 2002). This study represented the first comprehensive survey of public attitudes towards people with disabilities in the Republic of Ireland. Prior to this study there was a paucity of research on attitudes towards people with disabilities in the Republic

of Ireland, with only three other studies identified (MacGreil, 1980, 1996; Eurobarometer, 2001).

The NDA (2007) carried out another survey on attitudes towards disability and contrasted the findings with the earlier study in 2002. In both the NDA (2002) and the NDA (2007) 'Public Attitudes to Disabilities' surveys, public attitudes towards mental health problems was found to be more negative than attitudes towards other disabilities. However, attitudes were less negative in 2007 than in 2002. In the NDA (2007) survey, 7% of respondents thought employers would be willing to hire people with mental health problems, compared to 32% and 27% of respondents respectively for people with physical and hearing disabilities. Respondents were asked on a scale of 1 to 10 how comfortable they would be with people with different disabilities as their work colleagues. The highest ranking (most comfortable) was with colleagues with a physical disability, followed by colleagues with a hearing disability, a visual disability and an intellectual disability. Respondents reported that they would be least comfortable working with a colleague who had a mental health problem. These research findings contain serious messages about how people with mental health difficulties are perceived. Findings indicate that attitudes to fellow workers with mental health problems are more negative than those relating to people with physical, sensory or intellectual disabilities.

These negative findings towards people with mental health problems contrast with the findings of the Mental Health Ireland surveys conducted in 2003 and in 2005. These studies conducted by Mental Health Ireland (2003; 2005), had a specific focus on the public's attitude towards all aspects of mental illness. Findings from the Mental Health Ireland (2005) survey indicated that over 80% felt that people with mental illness should have the same rights to a job as anyone else (78% in 2003). A similar proportion, (79%) disagreed with the view that people with mental health problems should not be given any responsibility (81% in 2003). In relation to the level of experience of mental illness, over two-thirds of participants (68%) reported having direct experience of mental illness, compared to 78% in 2003. It could be argued that because of the high percentage of participants who reported having direct experience of mental illness, that perhaps those who agreed to participate in the study had a

personal interest in mental health issues. This may also explain why these findings were more positive than those of the NDA (2002; 2007).

It is significant to note that both the NDA (2002; 2007) and Mental Health Ireland (2003; 2005) studies adopted a quantitative approach to data collection. Although this generated an overview of the general cognisance of attitudes towards people with mental health problems amongst the population, the confines of the structured survey did not allow in-depth exploration of what lay behind these attitudes and what could be done to change such negative attitudes.

Research consistently shows that social exclusion, unfair treatment and isolation of people who experience mental health problems can result from public negative attitudes towards mental illness (NDA, 2002; 2007). Such negative stereotyping of the employment capabilities of people with mental health problems however, is not confined to the general public. It is filtered down to employers' views in the workplace where there is a negative stereotype of the work capabilities of people with mental health problems, and perhaps, fear of coming into contact with mental illness per se (Diffley, 2003). For instance, Manning and White (1995) in a survey of attitudes of employers to the mentally ill found that 50% of employers would never/occasionally employ the currently mentally ill.

More positive attitudes towards mental illness were apparent in the Mental Health Ireland (2003; 2005) studies. This may be as a result of the large percentage of participants who reported having direct experience of mental illness. For instance, one in ten respondents to the Mental Health Ireland (2005) survey reported having experienced mental health problems themselves. Over two-thirds of respondents had some experience of mental illness with people they were close to, including someone in their immediate family or another relative, a partner, a friend, a work colleague, or an acquaintance. Current literature (Mangili *et al.*, 2004; Mental Health Ireland, 2005) indicates that those who have positive contact with people with disabilities, including mental health problems, have a more positive outlook in relation to mental health issues. For instance, a recent Italian review of the literature on employer attitudes (Mangili *et al.*, 2004) found that factors associated with an employer holding more positive views towards employing someone with mental health problems were

positive contact with people with disability and the level of education possessed by an employer, both generally and as it related to mental health specifically. In the Mental Health Ireland (2005) survey people who had no experience of mental health problems had a more negative attitude. Therefore, lack of awareness and lack of knowledge and experience led towards negativity. Negative attitudes possessed by the general public and employers may have a negative impact on the employment prospects of people with mental health problems and on the way employers engage with policy.

4.2 Impact of Stereotyping and Prejudice on Employment Prospects

There has been a paucity of research that has directly examined discriminatory attitudes and practices amongst employers towards mental health problems amongst current employees. This area is difficult to examine as employers are unlikely to admit to discriminatory practice towards employees who experience mental health problems. However, one UK study (Diffley, 2003) found that only four out of ten employers said they would employ someone with a mental health problem and that people with mental health problems were twice as likely to lose their job as those without such problems. Diffley (2003) indicates a probability that discrimination does take place.

Baker and Strong (2001) conducted a survey amongst 778 participants and found that over one-third had lost their jobs as a result of unfair employer attitudes towards their psychiatric history. According to the Social Exclusion Unit (2004) in the UK, fewer than four in ten employers say that they would consider employing a person with a history of mental health problems, compared to more than six in ten for someone with a physical disability (Social Exclusion Unit, 2004). These findings are similar to an earlier study carried out in the US (McFarlin *et al.*, 1991) which showed that employers express a greater concern over employing people with mental health or emotional problems compared to employing people with physical disabilities.

A study in the US of employers (Peck and Kirbride, 2001) found that there were four fears amongst employers with regard to employing people with mental health problems. These fears include high costs associated in the hiring; additional supervision and loss of productivity; being stuck forever with an employee who

cannot perform the essential functions of the job; and the notion of damaged goods. Findings reveal that placement professionals should market the assets of people with disabilities, as when appeals are made to the employer's charitable side for placement the changes for success are limited. Therefore, a company will not be willing to hire an individual with a disability if they feel like they are getting damaged goods (Peck and Kirbride, 2001). Evans and Repper (2000) state that many potential employers are reluctant to offer work opportunities because they consider they will be economically disadvantaged by what they believe to be higher levels of absenteeism of most workers with serious mental health problems.

Perhaps reflecting the nature of health care provision in the USA, American studies have shown a particular interest in the potential economic burdens placed upon companies employing people with mental health problems as these relate to insurance costs (Greenfield and Shore, 1995; Goetzel *et al.*, 2003; Salkiver *et al.*, 2003; Birnbaum *et al.*, 2003). These studies suggest that whilst company medical insurance costs are reduced by not employing people with mental health problems, these savings are off-set by costs associated with absenteeism and staff turnover as a consequence of mental illness and employees not seeking help for fear of personal employment consequences.

Perkins (1991) has demonstrated that the level of absenteeism of most workers attending an industrial therapy unit is no greater than that of nurses in the same hospital. Findings from this study in actual fact indicate that levels of absenteeism are high in areas where sufficient workplace supports are not in place. However, in organisations where such workplace supports were available this did not pose any problems (Perkins, 1991).

This section explored the negative attitudes of the general public towards people with mental health problems. These negative attitudes are similar to those possessed by employers. Negative attitudes amongst employers towards mental health problems may affect how they engage with policy. However, it seems that employer supports affect employers' willingness to engage the employee with a mental health problem. Therefore the following sections will review employment schemes that currently exist to support employers in the employment of a person with a disability, which includes

mental health disabilities. The literature consulted will attempt to determine whether employers' attitudes towards people with mental health problems determine the degree of support which they offer, and their subsequent uptake of employment schemes which support employees who experience mental health problems.

4.3 Employment Schemes for People with Disabilities

Evans and Repper (2000) present a review of a range of employment schemes that have been suggested and studied as a means of reintegrating people with long-term mental health problems back into the workforce. Whilst these studies have discussed the means through which people with mental health problems can be maintained in the workplace, very few studies have focused on the views of employers' of their support needs whilst employing people with mental health problems (Diffley, 2003).

The Irish government has attempted to assist companies in retaining and recruiting people with disabilities, including people with mental health problems, through two national support schemes. These are the Employee Retention Grant Scheme (a grant to assist employers to retain at work employees who become disabled through illness or injury) and the Wage Subsidy Scheme (a financial incentive to persuade employers to employ more people with disabilities). These schemes and other employment supports available to employers to help the integration of people with disabilities into the workplace are outlined in Table 4.1.

A survey conducted by Chambers Ireland (2006) found that over 60% of companies were unaware of these schemes. Findings from this survey indicated a need to campaign to promote the benefits of the Employee Retention Grant Scheme and the Wage Subsidy Scheme to employers, as awareness of both of these schemes amongst companies were lowest in the south east (28% and 29%) and Mid-East regions (33% and 32%). Companies in the Mid-West (48% and 40%) and Dublin (43% and 43%) were more likely to be aware (Chambers Ireland, 2006). However, it is notable that even in these regions awareness of schemes amongst employers was less than 50% (Chambers Ireland, 2006).

Wage Subsidy Scheme	Financial incentive to persuade employers to employ more people with disabilities
Workplace/Equipment Adaptation Grant	Supports additional cost of adapting workplace equipment/provision of equipment arising from the individuals disability
Supported Employment Programme	Open labour market programme which provides on the job supports to a worker with a disability
Disability Awareness Training Support Scheme	A grant towards the cost of Disability Awareness training for employees
Employee Retention Grant Scheme	To assist employers to retain at work employees who become disabled through illness or injury
Employer's P.R.S.I. Exemption Scheme	This scheme is available to employers who recruit a person with a disability for at least four days per week, for a minimum of twenty hours per week. The scheme exempts the employers from his/her share of PRSI contributions for the first two years of employment
Employment Support Scheme	The FAS scheme provides a wage subsidy to employers who recruit a person with a disability for twenty hours or more, if the person's productivity is 20% to 50% lower than the average productivity levels of other employees

Table 4.1 Employment support schemes

These employment supports (see Table 4.1) were introduced to support people who experience disabilities, including mental health disabilities. However supports necessary for the employment of people with physical disabilities differ somewhat from the types of workplace supports required by people who experience mental health problems. Supports for people with physical disabilities generally involve adjustments to the external environment. In the case of employees who experience mental health problems studies indicate that the most frequently requested support is flexibility in relation to the structuring of working hours (Fabian *et al.*, 1993; Becker *et al.*, 1998). However none of the current employment support schemes in Ireland address this.

4.4 Supports and Employment of People with Mental Health Problems

A barrier to workplace supports for people who experience mental health problems is that many are unaware that they are entitled to receive support. A recent US study (Granger, 2000) of people with mental illness who were employed found that 86% of participants were unfamiliar with the Americans with Disabilities Act (United States Federal Government, 1990). In the UK a similar report, 'Working Minds' indicated that there was poor awareness amongst employees that mental illness was included in the Disabilities Discrimination Act (DDA, 1995).

In an Irish study conducted by Fine-Davis *et al.* (2005) amongst 133 people who had experienced mental health problems made up of two groups which were both currently and previously employed, 59.2% of participants had little or no support in times of mental health difficulties. Even when the support was available, only a small number had used the resource.

The literature on people with mental health problems who gained employment with the support of vocational rehabilitation services highlighted the need for ongoing access to support (Drake and Becker, 1996; Bond *et al.*, 1997; Grove and Membrey, 2001). As well as this, there is substantial evidence which indicates that the use of natural supports in the workplace acts as a significant support for people who experience mental health problems (Secker and Membrey, 2003; Gates, 2000; Schneider, 1998). In a recent study (Secker and Membrey, 2003) conducted in the UK amongst 17 employment project clients, participants highlighted 'natural supports' as being an important workplace factor that are associated with job retention. Flexibility about working hours, work schedules and job tasks emerged as crucial in enabling clients to deal with the effects of medication and to regain stamina and confidence (Secker and Membrey, 2003).

A recent UK study by Boyce *et al.* (2008) is consistent with previous studies of factors associated with high and low levels of job satisfaction amongst people with mental health problems who are in employment. This study included 20 clients of employment support agencies who were successful in returning to work. Although a number of barriers in returning to work were identified, it was reported that receiving employment support could enable people to overcome them. The quality of the

employment support was highlighted as important, including advice and counselling during the job search and enabling informed choice about disclosure and support in work. The importance of support was further highlighted in a systematic review by Crowther *et al.* (2006) to determine the most effective way of helping people with severe mental illness to obtain competitive employment. The literature indicated that supported employment was more effective than prevocational training at helping people with severe mental health problems to obtain competitive employment (Crowther *et al.*, 2001).

Although there have been some initiatives developed to increase the recruitment of people with disabilities in the public sector, such initiatives are notable by their absence in the private sector. The Irish Congress of Trade Unions (ICTU) and Irish Business Employers Confederation (IBEC) reported that policy has been developed and promotional initiatives have been undertaken by the Social Partners³ and other organisations, and additional, dedicated employment programmes had been introduced (ICTU/IBEC, 2002). However, no single Framework or Programme has been adopted which, on the basis of social partnership, combines the dual aspects of awareness and opportunity to maximise employment opportunities for people with disabilities.

4.5 Employers Uptake of Support Schemes and Employment of People with Mental Health Problems

The limited literature available would appear to indicate that employer uptake of established supportive schemes for employing people with disabilities is a significant issue of policy failure. For example, a study by Stevens (2002) found that whilst most employers were aware of equal opportunities legislation, they made little use of schemes specifically designed to support them to employ people with disabilities. Indeed, in some cases it would appear that even when employers are exposed to information and training on the employment of people with disabilities they fail to translate this into positive employment policies within their businesses (Williams and Westmoreland, 2002). This would appear to indicate either a lack of engagement with

³ Combating poverty and social exclusion requires not just a governmental response but a wider societal response to the challenge. The development and implementation of strategies, therefore involves the social partners, which include employers, trade unions, farmers, the community and the voluntary sector.

equality employment policy on the part of employers when this is implemented within a context of disabilities, or a failure to communicate such policy on the part of central and local government beyond national business organisations.

Few studies have attempted to explore what might lay behind this failure with employers. Those studies that do focus on employers' attitudes towards the employment of people with mental health problems focus on how this interacts with stigma, employment integration and the association of such issues with the demographic, social, educational and organisational characteristics of companies and managers (Glozier, 1998). They do not explore how employers' attitudes towards people with mental health problems determine how they engage with policy.

Studies appear to indicate that employers hold similar views to those of the general population towards mental illness. McGregor (1995) in the UK reporting on a study of 55 local employers employing between ten to one thousand employees found that half of the employers had reservations about employing a person with schizophrenia while they believed they offered equal opportunities for all job applicants. However, some employers appeared more willing to support people with particular types of mental health problems, for example alcohol dependence (O' Donnell and Wilson, 1989), than others, for example depression (Glozier, 1998).

Whilst there has been some examination of employer compliance with employment equality legislation (Bruyere *et al.*, 2004), little has had a specific mental health focus. One exception is a study by Scheid (1998) of US employer compliance with the Americans with Disabilities Act (United States Federal Government, 1990). This study found that only 15% of a sample of 117 had specific hiring policies relating to people with mental health problems and that 37% had hired such individuals. Scheid (1998) reported that many employers felt it was not their responsibility to employ people with mental health problems but rather that rehabilitation services should improve employment opportunities for people with particular disabilities. This may go some way to explain why employers tend not to engage with schemes designed to support them to employ disabled employees (Stevens, 2002). However, there are a lack of studies in the Irish context which attempt to explore employers' feelings towards such support schemes and reasons why they engage or do not engage with

such schemes. The only recent study was that which was conducted by the NESF on 'Mental Health in the Workplace' (NESF, 2007). This study will be reviewed below in Section 4.6. However, there is a need for further studies in the Irish context to inform development of effective policy in this area.

4.6 Current Research on Employers Engagement with Mental Health in the Workplace in Ireland

A recent Irish study conducted by the NESF on 'Mental Health in the Workplace' necessitates a review and its findings will be incorporated into the discussion of this study (NESF, 2007). This study looks at both the attitudes of employers and employees to mental health in the workplace and the supports available to employers in the employment of people with mental health problems. The research comprised of surveys and focus groups. Telephone surveys were conducted with 306 employers (MD's, CEO's, HR/Personnel Managers, Senior Directors). The sample was split between small, medium and large organisations. Telephone surveys were also conducted amongst 686 employees. However, this sample included a small number of retired employees. Four focus groups were conducted, 2 each in Dublin and Cork with employers and employees. Across the groups there was variation where possible in gender and type of occupation including office and non office based workers, as well as location.

The study found that perceptions of risk and negative attitudes from co-workers constitute a barrier for employing people with mental health problems for over one-half of employers. Findings indicated that one in three employers felt that employees with mental ill health were less reliable. A greater number revealed that they would decrease the level of responsibility given to an employee with known mental health problems. Only 35% of employers considered it likely to consider an employee with mental health problems for promotion.

Despite these negative attitudes in relation to responsibility and career progression of employees who experience mental health problems, 69% would tell their own employer if they themselves had a mental health problem. Therefore it appears that double standards exist in relation to how employers feel about disclosure. Although it is in the best interests of employers to support someone with a mental health problem

as to retain their skills and expertise, one in four would be reluctant to employ someone with a history of mental health difficulties.

In relation to understanding mental health issues, 56% felt that managers in their organisations have a good understanding of mental health issues. Eight out of ten claimed that they would feel comfortable talking about a mental health difficulty with their employer. Smaller organisations are more likely than their counterparts to feel that mental health issues are well understood in their workplace.

With regard to policy on mental health in the workplace, one in five employers had a written policy on mental health in the workplace. Smaller organisations were less likely to have a written policy in place (13% small organisations, 26% medium organisations, 24% for large organisations). However, there was evidence that employers from all company sizes would welcome information, guidelines, training and Government support to help them deal with mental health issues that arise in the workplace.

From a legal perspective, 75% admit to not knowing enough about the law on mental health in the workplace. However the (2007) study fails to explore what lies behind this lack of knowledge. Even though employers are legally required to support employees with mental health problems in the workplace, 13% do not agree that employers should make a special effort to accommodate the particular needs of employees with mental health difficulties in the workplace.

Although this study was policy driven as it was conducted in response to the pressing need for Irish companies to develop and implement effective policies in relation to the mental health needs of their employees, it does have some limitations. This study employs largely a quantitative approach and lacks the depth, meaning and understanding which is generated through in-depth qualitative inquiry. The NESF (2007) study therefore compliments this research but does not supersede it.

The report recommends that FÁS⁴ review the reason for low take-up of some of its training and employment schemes, in consultation with employers and employees, and on this basis introduce better targeted and more effective programmes particularly for people recovering from mental ill-health. However it is not clear whether FÁS possess the infrastructure of expertise in order to develop support services for people with mental health problems. Furthermore FÁS's remit is focused on placing people in employment and not supporting them once they are employed.

The qualitative component of the NESF (2007) study revealed that there was a significant difficulty with the acceptance of mental ill-health in the workplace, and this is related to a lack of understanding of mental health issues. Findings reveal that there is considerable need for a change in workplace culture which would be supported by information and education. Support and information are needed at a number of levels including national level, employer level and employee level.

The NESF (2007) study provides a comprehensive descriptive of issues related to mental health in the workplace. This report has made some progress in raising mental health issues as a business issue in Ireland. However, the report fails to explore what might lie behind the issues in relation to mental health in Irish workplaces which have been identified in their study. For example, the report highlights that lack of knowledge amongst employers in relation to mental health issues is apparent. However, the report fails to attempt to comprehend what lies behind this lack of knowledge. Thus deeper issues which lie beneath the surface, and provide further understanding in relation to mental health issues and employers engagement with policy in the workplace, are ignored. In order to attempt to translate the findings from this study into effective policy, it was deemed necessary to adopt a suitable model for policy change.

4.7 Policy Theory and How it Can Shed Light on Policy Engagement

In order to translate the findings from this research study into effective policy it is necessary to suggest models for policy change. For this study various models were

⁴ FÁS is Ireland's National Training and Employment Authority. FÁS operates training and employment programmes; provides a recruitment service to jobseekers and employers; an advisory service for industry; and supports community-based enterprises.

considered, for instance Sabatier's (1991) (policy advocacy coalition theory) and Baumgartner and Jones (1993) (the punctuated equilibrium model). However these models were concerned with stability of policy. The problem with the stability model is that in mental health in Ireland there is currently a lot of change taking place in the delivery of services. There is increased emphasis on the move to the recovery model in the mental health services where employment is highlighted as being key to rehabilitation and recovery of people who experience mental health problems. This will impact on employers as there is a need for mental health issues to be recognised as a business issue. The way in which employers engage with policy in relation to employees who experience mental health problems will be a significant policy issue. Kingdon's Multiple Stream Model (1985) is concerned with change in the policy process. Therefore it was deemed most suitable for policy development in this area. According to John (2000), Kingdon's model is one of the few models that examines the political system as a whole, and embraces the relative importance of individual agents, ideas, institutions and external processes in the policy process. Kingdon's policy streams model assumes continual policy change as all elements to the policy making process shift and change, and policy outcomes arise from the continual interplay (John, 2000).

Kingdon's (1985) Multiple Streams Model suggests that the policy process consists of three different streams of activity that flow together at a particular time. These three streams of activity include, problems, proposed solutions (policies), and politics. According to this model, policy change takes place when three 'streams of activity' interact to define the problem, suggest solutions and develop political support. Change occurs when these streams converge presenting a 'window of opportunity' or 'channel for change'.

Kingdon's model sheds light on policy engagement in this current study as it focuses on the 'window of opportunity'; an idea often catches on and moves rapidly into the political agenda especially when there is a 'policy window' or window of opportunity as described by Kingdon. This relates to the current study where recently there has been increased clinical and policy interest in employment and mental health.

This interest has come about as a result of a number of factors including publication of the Green Paper on Mental Health (European Commission, 2005), publication of the new policy document on mental health in Ireland, which sets out the future shape of the mental health services (Department of Health, 2006); and a new focus on the recovery model for delivery of the mental health services in Ireland as a result of the discussion paper published by the Mental Health Commission (Mental Health Commission, 2005).

Kingdon (1985) believes that windows are either opened by the appearance of compelling problems or by happenings in the political stream. These windows may not be open for long so participants in the policy process must act swiftly before the opportunity passes by. It is therefore necessary to implement a model that can bring about policy change related to mental health and employment at a time where this issue is raised as significant on the policy agenda.

4.8 Assessment of Literature from Chapter Four

This chapter discussed attitudes of the general public towards people with mental health problems and showed how these attitudes are filtered down to employers in the workplace. Employment support schemes for the employment of people with disabilities, including mental health disabilities were discussed. However, the literature revealed that many of these schemes are not specific to mental health but are related to general disability. People with mental health problems fail to be recognised as a specific group who have needs which differ from those with other types of disability in relation to support. There is a need for more supports schemes to deal with mental health issues which arise in workplaces. There is very little literature which examines employers' compliance with disability policy and uptake of support schemes. However, the literature that does exist highlights the interconnectedness of the attitudes of employers towards mental health problems and their subsequent uptake of support schemes to support employees within their workplaces who experience mental ill-health.

4.9 Assessment of Overall Literature

The literature indicates that mental health problems are a feature in the lives of many of the employed population in Ireland and are not exclusive to the unemployed.

Furthermore, the prevalence of mental health problems is increasing in our population and by implication, in the workplace. Studies highlight the value of employment particularly in the lives of people who experience mental health problems, where employment is advocated for rehabilitation and recovery. The financial implications of the mental health status of employees, suggests that employers have a lot to gain from addressing the issue of mental health in their workplaces more effectively.

In relation to the disability policy context in the European Union and Ireland it is clear that policy is largely generic in relation to people with disabilities and fails to recognise people with mental health problems as a specific group. The limited literature available indicates that employers engagement with such policy when applied to the context of people with disabilities is an issue of policy failure. There is a need for more research to explore employers' views on employment equality policy, dissemination of policy to their business, and on ways of engaging employers in the implementation of employment equality policy, particularly with regard to the employment of people with mental health problems.

Empirically based literature on Irish employers' views on the employment of people with mental health problems as it relates to disability and equal opportunities policies and support is notable by its absence. The only major study that has been conducted in Ireland is the NESF study on 'Mental Health in the Workplace' (NESF, 2007). Although this study was policy driven, it does have some limitations. Therefore, there is a need for more research, particularly within an Irish context, to provide an evidence base to inform effective policy in this area. Providing such evidence is the rationale for this study.

4.10 Conclusion

Consideration of the issues raised in the review of the literature led to the development of the research question, aims and objectives of this study. The literature highlights that as yet there is a paucity of published research on employers and people with mental health problems within an Irish context. Arising from a synthesis of the literature on mental health and employment the employers' perspective was highlighted as a central issue to be looked at in this study. Whilst literature exists on employers' attitudes towards mental illness, there is a lack of

literature on employers' views on EU and national government policy on mental health and employment, and how this is disseminated to them. Therefore the employers' perspective provided the basis for the formulation of the general aim of this study. This study aims to explore the views of employers on equal status employment policy and support for businesses in Ireland as these relate to their employment of people with mental health problems. Having developed the aim for the study the specific research question was further refined and specific objectives were identified in order to meet the aim of this study and to answer the research question (see Box 4.1).

The National Disability Authority (NDA) states that barriers within Ireland to the employment of people with disabilities remain significant, though the nature and extent of these barriers is under-researched (NDA, 2002). There is insufficient research particularly within an Irish context, to provide an evidence base to inform effective policy in this area. An objective of this study is to identify issues that employers believe affect employment of people with mental health problems.

It is clear from the literature that policy is largely generic in relation to people with disabilities and fails to recognise people with mental health problems as a specific group. In relation to the current literature there is a paucity of literature that explores with employers their views of legislation and policy as it relates to the employment of people with mental health problems. For instance, how they feel about its practicality within a business context and what they would like to support them in employing people with mental health problems. An objective of this study is to explore employers' views on employment equality policy and its dissemination to their business.

Research Question

The study will establish what are the views of employers on equal status employment policy and the support available for businesses in Ireland as these relate to the employment issues that confront them with regard to people with mental health problems?

Specific objectives to address the research question

1. To identify issues that employers believe affect employment of people with mental health problems
2. To describe the level of awareness amongst employers of their employees' mental health status
3. To explore employers' views on employment equality policy and its dissemination to their business
4. To describe and analyse the degree of support that employers feel they receive from statutory and non statutory agencies when employing people with mental health problems
5. To identify effective ways of engaging employers in the implementation to employment equality with regard to the employment of people with mental health problems.

Box 4.1 Research question and objectives of the study

The limited literature would appear to indicate that employer uptake of established support schemes for employing people with disabilities is a significant issue of policy failure. Few studies have attempted to explore what lies behind this failure with employers. Those studies that do focus on employer attitudes towards the employment of people with mental health problems, focus on how this interacts with the demographic, social, educational and organisational characteristics of companies and managers, rather than on how employers' attitudes towards people with mental health problems determine how they engage with policy. There are limited of studies within the Irish context which explore employers' feelings towards such support schemes. An objective of this study is to describe and analyse the degree of support that employers feel they receive from statutory and non-statutory agencies when employing people with mental health problems.

This chapter has concluded with a brief synopsis on the overall literature arising from the literature review and how this literature informed the development of a research

question and the aims and objectives of this study. The following chapter provides a discussion of the process of investigation used in this study.

CHAPTER FIVE

Process of Investigation

5.0 Introduction

The main features of policy research are an emphasis on the subjective or practical importance of research results rather than on merely ‘statistically significant’ findings, and second, a multidisciplinary approach which in turn leads to the eclectic and catholic use of any and all research designs which might prove helpful in answering the questions posed (Hakim, 1987 p.172). In this context, it is significant for the researcher to make explicit the research design adopted, its rationale and use and the reflexive element which affected decision making processes. Thus, researchers have an obligation to monitor and report their own analytical procedures and processes as fully and truthfully as possible (Patton, 1990) if a meaningful policy evaluation regarding implementation issues is to be made. This chapter describes the research process and the reflexive elements which led to this process.

This chapter will present the epistemological and ontological considerations that underpin the research paradigm that is used in this study. Section 5.1 outlines the methodology adopted for this study, outlining both quantitative and qualitative approaches. Section 5.2 discusses the mixed methods approach used in this study and Section 5.3 presents a framework for mixed methods. Section 5.4 highlights the methods adopted to ensure trustworthiness of findings in this study. Section 5.5 details the sampling procedure used in the study. Ethical considerations pertinent to the study will be discussed in Section 5.6. Finally, approaches to data collection will be made explicit in Section 5.7, which will include issues such as design of questionnaire; pilot instrument testing; administration of questionnaire; the development and function of a topic guide; focus groups; and individual interviews.

5.1 Methodology

How researchers carry out research depends upon a range of factors including: their beliefs about the nature of the social world and what can be known about it (ontology); the nature of knowledge and how it can be acquired (epistemology); the purpose and goals of the research; the characteristics of the research participants; the audience for the research; the funders of the research; and the position and

environment of the researchers themselves (Ritchie and Lewis, 2003). Ritchie and Lewis (2003) argue that different methodological approaches are underpinned by particular philosophical assumptions and that researchers should maintain consistency between the philosophical starting point and the methods they adopt. Indeed, maintaining consistency is seen as one way of producing more ‘valid’ findings (Morse *et al.*, 2001). In contrast, it could be argued that the methods associated with a range of philosophical positions have something to offer because although researchers’ worldview may be paradigmatic, knowledge itself is not (Patton, 1990).

5.1.1 Quantitative and Qualitative Approaches

Quantitative methods require the use of standardised measures so that the varying perspectives and experiences of people can be fit into a limited number of response categories to which numbers are assigned. The advantages of utilising quantitative approaches are that it is possible to measure reactions of a greater number of people to a limited set of questions, thus facilitating comparison and statistical aggregation of the data. This gives a broad generalisable set of findings presented succinctly and parsimoniously. This was necessary as it allowed sampling of all participants in the target population, which totalled 403. The larger the sample, the more representative of the population it is likely to be (Polit and Hungler, 1999), thus reducing the likely error in generalising (Robson, 2002). Adopting a quantitative approach also allowed significant issues to be highlighted, which could be explored further through the use of qualitative methods later in the study. Thus, a structured questionnaire was designed to provide population based data to facilitate geographical and business comparative analysis in relation to policy.

In contrast qualitative methods typically produce a wealth of detailed information about a much smaller number of people and cases. This increases understanding of the cases and situations studied but reduces generalisability. In this study a quantitative approach was utilised to provide population based data to facilitate geographical and business comparative analysis in relation to policy. It therefore provides local and national policy makers with a broad snapshot of both the impact of policy and views’ of local businesses on their engagement with issues of mental health and employment.

Qualitative researchers are interested in capturing the individual's point of view through multiple strategies such as interviewing and observation, instead of deploying etic and nomothetic approaches that emphasise the goal of discovering and describing universal principles by quantifying the observed phenomena (Heppner and Heppner, 2004). Qualitative researchers choose from various research tools in accordance with their research questions and contexts to better understand the phenomenon of interest (Nelson *et al.*, 1992). Conducting qualitative research is a highly reflective and introspective journey in which the researcher listens to other people's stories, retells the stories in the way that he/she understands them; or even reconstructs the story with the participants (Heppner and Heppner, 2004). Qualitative methods permit the evaluator to study selected issues in depth and detail. Approaching field work without being constrained by predetermined categories of analysis contributes to the depth, openness and detail of qualitative inquiry. A qualitative approach was used in this study to conduct focus groups and individual interviews amongst employers. Focus groups and individual interviews facilitated further depth of understanding in relation to the issues identified through the quantitative data analysis.

Because quantitative and qualitative methods involve differing strengths and weaknesses, they constitute alternative, but not mutually exclusive, strategies for research. Both quantitative and qualitative methods can be used in the same study. The aim of this study is to explore the views of employers on equal status employment policy and support for businesses in Ireland as these relate to their employment of people with mental health problems. These personal perspectives were gathered through the use of qualitative enquiry in the study by incorporating individual interviews and focus groups. Therefore, the rationale for a mixed method approach was to provide both breadth and depth of exploration for the purpose of meaningful understanding.

5.2 Mixed Method Approach

In choosing a research strategy it was decided to adopt a mixed method approach to address the specific objectives of the study. Cook (1985) believes that in a world where one way of conducting research is universally considered to be correct, scientific practice would be easy. It is the current absence of total certainty about what constitutes correct practice that leads to the advocacy of multiplism in

perspectives and methods (Cook, 1985 p. 22). There are many theorists who are opposed to utilising mixed methods as a result of the consideration of the philosophical compatibility of different inquiry traditions (Guba and Lincoln, 1988). Greene and Caracelli (1997) believe a theory does not have to be linked to a particular paradigm. However, they argue that in practical terms it often is and therefore frames the discussion on whether or not it is sound (or even possible) to mix methods that are linked to different philosophical traditions, such as positivism or interpretivism (Greene and Caracelli, 1997). There are many, particularly in evaluative research, who advocate the use of different methods, either iteratively or to provide a more complete picture (Murphy *et al.*, 2001). Therefore, the fundamental uncertainty of scientific knowledge, especially about complex, multiple-determined, dynamic social phenomena, can be better addressed through the multiple perspectives of diverse methods than through the limited lens of just one (Greene *et al.*, 2001).

According to Greene *et al.*, (2001) good mixed methods practice is achieved through a thoughtful mixed-method planning and adopting an organising framework. In this study a mixed method approach was used for a number of reasons which are outlined in Section 5.3.

5.3 Framework for Mixed Methods

An important phase in the planning of the research design in this study was to consider carefully the reasons for utilising a mixed methods approach to most effectively answer the research question. According to Greene *et al.*, (2001) the overall purpose of mixing methods is to afford greater reduction in uncertainty and to attain a better explication of the phenomena being studied. In this study a mixed method approach was used to increase validity and comprehensiveness of findings and to develop more insightful understandings of the employers' perspective of mental health and policy issues in their workplaces. Drawing from Cook (1985) and Greene *et al.* (1989) a detailed explication of what is meant by 'better understanding' can be seen in Box 5.1.

1. Enhanced validity and credibility inferences
 2. Greater comprehensiveness of findings
 3. More insightful understandings
 4. Increased value and diversity
- Greene et al. 2001*

Box 5.1 What is meant by 'better understanding'?

The use of mixed methods to address the study objectives reflects a pragmatic approach. However it was important to make the correct choice of tools in order to answer the research question. It was decided to conduct qualitative research after the quantitative survey in order to explore statistical findings and provide greater depth and understanding of data. Thus, a variety of different approaches were used in this study as illustrated in Figure 5.1.

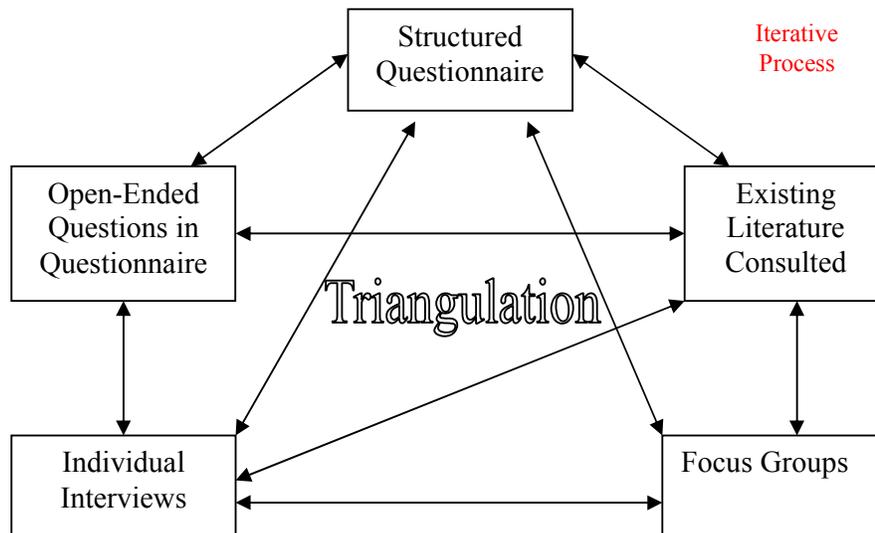


Figure 5.1 Mixed methods approach used

As can be seen from Figure 5.1, the advantage of using mixed methods is that it promotes triangulation by looking at the issues under investigation from various perspectives. For instance, in this study a questionnaire was used (see Appendix 2) as a data collection tool associated with the quantitative paradigm, using statistical analysis to describe phenomena and identify relationships amongst phenomena. Quantitative methods can infer cause and effect indirectly through correlations in

cross-sectional studies. However, the actual processes in which they are mediated are often less open to quantitative analysis.

Qualitative research can examine the specific processes that an intervention sets in motion and how these lead to a particular outcome. In this case the qualitative data is attempting to throw light on a statistical occurrence (Holloway and Wheeler, 2002). However, also included in the questionnaire are open ended questions which allowed the respondents to list supports which they were aware of that could assist them in employing people with mental health problems rather than according to pre-determined choices (see Figure 5.1).

The qualitative component of this study used semi-structured individual interviews and focus groups to further explore issues raised within the confines of the structured questionnaire and the open-ended questions allowed further exploration to create meaningful understanding. As illustrated in Figure 5.1, the mixed method approach was iterative in nature and comparative analysis of data was conducted throughout the process of analysis. Thus, the study adopted a mixed method approach which promoted triangulation through the eclectic use of quantitative and qualitative methods. This statistical and qualitative data leads to a broader picture of the views of employers in relation to policy, enabling the objectives of the study to be met.

5.4 Ensuring Trustworthiness of Findings

Lincoln and Guba (1985) emphasise the importance of trustworthiness. It is important to persuade the receivers of work that the results of the inquiry are worthwhile. It is the responsibility of the researcher to determine what arguments, criteria, what questions asked and answered, would be persuasive on this issue. In qualitative inquiry the analogous criteria are credibility, transferability, dependability and confirmability. Lincoln and Guba (1985) refer to trust as a growing process. The researcher must show participants that their trust will not be betrayed; that anonymity will be maintained; that the reasons for the study have been honestly portrayed, and most importantly, that the interests of participants and the investigators will be equally respected. It is essential that the participants influence and inform the inquiry process (Patton, 1990).

Validity in quantitative research depends on careful instrument construction to ensure that the instrument measures what it is supposed to measure. A questionnaire was designed for use based on the aims and objectives of the study. To ensure validity of the questionnaire a pilot test was carried out amongst a group of employers who had similar characteristics to the sample included in the study. The pilot study established that mental health and employment policy were issues in the workplace, and that employers could understand the questionnaire.

However in the qualitative element of this study the researcher was the instrument, thus requiring a different approach to ensure 'trustworthiness'. Validity in qualitative methods, therefore, hinges to a great extent on the skill, competence, and rigor of the person doing fieldwork. Guba and Lincoln (1981 p.113) comment on this aspect of qualitative research, "since as often as not the naturalistic inquirer is himself the instrument, changes resulting in fatigue, shifts in knowledge, and cooptation, as well as variations resulting from differences in training, skill and experience among different instruments easily occurs. But this loss in rigor is more than offset by the flexibility, insight, an ability to build on tacit knowledge that is the peculiar province of the human instrument".

There were a number of strategies which were adopted in this study to ensure the research conducted was trustworthy. These included, making explicit reflexive elements related to this study; using thick description to report qualitative findings; an audit trail clearly depicting each stage of analysis; description of each of the seven stages of data analysis and management of data using CAQDAS; reflexivity by critical reflection of ones own preconceptions and how they became apparent during the process of data collection.

5.4.1 Reflexivity

Traditionally research was seen as an objective account of the phenomena under investigation. The position of the researcher was seen as that of a detached, impartial observer (Northway, 2000). However, this view has received some criticism. Denny (1991) argues that such objectivity is a myth as it is not possible to place the researcher from the research. Qualitative approaches to research acknowledge that researchers both influence and are influenced by the process of engaging in research.

According to Lamb and Huttlinger (1989), a reflexive approach recognises this reciprocal relationship and seeks to make it explicit.

Robson (2002) states that reflexivity is an awareness of the ways in which the researcher as an individual, with a particular social identity and background, impacts on the research process. An example of this objective approach to research can be seen in the work of Glasser and Strauss (1967) on Grounded Theory. Traditionally, grounded theory was seen as an approach challenging the status quo in social research, as contemporary studies were dominated by the testing of 'grand theory' and were deductive in nature. The need to maintain objective distance and limit the research effect on the data stems from grounded theory's post-positivist ontology (Kennedy and Lingard, 2006). However, more recent constructivist applications of grounded theory have challenged this stance (Mills *et al.*, 2006). Some theorists advocate a position of mutuality between the researcher and participant that acknowledges the voice of the author in the final product (Charmaz and Mitchell, 1996). Neil (2006) argues that the potential impact of the researcher on the data needs to become part of the research record in order to be explored through constant comparative analysis.

Reflexivity also requires the research approach itself to be examined (Maynard, 1994). Decision making is made explicit, the methodological strengths and limitations are examined, and the learning which takes place as a result of this process is utilized to improve research practice (Northway, 2000). Vaughan (1992) argues that the researcher explicitly needs to acknowledge their worldview in the research process and research account as a means for controlling potential bias. It was therefore necessary to make explicit ones reasons for choosing this approach. In this study the mixed methods approach adopted reflected the holistic approach evident in the nursing profession. Charmaz (2000) acknowledges that researchers should openly acknowledge the influence of prior work or experience on their perspective. Read and Procter (1995) have highlighted the debate over the researchers' relationship with the research area with its potential influence on the study participants and data as an important factor in the inductive research process. They consider that the researcher occupies one of three positions: 'outsider', 'hybrid' or 'insider'. The 'outsider' is a researcher with no professional experience and a visitor to that particular field of

study. The ‘hybrid’ is a researcher who undertakes research into the practice of other practitioners and is familiar with that research area. The ‘insider’ is the actual practitioner-as-researcher looking into their own and known colleagues practice.

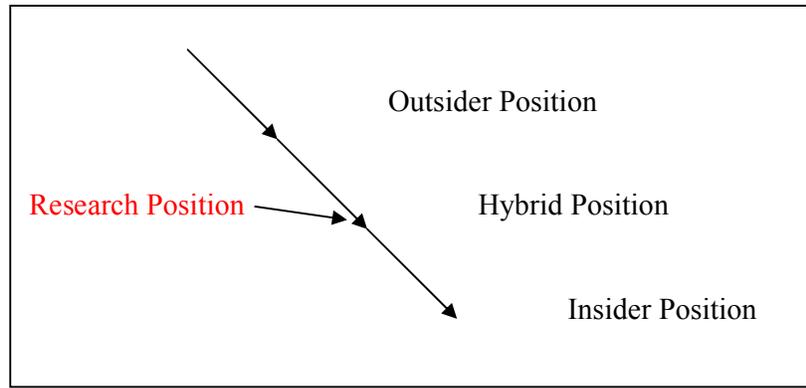


Figure 5.2 Researchers relationship with the research area (Reed and Procter, 1995)

I was placed in the ‘hybrid’ position in this study as illustrated in Figure 5.2. I had direct experience working with people who experienced mental health problems and was familiar with that research area. For this study I was interested in the views of employers who were diverse from my own professional background. However, I considered that my existing conceptual framework could impinge on the study as my professional background in mental health nursing has required me to concentrate on the mental health patients and their interests. This study required me to investigate the employers’ perceptive on mental health issues in their workplaces.

With my position in mind, I decided that I had no control over what knowledge I already had in the area, but I could control what was being added to the body of knowledge. As I occupied the hybrid position on the Read and Procter’s (1995) continuum (see Figure 5.2), I was already theoretically sensitised to the research area. I was aware that there were particular actions I could take to ensure reflexivity and ensure my personal experience did not impinge on the results of the study. The use of a recording device to record the focus groups and individual interviews assisted in the reflexive process. Precise records of what was discussed during each session helped to ensure that bias wasn’t inflicted on the study. In acknowledging pre-existing knowledge and experience in the area, sub-conscious feelings and biases were brought

to the surface which helped to prevent prior knowledge distorting perceptions of the data during analysis (See Box 5.2 for an example).

When speaking about accessing supports to deal with mental health issues in the workplace the employer indicated that his first port of call was employer interest groups. This was not the first time employer interest groups had been mentioned by employers as a support agency which they contact in relation to mental health issues. This employer indicated that in his opinion such organisations didn't always offer advice favourable to the employee and indicated that he had recently been advised to take the disciplinary route in relation to an employee who was experiencing mental health problems.

Feelings about this: I felt quite negative about the support offered by employer interest groups which represented the needs of the employer and not the employee. Upon reflection I considered the issue of my own socialisation as a nurse. I realised that I was letting my personal experience impinge on my thinking regarding the data from the study. Sub-consciously I was looking at these results from the employees perception, however it was the employers view that was the focus of this study.

Taking this into account I realised that employer interest groups were seen as an important support by employers. However, these companies may not have specialist knowledge in relation to mental health issues in the workplace, and may therefore not be the appropriate provider of support for employers. This finding was particularly significant in the study as it highlighted that employers were unaware of where to access the appropriate support regarding mental health issues in their workplace.

Box 5.2 Records of what was discussed during each interview to ensure bias wasn't inflicted on the study

In order to promote reflexivity throughout this research study a personal journal was also used to record information about decisions made, insights and the research process. It also acted as a tool to promote critical thinking. The use of a reflexive journal has been advocated by a number of authors, including, Lamb and Huttlinger 1989, Erlandson *et al.* 1993, and Koch and Harrington 1998. Box 5.3 shows an example of an entry into my reflexive journal.

I've just read Johns (2000) book 'Analysing Public Policy' to consider a suitable model of policy change to adopt for this study. My supervisor suggested I read this book in order to identify a suitable model for policy change to attempt to translate the findings from this study into effective policy.

I considered various models outlined in the book, for instance Sabatier's (1991) (policy advocacy coalition theory) and Baumgartner and Jones (1993) (punctuated equilibrium model). However, these models are concerned with stability of policy. In the light of the current changes taking place in relation to mental health in Ireland I feel a model that deals with policy change would be more suitable for this study. I've read about Kingdon's Multiple Streams Model which is concerned with change in the policy process.

I feel this is a suitable model to use in the study. I think I'll discuss this model with my supervisor during my next supervision meeting.

Box 5.3 An example of a reflexive journal entry

Throughout the in-depth individual interviews and focus groups checks were made on the understanding of the data amongst participants. Participants' words were repeated or paraphrased to ensure that the researcher had a true understanding and interpretation of each member's perspective. This facilitated feedback from participants. It showed their reactions to the data and findings and their response to the researcher's interpretation of the data (Holloway & Wheeler, 2002).

Thick description was also used when reporting qualitative findings to remain as close to the data as possible and to prevent distortion of the results from the study. The discipline and rigour of qualitative analysis depend on presenting solid descriptive data, which is often called "thick description" (Geertz, 1973; Denzin, 1989), in such a way that others reading the results can understand and draw their own interpretations (Patton, 1990). A clear description of why decisions were taken throughout this study was established, thus creating an audit trail.

5.4.2 The Audit Trail

By detailing decisions which were taken in this study, a clear audit trail was established. Production of an audit trail is a significant factor upon which dependability and confirmability of a study can be established. Features intrinsic to computer aided qualitative data analysis software (CAQDAS) include logging of data movement and coding patterns, and mapping of conceptual categories and thought progression, which render all stages of the analytical process traceable and

transparent, and facilitate the researcher in producing a more detailed and comprehensive audit trail than manual mapping of this complicated process can allow. This facility to maintain an audit trail was a significant contributor to the decision to use a CAQDAS package in this study (See Chapter 6).

Thus, in relation to ensuring ‘trustworthiness’ of findings in this study a robust method of data analysis was adopted. This consisted of the use of CAQDAS, ‘NVivo 7’, for management of data, and a seven stage coding framework approach for subsequent analysis. Chapter 6 presents a detailed discussion of these methods.

The audit trail for this study can be seen in Appendices 21-27. This is a visual display of the developmental process of defining, eliminating, redefining, sub-dividing and merging categories that occurred during the course of the data analysis process. This visual display facilitates the reader to witness the developmental process at a glance. Section 6.4.13 in Chapter 6 documents the development at seven key stages of the data analysis process. Phase One records the emergence of participant-driven free nodes. Phase Two documents the development of tree nodes through coding by theme. Phase Three represents cross coding where five main themes are coded against other themes. Phase Four is the coding on stage where a hierarchal coding tree is generated. Phase Five of the analytical process involves the generation of proposition statements where memos are designed to summarise what the researcher believed under each theme. Phase Six shows the process of category refinement as the researcher further distils meanings and identifies relationships between clusters of meanings. Phase Seven documents the refined categories, their relatedness, and the analyst’s ‘outcome statements’ or findings statements.

5.4.3 Methodological Decision Making

Initially this study proposed to adopt a mixed method approach combining the postal questionnaire and focus groups as methods of data collection. A number of focus groups were carried out amongst a sub-sample of employers who responded to the postal questionnaire and agreed to participation in further stages of the study. However, a number of participants did not turn up on the day the focus group took place. Those who had not turned up were contacted the following day via a phone call. It was brought to my attention that they had not attended the focus group as they

had concerns about participating in a group discussion about sensitive issues such as the mental health of employees and their companies' stance on such issues. They felt that the small geographical area targeted meant that they were likely to know other members of the group and they revealed that they may not be able to relay their true experience of mental health issues encountered in their workplaces and how they dealt or did not deal with subsequent issues. These individuals were offered alternative participation through one-to-one individual depth interviews, to which they agreed. Therefore individual depth interviews were conducted to increase reliability and trustworthiness of findings.

5.5 Population and Sample

A population survey approach was used for the questionnaire in this study. The local business population from the private sector in the South East of Ireland were identified via lists provided by the IDA and Enterprise Ireland (N= 403). In this study it was feasible to sample all participants in the target population through distribution of a postal questionnaire, as this type of data collection easily accommodates large numbers. The total sample was contacted via post and asked to complete a questionnaire for the quantitative component of this study. A covering letter and information sheet accompanied the questionnaire and upon completion of the questionnaire participants were asked if they were interested in participating in further stages of the study. A sub-sample drawn from businesses (n=14) who indicated that they would be interested were invited to send a spokesperson to one of the focus groups or individual interviews as part of the qualitative element of this project.

Particular factors influenced why employers from the private sector were the focus of this study. The key factor which influenced this decision was as a result of the introduction of the employment quota scheme imposed on the public sector. There was already a large amount of research in Ireland carried out amongst public sector businesses to monitor compliance with the 3% quota scheme (Conroy and Fanagan, 2001; Murphy *et al.*, 2002). As a result there was little research carried out amongst private sector employers. It was therefore decided to include businesses from the private sector in the South East of Ireland for the purpose of this study.

Table 5.1 presents a tabulation of the businesses to which the questionnaire was sent⁵ (see Chapter 7 for a breakdown of the size and types of businesses that responded). These businesses varied in size and included very small, small, medium, large and very large businesses.

Size of Business	Number of Businesses
Very Small and Small	356
Medium	113
Large and Very Large	34

Table 5.1 Tabulation of businesses to which the questionnaire was sent

In line with previous studies (Diffley, 2003) the employers sample was based on the categorisation of workplace size and the nature of trade processes (see Table 5.2) as used by the European Commission.

Nature of Business	Size of Business
Manufacturing	1-10
Distribution	11-50
Educational Services	51-250
Domestic Services	251 and above
Industrial Services	
Information Services	
Advisory Services	
Technical Expertise	

Table 5.2 Sampling categorisation

As can be seen in Table 5.1, the sample included a range of different sized businesses and these were both indigenous and multinational. Various types of businesses were included in the study. These included manufacturing, distribution,

⁵ A number of businesses included on the lists provided by the IDA and Enterprise Ireland consisted of businesses that had closed since they had last updated their database. This is why the tabulation of businesses to which the questionnaire was sent in Table 5.1 is greater than the total sample (N=403).

education services, domestic services, industrial services, information services, advisory services and technical expertise (see Table 5.2).

5.5.1 Purposive Sampling for the Qualitative Element of the Study

In light of the study aims, existing knowledge and theory, and knowledge gaps, the researcher decided to use homogenous purposive sampling to recruit the sample for inclusion in the qualitative component (focus groups and individual interviews) of this study. This included a sub-sample (n=14) from the original sample of employers who completed the postal questionnaire and expressed an interest in participating in further stages of the research process.

Sample sizes in qualitative research are typically small because of the large amount of data that must be analysed. Holloway and Wheeler (2002) note that focus groups usually contain between four to twelve people. Therefore, the nature of these groups became somewhat more intimate, which enhanced the level of discussion that took place in the study. Qualitative research is not generally concerned with questions of frequency. Therefore the size, range and statistical representativeness of the sample is of less concern than the quality of the information elicited from it (Holloway and Wheeler, 2002). A small sample of employers were recruited to participate in the focus groups and individual interviews. The questionnaire had already gathered population based data on employers' views of mental health and employment issues in workplaces across the South East. Therefore, the focus groups and individual interviews were employed to explore the issues arising from the quantitative data.

In accessing the sample for inclusion in this study and whilst designing the questionnaire there were significant ethical considerations which needed to be taken into account. The following section will explore the ethical considerations pertinent to this study.

5.6 Ethical Considerations

Ethical considerations were considered pertinent to this study from the design stage of the research process. At that stage it was significant to recognise methods/processes that may raise ethical questions such as methods of protecting individual participants

and issues of confidentiality and anonymity. It was important to plan such strategies and processes to ensure research met a high ethical standard.

Particular ethical issues arose in this study, relating to issues of protecting individual participants and issues of confidentiality and anonymity. As discussed in Section 5.4.3, some employers in this study indicated to me that they felt uncomfortable discussing mental health issues in focus groups with other employers due to the small geographical area included in the study. They felt that they may know other employers in the group and that their businesses could be easily identified. These employers were offered an alternative to participate in an individual interview to which they agreed.

5.6.1 Seeking Ethical Approval

As I am a registered mental health nurse, I am bound by a code of ethics governing the profession. An Bord Altranais's (2000) Code of Professional Conduct for each Nurse and Midwife states that nurses undertaking research must ascertain that research is sanctioned by the appropriate body and ensure that participants rights are protected at all times.

Prior to commencing this research project, permission to carry out this study was sought from the Waterford Institute of Technology Ethics Committee. It was considered important to plan for the process of ethical approval as the procedure can be lengthy. A detailed research proposal was submitted to the committee. I attended the ethics committee meeting to discuss the proposed study, following which ethical approval was granted (Appendix 3).

5.6.2 Protecting Individual Participants

Researchers have particular ethical issues to consider before, during and after the interview stage. Before the focus group and individual interviews the researcher ensured that all participants were exposed to enough information about the study to offer their informed consent to participate. Informed consent is a process that continues throughout a person's participation in the research process. Participants were made aware that their participation in the individual interviews and focus groups was entirely voluntary and that they were free to withdraw from the study at any time.

According to Waltz *et al.* (1991), a generally accepted ethical position is that subjects should be free to participate or withdraw from participation without recrimination or prejudice. Waltz *et al.* (1991) explain that the right to privacy asserts essentially that an individual should be able to decide how much of himself or herself (including thoughts, emotions, attitudes, physical presence, and personal facts) to share with others.

A postal questionnaire accompanied by a cover letter (Appendix 4) and information sheet (Appendix 5) outlining information related to the study was sent to the total sample. The recipients were made aware in the letter that their participation in the study was entirely voluntary. In addition the purpose and potential outcome of the study was clearly outlined in the letter with contact details of the researcher for those who had questions or who sought further information. This allowed the participants to make an informed decision regarding completion of the questionnaire. If the participants completed the postal questionnaire they were asked at this stage to indicate their willingness to participate in further stages of the research study. A letter (Appendix 8) outlining details of the focus groups, and an information sheet (Appendix 9) were sent to employers who expressed an interest in participating in further stages of the study.

5.6.3 Confidentiality and Anonymity

According to Parahoo (1997) confidentiality and anonymity are two key ethical issues that researchers must consider if the rights of individuals are not to be compromised. Research participants were assured that the confidentiality of material would be maintained and that the anonymities of individual participants and companies, both at survey, individual and group interview level, would be protected and disguised in any subsequent reporting of the data. All questionnaires, audio taped and transcribed data was stored in a locked drawer in the Department of Nursing in WIT and only members of the research team (Dr. John Wells and I) had access to this material. Training was undertaken on the Data Protection Act (Government of Ireland, 2003) in Waterford Institute of Technology to ensure statutory compliance with regard to protection of data collected. Computerised results are protected under the Data Protection Act (Government of Ireland, 2003) and data will be destroyed on completion of the study.

5.7 Approaches to Data Collection

Within this study there were four general points in relation to data collection- design and administration of the questionnaire, development and function of the topic guide, focus groups, and individual interviews. This section outlines and discusses the data collection methods used to collect material.

5.7.1 Design of Questionnaire

While questionnaires can be useful, there are also disadvantages to using them. Since the generation of questions largely depends on the views of the researcher, key issues may be omitted and irrelevant ones included. These can be threats to validity. Questionnaires assume a fixed meaning in the use of language, however, particular words or phrases may hold different meanings for the participants. Therefore a definition was provided on the questionnaire defining what was meant by a mental health disability for the purpose of the study. The purpose of the structured questionnaire in this study was to provide population based data to facilitate geographical and business comparative analysis in relation to policy. Its aim was to provide a broad snapshot of the impact of policy and the views of local businesses on their engagement with issues of mental health and employment. These issues could then be explored further through qualitative inquiry.

Questionnaire items included both closed questions, involving categorical variables (both nominal and ordinal, with some variables ranked), and open questions, to gather data on views of policy. The questionnaire contained 4 main sections. Section 1 obtained information about the size and nature of the business conducted by the employer to facilitate comparative analysis in relation to company size and type of company in relation to employers' views on policy. Section 2 focused on employment of people with a disability, in order to facilitate identification of general policy compliance and allow comparison between recruitment of people with general disabilities compared to people with mental health disabilities. Questions generated for Section 3 focused on the employment of a person with a mental health disability. Section 4 explored how supportive employers perceived policy in the employment of people with mental health problems.

5.7.2 Pilot Instrument Testing

According to Burns and Grove (2001) a pilot test is a ‘small version of the proposed study conducted to develop and/or refine the methodology, the instrument or the data collection process’ (p.806). When questionnaires are used it is important to ascertain whether the participants understand the questions or if they find some of the questions objectionable (Polit and Hungler, 1995). Once a questionnaire has been developed, each question and the questionnaire as a whole must be evaluated rigorously before final administration (De Vaus, 1990). The questionnaire was pilot tested amongst a selected number of employers who met the inclusion criteria for the project. The pilot showed that the questionnaire needed no changes.

5.7.3 Administration of Questionnaire

The instrument was distributed via post to an identified contact in each sample business. Each contact was identified via lists provided by the IDA and Enterprise Ireland. A pre-paid envelope for return of the questionnaire was supplied. At this stage companies were also asked to indicate whether they were willing to participate in further stages of the research study should they be invited.

The primary advantage of mail surveys is the ease of data collection, particularly when the sample covers a wide geographical area (Heppner *et al.*, 1999). The advantage of utilising a questionnaire in this study was the ability to collect data from a large number of employers’ who were from various geographical locations across the South East of Ireland. However the difficulty in getting participants to return questionnaires was also identified as a limitation. In order to achieve a good response to the questionnaire, it was kept short. According to Heppner *et al* (1999), often the return rate to the first mailing is approximately 30%, which raises questions about the external validity of the results. Following our mailing of the questionnaire in the first stage of this study, a 32% response rate was received. This raised questions as to was there some reason why the majority of participants did not respond? A reminder letter and questionnaire was sent three weeks after the initial questionnaire had been posted (see Appendix 6). Babbie (1979) suggests that a follow up letter be sent about two or three weeks after initial mailing. Following this reminder letter a further 12% of the population responded to the postal questionnaire. The final response rate was 42%.

5.7.4 The Development and Function of a Topic Guide

In addition to the postal questionnaire, focus groups and individual interviews were held with a number of employers in a mutually identified venue. Moser and Kalton (1971) state that the type of interview to conduct in qualitative research lies along a continuum of informality ranging from the completely non-directive interview to the guided or focused interview. It was apparent that when conducting the focus groups and individual interviews an instrument would be needed to provide some structure to the interviews so that data pertinent to the research questions could be gathered. However, it would need to be sufficiently flexible to facilitate the emergence of views on issues. As the structured questionnaire had been distributed and analysed prior to the conduct of the individual interviews and focus groups, a topic guide was developed based on its findings for use during the in-depth semi-structured interviews and focus groups (Appendix 7). Thus, the focus groups and individual interviews were semi-structured.

The topic guide was generated following analysis of the questionnaire. Specific aspects included in the questionnaire which required more exploration were identified. In addition, features which required clarification, for example, the different meanings people attributed to the meaning of mental health problem required further understanding. These factors guided the development of the topic guide which was used in the qualitative component of the study. These topics provided the initial focus for the focus groups and individual interviews and, depending upon the responses of the interviewee, were followed up by the interviewer through 'probing' statements further, thus, encouraging the participants to expand on their answers (Merriam, 1998). This guide provided some structure to the focus groups and individual interviews. The topics included on the guide provided some framework for the subsequent analysis of data collected. According to Ritchie and Lewis (2003) the topic guide acts as an aide-memoire, helping to ensure that key issues are explored systematically but supporting flexible and responsive investigation. In this study the topic guide documented the fieldwork approach and provides insight into a stage of the research process which would have otherwise been difficult to describe.

5.7.5 Focus Groups

The use of the focus group to conduct social research has become increasingly popular over the last number of years (Sim, 1998; Robinson, 1999; Ritchie and Lewis, 2003). According to Kitzinger (1995) the idea behind the focus group method is that group processes can help people to explore and clarify their views in ways that would be less easily accessible in a one to one interview. When group dynamics work well the participants work alongside the researcher, taking the research in new and often unexpected directions (p.229). Reasons for selecting the focus group for use in this study were that it is consistent with fundamental qualitative research assumptions that advocate the insiders point or 'emic' perspective (Holloway and Wheeler, 1996).

The purpose of the focus groups used in this study was to explore qualitatively the preliminary analysis of the questionnaire. The focus groups provided further depth of understanding in relation to the issues under consideration. In addition they provided a forum through which a range of employers could explore, based on their shared experiences, how policy and services in this area was experienced and could be improved.

Two focus groups were conducted following a semi-structured format. Each group interview consisted of employers drawn from the main questionnaire sample. Focus groups took place in two central venues and lasted approximately one hour. A discussion group previously conducted by the principal supervisor with some employers to refine the research objectives indicates that this is the optimum discussion time in relation to data generation.

The focus groups were audio recorded following the granting of permission from the participants. Upon completion of the focus groups and individual interviews which will be discussed in Sections 5.7.5 and 5.7.6, the deliberations were transcribed in preparation for entry into the NVivo 7 computer analysis software (See Appendix 10, for an example of an extract from a transcript).

5.7.6 Individual Interviews

The key features of in-depth interviews are their flexibility and interactive nature, their ability to achieve depth, the generative nature of the data and the fact that data is

captured in its natural form (Ritchie and Lewis, 2003). To conduct in-depth interviews requires considerable skill by the researcher⁶. The important feature is to combine structure with flexibility (Ritchie and Lewis, 2003). The semi-structured interview used in this study was sufficiently flexible to permit topics to be covered in the order most suited to the interviewee, to allow responses to be fully probed and explored, and to allow the researcher to be responsive to relevant issues raised spontaneously by the interviewee.

A particular feature of the interview is that it is interactive in nature and data is generated by the interaction between the researcher and the interviewee. The use of probes and other techniques achieves depth of answers in terms of penetration, exploration and explanation. For instance, initial responses in the interview were usually superficial or at surface level. Follow up questions used in the interview allowed more depth and fuller understanding of the participant's meaning to be achieved.

The interview was generative as new knowledge and thoughts developed. For instance, participants were invited to add ideas which they had in relation to the issue of mental health and employment. Many put forward suggestions to assist employers in engaging with disability policy in their workplaces. The emphasis on depth, nuance and the interviewee's own language as a method of capturing meaning implies that interview data needs to be captured in its natural form (Ritchie and Lewis, 2003). Therefore a recording device was used in this study to record interviews as it was believed that note taking would skew the form of the data.

Taking into account the key features of in-depth interviews, it was deemed necessary to conduct face-to-face interviews with the interviewee. According to Ritchie and Lewis (2003) the interview is an intense experience for both parties involved, and a physical encounter is essential for an interview which is flexible, interactive and generative, and in which meaning and language is explored in depth.

⁶ I attended training with the National Centre for Social Research in London where I developed skills in in-depth qualitative interviewing.

Writers in the area believe that an in-depth interview involves a number of stages (Spradley, 1979; Rubin and Rubin, 1995; Robson, 2002). The stages of the interview process in this study included the following:

Developing Rapport

According to Ritchie and Lewis (2003), the first few minutes after meeting can be crucial for establishing the relationship between the researcher and participant which is a prerequisite for a successful in-depth interview. I was aware that the participant might be feeling a little anxious at this time and it was necessary to put them at ease. I felt it was important to engage in conversation with the participant at this stage and avoided the research topic until the interview commenced. Once I was confident that the participant felt at ease, I proceeded onto the next stage.

Introduction of the Research Topic

At this stage I introduced the research topic and explained what we would be discussing during the interview. Introduction of the research topic involves providing a clear reiteration of the nature and purpose of the research, reaffirming confidentiality, and seeking permission to record the interview (Ritchie and Lewis, 2003). I emphasised that it was the participants view that I was interested in hearing and that there was no right or wrong answers. At this stage I drew the participant's attention to the recording device and asked if they were comfortable with the interview being recorded. I explained to the participant that the interview would be recorded for transcription and analysis purposes, and that only I would have access to the recording, which would be destroyed on completion of the project. If the participant was happy with this, and I felt that they had received adequate information about the study, I proceeded to the next stage.

Obtaining Consent and Beginning the Interview

At this stage the recording device was switched on. Again the use of the recording device was explained and the participants consent received on tape. I introduced the main areas which I was interested in discussing with the participant and commenced the interview by asking the participant a broad question about their experience of mental health problems in their workplaces. According to Ritchie and Lewis (2003) opening questions are an opportunity to collect important contextual information.

During the Interview

At this stage I guided the participant through the key areas included on the topic guide. I was flexible in the use of the topic guide throughout the interview and other themes which emerged throughout the interview were explored. Each theme was explored in depth using follow up questions and probes. At this stage, the interviewee will be working at a deeper, more focused level than normal, discovering ideas, thoughts and feelings that may be dormant in daily life (Ritchie and Lewis, 2003). At this stage a participant became a little emotional whilst discussing mental health issues and later revealed to me that she had a family member who experienced mental health problems. I displayed empathy and understanding towards this participant and acknowledged that this must be quite hard for her. Once the participant felt ready to continue, I proceeded on with the interview.

Concluding the Interview

At this stage, I signalled to the participant that we were approaching the end of the interview. I asked the participant if they felt there were any other important issues which they felt were important or that they would like to discuss in relation to the topic.

After the Interview

What happens when the tape recorder is switched off is also important (Ritchie and Lewis, 2003). At this stage I thanked the participants for their contribution to the study. I explained that their time was very much appreciated and that I felt we had discussed some very interesting topics. I asked them if they had any further questions about the study or about what we had discussed during the interview. At this stage participants expressed an interest regarding when the study was due to be completed, and if findings would be disseminated. I explained to them that the project was due to be completed in September 2008 and that a report outlining the findings from the study would be forwarded to them.

5.8 Conclusion

This chapter examined the philosophical approach used in this study. Reflexive elements which led to the employment of a mixed methods approach were made explicit. Issues related to population and sampling were discussed. Measures to

ensure trustworthiness of findings in this study, such as reflexivity, an audit trail and methodological decision making were considered. Ethical considerations pertinent to this study were highlighted. Methods of data collection which included, a postal questionnaire, focus groups and individual interviews were discussed in detail. The following chapter will discuss the management and analysis of both the quantitative and qualitative data collected.

CHAPTER SIX

Methods of Data Analysis

6.0 Introduction

This chapter will make explicit the methods of data analysis used in this study. Section 6.1 will consider issues arising in choosing an approach to the analysis of data. Section 6.2 will discuss the analysis of quantitative data using a Statistical Package for Social Sciences (SPSS). Specific issues related to the analysis of qualitative data including the use of Computer Aided Qualitative Data Analysis Software (CAQDAS), 'NVivo 7', and each of the seven stages of integration and analysis of the data will be detailed in Section 6.3. Section 6.4 will detail the processes of data analysis including the importation of the data into the data management package NVivo 7, the efficacy and transparency of the use of this software, and the analytical hierarchy which informed this study will be applied through robust analysis of data using a seven stage coding framework approach.

6.1 Choosing an Approach for the Analysis of Data

Adoption of an approach derived from grounded theory (Glazer and Strauss, 1967) for analysis of data in this study was considered. The theoretical framework within which the study was conducted heavily shaped the analysis (Patton, 1990). This pragmatic approach was deemed suitable as a philosophical approach to guide analysis in this study.

However, it was decided not to strictly adhere to a purist form of grounded theory for a number of reasons, which included an emphasis on the research approaching the field without any preconceived ideas and the requirement of constant comparison until the point of saturation is reached. According to Denzin and Lincoln (2000), grounded theory strategies need not be rigid or prescriptive; a focus on meaning while using grounded theory furthers rather than limits interpretive understanding; and we can adopt grounded theory strategies without embracing the positivist learning's of earlier proponents of grounded theory.

Grounded theory places great emphasis on the researcher approaching the field without any preconceived ideas. However, my background was in the mental health

profession and therefore I had prior knowledge and experience of mental health issues to be investigated in the study. Thus, this element of grounded theory could not be employed in the study.

This study adopted a mixed methods approach combining both quantitative and qualitative data. According to Denzin and Lincoln (2000) grounded theorists need not prescribe to positivist or objectivist assumptions. Rather they may still study empirical worlds without pre-supposing narrow objectivist methods and without assuming the truth of their subsequent analysis. Cook (1985) supports this stance and argues that objective knowledge is impossible because we cannot divorce our ‘selves’ from our context (p.26). Cook (1985) sums up this view and explains that ‘we can see in the attack on positivist methods a rejection of the primacy of observation over introspection, quantification over understanding, micro level over macro level analysis, control over naturalism, theory testing over discovery, and crucial experiments conducted on selected parts of nature over more tentative probing of all of nature (p.29). Maggs-Rapport (2001) argues that it is essential that researchers firmly ground themselves in one approach if their research is to have validity. However, Denzin and Lincoln (2000) oppose this view and note that grounded theory approaches can be utilised with both quantitative and qualitative data.

6.1.1 Adopting a Grounded Theory Approach

Grounded Theory emphasises that one decides through constant comparison of the data when the point of saturation should be reached. The constant comparative method involves breaking down the data into discrete ‘incidents’. This was not possible in this study primarily due to time restraints to complete the research. Although this study did not use comparative analysis in identifying a point of saturation, comparative analysis was used between the quantitative data collected and the qualitative data to identify similarities and contradictions.

In this study a ‘bottom up’ approach to analysis of data consistent with the grounded theory approach was used which ensured that a systematic and graduated building of understanding was maintained. For instance, whilst coding data for entry into NVivo 7 memos were used to summarise what was believed at each point of the analytical process. To aid in this process memos were written at lower level whilst coding and

were then synthesised into ‘master’ memos at the top of the tree or at theme level. As Taylor and Bogdan (1984) summarise ‘in the constant comparative method the researcher simultaneously codes and analyses data in order to develop concepts; by continually comparing specific incidents in the data, the researcher refines these concepts, identifies their properties, explores their relationships to one another, and integrates them into a coherent theory’ (p.126).

6.2 Quantitative Data Analysis

This study yielded quantitative data through use of a questionnaire. Data from the questionnaire was analysed prior to the commencement of focus groups and individual interviews. This data was analysed utilising SPSS, Version 15, for Microsoft windows (Bryman and Cramer, 1990). Data was explored and described prior to statistical testing. Each question was coded to facilitate ease and accuracy of data entry. All statistical data was double entered to ensure accuracy of entry. The result of the analysis was utilised to inform the development of the semi-structured topic guide to be used in the qualitative element of the study.

6.2.1 Statistical Package for the Social Sciences (SPSS)

Good research depends on the careful planning and execution of the study (Pallant, 2007). Decisions made at each stage of the research process can affect the quality of the data you have to analyze and the way you address the research questions. As a questionnaire was adopted for this study, a pilot test was conducted in order to ensure that the instructions, questions and ranking scale items were clear. A group of employers that were similar to the sample to be used in the study were used in the pilot. The pilot test ensured that the participants understood the questionnaire items and responded appropriately.

As stated earlier questions included in the questionnaire were classified into two types: closed and open-ended. Every question included in the questionnaire had a unique variable name. Each variable name clearly identified the information (e.g. type of business, number employed). The first variable in the data set was ID, which is a unique number that identifies each participant in the study. Before the questionnaires were distributed each questionnaire was assigned a number. This

allowed the researcher to check back and find the relevant questionnaire if any errors occurred in the data set during the data entry stage.

Each response was assigned a numerical code before it was entered into SPSS. Numbers were used to label responses, for example, 1 was used to indicate the first listed response to the question and 2 for the second response, and so on. An example of this is exemplified in Box 6.1.

Has your company recruited employees with disabilities in the past? (Please tick)	
Yes	No

Box 6.1 Example of coding

To code responses to the question above in Box 6.1, if a person ticked ‘Yes’ they would be coded as 1, and if they ticked ‘No’ they would be coded as 2.

Responses to the open-ended questions included in the questionnaire were varied and thus, were analysed with the qualitative data from this study using a seven stage coding framework approach (see Chapter 5). The purpose of the two open-ended questions included in the questionnaire was to ascertain the level of knowledge participants had about supports offered within their businesses and external support agencies. It was felt that it was necessary to allow participants to respond to this question ‘unprompted’ to gain true insight into participants knowledge and awareness of supports.

6.2.2 Statistical Analysis

Upon entry of data into SPSS, statistical analysis was conducted. Statistics were utilised to make quantitative data meaningful (Parahoo, 1997). The two main types of statistical analysis used were descriptive and inferential. The study primarily uses descriptive statistics to get an overview of the topic under study. However, some inferential statistics were used to identify if relationships exist between associations (for example, between size of company and access to supports).

Descriptive data will be presented in tables and will be reported in frequencies (n) and percentages (%) for all categorical data. Respondents who did not include a response to a particular variable were excluded from analysis of that particular variable. Chi-squared analysis was conducted in order to establish if there was a significant association between size of the business and recruitment of disabled employees; retaining disabled employees; employees who experience mental health problems; and access to supports. Chi-squared analysis is a non parametric test and therefore makes no assumptions about distribution of the variables (Polit and Hungler, 1999). If significant differences were found to exist a Bonferroni correction (Sheskin, 2004) was used to compare pair wise tests between business sizes.

Likert scale questions were included in the questionnaire to establish information about the most important issues and potential supports to participants when considering whether to employ someone with a mental health problem. Participants were given a list of variables which they were asked to rank in order of importance. In relation to these ranking scale questions a smaller average ranked as more important to the participants. The Friedman test (Sheskin, 2004) was used to compare average ranks. If differences were found between average ranks it was necessary to find out where those differences exist. The Bonferroni-Dunne test was used to explore pair wise comparisons between business sizes. Post hoc analysis using the Bonferroni-Dunne test was conducted between average ranks. A significant difference was determined using $P < 0.05$. All tests were two-tailed.

6.3 Qualitative Data Analysis

Qualitative data analysis is a complex, time-consuming and iterative activity (Holloway & Wheeler, 2002). Analysis of data began at the early stages of the research process and involved the following (Holloway and Wheeler, 2002):

- Transcribing interviews and analysing field notes
- Organising and ordering the data
- Listening to and reading the material collected over and over again
- Coding and categorising
- Building themes

These stages of analysis can be clearly identified in the analytic hierarchy in Figure 6.1. Lewis and Ritchie (2003) argue that whatever approach a researcher uses there is a need to capture, portray and explain the social worlds of the people under study, and so the researcher must initially stay close to the original data. Adhering to the analytic framework assists in making the data more manageable and helps to build a structure of evidence within which blocks of evidence can be seen (Ritchie and Lewis, 2003). Miles and Huberman (1984) describe qualitative analysis as a process of ‘moving up a step on the abstraction ladder’, in other words qualitative data analysis is an analytically structured process of movement (p. 224). As can be seen in Figure 6.1, this analytical structure is a form of conceptual scaffolding and is referred to as an analytical hierarchy (Ritchie & Lewis, 2003).

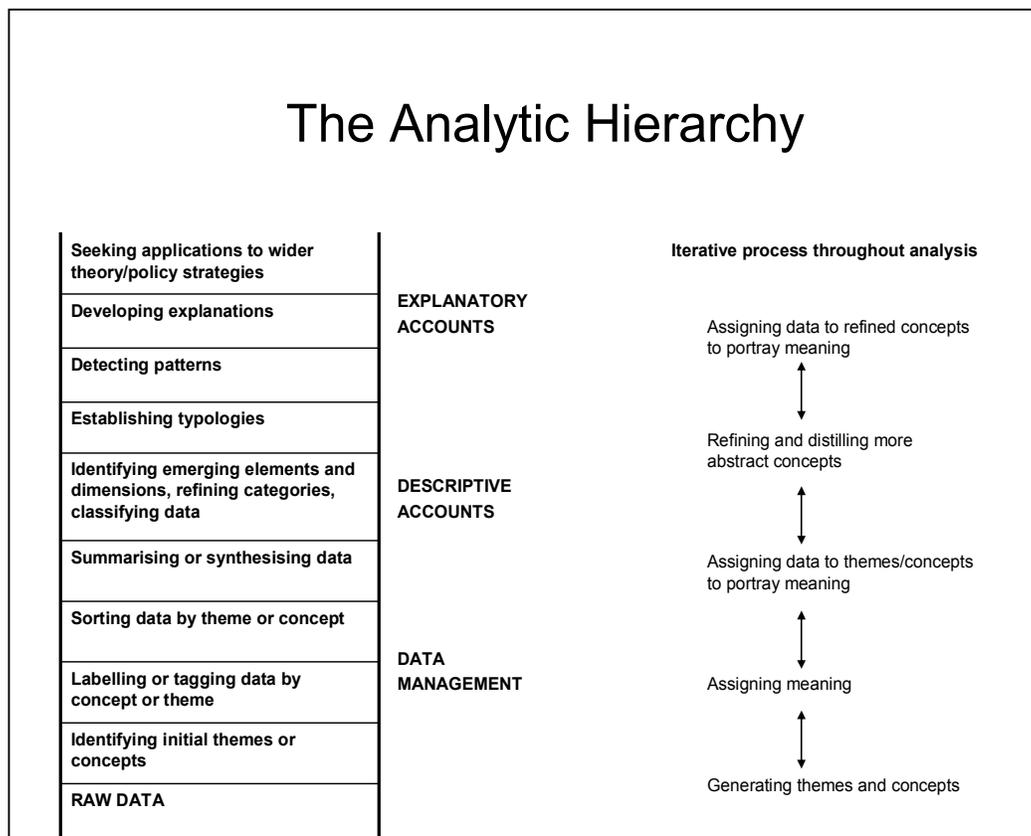


Figure 6.1 The analytical hierarchy (Ritchie and Lewis, 2003)

Figure 6.1 illustrates the analytic hierarchy which consists of three main stages. The data management stage, which involves sorting and synthesising the data to progress to the next stage of interpretation. Data management in the study was facilitated

through use of computer aided qualitative data analysis software (CAQDAS) (see Section 6.3.1).

The second stage is called the descriptive stage. Having developed themes and concepts in phase one, the synthesised data is now used to prepare descriptive accounts, identifying key dimensions, and mapping the range of diversity within each phenomena (Lewis and Ritchie, 2003). At this stage typologies/proposition statements are generated. This involves summarising what is believed at that point in the analytical process.

The final stage involves the development of explanatory accounts, where explanations are built about why the data take the form in which they are found and presented. This stage involves testing typologies/proposition statements and distilling data and synthesising the data into a coherent and well supported explanatory account.

The significant feature of the analytic hierarchy is the non-linear structure which allows the revisit of original or synthesised data to search for new clues, to check assumptions and to identify underlying factors during analysis of data. Therefore it is possible to move ahead to the next stage of analysis and look down on what is emerging and reflect on how much sense this is making in terms of representing the original data. Movement between the data and the analytic concepts will help to produce greater refinement in the analytic account developed (Lewis and Ritchie, 2003). The ‘capacity to shuttle between levels of abstraction with ease and clarity’ was identified by C. Wright Mills as ‘the signal mark of an imaginative and systematic thinker’ (1949 p.43).

The following sections of this chapter will describe how all the different steps involved in data management and descriptive and explanatory analyses were carried out in practice.

6.3.1 Data Management Tools: Computer-Aided-Qualitative-Data-Analysis-Software (CAQDAS)

CAQDAS offer some shortcuts for coding, sorting and integrating the qualitative data (Denzin and Lincoln, 2000) and its management. Specific computer packages have

been designed to assist in grounded theory analysis (Denzin and Lincoln, 2000) which is the strategy adopted in this study. There are many advantages to the use of computer assisted techniques in qualitative research. Coffey and Atkinson (1996) point out the advantages of computer coding which include the ability to do multiple searches using more than one code word simultaneously and the fact that it enables researchers to place memos at points in the text. Data analysis programmes are also effective for mapping relationships visually on screen (Denzin and Lincoln, 2000). Richards and Richards (1994) argue that the code-and-retrieve method supports the emergence of theory by searching the data for codes and assembling ideas.

CAQDAS also allows for the automation of the time consuming administrative tasks associated with data management and provides the researcher with more time for the interpretive phase of data analysis. Weitzman (2000) notes that the main benefits are to be seen in the speed that CAQDAS methods offer the analyst for handling large amounts of data; the improvements in rigour and consistency of approach; the facilitation of team research; the ability of computer software to assist with conceptualisation of data and theory building; and the relative ease of navigation and linking of data. It was for these reasons that CAQDAS was chosen to assist in the analytical process for this study. However, the literature does indicate that there can be some problems with its use.

There is much debate regarding the use of CAQDAS arguing that there is a danger of assuming that CAQDAS software will provide data that is ready for analytic commentary. For instance, writers emphasise the important role analysts play in carrying out robust qualitative analysis (Coffey and Atkinson, 1996; Weitzman, 2000). Coffey and Atkinson (1996, p.187) assert that none of the computer programmes will perform automatic data analysis. They all depend on researchers defining for themselves what analytic issues are to be explored, what ideas are important, and what modes of representation are most appropriate.

6.3.2 NVivo 7

Bearing these caveats in mind I considered a software package that was appropriate with regard to the structure of the data and the analysis of the data. Programmes such as NVivo 7 allow the researcher to specify relationships among codes, and use these

relationships in analysis, and to write memos and link them to text and codes. The researcher can create links between different points in the text (hypertext), and can use audio in place of or in addition to text. NVivo 7 allows linking of categorical and quantitative data to test and for exporting categorical and quantitative data (e.g. word frequencies or coding summaries) to quantitative analysis programmes for statistical analysis. I therefore decided to use NVIVO 7.

6.4 Process of Data Analysis

This section will explore the process of data analysis used in this study. The importation of the data into the data management package NVivo 7 will be explained in detail and the efficacy and transparency of the use of this software will be made explicit. As discussed in Section 6.3, the analytical hierarchy which informed this study will be applied through robust analysis of data using a seven stage coding framework approach. Each of the seven stages of analysis will be detailed through a descriptive and explanatory process.

6.4.1 Database Compilation

The data, once collected, was imported into a software product known as NVivo. NVivo is a specialist package developed solely as a computer aided qualitative data analysis system (CAQDAS) and is recognised globally as a reputable tool for managing and supporting this type of analytical work. Developed by Professor Lyn Richard (Richards and Richards, 1994) (Latrobe University, Melbourne) and her company QSR International, NVivo is now standard software in most universities in Ireland. NVivo has two principal benefits. These are:

1. Efficiency
2. Transparency

6.4.2 Efficiency and Transparency

NVivo offers efficiency, because it allows exploration of avenues of enquiry which would not be possible, given time constraints, to conduct in a manual system. Such efficiency allows the ruling out as well as ruling in of propositions or emerging hypotheses throughout the analytical process. In addition, NVivo allows for the

automation of many administrative tasks associated with qualitative data analysis which frees time to reflect on the interpretive aspects of the data.

According to Ritchie and Lewis (2003), qualitative researchers in the past have sometimes been accused of being ad-hoc, subjective, and undisciplined in their approach to analysing data. NVivo allows for maintaining a clear audit trail to dispel such concerns and brings greater transparency to the process. All processes and stages of coding are tracked using a seven stage coding framework approach as to facilitate the researcher to clearly demonstrate rigour (see Section 6.4.13).

6.4.3 Database Design

The database was designed (Tesch, 1990; Fielding & Lee, 1991, 1998; Dey, 1993; Weitzman & Miles, 1995; Kelle, 1995, 1997) to optimise the data and was created with such an architecture so that it would be robust, and thus facilitate rigorous interrogation even for unforeseen questions which might arise during the analytical process. When deciding whether to use a manual or electronic method, I came to the conclusion that the use of the NVivo software can enhance efficiency of operations so that the analytic procedure can be conducted within a shorter timeframe than manual methods allow, and the software's automatic recording of these operations brings greater transparency to the process.

6.4.4 Data Importation

All interviews, focus groups and questionnaires in this study were transcribed and imported into NVivo. Demographic details were also imported. Data was organised into a folder hierarchy by data type (for example, focus groups or questionnaires) so as to track their source (Appendix 11). NVivo stores data in 'nodes' which are repositories for themes and categories. One such node type is a case node which is a single file which stores each participant's contribution from any source be it their questionnaire or their individual contributions to a focus group. These case nodes, once populated, were then physically linked to the demographics tables and their returns from the quantitative survey which facilitate integration between the qualitative and quantitative aspects of the data. Thus, intangibles such as attitude and beliefs (for example, data coded in a node which hosts all references to stigma) were intersected with tangibles such as company size for detailed analyses in order to

understand the phenomena under scrutiny. Appendix 12 shows the relationship in the database between the contents of a case node (what participants said) and the demographic tables (who they are).

6.4.5 Linking

NVivo is a type of database known as a 'relational database'. This type of database facilitates linking all relevant data generated during the data gathering and importation process. The following data types were formally linked in the database:

Sources

Field Notes and Observations

Memos

Digital Data

Literature Review

Library and Journal Articles

6.4.6 Field Notes and Observations

Observations from the field included, for example, one study participant who was unable to sit still during the interview and his body language and demeanour was not captured in the transcript. Another participant became emotional while relaying her personal experience of a mental health problem endured by a member of her family. Linking this point of the transcript to the audio sound byte facilitated a holistic approach to the data and meant the analysis was not conducted solely on the text from the transcript (Appendix 13).

6.4.7 Memos

Memos served three purposes in this study. These were:

- 1) Giving Context to Sources
- 2) Generating Proposition Statements
- 3) Defining Nodes

Giving Context to Sources:

The first purpose of memos was to give context to an entire source. For example, one participant displayed considerable knowledge of mental health problems and later

revealed she had family members who were working in the health care profession. As a result she felt that she had considerable knowledge in the area. However, she expressed that if she did not have family members working in the area her knowledge on mental health issues would be limited. She also asked if she should express her professional or private views, clearly distinguishing between them, and this phenomenon was pervasive throughout the interview. A memo, setting out these details and physically attached to the document served to remind the researcher of this broad context later in the data analysis process (Appendix 14).

Generating Proposition Statements:

Memos were also used to generate proposition statements. This process is set out under Phase 5 of the coding process (see Section 6.4.13).

Defining Nodes:

Memos were used to define all nodes so that such definitions may be clearly understood, and to ensure coding consistency against such stated definitions (Appendix 15). Memos were used to record thoughts throughout the process of data analysis by breaking down the data into ‘units of meaning’. A data unit may be defined as the “smallest piece of information about something that can stand by itself, that is, it must be interpretable in the absence of all additional information other than a broad understanding of the context in which the inquiry is carried out” (Lincoln & Guba, 1985, p.345).

6.4.8 Digital Data

All audio recordings were imported into the database and linked at relevant points to the transcripts, to offer a more holistic view of the data where the audio data added richness to the meaning. In this way, important qualitative aspects of the data were captured. For example, pauses before speaking or emotion in the voice were linked to the relevant text in the transcript (Appendix 14).

6.4.9 Literature Review

The literature review document was imported and linked to the transcripts as a means of setting the primary data in dialogue with the theories and theorists under review.

Published data from key theorists was imported into the database and segments from these publications were coded against the major themes of the study (Appendix 16).

6.4.10 Library and Journal Articles

Library Articles and other Electronic Resources (for example, journal articles or web pages) was imported and linked to the transcripts as a means of setting the primary data in dialogue with the policy arena and wider discussions around the focus of the research project (Appendix 17).

6.4.11 Coding Framework

Nodes hold data which has been coded from sources, for example, from individual interviews and focus groups. All nodes created in the study were defined by the researcher for clarity, to aid the research supervision process, and to test for coding consistency. For example, the node ‘access to non- statutory support’ was defined as, ‘the non-statutory agencies employers consult to support them in the management of an employee who experiences mental health problems’. Thus, a definition was applied to the node to define exactly what was meant by this term in the context of this study.

Five types of nodes were used to analyse the data. These were:

- Free Nodes
- Tree Nodes
- Case Nodes
- Relationship Nodes
- Matrix Nodes

Free Nodes:

Free nodes are stand alone repositories used for broad, thematic, participant driven coding known as categories (Appendix 20).

Tree Nodes:

Tree nodes are similar to free nodes, with two exceptions:

- 1) They can have relationships with other nodes, and thus may be grouped into themes
- 2) They can have 'children' and thereby have a hierarchy imposed on them (see Appendix 18)

Case Nodes/ Relationship Nodes:

Case Nodes were used to generate a case file which holds all data related to an individual participant and which is physically linked to their demographic details and results of quantitative survey designed for tracking participants (Appendix 12). Relationship nodes were used to formally log relationships across and between themes and categories (Appendix 19).

Matrix Nodes:

Matrix nodes were used to intersect disparate nodes with cases and demographics. They were also used to analyse qualitative coding. For example, how often something was raised unprompted (number of coding references), or how animated a person was about something (number of words coded) (see page 95-96).

6.4.12 Application of Nodes in this Study

A coding framework was used to apply the five types of nodes as detailed above. The guidelines for this coding methodology (Glaser, 1978; Charmaz, 1983, Schatzman, 1991; Strauss and Corbin, 1990; 1995) were drawn from Lincoln and Guba (1985) and Maykut and Morehouse (1994) adopting a phenomenological approach based on 'constant comparative method' as a means of identifying and analysing categories and their relatedness, a process that facilitates the researcher to develop 'grounded theory' or theoretical perspectives that are grounded in the data.

6.4.13 Seven Stage Coding Framework Approach

The coding framework involved seven stages of coding. These were:

Phase 1: Broad coding

Phase 2: Grouping by Theme

Phase 3: Cross coding

Phase 4: Coding on

Phase 5: Generating Proposition Statements

Phase 6: Testing Proposition Statements and Distilling Data

Phase 7: Synthesising Proposition Statements and Generating an Outcome Statement:

Phase 1: Broad coding

This phase involved reading through the qualitative data chronologically and generating broad participant driven categories (free nodes) from the data up with no references to the research question (Appendix 20). This allowed nodes to be generated from the participants own customs and language. Hammersley and Atkinson (1995) explain the analytic importance of participant driven categories, ‘the actual words people use can be of considerable analytical importance as the ‘situated vocabularies’ employed provide valuable information about the way in which members of a particular culture organise their perceptions of the world and so engage in the social construction of reality’ (p.153).

Phase 2: Grouping by Theme

Introducing the research question and creating themes (tree nodes), and grouping the categories generated in Phase 1 logically under the relevant theme from the research question. Some categories went to more than one theme, whilst some were superfluous to the enquiry and were distilled at this stage of the analysis (Appendix 21).

Phase 3: Cross coding:

Each of the five themes from the research question were ‘cross coded’ to test their content against the other four themes. For example, a person coded to ‘degree of support’ may, in responding to a question on this theme, unintentionally demonstrate an awareness or lack of awareness about the mental illness status of their employees. In this example, this response, when checked, would then be co-coded to the theme ‘awareness of the mental illness status of their employees’. Each response was therefore semantically checked and, if relevant, cross coded to other themes (Appendix 22).

Phase 4: Coding on

The major themes developed and populated in phases two and three were ‘coded on’ into their constituent parts (Richards and Richards, 1994; Weitzman, 2000). ‘Coding

on' involved the examination of 'incidents' or 'units' and placement of these into one or more categories, or analysis of their content to give rise to additional categories. For example, the theme, 'issues which affect people with mental problems' was coded on to its 'children' some of which included, 'supports', 'barriers' or 'ability to do the work'. This process resulted in a 'hierarchical coding tree' which catalogued the emergent issues for the participants under scrutiny (Appendix 23).

Phase 5: Generating Proposition Statements:

This phase of analysis involved the generating of memos. Denzin and Lincoln (2000) describe memo writing as the intermediate step between coding and the first draft of the completed analysis. They believe that through memo writing we elaborate processes, assumptions, and actions that are subsumed under codes (Denzin and Lincoln, 2000). Memos which were designed to summarise what the researcher believed, at that point of the analytical process, were a true representation of the combined attitudes and beliefs of study participants under each of the major themes coded to date. To aid this process, and consistent with the grounded theory approach (Glasser and Strauss, 1967), memos were written at a lower level within the coding tree against important nodes and then synthesised into 'master' memos at the top of the tree or at theme level. This 'bottom up' approach ensured a systematic and graduated building of understandings was maintained throughout Phase 5 (Appendix 24).

Phase 6: Testing Proposition Statements and Distilling Data:

Phase 6 involved testing the proposition statements against the data for supporting 'evidence' which backs up the empirical findings recorded in the memos. Some of the supporting data lay in existing nodes, some however, involved further interrogation of the data as complexities of some findings required raising questions by means of database queries (cross tabular) where the supporting evidence lay across and between themes in the coding tree. Frequently, such queries resulted in generating new nodes as data was gathered from disparate existing nodes in order to support a stated belief in a given proposition statement. For example, it was observed that larger companies appeared to have better abilities at offering supports to people with mental health problems. To test this hypothesis, a query was run which pointed at various coded sources where people had been coded as demonstrating such

supporting abilities by virtue of what they said in their interview or focus group. The query however, also intersected these responses with the demographic tables to produce a matrix table clearly showing a direct correlation between companies who demonstrated that they were able to offer better supports and their size (see page 94). Only when key preliminary findings were tested was each part of the proposition statement then approved for progression to the final phase of analysis. This process was developed to serve as a 'rule for inclusion' to distil data down to the core relevant supporting nodes and to validate each and every finding as being supported in the data (Appendix 25).

Phase 7: Synthesising Proposition Statements and Generating an Outcome Statement:
Phase 7 involved synthesising the data into a coherent, well supported outcome statement. As some findings transcend or intersect with other major emergent themes, a synthesising process rather than a simple merging of the proposition statements generated in Phase 6 was used to cohere meanings embedded in the data into a final outcome statement (Appendix 26).

6.4.14 Additional Tools

In support of the coding framework as outlined, other database tools were used to enhance understanding of the data during the various stages of analysis. These included:

- Conceptual Mapping
- Database Queries
- Database Reports
- Data Sub-sets

Conceptual Mapping:

Conceptual mapping was aided by a database tool known as a modeller. This tool allows the use mind mapping techniques (Buzan, 2000, 2003) to explore meanings at different stages of analysis and was used to visually demonstrate processes such as stages of analysis or conceptual frameworks emerging from the study (Appendix 19).

Database Queries:

Data interrogation involved using standard database logic to ask questions of the data. This process is known as ‘running queries’. Such database queries include those as seen in Box 6.2.

- Text Searches
- Boolean Queries
- Compound Queries
- Coding Frequency Queries
- Coding Comparison Queries
- Matrix Coding Queries

Box 6.2 Data Queries

Text Searches and Validation:

A text search finds a ‘character string’ (for example, the pattern of letters that make up a word) and codes the finds to a node or, alternatively, makes a set of the finds, for example, a set of people who have used a particular phrase or expression. This tool allowed the context in which people used a key word to be explored. All text searches were validated. Validation involved going through the text references found by a query and un-coding incorrect context. For example, some employers talked about the fear that employees might have in disclosing that they have a mental health problem. A text search on the kind of words used (fear or afraid for example) coded the context in which people raised this concern. However, in order to ‘validate’ this newly created node, each reference was then checked for context and un-coded if the fear being discussed was not pertinent to the node in question. So a person using the word ‘afraid’ but not in this instance being afraid of revealing a mental health problem to their employer, but rather being afraid of the stigma associated with mental health problems in the workplace was un-coded from the newly created node. In addition, prior to validation, the transcripts were re-read with due care to uncover instances where people talked about being afraid, but did not use any of the words used in the original text search. Only then was the node ‘validated’ and placed in the coding tree.

Boolean Queries:

A 'Boolean Query' is a multi-criteria search using an 'operator' (for example, 'and' or 'greater than' or 'or') to gather or distil data from the transcripts or audio files. For example, show text coded to 'supports' 'AND' where the attribute value of the study participant was equal to 'Company Size/Small Company' yielded a result which demonstrated that larger companies had more supports in place, and there was a direct correlation between company size and supports offered to people with mental disabilities. A further 'Boolean' query using the 'operator' 'AND' followed a comparison to be made between all four groups (small, medium, large and very large) within their own categories, as demonstrated in Figure 6.2.

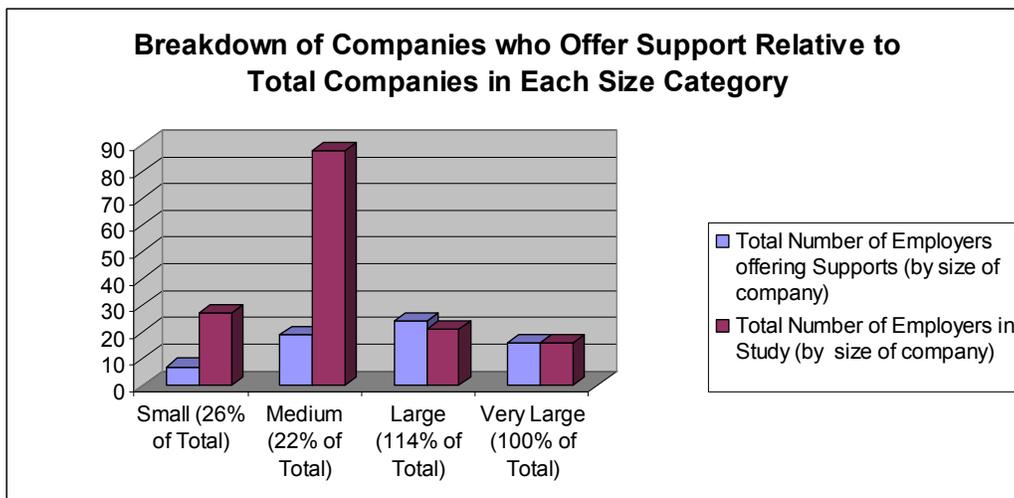


Figure 6.2 Companies who offer support

The results of the two 'Boolean' queries clearly demonstrate the relationship between companies who had supports in place for employees with mental health disabilities and their size. The blue bar represents companies that were coded against having supports in place, whereas the maroon bar represents the total number of companies in the relevant company size category. The large category with 114% is explained by some large companies having several support systems in place. Such queries were used during Phase Six of the coding framework; 'Testing Proposition Statements'.

Compound Queries:

Compound queries were used to further test proposition statements. For example, a query to find the word 'IBEC' where the surrounding text is coded to the node called

‘Degree of support received from statutory and non-statutory agencies when employing someone with a mental health problem’ yielded a new node called ‘Employer Interest Organisations’ (Appendix 27). Further queries on similar organisations (Small Firms Association for example) were used to append the ‘Employer Interest Organisations’ node so that all references by interviewees to suppliers interests organisations could be gathered and studied for context and relevance to the enquiry.

Coding Frequency Queries:

Coding frequency queries were used to test emergent patterns in the coding itself where such patterns could not be obvious to the coder during the coding process when the researcher is immersed in line by line detailed coding. Such coding frequency queries were used to establish how often a topic arose compared to how much time the same topic took up during the individual interviews and focus groups. For example, the node ‘Issues which affect employment of people with mental health problems’ when considered for the number of times organisations raised such concerns, yielded the following result as illustrated in Table 6.1:

Number employed = 1 to 10	Number employed = 11 to 50	Number employed = 51 to 250	Number employed = 251 and above
19	116	58	43

Table 6.1 Issues which affect employment of people with mental health problems (coding frequencies)

This measurement shows that more medium size companies raised concerns about issues which affect employment of people with mental health problems. In fact, more medium sized companies raised these issues than the combined figure for large and very large companies in total. However, the same information when data when analysed for ‘animation’ (how much time these concerns took up rather than how often they were raised) tells a different story as demonstrated below:

Number employed = 1 to 10	Number employed = 11 to 50	Number employed = 51 to 250	Number employed = 251 and above
415	6818	3176	5977

Table 6.2 Issues which affect employment of people with mental health problems (coding queries)

Table 6.1 shows that very large companies may have raised these issues less than half as often as medium companies, but when they did speak, they were more animated on the topic (see Table 6.2). Such coding frequency queries were used to enhance qualitative understandings of the five major themes under review.

Coding Comparison Queries:

Coding comparison queries allow for interrogation of the data for coding consistency. A comparative analysis of two nodes to test for voice representation ensures that a major theme (group of nodes) is not populated by a small minority of cases leading to a false assumption as to the topics overall importance to the entire group of participant companies. For example, Appendix 28 demonstrates the major theme ‘awareness’ against both focus groups and shows that ‘Source A’ has 42% coding coverage compared to ‘Source B’ which has 25%. This is explained by the fact that there are twice as many people in ‘Source A’, thereby verifying a fair and even voice representation across this major theme from the focus groups. Such queries were used to verify and validate the coding process.

Matrix Coding Queries:

Matrix coding queries were used to intersect qualitative and quantitative data from the study in order to enhance understandings. For example, 86 of the 167 companies or 51% were in the 11-50 employees category. The quantitative questionnaire which had two qualitative questions (question 4.1 & 4.2) yielded a result where 125 companies could not name a single external agency which could offer support in employing people with mental health problems. Despite the majority of companies being in a single company size category (11-50 employees), a matrix coding query allowed for a relative comparison between the participants to consider whether, relative to the amount of companies in each company size category, such ignorance of external support agencies was in any way connected to company size. Did larger companies demonstrate a similar level of ignorance relative to their peers despite their smaller numbers in the study? Table 6.3 and its accompanying graph (see Figure 6.3) clearly show that when company size was intersected with the qualitatively coded data from the ‘open-ended question’ (question 4.2) responses, all companies displayed similar high levels (average 80%) of unawareness of any external agencies which could offer

support in employment of people with a mental health disability.

Awareness	Employs = 1 to 10	Employs = 11 to 50	Employs = 51 to 250	Employs = 251 and above
1:Internal supports	1	3	0	2
2:Medical practitioner	0	1	1	0
3:Non-statutory agencies	1	2	3	2
4: Not aware of any	18	61	31	15
5:Organisations at local level	0	3	2	1
6 : Statutory agencies	2	8	5	2
7 : Voluntary agencies	1	8	1	1
Total Companies by Size	22	86	43	21
4 : Not aware of any supports as a % of Total	86%	73%	82%	80%

Table 6.3 Shows that ignorance or lack of awareness by employers of mental health issues among employees transcends company size

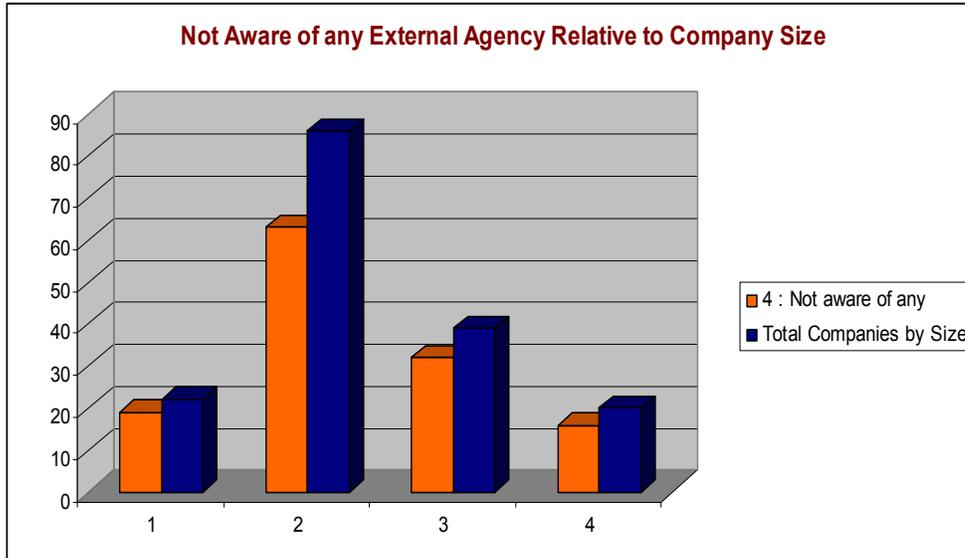


Figure 6.3 Shows lack of awareness by employers of mental health issues among employees transcends company size

Database Reports:

Database reports were used throughout the study. Such reports allowed recording of a ‘snapshot’ of data for audit trail purposes. As qualitative data changes its structure and form throughout the analytical processes of the study, such reports allow for the capturing of dynamic changes within and across the data at various intervals. Appendix 29 demonstrates the type of information available from such reports. Database reports were also used to enhance the supervision of this study by disseminating key information to stakeholders at appropriate times so as to share knowledge and ensure transparency of processes. Moreover, database reports formed the ‘backbone’ of the study as illumination of the on-going coding was central to ensuring clarity of thought between those responsible for overseeing the analysis and the researcher who had undertaken the work.

Data Sub-sets:

Data ‘sets’ or sub-sets of the main database were used to ‘group’ data usually as a precursor to [database queries](#). For example, at one point during the data analysis process, a question arose as to whether the size of the organisation impacted on the company’s ability to understand and deal with mental health disabilities amongst its employees. Grouping the participant companies into ‘sets’ according to their size,

made it possible to run [matrix coding queries](#) along with other types of [queries](#) in order investigate this [possibility](#) (see Appendix 30).

6.5 Conclusion

This chapter outlined the methods of data management and analysis adopted for this study. As the study adopted a mixed method approach, both quantitative and qualitative analysis was necessary. Analysis of quantitative data was conducted using SPSS and subsequent descriptive and inferential statistical analysis. An analytical framework was adopted for the analysis of qualitative data. The framework was consistent with the seven stage coding framework approach used in the study. The use of CAQDAS for the management of data in this study was made explicit. The results of these processes are presented in the following chapters.

CHAPTER SEVEN

Presentation of Quantitative Findings

7.0 Introduction

This chapter will report the quantitative findings from the questionnaire used in this study. Section 7.1 will provide an overview of the response rate to the questionnaire. Descriptive analysis will be presented in four sections, including, demographics; employing people with a disability; employment of people with a mental health disability; and exploring how supportive is policy (see Section 7.2 to 7.5). Descriptive data will be presented in tables and will be reported in frequencies (n) and percentages (%).

Section 7.6 of this chapter examines associations between categorical variables (recruitment of disabled employees; retention of disabled employees; employees who experience mental health problems; access to supports) and size of business. Data will be presented in frequency tables, and pair wise comparisons will be used to illustrate statistically significant differences between associations.

The final section, Section 7.7 reports data from the two ranking questions included in the questionnaire. The first was used to establish what factors participants felt were most important when considering whether to employ someone with a mental health problem. The second was used to determine the potential supports participants felt were most important in the employment of a person with a mental health problem. Data from the ranking questions will be reported in mean ranks.

7.1 Response Rate to Questionnaire

A postal questionnaire was sent to all businesses (N= 403) in the South East of Ireland which were identified by lists provided by the IDA and Enterprise Ireland. An initial response rate of 32% was received. A reminder letter was then sent to the remaining businesses from which there had been no response. Following this, a response was received from a further 10%. One hundred and sixty seven questionnaires in total were completed and returned. This represented a 42% response rate. It is important to consider the non-response of 58% of the sample, and to question how

representative of all 403 businesses were the 167 that responded. For instance, bias may have been introduced to the study through the use of a self selecting sample. Therefore it is necessary to consider whether the sample may have been slightly skewed towards those who have an interest in mental health problems. However, the responses that were received were from a range of different types of businesses of differing sizes. The demographic profile of respondents will be outlined in Section 7.2.

7.2 Demographics

This section outlines the demographic profile of the participants who responded to the questionnaire. Demographics of participants were looked at in two key areas, the type of business, and the size of the business, which can be seen below in Tables 7.1 and 7.2.

Type of Business	Frequency (n)	Percentage (%)
Manufacturing	112	(67.1)
Manufacturing/Distribution	19	(11.4)
Other	16	(9.6)
Distribution	6	(3.6)
Manufacturing/Services	5	(3.0)
Technical Expertise	4	(2.4)
Information Services	3	(1.8)
Industrial Services	2	(1.2)

Table 7.1 Response to questionnaire by type of business

As can be seen from Table 7.1 the greatest response rate from all businesses was from the manufacturing industry (67.1%). The industrial services had the lowest response rate (1.2%).

The profile of the sample included a range of business sizes, and both indigenous and multinational companies. However, the largest response was from the manufacturing industry. This may be because the manufacturing industry employs the greatest number of people in the South East of Ireland. Also, the manufacturing industry

employed a great deal of its workforce in low or medium skilled positions. This is significant because the literature indicates that a large percentage of the population, who are employed and have disabilities, including mental health disabilities, occupy lowly skilled positions (Atkinson and Williams, 2003).

Size of Business	Small 1-10	Medium 11-50	Large 51-250	Very Large 251 and above
Frequency (n)	21	88	38	20
Percentage (%)	12.6	52.7	22.8	12.0

Table 7.2 Response to questionnaire by size of business

As Table 7.2 shows the largest response was from the medium sized businesses (52.7%), followed by the large businesses (22.8%), and the small businesses (12.6%). The smallest response was from the very large businesses (12%).

However, in relation to the tabulation of businesses to which the questionnaire was distributed (see Chapter 5), a larger number of small sized businesses received the questionnaire than medium sized businesses. This may be because the sample included in this study was based on categorisation of workplace size as used by the European Commission. Therefore, in this study small businesses were categorised as those businesses that employed 1-10 employees.

Medium sized businesses were categorised as employing 11-50 employees and employed the greatest number of employees who experienced mental health problems in their workplace. Also these companies were less likely than larger businesses to have supports such as occupational health departments in their workplace and were therefore likely to deal directly with an employee who experienced a mental health problem. Their awareness of mental health problems were thus, likely to be greater. The smallest response to the questionnaire was from the larger sized businesses. This may be because there are only a small number of large sized companies located in the geographical location targeted.

Having considered the various possible reasons for variation in response to the questionnaire in relation to different sized companies it was considered important to gain knowledge in relation to each size business and how they deal with mental health issues within their workplace. A decision was made to ensure that the qualitative element of this study involved representation from each business size. This facilitated comparative analysis in relation to company size which was an important element of this study as to establish if this variable ‘size of business’ determined how businesses engage with policy in relation to mental health issues in their workplaces. Size of business was also compared to other variables included in the questionnaire, such as, recruitment of disabled employees; retention of disabled employees; number of employees with mental health problems; and access to supports. Comparative analysis in relation to company size will be discussed in further detail in Section 7.6.

7.3 Employing People with a Disability

This section presents the results from the questionnaire in relation to the issue of employment of people with a disability. Issues such as recruitment of employees with disabilities, retention of employees with disabilities and number of people with disabilities employed will be discussed in this section. Table 7.3 illustrates the number of employers who had in the past recruited/not recruited a person with a disability. Table 7.4 identifies the number of companies who retain and do not retain disabled employees in their workforces. Table 7.5 refers to the companies who currently employ people with disabilities.

Response	Frequency (n)	Percentage (%)
Yes	67	(41.1)
No	96	(58.9)

Table 7.3 Past history of recruitment of people who have disabilities

As can be seen from Table 7.3, the greater percentages of participants do not employ people with disabilities (58.9%). A smaller percentage of participants (41.1%) indicated that they did employ people with disabilities.

Response	Frequency (n)	Percentage (%)
Yes	71	(49.7)
No	72	(50.3)

Table 7.4 Retention of disabled employees

Table 7.4 illustrates that the largest percentage of businesses that responded indicated that they do not retain employees with disabilities within their workforce (50.3%). A slightly smaller percentage indicated that they did retain employees with disabilities within their business (49.7%).

These questions included on the questionnaire, generated information in relation to employers' policy compliance in a broader context of people with disabilities. A significant issue in relation to retention of people with disabilities was that over half of employers admit that they do not recruit or retain employees with disabilities within their workplace. This indicates that the majority of employers who participated in this study do not comply with general policy within their workplace. Findings suggest that employees are either not complying with their obligations under employment equality legislation, or that the adequate supports for these employees are not in place, or perhaps the employer and employee are not aware of such supports. Therefore, the provision of necessary supports may be in place, but employers may not engage with such supports because provision of support is not communicated effectively to employers. The limited available literature indicates that employer uptake of support schemes for people with disabilities is a significant issue of policy failure (Scheid, 1998; Stevens, 2002). It was decided to explore the issue of employers' engagement with policy in further depth through the use of focus groups and individual interviews adopted for use in this study.

This section on general policy compliance allowed comparisons to be drawn with how employers engage with policy in relation to employees with general disabilities (i.e physical disabilities) compared with employees who experience mental health problems.

Current Number of Disabled Employees	Frequency (n)	Percentage (%)
1-5	65	(90.3)
6-10	4	(5.6)
11-20	1	(1.4)

Table 7.5 Current number of disabled employees

Table 7.5 displays the current number of employees who have disabilities that are employed by businesses. The largest percentage of employers who responded to this question (90.3%) employed between one to five employees with disabilities within their business. A much smaller percentage of employers (5.6%) employ between six to ten employees with disabilities within their business. A very small number of participants (1.4%) employ eleven to twenty employees with disabilities within their business.

Overall employers who did employ people with disabilities only employed a small number in their workplace, predominantly between one to five employees. This is similar to employees with mental health problems that employers report consist of one to five persons in each workforce. However in the case of mental health problems, the figures reported by employers are likely to be underestimates as many employees do not disclose the fact that they experience mental health problems. For instance, literature indicates that where a disability is not visible, the issue of disclosure can be complex (Wilton, 2006). This is often the case for employees who experience a mental health disability. In the UK, a survey carried out by the Mind Out for Mental Health Campaign (2001) found that 74% of job applicants with mental health disabilities did not disclose their condition in application forms, and 52% of those employed concealed mental health disabilities for fear of losing their job. However, in the case of a person who had a physical disability, this type of disability is often more difficult to conceal, and therefore will be declared.

7.4 Employment of People with a Mental Health Disability

This section presents information relating to the employment of people with a mental health disability. In this section participants were asked to indicate whether they currently employ people with a mental health disability within their business. Participants who answered ‘yes’ to this question were then asked to indicate the number of people with mental health problems who are employed either full or part time. The participants were then asked to indicate the mental health problems that were experienced by those employees. They were given the option of four types of mental health problems which included alcohol dependence, anxiety/stress, depression, or schizophrenia. Participants were also given the option of other (please specify) or don’t know in relation to this question. The responses to these three areas in relation to employing people with a mental health disability are set out in Tables 7.6, 7.7 and 7.8.

Employees with a Mental Health Disability	Frequency (n)	Percentage (%)
Yes	52	(32.1)
No	78	(48.1)
Don’t Know	32	(19.8)

Table 7.6 Employees with a mental health disability

Participants were asked to tick either ‘yes’, ‘no’ or ‘don’t know’ in response to whether they currently employ persons who have a mental health disability within their workplace. Table 7.6 demonstrates that the largest percentage of employers answered no (48.1%) when asked if their company currently employ any employees who experience mental health problems. A smaller percentage of participants (32.1%) indicated that yes they currently employ people who experience mental health problems within their company. A smaller percentage (19.8%) indicated that they don’t know whether they currently employ people with mental health problems.

Employers in the study revealed that they employ a greater number of people with physical disabilities than people with mental health disabilities. This reflects literature in relation to compliance with the 3% quota scheme enforced on the public sector under the Disability Act (Government of Ireland, 2005) which indicates that employers prefer to fill positions with people who have physical disabilities as opposed to mental health disabilities (IBEC/AHEAD, 1996). This also corresponds with the general literature on attitudes of the general public (NDA, 2002; Mental Health Ireland, 2003) towards people with mental health problems which impinges on the workplace (Evans & Repper, 2000; Diffley, 2003; Social Exclusion Unit, 2004). These findings indicate a negative stereotype amongst employers of the work capabilities of people with mental health problems.

A large number of employers reported that they did not know whether they employ people with mental health problems. This may be related to the nature of mental health problems which are often concealed by the employee. The issue of disclosure and the fact that a number of employers reported that they did not know whether they employ people with mental health problems were explored in the qualitative element of this study.

The participants who indicated that they do currently employ people who have a mental health disability were then asked to indicate how many people to their knowledge who experience mental health problems are employed in either full or part time positions. Table 7.7 indicates that in relation to the part time employment category the largest percentage of employers (16.4%) employed one person with a mental health problem in a part time position. Smaller percentages of employers (5.5%) indicated that they employed two people with mental health problems in a part time position, and 3.6% of employers indicated that they employed three people in such a position. The smallest percentage of participants (1.8%) indicated that they employ eight people with mental health problems in part time positions within their business.

From Table 7.7 we can also see that in relation to people with mental health problems employed in full time positions a large percentage of employers (35.2%) employ one full time employee who experiences mental health problems. In relation to this

category the second highest percentage of employers (24.1%) indicated that they employed two employees who experienced mental health problems in full time positions. A much smaller percentage (7.4%) indicated that they employ three employees with mental health problems in full time positions. A small number of employers (5.6%) indicated that they employ four people and 3.7% indicated that they employ five people with mental health problems within their workforce. The smallest percentage (1.9%) of employers who responded to this question indicated that they employ eight employees with mental health problems in full time positions within their business.

Employment Categories	Full Time Employees		Part Time Employees	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1	19	(35.2)	9	(16.4)
2	13	(24.1)	3	(5.5)
3	4	(7.4)	2	(3.6)
4	3	(5.6)	0	(0)
5	2	(3.7)	0	(0)
8	1	(1.9)	1	(1.8)
20	2	(3.7)	0	(0)

Table 7.7 Employees with a mental health problem employed full/part-time

These findings are similar to the findings reported in the earlier section in relation to employment of people with disabilities where employers who do employ people with disabilities predominantly employ between 1-5 people with disabilities within their workplace. In relation to mental health problems the largest number of employers report that they employ 1 or 2 employees within their business.

Type of Mental Health Problem	Frequency (n)	Percentage (%)
Depression	28	(16.8)
Anxiety/Stress	24	(14.4)
Alcohol Dependence	19	(11.4)
Don't Know	16	(23.2)
Other	7	(4.2)
Schizophrenia	3	(1.8)

Table 7.8 Types of mental health problems experienced by employees

Table 7.8 illustrates the different types of mental health problems experienced by employees in the workplace. The most common mental health problem experienced by employees according to participants was depression (16.8%). This was followed closely by anxiety/stress (14.4%) and alcohol dependence (11.4). The smallest percentage of participants (1.8%) identified schizophrenia as a mental health problem experienced by employees. A small number of employers (4.2%) chose 'other' when indicating the types of mental health problem experienced by their employees. A high percentage of employers (23.2%) indicated that although they were aware that some of their employees experience mental health problems, they do not know what type of mental health problem they experience.

A large number of employers in this study revealed that although they employ people with mental health problems they do not know what type of mental health problems they experience. This understanding of mental health issues contrasts with the NESF (2007) study where 56% felt that managers in their organisations had a good understanding of mental health issues.

7.5 Exploring how Supportive Policy is

This section explored how supportive employers feel policy is in relation to the employment of people with mental health problems. Table 7.9 establishes if companies had access to any supports or support agencies which they were aware of

that could give their company support in the employment of a person with a mental health problem.

Access to Supports	Frequency (n)	Percentage (%)
No	112	86.2
Yes	18	13.8

Table 7.9 Access to supports

Table 7.9 reveals that the largest group of participants indicated that they had no access to supports (86.2%). A smaller number (13.8%) indicated that they had access to support.

The majority of participants indicated that they had no access to supports for employees who experience mental health problems in their workplaces. Recently the Irish government have attempted to assist companies in retaining and recruiting people with disabilities through the introduction of two national support schemes (see Chapter 4). However, supports necessary for the employment of people with disabilities differ somewhat from the types of workplace supports required by people who experience mental health problems. Supports offered to people with physical disabilities generally include adaptations to the external environment. In the case of people with mental health problems it is the ‘natural supports’ that are important. These supports are outlined by Secker and Membrey (2003) and include flexibility in relation to working hours, work schedules and job tasks. As discussed in Chapter 4, a study conducted by Chambers Ireland (2006) found that over 60% of companies were unaware of these schemes. Chambers Ireland (2006) indicated a need to campaign to promote the benefits of the Employee Retention Grant Scheme and the Wage Subsidy Scheme to employers.

The last two questions in this section of the questionnaire were open-ended and asked the participants to list internal and external supports which they could offer an employee who experienced a mental health problem. The supports listed varied and were analysed qualitatively. The findings from these questions are reported in Chapter 8.

7.6 Relationship Between Size of Business and Engagement with Employment Policy Issues

This section explores the relationship between size of business and engagement with employment policy issues regarding the employment of people with disabilities, including mental health disabilities. Chi-squared analysis was conducted in order to establish if there was a significant association between size of the business and recruitment of disabled employees; retaining disabled employees; employees who experience mental health problems; and access to supports. The findings are outlined in Tables 7.10 to 7.15.

Table 7.10 examines recruitment of disabled employees in relation to size of business. Findings from Table 7.10 indicate that very large companies are most likely to recruit disabled employees (65%), followed by large companies (44.7%) and small sized companies (40.0%). Medium sized companies are the least likely to employ disabled persons within their company (34.1%). Chi-squared tests revealed no significant difference between the proportions that recruit disabled employees ($P>0.05$). This indicates that there are no significant associations between size of business and recruitment of disabled employees.

	Have Not Recruited Disabled Employees		Recruit Disabled Employees	
Size of Business	Frequency (n)	Percentage (%)	Frequency (n)	Percentage(%)
1-10 Small	12	60.0	8	40.0
11-50 Medium	56	65.9	29	34.1
51-250 Large	21	55.3	17	44.7
251 and above Very Large	7	35.0	13	65.0

Table 7.10 Recruitment of disabled employees by size of business

Table 7.11 outlines the retention of disabled employees in relation to the size of the business. Findings from the data in Table 7.11 show that the larger the company is, the more likely they are to retain disabled employees within their business. Larger companies were most likely to retain disabled employees (84.2%), followed by large (57.6%) and medium sized companies (43.1%). Small companies were least likely to retain disabled employees.

These findings reflect previous findings in relation to recruitment of disabled staff (Shaw Trust, 2006). It may be argued that larger sized businesses have the resources in place to allow them to retain employees with disabilities within their business. They may have particular supports in place such as occupational health departments or a company doctor which can increase the retention of employees who experience disabilities whilst in work.

	Do not Retain Disabled Employees		Retain Disabled Employees	
Size of Business	Frequency (n)	Percentage (%)	Frequency (n)	Percentage(%)
1-10 Small	14	73.7	5	26.3
11-50 Medium	41	56.9	31	43.1
51-250 Large	14	42.4	19	57.6
251 and above Very Large	3	15.8	16	84.2

Table 7.11 Retaining disabled employees by size of business

A Chi-squared test was performed on associations and a significant difference was found ($P < 0.05$) employing a Bonferroni correction. The significant differences lay between small and very large companies and between the medium and very large companies as illustrated in Tables 7.12 and 7.13.

Table 7.12 outlines significant pair wise comparisons of retention of disabled employees. As can be seen from Table 7.12, a post hoc Chi-squared test employing a Bonferroni correction revealed a significant difference between small and very large businesses ($P = .006$), and between medium and very large businesses ($P = 0.018$). There were no significant differences between small and medium businesses; small and large businesses or medium and large businesses ($P > 0.05$ for all).

Pair Wise Comparison	P Value
Small v's Very Large	P=.006
Medium v's Very Large	P=0.018

**Table 7.12 Retaining disabled employees by size of business
(small and very large businesses)**

Table 7.13 presents data regarding the number of companies that currently employ people with mental health problems in relation to size of the business.

Size of Business	Mental Health Problems Not Experienced by Employees		Mental Health Problems Experienced by Employees	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage(%)
1-10 Small	18	90.0	2	10.0
11-50 Medium	63	75.0	21	25.0
51-250 Large	22	57.9	16	42.1
251 and above Very Large	7	35.0	13	65.0

Table 7.13 Employees with mental health problems by size of business

As Table 7.13 illustrates, the very large companies were more likely to employ more people with mental health problems (65.0%), followed by the large businesses

(42.1%) and medium sized businesses (25.0%). Small companies were least likely to employ people with mental health problems (10.0%).

A Chi-squared test revealed a significant association between size of business and employees with a mental health problems ($P < 0.05$).

Table 7.14 outlines the significant pair wise comparisons in relation to employees with mental health problems.

Pair Wise Comparisons	P Value
Small v's Very Large	$P = .006$
Medium v's Very Large	$P = .012$

Table 7.14 Employees with mental health problems by size of business (small v's very large businesses; medium v's very large businesses)

As can be seen in Table 7.14, post hoc Chi-squared analysis employing a Bonferroni correction revealed a statistically significant difference of $P = .006$ between small versus very large businesses, and a significant difference of $P = .012$ between medium and very large businesses. As can be seen there were no significant differences between small and medium businesses, small and large businesses, or between medium and large businesses ($P > 0.05$ for all).

Access to support was examined in relation to size of company as seen in Table 7.15. A Chi-squared analysis revealed that no statistically significant difference lay between variables ($P > 0.05$).

As Table 7.15 highlights access to support was greater amongst the very large companies (28.6%). This was followed by the large companies (17.9%) and the small sized businesses (17.6%). The medium sized companies were least likely to have access to supports (8.5%). There was no statistically significant associations in relation to access to supports and size of business ($P > 0.05$).

	No Access to Supports		Access to Supports	
Size of Business	Frequency (n)	Percentage (%)	Frequency (n)	Percentage(%)
1-10 Small	14	83.4	3	17.6
11-50 Medium	65	91.5	6	8.5
51-250 Large	23	82.1	5	17.9
251 and above Very Large	10	71.4	4	28.6

Table 7.15 Access to support by size of business

This section explored the relationship between size of business and issues relating to engagement with employment policy and the employment of people with disabilities, including mental health disabilities. A clear trend emerged throughout this section. The very large and large businesses were more likely to engage with employment policy. Findings indicated that the very large and large businesses were more likely to recruit and retain disabled employees within their company; they employed a greater number of employees with mental health problems; and were more likely to have access to supports. This may be because larger organisations have more support structures in places. For instance, some of the larger businesses who participated in this study had support structures in place such as occupational health departments, employer assistance programmes, access to counselling, and offered flexible working hours.

7.7 Important Issues/Potential Supports in the Employment of a Person with a Mental Health Problems

In this section data relating to the ranking questions included in the questionnaire are reported. Participants were asked about important issues and potential supports in the employment of a person with a mental health problem. Results from these ranking questions are presented in Tables 7.16 and 7.17 below.

As can be seen from Table 7.16, participants were asked what would be the most important issues when considering whether to employ someone with a mental health problem. They were given a list of issues which included the following: workplace safety; ability to do the work; absenteeism; reactions of other employees; economic burden placed on the company; and company image. They were then asked to rank from 1 to 6 in order of priority, starting with 1 as the most important to 6 as the least important. Therefore a lower rank indicates the variable was ranked as more important.

Variables	Mean Rank
Workplace safety	1.69
Ability to do the work	1.96
Absenteeism	3.36
Reactions of other employees	4.00
Economic burden on the company	4.45
Company image	5.55

Table 7.16 Important factors when considering whether to employ someone with a mental health problem

The Friedman test revealed differences between the six mean ranks ($P < 0.05$) presented in Table 7.16. Post hoc comparisons between pairs of important factors

using the Bonferroni-Dunne test revealed the following. Workplace safety and ability to do the work were ranked of equal importance ($P > 0.05$) by participants and were considered to be more important than any of the other variables ($P < 0.05$ for all). Absenteeism was considered to be of equal importance to reactions of other employees ($P > 0.05$) and of greater importance than economic burden or company image ($P < 0.05$ for both). Reactions of other employees were ranked of equal importance to economic burden ($P > 0.05$) and both were considered to be more important than company image ($P < 0.05$).

Company image was seen to be the least important factor to employers when considering whether to employ someone with a mental health problem. Absenteeism and reactions of other employees were both considered to be of similar importance to employers and were considered to be in between in order of importance on the ranking scale. However economic burden also had equal importance to reactions of other employees but was less important than absenteeism. Workplace safety and ability to do the work were both ranked as the most important factors to employers when considering whether to employ someone with a mental health problem.

These findings are reflected in the literature where employers cite problems such as absenteeism, damage to internal working relationships and reduced working capacity as problems perceived to arise with mental ill-health in the workplace (NESF, 2007). These issues were also explored in the qualitative element of this study and comparisons were drawn between responses in the questionnaire and in the focus groups and individual interviews.

In the second ranking question illustrated in Table 7.17, participants were asked to rank variables related to potential supports in the employment of a person with a mental health problems in order of importance. They were given a list of variables which included the following, staff training and awareness; access to mental health expertise; job coaching; advice on legislation and implementation; and financial support. Variables were ranked from 1 to 5, with 1 being most important and 5 being the least important variable.

Variables	Mean ranks
Staff training and awareness	2.41
Access to mental health expertise	2.82
Job coaching	3.06
Advise on legislation and implementation	3.09
Financial support	3.62

Table 7.17 Supports in the employment of a person with a mental health problem

The Friedman test revealed differences for the five mean ranks outlined in Table 7.17 ($P < 0.05$). Post hoc comparison between pairs of potential supports using the Bonferroni-Dunne test revealed the following. Staff training and mental health expertise were considered to be of equal importance ($P > 0.05$ for all), but staff training was seen to be more important than the other three variables (job coaching; advice on legislation and implementation; financial support). However, mental health expertise was also considered to be of equal importance to job coaching and legislation ($P > 0.05$ for all) and these three variables were seen to be more important than financial support. Financial support was considered the least important variable.

Financial support was considered to be the least important potential support to participants in the employment of a person with a mental health problem. Job coaching and advice on legislation and implementation were seen to be ranked as in between in relation to potential supports considered important. Staff training and access to mental health expertise were seen to be of equally high importance. However access to mental health expertise was also seen to be of similar importance to job coaching and advice on legislation and implementation.

This section was significant as it identified the supports that employers felt would help in the employment of a person with a mental health problem. Findings discussed

in Section 7.9 indicated that the majority of employers in this study had no access to supports for employees who experienced mental health problems. The qualitative element of this study further explored the issues of supports as indicated in the findings in order to describe and analyse the degree of support that employers feel they receive from statutory and non statutory agencies when employing people with mental health problems. A particular emphasis was placed on employers views of legislation and implementation which was ranked as in between in relation to potential supports considered important.

7.8 Conclusion

The greatest response to the questionnaire was from the manufacturing industry and from medium sized businesses. The larger percentage of employers indicated that they do not recruit or retain people with disabilities within their businesses. Of the employers that do employ disabled employees, the greatest number employ between one to five employees with disabilities within their business. With regard to employment of people with mental health disabilities, the largest percentage of employers indicated that they do not employ any employees who experience mental health problems. A significant number of employers do not know if they employ people with mental health problems within their business. The largest number of the employers who currently employ people with mental health problems within their business in full and part time positions employ one employee with mental health problem in such positions. The most common mental health problems experienced by employees in the workplace were depression, anxiety/stress, and alcohol dependence. The largest group of respondents indicated that they had no access to support in relation to the employment of people with mental health problems.

Very large companies were more likely to recruit and retain disabled employees within their workplaces. Very large companies were most likely to employ more employees with mental health problems and very large companies had more access to supports for the employment of a person with a mental health problem.

The most important factors to employers when considering whether to employ someone with a mental health problem were ability to do the work and workplace safety. Company image was considered to be the least important factor by employers.

In relation to potential supports for the employment of a person with a mental health problem, staff training and awareness and access to mental health expertise were considered to be most important. Financial support was the least important consideration to employers.

Findings from the quantitative inquiry were particularly significant in informing the focus of the focus groups and individual interviews in this study. The quantitative inquiry allowed sampling of all participants in the target population and allowed significant issues to be highlighted which could be explored further amongst a sub-sample of employers in the qualitative element of this study. Findings from the quantitative inquiry also facilitated the development of a topic guide. Areas included on the topic guide were issues identified through data from the questionnaire which required further in-depth exploration which was achieved through the use of focus groups and individual interviews. The results from the qualitative component of this study will be discussed in the following chapter.

CHAPTER EIGHT

Presentation of Qualitative Findings

8.0 Introduction

In addition to the statistical data reported in the previous chapter, open ended questions included in the questionnaire, focus groups and individual interviews conducted produced a wealth of in-depth qualitative data (see Appendix 31 for Coding List). The qualitative inquiry allowed ‘grey’ areas such as ‘support’ and ‘policy’ issues identified in the quantitative component of this study to be addressed.

The qualitative data is reported in six main sections reflecting the key areas included in the topic guide used in the focus groups and individual interviews. Section 8.1 explores obstacles to employers understanding of mental health issues in their workplace. Section 8.2 discusses the issues which prevent employers from recruiting and retaining people with mental health problems in their workplace. Section 8.3 will present findings regarding employment equality legislation. Removing barriers to the employment of people with mental health problems will be discussed in Section 8.4. Employers’ views on employment equality policy and its dissemination to their business will be highlighted in Section 8.5. Finally, employers’ views on improving communication will be discussed in Section 8.6. A range of quotations, tables and node summary reports will be used to illustrate the significant themes which emerged from the data.

8.1 Obstacles to Employers Understanding of Mental Health Issues in their Workplace

This section explores particular obstacles which impinged on employers’ understanding of what was meant by mental health issues in their businesses. This was a notable theme to emerge from the focus groups and individual interviews with employers. Discussion of this theme will be organised under four broad categories related to this theme. These categories include employers’ definition of what is meant by mental health problems; employer attitudes towards mental health and how it impinges on their business; the relationship between awareness and action; and

campaigns to raise awareness of mental health issues and how they impact on business.

8.1.1 Employers Definition of what is meant by Mental Health Problems

The Department of Health (2006) uses the term ‘mental health problems’ to describe the full range of mental health problems that might be encountered, from the psychological distress experienced by many people, to serious mental disorders and illnesses that affect a smaller population. Findings from this study revealed that many employers were aware of mental health issues within their workplaces; however initially many expressed a narrow perspective of what they meant by mental health problems (see Figure 8.1)⁷. Figure 8.1 shows the coding response under ‘narrow definition’ from each source (focus group and individual interviews). When employers in this study were asked to discuss their understanding of mental health problems unprompted many employers immediately referred to severe and acute mental health problems such as schizophrenia. Common mental health problems that are more frequent, particularly in workplaces, such as stress/anxiety and alcohol dependence were not associated by many employers with their initial perception of mental health problems.

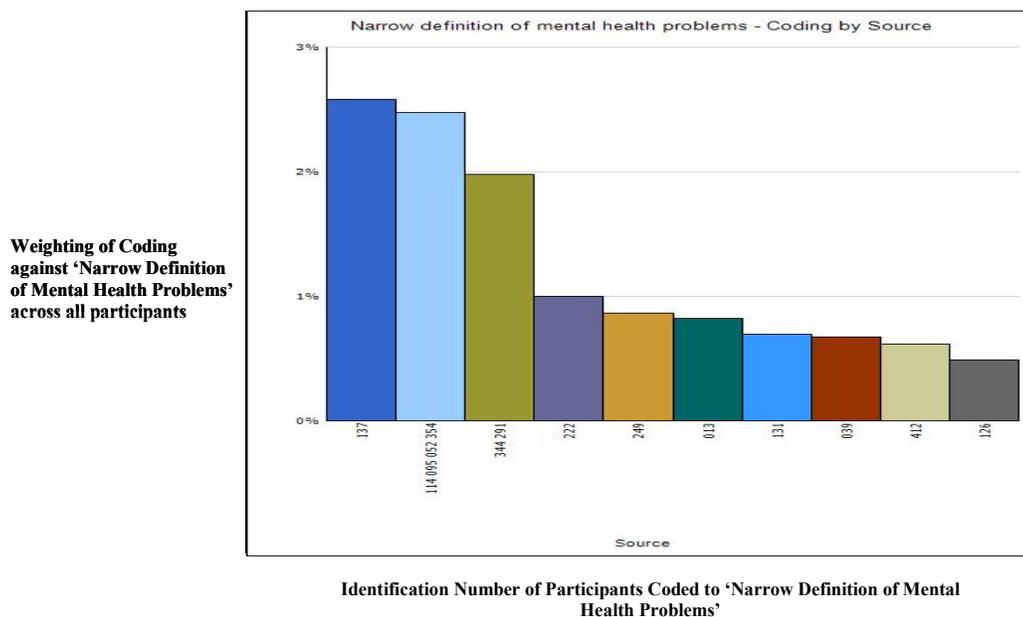


Figure 8.1 'Narrow definition' of mental health problems

⁷ Sources displayed in this chart include focus groups which contain multiple cases. Figure 8.1 shows the sources from individual interviews and focus groups and the coding coverage of ‘narrow definition of mental health problems’ from each source.

When employers were asked to discuss mental health problems of which they had experience within their workplaces, many employers initially indicated that they had not encountered such problems. Further probing regarding this issue throughout the focus groups and individual interviews later established that many employers in fact had experience of staff with mental health problems in their workplaces.

The mental health problems frequently encountered represented common mental health problems such as stress/anxiety, depression and alcohol dependence which employers had not associated with their initial perception of mental health problems. Figure 8.2 shows that the majority of employers interviewed had dealt with employees who experienced common mental health problems in the past⁸. Figure 8.2 shows coding to each source who mentioned common mental health problems experienced by their employees.

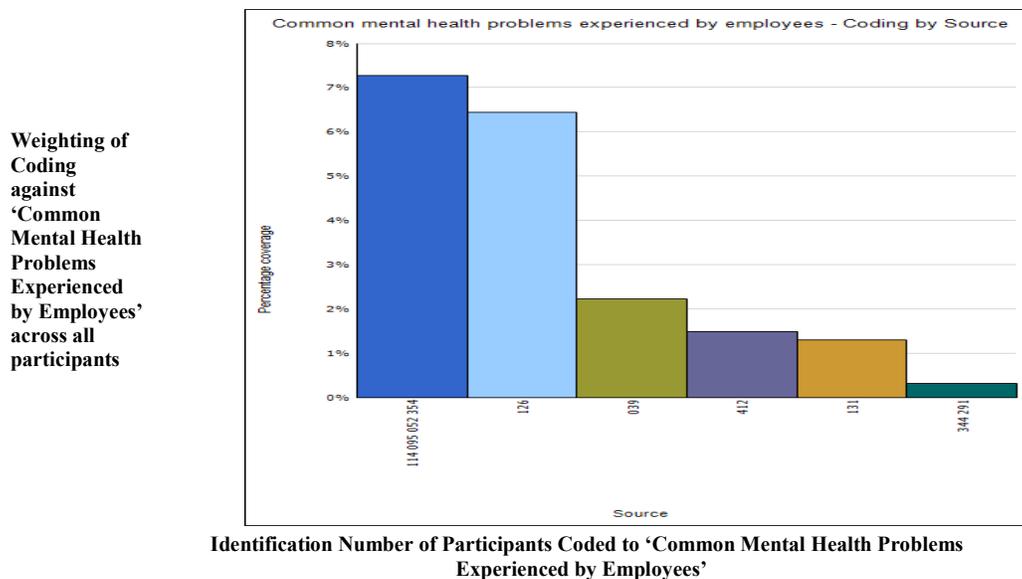


Figure 8.2 Common mental health problems experienced by employees

Findings from the postal questionnaire showed that nearly one-third (32.1%) of respondents were aware of employees who experienced mental health problems, whilst 19.8% indicated that they did not know if any of their employees experienced mental health problems. 48.1% of respondents indicated that they had no employees

⁸ Sources displayed in this chart include focus groups which contain multiple cases. Figure 8.2 shows the sources from individual interviews and focus groups and the coding coverage of common of mental health problems' from each source.

who experienced mental health problems. However, in the qualitative element of this study nearly all employers revealed that they were aware of employees who experienced mental health problems within their workplace. However, it is possible that if there was further explanation of mental health problems amongst employers who responded to the questionnaire, more employers would have demonstrated awareness of mental health problems amongst employees.

The qualitative findings from the postal questionnaire were similar to the findings from the NESF (2007) study, where just under half of the employers (46%) who responded to a survey revealed that they were aware of at least one person with mental ill-health in the workplace in the last two years (NESF, 2007). However, it may be necessary to question if the quantitative methods of inquiry used in the NESF (2007) study and in the initial stages of this study were a true reflection of the prevalence of awareness of mental health problems in the workforce. This difference may be explained by employers understanding of what constitutes a mental health problem. Therefore, the results indicated that depth of inquiry to such a question is important.

8.1.2 Employers' Attitudes towards Mental Health Problems

As indicated in the previous section many employers initial perception of mental health problems were severe mental health problems and not common mental health problems. One source from an individual interview stated the following:

"I suppose too it's more education about how we all view mental health, as you said em, you know the perception is you know it is the very bad cases that you think about you know, you don't think about stress and anxiety really"

Source: Interview 013

The same employer discussing mental health issues within her workforce stated the following:

"you know you probably have kind of you know, 'mental health' like 'crazy people' you know or something like that"

Source: Interview 013

Such negative stereotyping of mental health problems, such as that displayed by some employers in this study, are often depicted through the media. Philo and Secker (1999) reported that media portrayals of mental distress have been shown to be associated with negative attitudes amongst the general public. This perception may be reflective of the stigmatising attitudes that still exist in relation to mental health issues, which are evident amongst the general public and are filtered down to employers' perceptions in the workplace (NDA 2002; Diffley 2003; Shaw Trust 2006). This perception clearly highlights the need for more education and increased awareness of mental health issues amongst the general population and in the workplace.

There has been some efforts to increase awareness of mental health issues in our population and in the workplace, such as the NDA (2007) campaign, which will be discussed in Section 8.1.4. Previous studies indicated that people who were aware of such campaigns thought more positively about mental health issues (Mental Health Ireland, 2003; Mangili *et al.*, 2004) (See 8.1.4).

8.1.3 The Relationship between Awareness and Action

Findings from this study indicated that employers were aware of mental health issues within their workplaces. Awareness of problems in the workplace amongst employers were illustrated in the following quote from one of the employers who participated in an individual interview:

“I think we are very aware here, there are a couple of members of staff here who do have difficulties”

Source: Interview 039

In the focus groups, one participant revealed the following:

“We have one chap alright who was in rehab and he does have some mental health difficulties”

Source: Focus Group 114 095 052 354

However, findings from the questionnaire indicated that a large number of employers did not know whether any of their employees experienced mental health problems. Furthermore, a large number of employers who did reveal that they employed people with mental health problems within their business, indicated that they did not know what type of mental health problems they experienced (see Chapter 7, Section 7.4). One participant in an individual interview suggested the following explanation for these findings from the questionnaire:

*“They (**employers**) probably didn’t want to tackle the issue you know they probably wanted to ignore it as long as they could probably....also when you say mental health you know, some of them probably didn’t know how to deal with it and it is a very sensitive area....you need to know what you are saying and how you are dealing with it...so maybe they just didn’t know how to deal with it, you know, so they just ignored it or pretended it wasn’t there, it will go away, I don’t know, you know”*

Source: Individual Interview 139

Another employer who participated in an individual interview reported the following in relation to awareness of the mental health status of employees:

“I don’t think employers are aware of it you know or they don’t take it really into consideration you know, especially if it doesn’t affect them”

Source: Interview 013

Thus it appears that employers may be aware that employees experience mental health problems but avoid raising it as an issue with them.

The fact that employers may be unaware of how to deal with mental health issues within their workplace raises questions as how to engage employers with disability policy in relation to supporting employees with mental health problems, and how effectively supports are communicated to employers to assist them in dealing with mental health issues in their businesses. The fact that this employer who participated in an individual interview believed that they may ‘ignore the issue’ or ‘pretend it wasn’t there’ suggests that the employer may take a reactive rather than a proactive role in dealing with mental health issues in the workplace.

Some employers seemed to think that mental health problems were a significant issue for their employees, and believed they were other employees who experienced mental health problems within their workplace that they were not yet aware of. This is illustrated in the following quote from one of the focus groups:

“What we are dealing with is just the tip of an iceberg, you know so, anyway there’s only a couple of incidences, it’s not something that we would see on a regular basis”

Source: Focus Group 114 095 052 354

Some indicated their willingness to assist employees in dealing with mental health issues that arise in their workplaces.

“There is possibly a number of employees here that I’m not aware of them having any mental issue or mental health issues and I suppose if there is any way that we can make ourselves aware of this and I suppose in anyway help them you know even if there is ways that we could spot do you know even for managers on the line if they could spot”

Source: Interview 412

In a recent study of 550 senior managers by the Shaw Trust on how British businesses perceive mental health in the workplace (Shaw Trust, 2006), nearly half of employers who responded thought that none of their workers would suffer from a mental health problem during their working life and over two-thirds put the relevant figure in the range 0-5 per cent. The Shaw Trust (2006) study found that even amongst the human resources directors interviewed in the study, nearly half thought that 5% or less of the workforce would ever be affected by a mental health problem. As these quotations illustrate, there was an awareness of mental health issues in the workplace amongst employers and that awareness or lack of it may affect the action of an employer. The findings from this study indicated a more complicated picture in which employer awareness of mental health issues may be dependent upon their attitudes to mental health and the degree to which they see it impinging on their business.

8.1.4 Campaigns to Raise Awareness of Mental Health Problems and How They Impact on Employers

When employers in this study were asked about their awareness of campaigns to raise awareness of mental health issues some employers paid tribute to the recent media campaign on television and radio launched by the National Disability Authority (NDA, 2007).

“I do think that you’re a long way off bringing it out you know that kind of thing, but it has started so you see the ads on the telly now and everything, you know”

Source: Interview 222

“there is ads... stress and mental...only in the last...I think I’ve noticed them over the last few months”

Source: Interview 139

The NDA (2007) have made progress in their mental health awareness campaign by creating greater focus on the more common mental health problems such as stress/anxiety and depression which are increasingly prevalent in the workplace. Rankin (2004) argues that this may undermine the efforts to create a stronger understanding of more severe or enduring mental health problems. However, severe and enduring mental health problems are less common in the workplace (Perkins and Rinaldi, 2002).

The employers in this study who were aware of this campaign acknowledged that it made them think more positively about mental health issues. However, some employers commented that this study was the first time that mental health problems had been raised as an issue with them.

“the first thing that I got was your survey that would raise mental health issues and even when I got that I was kind of going what is this like”

Source: Interview 131

“Yours was the first in, I’m nineteen years now next month working here and yours was the first I received on mental health and I was very impressed you know”

Source: Interview 222

Some employers believed that as a result of this study they would be more aware of mental health issues in their work environment. They felt that the study had made progress in raising the issue of mental health as an important consideration for businesses and in effectively identifying and managing employees who experience mental health problems in the workplace.

These findings indicate that a window of opportunity exists for more campaigns and initiatives to increase awareness and educate employers about different types of mental health problems in the workplace. As many employers in this study would appear to be receptive to such initiatives this practice may challenge the obstacles that exist in relation to employers understanding of mental health issues in their workplace.

8.2 Issues Which Prevent Employers from Recruiting and Retaining People with Mental Health Problems in their Workplace

A recurrent theme which emerged through analysis of the qualitative data included issues which prevent employers from recruiting and retaining people with mental health problems in their workplace. Two interrelated categories within this theme were identified. These categories included employers concerns about employees who experience mental health problems, and barriers to employment of people with mental health problems as perceived by employers.

8.2.1 Employers Concerns about Employees Who Experience Mental Health Problems

If an employee experienced a mental health problem many employers’ primary concern was the employees’ ability to do the work as this related to productivity levels and profitability margins within the company. Figure 8.3 shows coding of data

against ‘ability to do the work’ which emerged as a significant concern for employers in the employment of a person with a mental health problem⁹.

“I suppose being able to do the job that they are being asked to do you know, would they be able to, would they be adequate or would they be able to do the job, you know you know if they just can’t handle the pressure of the job you know that would be the big problem you know”

Source: Interview 137

These concerns were also reflected in the findings from the questionnaire in this study where ability to do the work was ranked as most important to employers when considering whether to employ someone with a mental health problem (see Chapter 7).

Concerns about employee performance and productivity were highlighted by another employer in an individual interview who stated the following:

“How can they perform, and how can we as a company get the productivity out, you know what I mean it just would be difficult if you have someone of the line that might be a bit disruptive and their not doing their job and they could be disrupting somebody else on the line and as a result productivity would be impacted”

Source: Interview 412

Another employer highlighted that some companies might not have supports to assist the person:

“yea the ability to do the job, they need that and again if they don’t their under pressure to perform and some places mightn’t have the proper training or support to do so”

Source: Interview 249

⁹ Sources displayed in this chart include focus groups with contain multiple cases. Figure 8.3 shows the sources from individual interviews and focus groups and the coding coverage of ‘ability to do the work’ from each source.

Weighting of Coding against 'Ability to do the Work'

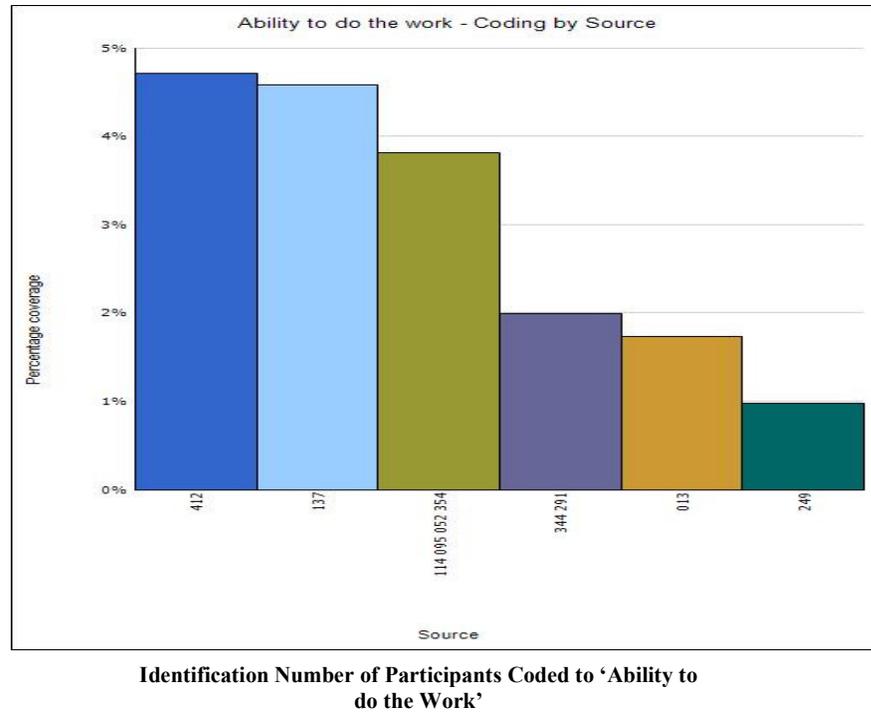


Figure 8.3 'Ability to do the work' as coded from the focus groups and interviews

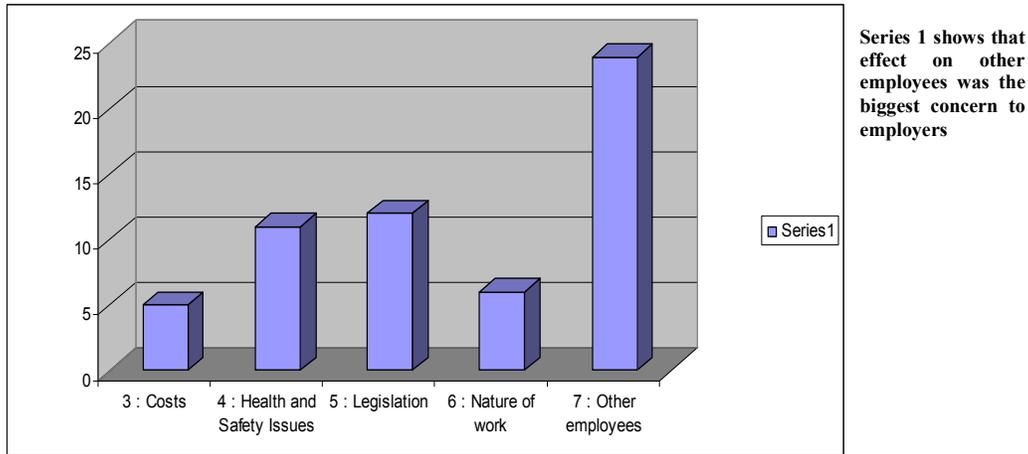
The data suggests that if employers were informed of the supports that are available to them, they could support employees in overcoming any difficulties which they have regarding their ability to perform their work, thus creating a more productive workplace.

8.2.2 Barriers to Employment of People with Mental Health Problems

Barriers to employment as perceived by employers who participated in the focus groups and individual interviews were costs, health and safety issues, employment legislation, nature of the work, and other employees (see Figure 8.4). These findings are similar to findings from the NESF (2007) study, where employers most frequently cited problems such as absenteeism, damage to internal working relationships and reduced working capacity as problems perceived to arise from mental health problems in the workplace.

Figure 8.4 below shows the barriers to employment of people with mental health problems as perceived by employers who participated in the focus groups and individual interviews in this study. Figure 8.4 illustrates the number of times each

barrier was raised by employers in the focus groups and individual interviews. From Figure 8.4 we can see that ‘other employees’ was mentioned most frequently by employers in the study.



Specific Barriers Named by Employers to Employing People with Mental Health Problems

Figure 8.4 Barriers to employment of people with mental health problems as perceived by employers in the focus groups and individual interviews

8.2.2a Health and Safety Issues

Health and safety issues were seen by employers in both the focus groups and individual interviews as a barrier to the employment of a person with a mental health problem. An employer who attended an individual interview stated the following:

“I suppose one of the issues here is a health and safety point of view that if they’re in the right mindset you know what I mean, if they’re you know if they’re not all, if their not in the right state”

Source: Interview 412

Another employer in an individual interview stated the following:

“I suppose from preventing me to employing someone, it hard to be an employers now, from a health and safety and insurance, employers there are huge responsibilities you know so you have to watch yourself all the time, I know it probably happens every company but you have a certain amount of employees, a very small amount you know, or a small percentage, you know, and they try and milk the company and get as much out of the company and it

makes me very wary of exposing ourselves to any other kind of, em, threat, how do I put this, you know if your exposing yourself or your employees to or your company more to health and safety or insurance issues down the line I suppose”

Source: Interview 114

This employers' reluctance in employing a person with a mental health problem was as a result of the perception that they would be a 'threat' to the company. This employer felt she needed to 'protect' the company and avoid 'exposing' themselves, their employees, or their company, to health and safety and insurance issues which may arise down the line. This employer then compared an employee who experienced mental health problems to other threats, such as a small minority of employees who would try to 'milk the company' for what they can get. This quote demonstrated the negative perception this employer had of health and safety issues in the context of people who experienced mental health problems. Another employer stated the following when discussing their reasons for avoiding employing people with mental health problems:

“in all honesty I think yes, you know I think so and that's my lack of education as well, you know, in the area”

Source: Interview 114

These findings highlighted a lack of knowledge about particular issues, such as health and safety issues when applied in a mental health context. Therefore increased knowledge of these areas regarding mental health and health and safety, may assist employers to overcome the barriers they perceived in the employment of a person with a mental health problem.

8.2.2b Cost of Employing a Person with a Mental Health Problem

The cost to the company in employing a person with a mental health problem was seen as a barrier to employment of people with mental health problems by employers.

An employer who attended a focus group stated:

“at the end of the day there is still a perceived cost relative I know, it’s still a cost whether you are larger or small, whether a cost might not seem as much to a larger company there is still a risk associated with that in terms of you know adhering to guidelines”

Source: Focus Group 114 095 052 354

Another participant in a focus group stated the following:

“We’d be certainly, we’d be certainly very em, very em, sympathetic definitely towards people you know, whether we could afford to keep them and to nurture them and look after them that’s a different matter you know”

Source: Focus Group 344 291

These findings were significant as they indicated that employers were unaware of the cost effectiveness of potential interventions to identify and manage mental health problems in the workplace (see Chapter 2, Page 19 for a discussion of costs to businesses).

8.2.2c Impact and Adjustments

Accommodating the employee with mental health problems with regard to their capacity to do the work was also seen as a barrier by employers. One participant in one of the focus groups highlighted the following:

“it might be due to the role in terms of how it could be accommodating because I think some roles are naturally more flexible than others in terms of it can be completed, you know you could do twenty hours a week and you could do them in your own, you know what I mean you can pick and choose your times whether you do three full days or five half days, am like our environment that we would work in is very deadline driven, it’s quite individual in terms of the work that you would do, a portion of work is with yourself and it’s up to you to make sure that that work is done to the deadlines within the day and it’s very often that it’s a full time arrangement and I know that even from trying to accommodate part time or flexible time even in that not taking any other circumstances into account it’s sometimes been quite difficult”

Source: Focus Group 114 095 052 354

Another employer who attended a focus group highlighted the stated the following:

“well that’s what you’d think of if you were employing somebody with a disability or, I know it doesn’t sound fair either to be categorizing or anything but it mightn’t suit to be in the job, that you might be image conscious”

Source: Focus Group 114 095 052 354

These findings were significant as employers in this study indicated that the impact of providing workplace adjustments to accommodate employees were a barrier to the employment of people with mental health problems. This is despite the fact that employers have a legal obligation to provide accommodations to staff who experience mental health problems. As discussed in Chapter 3, employers must not discriminate against those with mental health problems in relation to any aspect of employment under the Employment Equality Act (Government of Ireland, 1998). Employers have a legal obligation to provide reasonable accommodation. However these findings suggested that employers in this study had a fear of the impact of mental health problems on their business, in terms of accomodating the employees who experienced mental health problems.

8.2.2d Other Employees

Employers also viewed impact on workplace relations and the impact that persons problems had on other employees as a barrier to the employment of a person with a mental health problem. A participant from a focus group stated the following in relation to reactions of other employees:

“I would say without a doubt that you would have problems from other employees”

Source: Focus Group 344/ 291

A similar attitude was expressed by a participant in an individual interview:

“I suppose the other employees would be a thing as well, whether they have issues with say you know that he’s doing this or she’s doing this... that why am I working with them or pull or pick up the brunt if their falling down you know in their work”

Source: Interview 137

These findings highlighted the negative attitudes that other employees may have towards an employee who has a mental health problem. This is reflective of the negative attitudes amongst the general public and in the workplace towards people with mental health problems, as discussed in Chapter 4. Findings indicate that other employees may possess a negative stereotype of the work capabilities of people with mental health problems and may fear working alongside people who experience mental health problems.

8.3 Employment Equality Legislation

The provisions of employment equality legislation were seen as one of the main barriers to employment of people with mental health problems. Many employers expressed a negative attitude towards their obligations under employment equality legislation as this related to its volume, complexity and utility. One employer who attended a focus group stated the following:

“there is a lot of legislation and even for ourselves it’s just so hard to keep up with it you know, every day you think your getting on top of it and you’ll never be on top of it, it is a pain you know that kind of a way, but then when you do think, when you think when you are employing somebody, you know it is true when you are employing someone you are kind of thinking of legislation and you are thinking is this going to be more legislation put on my desk if I employ this person”

Source: Focus Group 344 291

Another employer in an individual interview stated a similar view:

“I’d say it would be difficult for mental health legislation to be of any benefit to somebody suffering from mental health in terms of I think it’s a heavy handed approach, often if over legislated, often the devil is in the detail, if somebody wants to include or exclude somebody on the basis of mental health they won’t, legislation won’t either help or hinder them there, that really they should be looking for different approaches, having more a enlightened employer than operating a more prescriptive approach you know what I mean”

Source: Interview 126

It appeared that employers may avoid compliance with such legislation by avoiding recruitment of people who experience mental health problems in their workplaces. For example, one employer in a focus group when discussing recruitment and the impact of employment equality legislation revealed the following:

“em you’d be more inclined to take the person that wouldn’t have the problem you know yea”

Source: Focus Group 114 095 054

Similar findings were reported in the individual interviews. One employer stated:

“and they were equal, I would also go for the person with the clean bill of health I would think, you know”

Source: Interview 013

Many employers had limited knowledge on the provisions of employment legislation, and how it related to the employment of people with mental health problems.

8.3.1 Understanding the Law Regarding Mental Health Problems and Employment

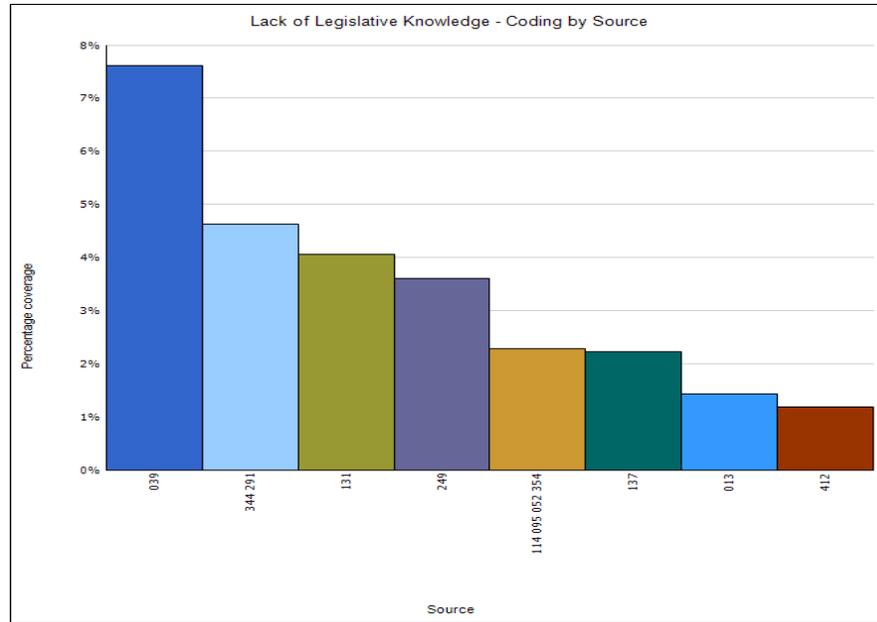
Together with the relatively negative attitudes towards employment equality policy many employers indicated that they had a lack of understanding in relation to their obligations under the law regarding mental health and employment (see Figure 8.5)¹⁰, and some displayed a degree of caution in terms of implementation.

“like for the employer, from my point of view you can’t class them as, it’s a terrible word, ‘normal’, so you have to say okay well I know the legislation for normal or what ever is classed as normal, and then I would have to go and see if there any other position, you know you are sensitive to the way in which you can treat the subject like, and you would have to go and look it up and you know be politically correct and you know this kind of thing”

Source: Interview 131

¹⁰ Sources displayed in this chart include focus groups which contain multiple cases. Figure 8.5 shows the sources from individual interviews and focus groups and the coding coverage of ‘lack of legislative knowledge’ from each source.

Weighting of Coding against 'Lack of Legislative Knowledge' across all participants



Identification Number of Participants Coded to 'Lack of Legislative Knowledge'

Figure 8.5 Employers had limited knowledge on employment legislation as it relates to employees with mental health problems

Other employers indicated that some may not comply with statutory obligations by not employing people with declared mental health problems. One employer in an individual interview revealed the following:

“I think if they are willing to employ someone, then they are willing to meet you know the needs and their responsibility towards an employee, I think if they don't want to do that then they will go out of their way not to employ that kind of person, then if in a case as you said the mental illness would develop whilst in employment then they might make it uncomfortable for someone or not be as obliging as they could be, am to meet their needs”

Source: Interview 126

These negative employer attitudes towards employment legislation and people with mental health problems can be seen in the literature, as discussed in Chapter 3. For instance, a US study of employers on compliance with The Americans With Disabilities Act (United States Federal Government,1990) found that many employers felt it was not their responsibility to employ people with mental health problems, but rather that rehabilitation services should improve employment opportunities for

people with this particular disability (Scheid, 1998). Similar findings in a study carried out by Britt (2000) indicated that many employers remained reluctant to hire disabled people even when they are required to do so by law. A US study of 117 found that only 15% had specific policies for implementing the Americans with Disabilities Act (United States Federal Government, 1990), and just one third had actually employed disabled people. Although larger companies were more likely to know the provisions of the ADA, nevertheless, most companies did not see it as their primary responsibility to take a lead in employing disabled people (Scheid, 1998; Scheid, 1999). Compliance with the ADA was greater for those companies who had received formal information about the details of the law, which had previously employed people with ‘mental disabilities’, or which had received threats of legal sanction (Mechanic, 1998).

As discussed in Chapter 7, employers ranked advice on employment legislation and implementation of legislation as a low priority in supporting them in the employment of a person with a mental health problem. This together with the findings from the interviews shows a distinct failure to engage employers with such legislation and demonstrates a positive business case for such measures.

This is similar to findings from the NESF (2007) study which indicated that 75% of employers admit to not knowing enough about the law on mental health in the workplace. This factor may also be related to issues of compliance and why employers do not comply with such legislation. These findings highlighted an area in which employers need to be better educated. The fact that many employers emphasise the coercive nature of the law regarding mental health and employment, raises the question as to whether more incentives need to be introduced to encourage employers to recruit and retain people with mental health problems within their workforce. Such initiatives may enable businesses to increase opportunities and improve the level of support for employees with mental health problems in the workplace.

8.4 Removing Barriers to Employment of People with Mental Health Problems

Findings from this study indicated that employers had particular concerns about employees who experienced mental health problems and perceived particular barriers

to their employment. Communication at local level in terms of informing employers of supports available to them when considering whether or not to recruit or retain a person with a mental health problem, may assist in removing barriers to assist employers to support people with mental health problems at work.

It appeared that employers in this study believed they were overly legislated and avoided employing people with mental health problems as they believed they may have further problems down the road in relation to employment legislation, health and safety and insurance issues. This may be related to the employers' lack of knowledge of the provisions of such legislation as it relates to people with mental health problems. It appeared that employers are unclear of their obligations under such legislation, and legislation may not be effectively communicated to employers.

In Ireland, there is currently no Government sponsored national policy focused specifically on assisting people with mental illness to seek or maintain employment. Such initiatives have been left to local mental health services and voluntary agencies to pursue, mainly funded by the EU, through such schemes as the European Social Fund or the joint ICTU and IBEC Worklink project. Consequently, policy and support as it relates to employers and the employment of people with mental health problems in this area is often local, variable and ad hoc, with little national direction.

8.4.1 Provision of Supports to Identify and Manage Mental Health in the Workplace

A major theme to emerge was employers' lack of awareness of many of the potential supports for businesses in the employment and retention of employees who experience mental health problems. In the quantitative element of this study the majority of employers indicated that they had no access to supports for employees with mental health problems (see Chapter 7, Page 109). A large number were unable to mention any internal or external supports which they could contact for support. Therefore, it was decided to explore this in further detail in the interviews. Internal support referred to the supports offered within the business, for instance, occupational health departments, company doctor/nurse and natural supports such as flexible working hours. External support referred to those which are sourced from outside the company, for instance, financial assistance from Government initiatives, voluntary agencies, and counselling services.

Employers in this study were largely unaware of any statutory or non-statutory agencies to contact for support in relation to employees who experienced mental health problems. One employer who attended an individual interview stated the following:

“no we don’t have any anyone in particular that we would refer them to no”

Source: Interview 012

Another employer in an individual interview when asked about their awareness of any support agencies stated:

“em off the top of my head no”

Source: Interview 137

This finding was reflected in the responses to the open ended questions included on the questionnaire which revealed that 147 employers couldn't name any agency that could offer support to them in relation to employees who experienced mental health problems. Of the 20 who could, 16 cited HSE or FÁS (see Table 8.1). Table 8.1 presents findings from the open ended questions included in the questionnaire which shows that 112 employers were not aware of any statutory or non-agencies that could offer support in relation to employees who experience mental health problems.

	Total
Medical practitioner	2
Non statutory agencies	7
Not aware of any	112
Organisations at local level	5
Statutory agencies	17
FÁS	9
HSE	7
Voluntary agencies	8

Table 8.1 Employers limited knowledge of statutory and non-statutory agencies that offer support

This lack of awareness of supports amongst employers was reflected in the literature, where studies indicated that employers were unaware of support available to them in providing accommodations for people with disabilities, including mental health disabilities in Ireland (Manpower, 2003; Chambers Ireland, 2006). For instance, over half of all the 500 companies included in a 2003 Manpower survey in Ireland, were unaware of grants or supports available to them to accommodate employees with disabilities (Manpower, 2003).

8.4.2 Employer Interest Groups

Employer interest organisations, such as the Irish Business and Employers Confederation (IBEC), were mentioned by employers in the focus groups and individual interviews as an important organisation from which they often sought guidance and direction in relation to mental health issues encountered in their workplaces. A significant number of employers who talked about degree of support cited employer interest organisations as their first contact for external support. This was cited by employers on 15 occasions during focus groups and individual interviews. One employer who participated in an individual interview stated the following about accessing support:

“the first port of call for human resources would be the Small Firms Association, so if there was something that I wasn’t sure of myself they would be the first people I’d call”

Source: Interview 039

An employer who participated in a focus group stated the following:

“we would take a lot of our direction from IBEC, I wouldn't know any of the other bodies and whether or not it would be appropriate to contact them directly or whether or not you could contact them as an employer for advice”

Source: Focus Group 114 095 052 35

Findings indicated that small, medium and larger businesses consistently relied on employer interest groups for support in relation to issues of mental health which arose in their workplace(see Figure 8.6)¹¹.

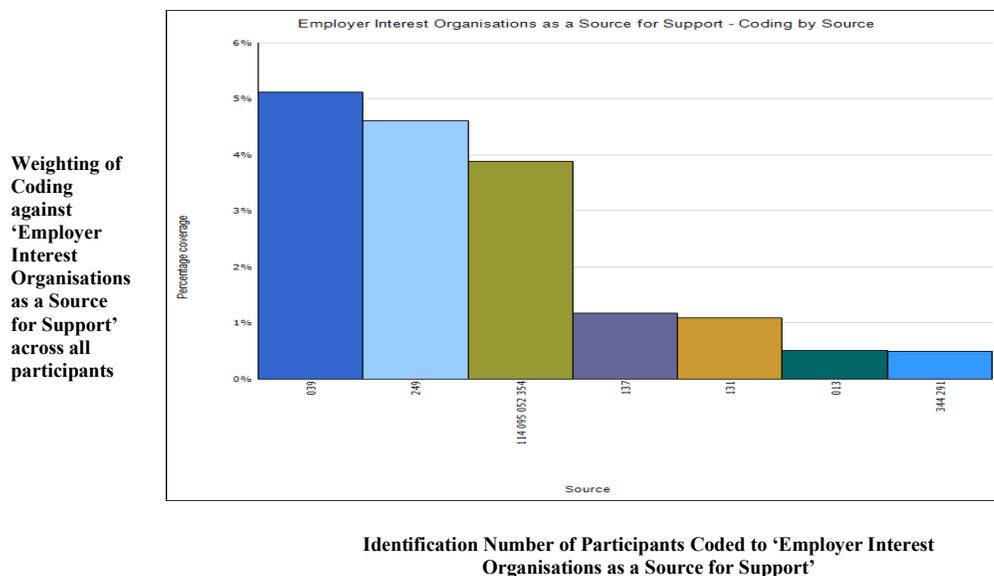


Figure 8.6 Businesses rely on employer interest groups for support

The advice offered by such organisations was to follow the 'disciplinary route' when dealing with problems which arose in relation to employees who experienced mental health problems in their workplaces. An employer who participated in an individual interview revealed that they had received the following advice when they had contacted an employer interest group for support in relation to an employee who was experiencing mental health problems:

¹¹ Sources displayed in this chart include focus groups with contain multiple cases. Figure 8.6 shows the sources from individual interviews and focus groups and the coding coverage of 'employer interest organisations as a source for support' from each source.

“opinion was just put her through the disciplinary process and tell her she can’t do that again like and one two three you know and fire her”

Source: Interview 039

Findings indicate that employers had attempted to access support from the limited avenues of which they are aware, e.g. employer interest groups. These groups may have not been the appropriate providers of support, and may have lacked expertise in the area of mental health.

8.4.3 Level of Support Offered by Employers

In relation to potential support offered by businesses, findings from the focus groups and individual interviews in this study revealed that the employee’s position in the company could determine the level of support received from businesses. An employer in an individual interview stated the following:

“but if you are dealing within a larger company and some of these issues come up, the higher up you are in the company, you know top level or middle level in management, and it probably also depends on the type of job you have and how valuable you are to the employer, you know, I mean some employers would have great value on some employees and not so much on other employees”

Source: Interview 013

Employees who were not highly skilled or in strategic positions appeared to receive less support. This view is reflected in a quote from one of the individual interviews:

“They are easily replaced while somebody in a more senior position or something may not be, I don’t know, that might be an issue”

Source: Interview 013

There appears to be a failure of communication at a local level in terms of informing employers of the range of supports available to them when considering whether or not to employ a person with a mental health problem, or to retain them within their workforce if they develop a mental health problem whilst employed.

8.4.4 Employers Identifying Mental Health Issues

Disclosure of mental health problems amongst employees was a significant theme which emerged from analysis of data gathered through focus groups and individual interview in this study. The issue of disclosure amongst employees is well documented in the literature (Allen & Carlson 2003; Ellison *et al.* 2003; Pearson *et al.* 2003; Workway, 2005; Wilton 2006). An employer who attended an individual interview had personal experience of mental health problems in her family and indicated that employees may conceal the fact that they experience mental health problems from their employer and fellow colleagues.

“but I know because you can act perfect and upbeat and your not like, and it’s unbelievable and you would never know, you can never tell that someone is suffering unless they tell you like, it’s unbelievable, you’d just be totally startled like at the people that do suffer”

Source: Interview 031

This highlights that it may often be difficult for an employer to know if an employee experiences a mental health problem, and it may therefore be difficult to provide support within the company. If an employee has a physical disability it is often visible, and thus they are more likely to be provided with support.

One manager who participated in a focus group indicated that she could appreciate why an employee may not disclose the fact that they are experiencing mental health problems to an employer. This manager indicated that she herself did not know if she would disclose the fact that she was experiencing a mental health problem to her employer. She expressed this in the following quote:

“I don’t know if in the morning there was something, you know if I was suffering from depression or if you know what I mean that I would want to raise that with you know with my employer so that I can appreciate that there’s probably many people in the same incidence who don’t want something like that addressed, whether it’s work related stress, whether it’s stress rising out of personal circumstances, I don’t know how many people are forthcoming in terms of raising that as an issue, unless you know you might need to attend appointments or that and it has to be questioned”

Source: Focus Group 114 095 052 354

This finding contrasted with findings from the NESF (2007) study where 69% of employers said they would tell their own employers if they had a mental health problem.

Employers in both the focus groups and individual interviews cited reasons for why they felt a person may not disclose their mental health problems. Such reasons included; stigma, ability to perform and fear of losing their job (see Figure 8.7). Figure 8.7 illustrates the reasons why employees may not disclose mental health problems as cited by employers ¹².

An employer who attended a focus group had the following view in relation to disclosure:

“There is still a feeling of stigma maybe to some people that the boss will think then that you won’t be able to perform well and that sort of thing, might be watching you more carefully, maybe not in the most positive kind of way”

Source: Focus Group 114 095 052 354

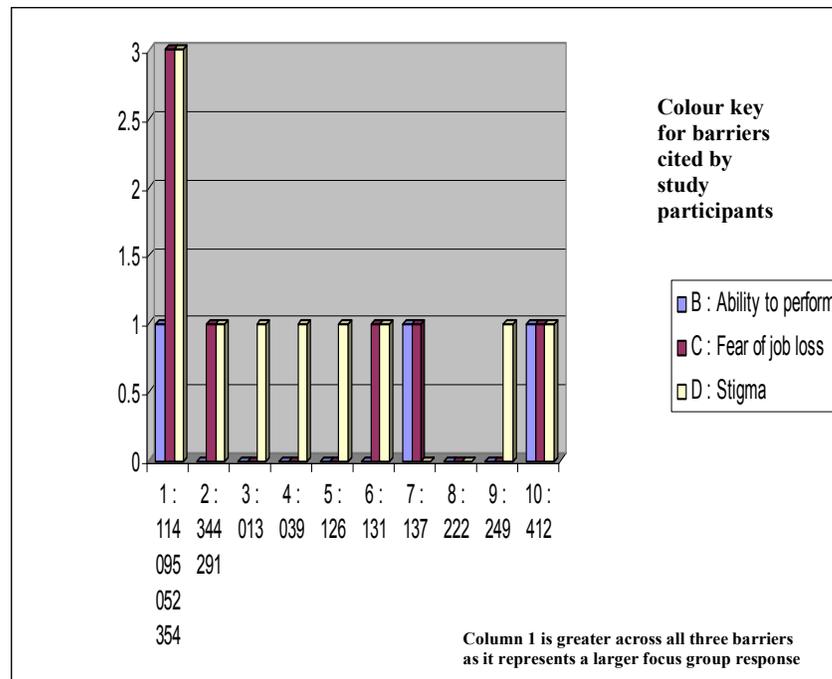
An employer who participated in an individual interview felt that employees who experienced mental health problems may have the following concerns if they disclosed their mental health problem to an employer:

“I suppose they might probably think that they might lose their job or something to that affect maybe if they encountered problems, you know oh he’s not up to doing the job because he’s you know, as you say alcohol dependent or what ever, depressed you know he wouldn’t just be able to handle the job maybe that’s why people mightn’t approach the employer about that you know”

Source: Interview 137

¹² Column 1 is larger across all three reasons because it represents a larger focus group response. Figure 8.7 shows the sources from individual interviews and focus groups and the coding coverage of ‘reasons why employees may not disclose that they have a mental health problem to employers’ from each source.

Weighting of coding against each issue shows 'Stigma' to be the most consistent across all participants



Identification Number of Participants coded to 'Barriers to Employment of People with Mental Health Problems'

Figure 8.7 Reasons why employees may not disclose that they have a mental health problem to employers

Findings from this study indicated that in the event of disclosure, employees risked negative reactions from employers. In the NESF (2007) study, two-thirds of employers admitted that they would decrease the level of responsibility given to an employee with known mental health problems, and only 35% considered it likely to consider an employee for promotion.

Many employers in this study felt that an employee would be more likely to disclose the fact that had mental health problems to a colleague with whom they were working, rather than to somebody in a managerial position. This finding was also reflected in previous studies (Ellison *et al.*, 2003). One employer in an individual interview stated:

“Em, perhaps I suppose for a lot of people it would be the fear of, possibly be afraid of, to approach their manager or yea they possibly might be more likely to say it to a work colleague than a manager yea”

Source: Interview 142

If employers do not know that their employees experience mental health problems it makes it difficult for them to develop strategies for support and assistance. Furthermore, if employees do not disclose their mental health problems they may also forego protection under the law, as the employer is not obliged to adhere to legislation if the disability was not disclosed (Quinn and Redmond, 2005).

8.5 Employers' Views on Employment Equality Policy and its Dissemination to their Business

This section explores employers' views on employment equality policy and its dissemination to their business. Data will be presented on employers' lack of knowledge on policy to promote inclusion and understanding of mental health issues; and dissemination of information through the use of media campaigns.

8.5.1 Employers Lack of Knowledge on Policy to Promote Inclusion and Understanding of Mental Health Issues

When asked to express their views on employment equality policy and its dissemination to their business, employers revealed that they did not receive enough information on employment equality policy and such information was not actively disseminated to their business (see Table 6.4 in Chapter 6).

Employers were asked if they were aware of the recent report on Mental Health in the Workplace published by the National Economic & Social Forum in 2007. All employers were unaware of this report and none of the employers had received any information in relation to the findings from this report (see Figure 8.8)¹³.

One employer said she had received something on mental health in the last six months, but could not confirm what it was. The majority of employers indicated that they had never received any information in relation to mental health in their workplaces, and stated that their involvement with this study was the first time mental health had been raised as an issue in their workplace. One employer in a focus group stated the following:

¹³ Sources displayed in this chart include focus groups with contain multiple cases. Figure 8.8 shows the sources from individual interviews and focus groups and the coding coverage of 'no NESF information' from each source.

“I think yours has been the first information we have got about it”

Source: Focus Group 114 095 052 354

Another employer in the focus group stated:

“no I think that is the first time”

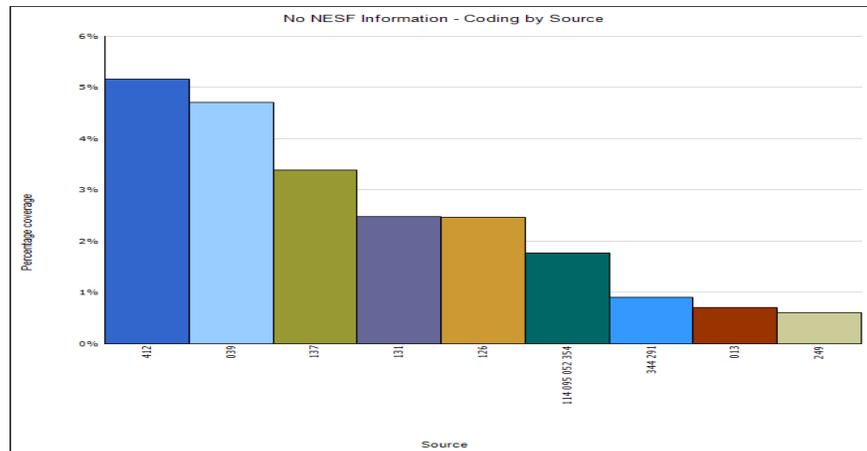
Source: Focus Group 114 095 052 354

One employer reported that she was quite taken back when she received information in relation to this study. She revealed the following:

“I never got any information on mental health issues in the workplace and it really kind of stuck me to the ground”

Source: Interview 131

Weighting of Coding against ‘No NESF Information’ across all participants



Identification Number of Participants Coded to ‘No NESF Information’

Figure 8.8 Employers received no information on the NESF (2007) report ‘Mental Health in the Workplace’

Thus, government action and spending on conducting studies, such as the recent (2007) study may be ineffective as it fails to communicate advice from such government sponsored studies to the relevant stakeholders at local level. This represents a failure to translate policy into effective implementation and practice.

8.5.2 Dissemination of Information Through the Use of Media Campaigns

A small number of employers made reference to the recent media campaign on television and radio to promote awareness of mental health. From all the interviews this was the only reference made to dissemination of information related to mental health issues that was noted by employers. Three mentioned this. This can be compared to a survey on attitudes to mental illness conducted by Mental Health Ireland (2003), amongst 1000 adults in the Republic of Ireland, where just 29% said they had seen or heard publicity about mental health recently. In a survey conducted by Mental Health Ireland (2003), 37% of adults surveyed reported feeling much more positive to mental health following the publicity, whilst 36% felt a little more positive.

As highlighted earlier, an issue of policy failure seems to be the communication of policy to the employer. This is significant as it is the employer who determines whether such policy will be translated into positive practice within the business. Policy makers need to re-examine how policy is communicated to employers and explore ways of engaging employers with such policy.

8.6 Employers Views' on Improving Communication

Employers views' on improving communication was a significant theme identified from the qualitative data. Overall employers in this study expressed an interest in mental health issues in their workplaces and indicated a need for support and information to help them in identification and management of these issues. For example, one employer in an individual interview identified the need for more information in the following quote:

“ah yea it would definitely be a help with regards to the more information you have, the better you are with regards to stuff like that you know”

Source: Interview 137

Many employers felt that it was currently too time consuming to read up on such issues. They felt that the provision of employment legislation was presented in a way that was not reader friendly. Some employers suggested a booklet or guidelines on

mental health issues and legislation, to keep the employer informed and to increase awareness of mental health issues in the workplace.

“yea but it would be nice if the legislation came across in an easier to pick up format, just easier to understand you know”

Source: Interview 039

“if there was something available that you could read and know what to look out for”

Source: Focus Group 114 095 054

In the NESF (2007) study similar initiatives for employers were suggested, such as training for employers and practical guidelines; provision of wellbeing information and activities designed to decrease the risk of employees developing mental health problems; and referral of individuals to programmes which support them to understand and manage their own mental health.

8.7 Conclusion

This chapter has reported the qualitative findings from the study. Six main themes emerged from the data, with significant categories identified in each. The main themes included obstacles to employers understanding of mental health issues in their workplace; issues which prevent employers from recruiting and retaining people with mental health problems in their workplace; employment equality legislation; removing barriers to the employment of people with mental health problems; employers' views on employment equality policy and its dissemination to their business; and finally, employers' views on improving communication.

Qualitative inquiry in this study allowed the employers' views to be highlighted, which had not been considered previously in the same depth as other stakeholders. The employers view was significant in order to comprehensively address the objectives of this study. A significant finding to arise from analysis of the qualitative data was employers' limited access to supports. Findings indicated a failure of communication at a local level in terms of informing employers of supports available

to them when considering whether or not to employ a person with a mental health problem, or to retain them within their workplace if they develop a mental health problem whilst employed. Another major finding highlighted the fact that employers do not receive enough information on employment equality policy and such information is not actively disseminated to their businesses. It may be suggested that the consultative process should not only include those with mental health problems and associated experts, but also actively utilise local companies' experience in the employment and support of people with mental health problems. The following chapter provides a discussion and analysis of the significance of both quantitative and qualitative data yielded from this study in relation to the study's aim

CHAPTER NINE

Discussion and Recommendations

9.0 Introduction

This chapter will discuss the implications of the results presented in Chapters 7 and 8 in relation to clinical significance and policy. Section 9.1 will discuss the employers' perspective which was the focus of this study. Kingdon's Multiple Streams Model (1985) will be discussed in Section 9.2. Section 9.3 will focus on identifying issues that employers believe affect employment of people with mental health problems. Section 9.4 will discuss the capacity of employers to recognise mental health problems in the workplace. Compliance with disability policy will be highlighted in Section 9.5. Section 9.6 will explore employers' views on employment equality policy and its dissemination to their business. Describing and analysing the degree of support that employers feel they receive from statutory and non-statutory agencies when employing people with mental health problems will be presented in Section 9.7. Section 9.8 will focus on identifying ways of engaging employers in the implementation of employment equality policy with regard to the employment of people with mental health problems. Section 9.9 will discuss implications for policy including; the nature of the policy problem, a possible policy solution, and the need for political support. Methodological issues to which the reader needs to be alert when assessing the studies conclusions will be critiqued in Section 9.10. Finally, in Section 9.11, suggestions will be made for future research in the area of policy, employment, and people with mental health problems.

9.1 The Employers' Perspective

This study aimed to explore the views of employers on equal status employment policy and support for businesses in Ireland as these related to their employment of people with mental health problems. The literature review highlighted that there was a paucity of published research on employers and people with mental health problems within an Irish context. Arising from a synthesis of the literature on mental health and employment, the employers' perspective was highlighted as a central issue to be looked at which had not been previously considered in the same depth as other stakeholders. Whilst literature exists on employers' attitudes towards mental illness,

there is a lack of literature in Ireland on employers' views on EU and national government policy on mental health and employment and how this is disseminated to them. Therefore the employers' perspective provided the basis for the formulation of the general aim of this study.

The employers' view on the issue was important in order to comprehensively address the objectives of this study. Firstly, to establish how effective businesses are in dealing with mental health problems in the workplace. Secondly, in order to raise awareness of mental health as a business issue in Ireland. Thirdly, in order to establish how effective disability policy is when applied in the context of people with mental health problems. Establishing employers' engagement or non-engagement with such policy, the reasons which affect their decision making, and what helps or hinders their engagement with such policy in their workplace are central issues in this context. Explaining these issues is important in order to successfully implement the recovery model of mental health service delivery. The recovery model highlights the significance of employment in the rehabilitation and recovery of people who experience mental health problems (Mental Health Commission, 2005).

9.2 Kingdon's Multiple Streams Model (1985)

Kingdon's (1985) Multiple Streams Model, which deals with change in the policy process (as discussed previously in Chapter 4), will be applied to this section to provide discursive interpretation of the problems highlighted by this study, the proposed solutions to these problems, and the necessary political commitment required in order to translate these solutions into effective policy (see Figure 9.1).

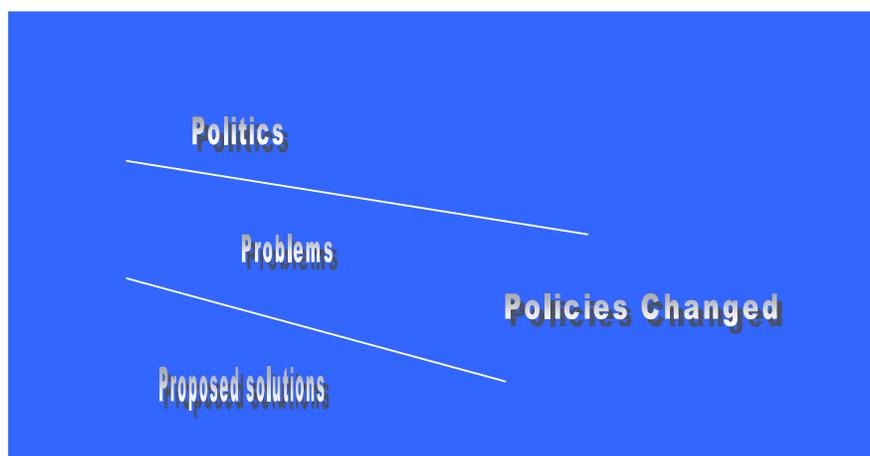


Figure 9.1 Kingdon's Multiple Stream Model (Kingdon, 1985)

9.3 Identifying Issues that Employers Believe Affect Employment of People with Mental Health Problems

Issues identified in this study included the provision of supports for employers in order to retain current employees who experience mental health problems, and in the recruitment of people with mental health problems. Both internal and external supports were seen as important to the employer and the availability of such support determined the retention or recruitment of people who experienced mental health problems.

Potential problems were identified in the findings from this study through application of Kingdon's model. These issues related to access to support and the level of support offered by companies; employees' ability to do the work; employment equality legislation; and reactions of other employees. As discussed in the previous chapter, the majority of employers had no access to supports (86.2%) which was revealed in the questionnaire. Furthermore open ended questions included in the questionnaire identified that employers were largely unaware of where they could access supports if an employee experienced a mental health problem. The very large and large businesses were more likely to support an employee with a mental health problem than medium and small businesses. However, these businesses were more likely to have internal supports in place, for example, an occupational health department, company doctor, or employee retention scheme.

Employers revealed that position in the company could determine the level of support an employee received from the company if they experienced a mental health problem. In effect, highly skilled staff were valued more than others. Therefore the company may ensure that they receive support if they experience a mental health problem. This suggests that businesses are selective in relation to compliance with disability policy and legislation. They find ways of avoiding compliance with legislation in relation to some employees.

If an employee experienced a mental health problem the employers' major concern would be the person's ability to do the work. This was reflected by respondents to the questionnaire and later through the qualitative inquiry. This is significant as it is related to the provision of supports raised earlier in this section. Therefore, if a person

experienced a mental health problem employers feared they may be impaired in their ability to perform their work. This difficulty may be addressed if the appropriate supports are in place within the workplace. Therefore if employers were informed of the appropriate supports available to them, this may impinge positively on their attitudes toward employees who experience mental health problems. Furthermore, this may assist employers in retaining valued employees in their business and in the recruitment of people who experience mental health problems.

Other barriers to employment as perceived by employers included employment legislation, costs, health and safety issues, nature of the work, and other employees. Employment legislation as a barrier to employment of people with mental health problems emerged as a significant issue through the qualitative inquiry. However, in the initial postal questionnaire, employers ranked advice on employment legislation and implementation of legislation as a low priority in supporting them in the employment of people with mental health problems. As discussed in Chapter 8, this is despite legislation such as the Disability Act (Government of Ireland, 2005) in Ireland, which employers are obliged to comply with in relation to people with disabilities, including people with mental health disabilities. This suggests that there may be a discrepancy in terms of employers supporting employees who experience mental health problems and compliance with their obligations under employment equality legislation.

This is reflected in a study conducted by Williams and Westmoreland (2002) which revealed that even when employers were exposed to information on legislation, they failed to translate this into positive practice within their businesses. An interesting finding was the fact that lack of understanding of the law regarding mental health and employment was consistent across all business sizes in this study.

As discussed in Chapter 8, this finding is particularly significant as it highlights an area in which employers need to be better educated. Although not directly related this could also be an important starting point for the understanding of policies and processes and what is required to develop effective policies in the workplace.

Employers also had concerns about the impact on workplace relations and how other staff would feel about working alongside a person with a mental health problem. This concern reiterates the stigmatising attitudes that still exist in relation to people with mental health problems. These discriminatory attitudes amongst the general public were discussed in the earlier literature review in this study (see Chapter 4). A question was posed as to whether these attitudes amongst the general public and employers are translated into discriminatory practice in the workplace. Findings from this study indicate that such negative attitudes possessed by employers in relation to the work capabilities of people with mental health problems are likely to result in their non-compliance with employment policy in the context of mental health problems.

Kingdon's multiple streams model highlights the need to propose new policies to overcome problems identified within current policy. The findings from this study appear to indicate that policy needs to take account of a number of factors if discrimination in the workplace against people with mental health problems is to be avoided. Policy makers must realise that although employers in this study expressed a desire to gain knowledge about mental health issues and to manage mental health issues in their workplaces effectively, they were currently unclear as to what to do. If there was a connection between mental health service providers and employers, this could assist employers in identifying mental health issues in their workplaces and understanding what is expected of them.

It is necessary that policy makers realise that employers are under supported in understanding the nature of mental health problems amongst the workforce and in accessing advice as to how to manage them other than through a process ending in dismissal. There appears to be a failure of communication at a local level in terms of informing employers of supports available to them when considering whether or not to employ a person with a mental health problem or to retain them within their workforce if they develop a mental health problem whilst employed. Employers at local level need to be part of consultations by national policy forming bodies such as the Government, national employers' organisations and quasi-autonomous bodies such as the NDA.

9.4 Capacity of Employers to Recognise Mental Health Problems in the Workplace

Traditionally, mental health issues were viewed as exclusive to those who were unemployed. However recent studies reveal that common mental health problems are a common feature amongst employees in workplaces across Ireland (NESF, 2007). This study found that the most common mental health problems encountered by employers in the workplace across the south east are depression, stress/anxiety and alcohol dependence. This corresponds with other European literature in the area of mental health epidemiology (WHO, 2001; Northern Ireland Health and Social Wellbeing Survey, 2002; Scottish Health Survey, 2003; Health Survey for England, 2003).

By applying Kingdon's multiple streams model problems were identified in this study. This included the need to recognise mental health problems as a business issue in the workplace; employers understanding of what is meant by mental health problems; and the need for parity between the employment of people with physical disabilities and people who experience mental health problems.

There are many reasons why it is necessary for employers to recognise mental health problems as a business issue. For example, the financial implications of the mental health status of employees, suggests that employers have a lot to gain from addressing the issue of mental health in their workplaces more effectively. The World Health Organisation (WHO, 2000), recognise that the mental health status of employees is linked to business performance, rates of illness, absenteeism, accidents and staff turnover. Therefore, by addressing mental health issues more effectively in their workplace employers can retain experienced staff by reducing absence; creating better work relations; enhancing productivity and motivation; making their workplaces more efficient; fostering acceptance and diversity; employing the best person for the job; and gaining and retaining important skills (WHO, 2005).

9.4.1 Underestimation of Prevalence

In this study the majority of employers initially underestimated the prevalence of mental health problems within their workforces due to a lack of knowledge and understanding of different types of mental health problems. This led to a subsequent

lack of knowledge regarding the identification and management of mental health issues in the workplace.

However, as discussion in the qualitative element of this study progressed, a large number of employers demonstrated that in actual fact they had dealt with employees who experienced common mental health problems in their workplace in the past. Although employers revealed that they did have experience of mental health issues amongst their employees, they had no formal policies or procedures in place. This reflects findings from the NESF (2007) study which indicated that only one-in-five companies had a written policy on mental health. This is also similar to a Scottish study carried out by the Shaw Trust which found that 80% of workplaces did not have a mental health policy (The Shaw Trust, 2006). This has implications for the employers' ability to deal with mental health issues in the workplace effectively due to the absence of a protocol to provide structure and understanding. This is particularly significant when the extent of mental health problems in the population and, by implication, in the workplace is considered.

This initial underestimation of the prevalence of mental health problems and perhaps reasons for not having formal policies may be explained by employers understanding of what constitutes a mental health problem. A definition of what is meant by a mental health disability for the purpose of this study was adopted and made explicit at the initial stages of this study on the postal questionnaire to employers. This was necessary as peoples' perception of phenomena is not always uniform, and in the case of mental health problems, a lack of clarity in terms of what mental health disability means is often apparent (Shaw Trust, 2006). This issue was raised in the qualitative component of this study where probes were used to explore employers' perspectives of what is meant by a mental health problem.

Findings indicated that employers initial perception of mental health problems were severe mental health problems and not common mental health problems such as stress, anxiety, depression and alcohol dependence which are the most common in the workforce. This perception is often depicted through media portrayals of mental illness. For instance, Philo and Secker (1999) reported that media portrayals of mental distress had been shown to be associated with negative attitudes amongst the

general public. This is reflective of the stigmatising attitudes that still exist in relation to mental health issues, which is evident amongst the general public and is filtered down to employers' perceptions in the workplace (Diffley, 2003).

9.5 Compliance with Disability Policy

Employers in the study revealed that they employ a greater number of people with physical disabilities than people with mental health disabilities. This reflects literature in relation to compliance with the 3% quota scheme enforced on the public sector under the Disability Act (Government of Ireland, 2005) which indicates that employers prefer to fill positions with people who have physical disabilities as opposed to mental health disabilities (IBEC/AHEAD, 1996). This also corresponds with the literature on attitudes of the general public (NDA, 2002; Mental Health Ireland, 2003) towards people with mental health problems which impinges on the workplace (Evans & Repper, 2000; Diffley, 2003; Social Exclusion Unit, 2004). The findings may indicate that businesses could be image conscious and as a result avoid employing people who they know experience mental health problems.

Another important consideration in relation to compliance with disability policy is the issue of disclosure which is often complex in relation to people who experience mental health problems as their problem is often easily concealed (Madaus *et al.*, 2002; Allen and Carlson, 2003; Wilton, 2006). This may lead to an underestimation of mental health issues amongst employees by their employers and this may make it difficult for employers to comply with policies. In the case of a physical disability, the disability is often more difficult to conceal. Thus, employers are more likely to be aware if any of their employees experience physical disabilities, and may as a result, adapt their business in order to provide support.

These findings are worrying as if employees do not communicate their needs, employers may not be able to provide them with adequate support. If employees do not disclose their mental health problems they may also forego protection under the law, as the employer is not obliged to adhere to legislation if the disability is not disclosed (Quinn and Redmond, 2005).

9.5.1 Identification of Mental Health Issues by Employers

Findings from this study indicate that in the event of disclosure employees risk stigma and discrimination by employers. Many employers in this study indicated that they preferred to fill positions with what they described as ‘normal’ people as opposed to people who experience mental health problems. Similar findings are reflected in studies such as the NESF (2007) study, where two-thirds of employers admit that they would decrease level of responsibility given to an employee with known mental health problems and only 35% considered it likely to consider an employee with mental health problems for promotion.

The literature (Lim *et al.* 2000) would seem to indicate that mental health problems are a feature in the lives of the working population and not exclusive to the unemployed. Furthermore, the prevalence of mental health problems are pronounced in the Irish population and by implication, in the workplace. The financial implications of the mental health status of employees, suggests that employers have a lot to gain from addressing the issue of mental health in their workplaces more effectively. There is a business case for mental health promotion in the workplace to support and retain staff when they have mental health problems. These findings highlight the need for increased awareness of the mental health status of employees, and for mental health and policy issues related to mental health to be recognised as a business issue by employers in workplaces in Ireland.

The final stream of Kingdon’s multiple streams model in relation to development of new policy calls for increased political support and consensus. Findings from this study indicate that this may be achieved by greater political commitment in the area of mental health awareness to increase awareness of mental health issues in society. The NDA have recently made progress in that direction by launching a major media campaign to promote awareness of mental health problems in our society (NDA, 2007). The campaign focuses on the fact that mental health problems can be a feature in the lives of many people. The campaign reiterates the fact that the mental illness is only one facet of the person’s life. It can be seen from the qualitative findings discussed in Chapter 8 that the participants who were aware of the media campaign felt that it was quite positive and it made them think more about mental health problems.

9.6 Exploring employers' views on employment equality policy and its dissemination to their business

Both quantitative and qualitative findings yielded information on employers' views of employment equality policy and its dissemination to their business. Employers revealed that they do not receive enough information on employment equality policy and such information is not actively disseminated to their business. Employers were not aware of the recent report on 'Mental Health in the Workplace' published by the National Economic and Social Forum (NESF, 2007) and said they had not received any information in relation to findings from this report. They indicated that they have no knowledge of receiving information in relation to mental health in their workplace and this study was the first time mental health had been raised as an issue in their workplace.

As discussed in Chapter 8, a small number of employers made reference to the recent media campaign on television and radio to promote awareness of mental health (NDA, 2007). From all the interviews conducted this was the only reference made to dissemination of information related to mental health issues that was noted by employers. Three mentioned this. Twelve out of the fourteen companies cited lack of information as a feature. There were fourteen references to this. This can be compared to a survey on attitudes to mental illness conducted amongst 1000 adults in the Republic of Ireland where just 29% said they had seen or heard publicity about mental health recently. Thirty-seven per cent reported to feel much more positive about mental health following the publicity whilst 36% felt a little more positive (Mental Health Ireland, 2003).

This lack of awareness is not exclusive to the employers. A large number of employees who experience mental health problems are unaware of their legal entitlements. Indeed, a barrier to workplace supports for people who experience mental health problems is that many are unaware that they are entitled to receive support. A recent study (Granger, 2000) of people with mental illness who were employed found that 86% of participants were unfamiliar with the Americans with Disabilities Act (United States Federal Government, 1990). A similar report in the UK indicated that there is poor awareness amongst employees that mental illness is included in the Disabilities Discrimination Act (DDA, 1995).

Employers' limited knowledge on employment equality legislation may influence whether employers decide to employ people with mental health problems and support their current employees who experience mental health problems. Findings from this study indicated that if employers are unsure of their legal obligations under the law regarding mental health and employment, they may avoid employing people with known mental health problems as a result. They may also be unaware of their legal obligations to provide support to current employees who experience mental health problems. Therefore it is significant to apply Kingdon's model and suggest possible solutions to effective policy development. In this study findings suggest that information on current employment support initiatives from the business perspective is poor. This is having a negative impact on the willingness of employers to engage with support initiatives for people with mental health problems in the workplace.

The National Disability Authority (NDA) has highlighted that barriers within Ireland to the employment of people with disabilities remain significant; though the nature and extent of these barriers are under researched (NDA, 2002). An issue of significance, however, with regard to such barriers may be the failure to recognise that people with disabilities are a diverse group and do not have a uniform experience of employment barriers.

In order to develop effective policy in this area it is significant that there is political support and consensus which reflects Kingdon's (1985) model of policy development. Therefore policy makers need to recognise that people who experience mental health problems have specific needs in relation to policy development which are different to those experienced by people with other types of disabilities. The issues which confront people with mental health problems are considerably different from those experienced by people with other forms of long-term disability.

9.7 Describing and analysing the degree of support that employers feel they receive from statutory and non statutory agencies when employing people with mental health problems

Findings from the study were used to describe and analyse the degree of support that employers received from statutory and non-statutory agencies when employing people who experienced mental health problems. Although there have been some initiatives

developed to increase recruitment of people with disabilities in the public sector, in the private sector such initiatives are apparent by their absence. This may be due to the 3% quota scheme introduced to the public sector which does not apply to the private sector. As a result of this quota scheme there has been increased surveillance of the public sector to ensure compliance with the scheme (NDA, 2006). Such initiatives may be apparent in the public sector in order to increase recruitment of people with such disabilities to ensure successful implementation of the scheme.

The Irish government have attempted to assist companies in recruiting and retaining people with disabilities through the introduction of two national support schemes. However, supports necessary for the employment of people with disabilities differs somewhat from the types of workplace supports required by people who experience mental health problems. Supports offered to people with physical disabilities generally include adaptations to the external environment. In the case of people with mental health problems it is the 'natural supports' that are important. These supports are outlined by Secker & Membrey (2003), and include flexibility in relation to working hours, work schedules, and job tasks. Findings from this study indicate that some employers have adopted natural supports informally to assist them in managing mental health problems in their workplace. There may be a need for further research on the provision of natural supports which are particularly useful for employers when supporting people with mental health problems in the workplace.

Both internal and external support is a significant issue to employers and affects the employment of people with mental health problems. Kingdon's (1985) model identifies the need to identify problems in relation to policy development. Findings from this study highlighted problems related to employers' lack of awareness of supports agencies to contact for support in relation to employees who experience mental health problems. One hundred and forty seven employers couldn't name any agency and, of the 20 who could, 16 cited HSE or FÁS. This lack of awareness of agencies which offer support to employees who develop mental health problems contrasts with findings from the NESF (2007) study where employers mentioned a range of services that could benefit employers in managing mental health in the workplace. Employer interest organisations such as IBEC are seen as important for employers from which they often seek guidance and direction in relation to mental

health problems in their workplaces. Such organisations represent the interests of employers not employees and this is why employers subscribe to them. The advice offered by such organisations is often to follow the 'disciplinary route' when dealing with problems which arise in relation to employees who experience mental health problems. Large, medium and small companies consistently fall on employer interest groups for support in relation to issues which arise. A significant number of employers who talked about degree of support cited employer interest organisations as their first degree of support for external support. This was cited by employers on 15 occasions.

It is clear that policy is largely generic in relation to people with disabilities and fails to recognise people with mental health problems as a specific group. In relation to the current available literature there is a paucity of literature that explores with employers their views of legislation and policy as it relates to employment of people with mental health problems. The results from this study show that employers engagement with such policy when applied to the context of people with disabilities is an issue of policy failure.

9.8 Identifying effective ways of engaging employers in the implementation of employment equality policy with regard to the employment of people with mental health problems

Both quantitative and qualitative findings from this study were used to identify effective ways of engaging employers in the implementation of employment equality policy with regard to the employment of people with mental health problems. Employers express a negative attitude towards their obligations under employment equality legislation. They feel that it acts as a barrier to the employment of people with mental health problems and they would prefer to fill positions within their workplace with what they describe as 'normal people'. These findings contrast with a study carried out by IBEC/AHEAD (1996) that argued that, contrary to popular belief, employers are involved with disabled people, and employers have shown themselves in their survey to be both open to, and interested in, the needs of disabled employees. Employers believe they are overly legislated and avoid employing people with mental health problems as they believe they may experience problems down the road in relation to employment legislation, health and safety, and insurance issues. These

factors may be related to issues of compliance and why employers do not comply with such legislation.

As discussed in the previous chapter, as employers emphasise the coercive nature of the law regarding mental health and employment, it may be necessary to question whether more incentives need to be introduced to encourage employers to recruit and retain people with mental health problems within their workforces. Such initiatives may enable businesses to increase opportunities and improve the level of support for employees with mental health problems in the workplace.

Employers in this study had limited knowledge on the provisions of employment legislation and how it related to the employment of people with mental health problems. This is similar to findings from the NESF (2007) study which indicates that 75% of employers admitted to not knowing enough about the law on mental health in the workplace. These factors are related to issues of compliance and why employers do not comply with such legislation. Findings from this study suggest that employers are either not complying with their obligations under employment equality legislation or that the adequate supports for these employees are not in place, or perhaps, the employer and employee are not aware of such supports. Therefore, the provision of necessary supports may be in place but employers may not engage with such supports because provision of support is not communicated effectively to them. The limited available literature indicates that employer uptake of support schemes for people with disabilities is a significant issue of policy failure (Scheid, 1998; Stevens, 2002). Findings from this study indicated that employers who did employ people with disabilities only employed a small number in their workplace, predominantly between one to five employees.

9.8.1 Suggestions made by employers to increase engagement with employment equality policy

Employers in the study felt that it was too time consuming to read up on issues related to employment equality legislation. They felt that the provision of employment legislation is presented in a way that is not reader friendly. Employers suggested a booklet or guidelines on mental health issues and legislation to keep the employer informed and to increase awareness of mental health issues in the workplace. In the

NESF (2007) study similar initiatives for employers were suggested such as; training for employers and practical guidelines, provision of wellbeing information and activities designed to decrease the risk of employees developing mental health problems, and referral of individuals to programmes which supports them to understand and manage their own mental health.

To ensure the engagement of employers and to ensure that policy is effective, a consultative process should not only include those with mental health problems and associated experts but also actively utilise local companies' expertise and experience in the employment and support of people with mental health problems. Therefore policy development needs to recognise and engage with employer concerns, whilst addressing their needs for support and understanding of the realities of the business agenda.

9.9 Implications for Policy

The literature indicates that the engagement of employers with policy and legislation is problematic as it relates to successful implementation of disability employment initiatives. This research provides data on the level of engagement of Irish employers with such policy, their concerns and experiences, and possible reasons for engagement/non-engagement with mental health employment initiatives within an Irish context. Such findings can be utilised to inform the development of initiatives that will be more likely to lead to successful employment of people with mental health problems.

9.9.1 The Nature of the Policy Problem

In this study support and communication have emerged as significant issues. It is necessary that policy makers realise that employers are under supported in understanding the nature of mental health problems amongst their employees and in accessing advice as to how to manage such employees other than through a process ending in dismissal. There appears to be a failure of communication at a local level in terms of informing employers of supports available to them when considering whether or not to employ a person with a mental health problem or to retain them within their workforce if they develop a mental health problem whilst employed.

9.9.2 A Possible Policy Solution

In relation to policy implications from this study it could be argued that policy formulators need to consult at a more local level. To ensure the engagement of employers and to ensure that policy is effective, that consultative process should not only include those with mental health problems and associated experts but also actively utilise local companies' expertise and experience in the employment and support of people with mental health problems. Policy development needs to recognise and engage with employer concerns, whilst addressing their needs for support and understanding of the realities of the business agenda. Policy in turn needs to be underpinned by support strategies based on identified employer and employee needs.

9.9.3 The Need for Political Support

There is a need for greater political support in this area. Currently there is a lack of political support due to a lack of pressure on politicians by groups who have an interest in mental health. In the past we have seen increased political support in the area of physical disabilities due to increased pressure on politicians from disability rights groups. If the issue of mental health were highlighted amongst employers and the financial gain of identifying and managing mental health issues in the workplace communicated to politicians, then pressure may be put on politicians to deal with the area of mental health and employment. If greater political support were achieved in this area employers could deal with these issues actively and effectively in their workplaces.

9.10 Methodological Critique

There were a number of methodological issues within the study in relation to sampling and design. These issues need to be considered by the reader when assessing the findings of this study.

9.10.1 Sampling Considerations

The degree to which research findings can be generalised to individuals other than those who participated in the study must be taken into account (Polit and Beck, 2008). This study used a non-probability sampling technique and therefore findings cannot be generalised to the whole population. However, the sample chosen for this study

are not intended to be statistically representative. The characteristics of the population were used as the basis of selection. It was these features that deemed them suitable for inclusion in this small scale in-depth study.

The methods used to recruit employers to the quantitative and qualitative components of the study meant that participants were self selected and the sample may therefore have been slightly skewed towards those who have an interest in mental health problems. For instance, in the case of the questionnaire a response rate of 42% was received. This represents a 58% non-response rate. An element of bias may have been introduced to the study through the self selecting sample. It may be necessary to question how representative of all 403 businesses were the 167 that responded. With regard to the qualitative element of this study, some of the participants revealed at interview stage that they had personal experience of mental health problems amongst family members. Thus, this may have influenced their decision not only to participate in this study, but also the answers and issues they chose to emphasise.

9.10.2 Research Design

In relation to the study design, a mixed method approach was deemed most suitable for use in this study. It was decided to conduct qualitative research after the quantitative survey in order to explore statistical findings and provide greater depth and understanding of data. However, this study design proved to have some limitations. A poor response to the focus groups required this method to be reconsidered for the purpose of this study. Participants who did not attend the focus groups, even though they had agreed to and had made arrangements to attend, were contacted via a telephone call. They were offered an alternative to attend an individual interview if they wished to proceed with the study. A large number of participants contacted indicated a preference to attend an individual depth interview as opposed to a focus group.

Participants revealed that they would prefer to participate in individual interviews as they felt more comfortable discussing their experience of mental health issues in their workplaces on a one-to-one basis. The reasons offered for this preference was the sensitive nature of mental health issues which employers felt was often difficult to talk openly about. Employers felt uncomfortable discussing such issues in the

presence of other employers from the same geographical location as them. Some revealed that they were likely to know other group members and that both themselves, and their businesses would be easily identified. They explained that they would then have an onus to protect their company image and that they therefore were unlikely to disclose their true experience of mental health issues amongst their employees and how they had subsequently dealt with such issues in their workplace.

I felt that these concerns amongst participants may have emerged for a number of reasons. Firstly, as a result of stigma and discrimination which still exists in relation to mental health problems in our society, and which is filtered down to the workplace. Secondly, I believed there were a lack of knowledge amongst employers in relation to mental health issues, and an uncertainty of how to deal with such issues in the workplace. This reflects the failure of disability policy to be communicated effectively to employers. Employers were uncertain about how to effectively deal with such issues. This was evident by employers' lack of knowledge in relation to accessing supports.

9.11 Recommendations and Future Directions

The National Disability Authority (NDA) has highlighted that barriers within Ireland to the employment of people with disabilities remain significant; though the nature and extent of these barriers are under researched (NDA, 2002). An issue of significance however, with regard to such barriers, may be the failure to recognise that people with disabilities are a diverse group do not have a uniform experience of employment barriers. The issues which confront people with mental health problems are considerably different from those experienced by people with other forms of long-term disability.

The findings from this study appear to indicate that policy needs to take account of a number of factors if discrimination in the workplace against people with mental health problems is to be avoided. It is necessary that policy makers realise that employers are under supported in understanding the nature of mental health problems amongst the workforce and in accessing advice as to how to manage employees who experience mental health problems other than through a process ending in dismissal. There appears to be a failure of communication at a local level in terms of informing

employers of supports available to them when considering whether or not to employ a person with a mental health problem or to retain them within their workforce if they develop a mental health problem whilst employed. Employers at local level need to be part of consultations by national policy forming bodies such as the Government, national employers' organisations and quasi-autonomous bodies such as the NDA.

It may be argued that policy formulators need to consult at a more local level. To ensure the engagement of employers and to ensure that policy is effective, that consultative process should not only include those with mental health problems and associated experts but also actively utilise local companies' expertise and experience in the employment and support of people with mental health problems. Policy development needs to recognise and engage with employer concerns, whilst addressing their needs for support and understanding of the realities of the business agenda. Policy in turn needs to be underpinned by support strategies based on identified employer and employee needs.

Interviews in this study revealed that employers deal with mental health problems amongst employees. However, they are often unaware of how to deal with them, and thus establish their own method of dealing with problems. Employers have attempted to access support from the limited avenues of which they are aware, for example, employer interest groups. These groups may not be the appropriate providers of support and lack expertise in the area of mental health. There is a sense of ambiguity surrounding the issue of where employers should access support. Although some supports are in place, they are often generic and not specialist to mental health. Employers are unaware of these supports and do not possess adequate information about such provisions.

9.12 Conclusion

Prior to this study there was a paucity of published literature in the Republic of Ireland on employers' views on employment equality policy and people with mental health problems. This is one of the first studies in Ireland to focus on the employers' views on national governments policy on mental health and employment.

The findings indicate that employers' engagement with employment equality policy when applied to the context of people with mental health problems in the workplace appears to be an issue of policy failure. Findings reveal that employers do not receive enough information on employment equality policy and such information is not actively disseminated to their businesses in a way they find accessible. The study indicates that many employers would be willing to engage with people with mental health problems if their concerns for example, fears about health and safety implications are addressed. Therefore policy development needs to recognise and engage with employer concerns, whilst addressing their needs for support and understanding the realities of the business agenda. This could be achieved by more effective engagement with employers at local level in drawing up plans to implement policy. How this could be achieved would need to be explored through further research. To conclude, this study provides valuable data that may be used for establishing effective modalities for engaging large and small scale employers in the implementation of equal status employment policy as it relates to people with mental health problems.

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Cunningham, J.; Wells, J.G.; Heffernan, D. Employers' views on disability policy and mental health problems in the workplace '*9th Annual Interdisciplinary Research Conference: Transforming Healthcare Through Research, Education & Technology*', Trinity College Dublin (2008)

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Appendices

Appendix 1: Search Strategy

Searching the Literature

The main literature sources consulted for use in the review were peer reviewed journal articles, books, official reports from government agencies, reports from voluntary agencies and other non-statutory interest groups.

Computerised Data Bases

The computerised data bases consulted ranged across medical, nursing and social sciences. The primary ones utilised were PubMed, the Cochrane Library, Cumulative Index on Nursing and Allied Health Literature (CINAHL), the Web of Science and Blackwell Synergy. Search terms 'and' and 'or' were used to refine searches in relation to the use of key words. The key words regularly employed singly or in combination were:

- Mental health
- Mental health problems
- Mental health disability
- Mental ill-health
- Mental illness
- Psychiatric problems
- Disability
- Depression
- Stress
- Anxiety
- Schizophrenia
- Alcohol Dependence
- Employment
- Work
- Occupation
- Employee

- Employer
- Workplace
- Workforce

Synthesis Process

To further refine the search in terms of relevance to the study abstracts were read if available. To sharpen the focus of the literature search intellectual disabilities were excluded from the review and only English language data with a physical or mental health disability focus were included. Literature consulted included mostly publications within the last five years, however there were some exceptions where older literature with particular significance was used. All articles included in the review were systematically screened for information relevant to the research question and to establish if the focus of the study was on people with disabilities or in particular people who experienced mental health disabilities. Gaps in the literature were noted throughout the literature search.

Statutory and Non-Statutory Organisations

Relevant voluntary organisations were contacted including Schizophrenia Ireland, Aware, Grow, Comhairle, Enable Ireland and Mental Health Ireland. The National Disability Authority was utilised as a useful resource in assessing relevant information and literature. The Mental Health Commission and the Department of Health and Children were contacted to source significant publications which enhanced the literature search.

Key Researchers in the Area

Key researchers in the area were identified at stages of the literature search. These researchers were contacted via email and asked to recommend key studies which they felt were significant to the area. Consultation with experts in the field provided the suggestion of broadening the search, for example to search for references in a book by experts on mental health and discrimination which included sections on discrimination in relation to employment.

Manual Searches

Manual searches were carried out in the Luke Wadding Library in Waterford Institute of Technology, Waterford Regional Hospital Library, National Disability Authority Library in Dublin and in the Health Service Executive Library in Kilkenny.

Following up Cited Sources

Published articles consulted were then searched for further key references. Key references were identified by the number of times then were cited in the article.

Following up Recommended Literature

In addition to using the literature retrieved through computer databases and manual searches I also follow up recommendations from colleagues and experts in the area.

Organising the Literature

I did not use a referencing system such as End Note to maintain and organise my literature. I used a folder on my desktop to organise the literature into a filing system in Microsoft Word. Within this folder I organised the literature into various files, a file containing literature by key authors in the area, a file consisting of various documents and reports related to the area and a file with other literature that was related to the research question.

Appendix 2: Example of Questionnaire

Section 1. Descriptive/ Demographics

1.1 What type of business is your company engaged in? (Please tick the relevant item)

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| Manufacturing | <input type="checkbox"/> | Information Services | <input type="checkbox"/> |
| Distribution | <input type="checkbox"/> | Advisory Services | <input type="checkbox"/> |
| Educational Services | <input type="checkbox"/> | Technical Expertise | <input type="checkbox"/> |
| Domestic Services | <input type="checkbox"/> | Other (please state) | |
| Industrial Services | <input type="checkbox"/> | | |

1.2 How many people are employed by your company? (Please tick the relevant item)

- 1 – 10
- 11 – 50
- 51 – 250
- 251 and above

Section 2. Employing People with a Disability

2.1 Has your company **recruited** employees with a disability in the past? (please tick appropriate answer)

YES NO

2.2 Does your company **retain** employees with a disability? (Please tick appropriate answer)

YES NO

2.3 What number of your current employees are disabled? (Please tick appropriate answer)

1-5	<input type="checkbox"/>	31-40	<input type="checkbox"/>
6-10	<input type="checkbox"/>	41-50	<input type="checkbox"/>
11-20	<input type="checkbox"/>	51 +	<input type="checkbox"/>
21-30	<input type="checkbox"/>		

Section 3. Employment of People with a Mental Health Disability

A Definition of Mental Health Disability

One may define a person with a mental health disability as someone who has been diagnosed by a medical practitioner with what is commonly referred to as a ‘nervous breakdown’, ‘stress’ or ‘exhaustion’. The nervous breakdown (including problems with alcohol), stress or exhaustion should have lasted over a period of six months or more and the individual should continue to experience problems associated with it either regularly or from time to time. For the purpose of this questionnaire, a person with a mental health disability does not include a person with an intellectual disability, e.g. downs syndrome.

3.1 To your knowledge does your company **currently** employ persons who have a mental health disability? (Please tick appropriate answer)

YES

NO

DONT KNOW

3.2 If yes to 3.1 how many people with mental health difficulties to your knowledge are employed in either full-time or part-time employment?

(Please enter numbers of people in the following employment categories)

- Employed part-time _____
- Employed full-time _____

3.3 What are/were the mental health difficulties/illnesses of these employees? (Please tick as many boxes as appropriate)

- Alcohol dependence
- Anxiety/ stress
- Depression
- Schizophrenia
- Other (please specify)
- Don't know

3.4 In order of priority, which of the following would be the most significant issues for your company when considering whether to employ someone with a mental health difficulty/mental illness? Please rank items from 1-6, in their order of priority, starting with 1 as the most important to 6 as the least important consideration. **Do not place the same number in more than one box.**

- Workplace safety
- Reactions of other employees
- Absenteeism
- Ability to do the work
- Company image
- Economic burden placed on the company

Section 4. Exploring how Supportive is Policy

4.1 Below are a list of potential supports to help you in the employment of people with a mental health difficulty/mental illness. Please rank items from 1-5, in order of priority, starting with 1 as the most important and 5 as the least important. **Do not place the same number in more than one box.**

- State and local financial support
(Employment subsidy)

- Access to mental health expertise

- Staff training and awareness

- Job coaching

- Advice on legislation and implementation

4.2 What type of support, if any, does your company offer to employees with a mental health disability?

4.3 Please list any agencies of which you are aware who can give your company support in the employment of people with a mental health disability.

4.4 Has your company had access to any of these supports? (please tick appropriate answer)

YES NO

**I wish to be contacted to participate in further stages of this research study
(please tick appropriate box)**

YES NO

Signed _____

Can we thank you for giving your time to fill in this questionnaire¹⁴

¹⁴ Please note that this questionnaire was distributed in a small booklet format to participants

Appendix 3: Letter Granting Ethical Approval

Waterford Institute of Technology

WIT

Institiúid Teicneolaíochta Phort Láirge

Waterford, Ireland

TEL: +353-51-302000

WEB: www.wit.ie

EMAIL: enquiries@wit.ie



10th May, 2007.

Ms. Jennifer Cunningham,
Postgraduate Student,
Department of Nursing,
School of Health Science,
WIT.

Dear Jennifer,

Thank you for bringing your project '*A comparative analysis of employers' views on disability policy and the employment of people with enduring mental health problems*' to the attention of WIT Research Ethics Committee. I am pleased to inform you that we are very satisfied that you have considered all the ethical implications of your research and we will convey to Academic Council that the project has our approval.

We wish you well in the work ahead.

Yours sincerely,

Dr. Venie Martin,
Chairperson,
Research Ethics Committee.

cc: Dr. John Wells

Appendix 4: Cover Letter for Questionnaire

xxx
xxxxxxxxxx
xxxxxxxxxx
xxxxxxxxxx
xxxxxxx

10th October 2007

Dear Xxx,

I am writing to you with details of a research study which is being conducted by the Department of Nursing in Waterford Institute of Technology. This study is funded by the Council of Directors of Institutes of Technology and aims to explore employers' views of disability policy when dealing with employees who experience mental health problems. This study is recognised as being a potentially significant contribution to policy development in the area of employment. We would appreciate very much if you would be prepared to help us in providing some information.

The data gathered from this study will provide valuable information to inform both the business population in the south east of Ireland as well as improving services for a substantial cohort of employees who experience mental health problems. All information gathered from this study is entirely confidential and the anonymities of individual participants and companies will be safeguarded at all stages of the research process and in subsequent reporting of the findings. Your participation in this study is entirely voluntary.

I have enclosed for your attention a questionnaire, which I would appreciate if you could complete and return to me at your earliest convenience in the stamped addressed envelope provided. I would like to draw your attention to the enclosed information sheet outlining important details about the research project.

Your participation in this study is valued and very much appreciated. If you have any questions or queries related to this study please do not hesitate to contact me on the phone number or email address below.

Yours sincerely,

Jennifer Cunningham
Nurse Education Building
Waterford Institute of Technology
Cork Rd
Waterford
087 6601568
jcunningham@wit.ie

Appendix 5: Information Sheet for Questionnaire



Information Sheet

Project Title: An analysis of employers' views on disability policy and the employment of people with enduring mental health problems.

Aims of this study

The purpose of this questionnaire is to provide population based data to facilitate geographical and business comparative analysis in relation to policy. It will therefore provide local and national policy makers with a broad snapshot of both the impact of policy and views of local businesses on their engagement with issues of mental health and employment. The questionnaire will obtain information about the nature of the business conducted by the employer; the level of awareness of the mental health status of employees; levels of support available to employers employing people with mental health problems and employers' views on disability legislation, policy and its dissemination as these relate to people with recurrent and enduring mental health problems.

Outcomes of this study

It is anticipated that likely research outcomes and applications will include: a) information on the effectiveness of current employment support initiatives from the business perspective to inform business friendly 'mainstreaming' employment policy for people with mental health problems at local and national level; b) identification and dissemination of good business practice when dealing with mental health issues in the workforce; c) dissemination to clinical and rehabilitation settings in mental health to inform recovery based service development and delivery.

This study will provide valuable data to inform policy and strategy on effective modalities for engaging large and small-scale employers in implementation of equal

status employment policy as it relates to people with mental health problems. It will contribute to the development of the recovery model in mental health services. It is also expected to contribute theoretically to charting the links between the nature of implementation by employers of equal status requirements, statutory and non-statutory support and the integration and maintenance of people with mental health problems not the workplace.

How your confidentiality and anonymity will be safeguarded

Confidentiality of material will be ensured and the anonymities of individual participants and companies, both at survey, individual and group interview level, will be protected and disguised at all stages of the research process and in any subsequent reporting of the data. All questionnaires will be stored in a locked drawer in the Department of Nursing in Waterford Institute of Technology. Only Ms. Jennifer Cunningham and Dr. John Wells will have access to this material. All data will be destroyed on completion of the project.

If you have any questions or queries related to this study, please contact the following:

Dr. John Wells
Head of Department of Nursing,
Nurse Education Building,
Waterford Institute of Technology,
Cork Rd.,
Waterford.

(051) 845542

Ms. Jennifer Cunningham
Research Assistant,
Nurse Education Building,
Waterford Institute of Technology,
Cork Rd.,
Waterford.

(087) 6601568

Appendix 6: Reminder Letter for Completion of Questionnaire

Xxxxxxx
Xxxxxxx
XXXXXXXXX
XXXXXXXXX
XXXXXXXXXX

16th October 2007

Dear Xxxxxx,

I recently wrote to you requesting your participation in a research study being conducted amongst employers across the south east of Ireland. I would really appreciate a response from you to assist us in exploring this important issue for business.

In case you did not receive the original letter or have misplaced the documentation I enclose the project details and questionnaire.

Yours sincerely,

Jennifer Cunningham
Nurse Education Building
Waterford Institute of Technology
Cork Road
Waterford
Tel: 087 - 6601568
Email: jcunningham@wit.ie

Appendix 7: Topic Guide

Level of awareness of mental health status of employees

- Are employers unaware of the mental health status of employees/if so why/why not? (Findings from our survey indicated that approximately 19% of employers were unaware if any of their employees experienced mental health problems).
- Issues of disclosure
- Findings from our survey indicated that depression, stress/anxiety and alcohol abuse were the most frequent mental health problems experienced in the workplace, however 38% of employers ticked the option 'other' when asked what mental health problems their employees experienced.

Issues which affect the employment of people with mental health problems

- Barriers to employment
- Potential supports for the employment of people with mental health problems
- Do they offer support services within their business for an employee who experiences a mental health problem?

Views on employment equality policy and its dissemination to their business

Degree of support received from statutory and non-statutory agencies when employing someone with a mental health problem

- Are they aware of agencies from which they can get support in employing a person with a mental health problem
- What agencies are they aware of?
- Have they received support from them in the past?
- Are they aware of how to contact such agencies?
- Do they think they would contact these agencies if employing someone with a mental health problem?

Ways of engaging employers in the implementation of employment equality legislation with regard to employment of people with mental health problems

- Awareness of employment equality legislation with regard to employment of people with mental health problems and their understanding of obligations under such legislation
- Level of engagement/non engagement with mental health employment initiatives and reasons for same
- In our survey employers ranked advice on legislation and implementation as a low priority in supporting them in the employment of people with mental health problems, why do you think this is?

Appendix 8: Cover Letter for Focus Groups

Xxxxxx
XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXXXXX
XXXXXXXXXXXXX

18th February 2008

Dear Xxxxxx,

I recently contacted you requesting your participation in a focus group being conducted amongst employers across the south east of Ireland. This focus group aims to explore employers' views of disability policy when dealing with employees who experience mental health problems. This study is recognised as being a potentially significant contribution to policy development in the area of employment. We would appreciate very much if you would be prepared to attend. However if you are unable to attend you may send a representative on your behalf. The focus group will be held in the **Abbey Business Centre, Abbey Street, Kilkenny on Wednesday 20th of February @ 3pm** and will last between one hour and one and a half hours.

The data gathered from this study will provide valuable information to inform both the business population in the south east of Ireland as well as improving services for a substantial cohort of employees who experience mental health problems. All information gathered from this study is entirely confidential and the anonymities of individual participants and companies will be safeguarded at all stages of the research process and in subsequent reporting of the findings. Your participation in this study is entirely voluntary.

Your participation in this study is valued and very much appreciated. If you have any questions or queries related to this study please do not hesitate to contact me on the phone number or email address below.

Yours sincerely,

Jennifer Cunningham
Nurse Education Building
Waterford Institute of Technology
Cork Rd
Waterford
087 6601568
jcunningham@wit.ie

Appendix 9: Information Sheet for Focus Group



Information Sheet

Project Title: An analysis of employers' views on disability policy and the employment of people with enduring mental health problems.

Aims of this study

The purpose of this questionnaire is to provide population based data to facilitate geographical and business comparative analysis in relation to policy. It will therefore provide local and national policy makers with a broad snapshot of both the impact of policy and views of local businesses on their engagement with issues of mental health and employment. The questionnaire will obtain information about the nature of the business conducted by the employer; the level of awareness of the mental health status of employees; level of support available to employers employing people with mental health problems and employers' views on disability legislation, policy and its dissemination as these relate to people with recurrent and enduring mental health problems.

Outcomes of this study

It is anticipated that likely research outcomes and applications will include: a) information on the effectiveness of current employment support initiatives from the business perspective to inform business friendly 'mainstreaming' employment policy for people with mental health problems at local and national level; b) identification and dissemination of good business practice when dealing with mental health issues in the workforce; c) dissemination to clinical and rehabilitation settings in mental health to inform recovery based service development and delivery.

This study will provide valuable data to inform policy and strategy on effective modalities for engaging large and small-scale employers in implementation of equal

status employment policy as it relates to people with mental health problems. It will contribute to the development of the recovery model in mental health services. It is also expected to contribute theoretically to charting the links between the nature of implementation by employers of equal status requirements, statutory and non-statutory support and the integration and maintenance of people with mental health problems who are not the workplace.

How your confidentiality and anonymity will be safeguarded

Confidentiality of material will be ensured and the anonymities of individual participants and companies, both at survey, individual and group interview level, will be protected and disguised at all stages of the research process and in any subsequent reporting of the data. All questionnaires will be stored in a locked drawer in the Department of Nursing in Waterford Institute of Technology. Only Ms. Jennifer Cunningham and Dr. John Wells will have access to this material. All data will be destroyed on completion of the project.

If you have any questions or queries related to this study, please contact the following:

Dr. John Wells
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(051) 845542

Ms. Jennifer Cunningham
Research Assistant,
Nurse Education Building,
Waterford Institute of Technology,
Cork Rd.,
Waterford.

(087) 6601568

Appendix 10: Example of Transcript Extract from Interview

R222:

I wouldn't have a clue because there isn't enough information out there, and I mean I know it's starting and you see the adds on telly and that but I wouldn't be able say to you yea ill ring so and so you know I wouldn't

I:

okay and do you think that information could be distributed to companies

R222:

oh no question about it, absolutely, I mean because if you're talking one in four, that a fair statistic, if you have say five of six hundred people working in a company

I:

well it's common mental health problems as I said stress, anxiety, depression, alcohol dependence and that and from our study across the south east so far it seems to be the most common they are the most frequent mental health problems experienced by employees

R222:

Yea, yea, I would I could say yea absolutely but I don't know I wouldn't know where to go now to ring someone for advise or some help or I couldn't suggest to that person that is where you should go, you know I could suggest maybe you should see a counsellor but off my head you know I should have something in here to say you know there's the number of you know three or four or you know as you said the number of a voluntary agency that could help them and say you know

I:

am recently at the end of last year there was a report published by the National Economic and Social Forum it was on mental health in the workplace, it was a major study carried out across the whole of Ireland on mental issues in the workplace and they interviewed employers and employees and that, would you have been aware of that document

R222:

No

I:
or would you think any information about findings from that document would have been disseminated to you company

R222:
no it wasn't definitely not

I:
and would you receive any kind of information via post or anything in relation to mental health issues

R222:
yours was the first in, I'm nineteen years now next month working here and yours was the first I received on mental health and I was very impressed you know. I got something lately on disability, you know employing disabled people there a couple of months ago and that is the only information I have got or anything at all in those areas in nineteen years

I:
so that information was not specific to mental health

R222:
No, physical disability that's what I was talking about there, mental health no, and usually when your talking about disabilities, me I think I would be talking physical disability you know I wouldn't be talking mental disability because you know I know it's out there but you know physical disability is in your face you know because there's so much after being poured into it over the last ten years, you anywhere you go now they are actually even all the shops are accommodating people in wheelchairs and rightly so, you know but I mean there is very little out there, you must know that sure on mental health which is because you can't see it

I:
of course yea

R222:
there's nothing wrong where I think that's actually more dangerous because if you see somebody in a wheel chair you will actually open the door for them

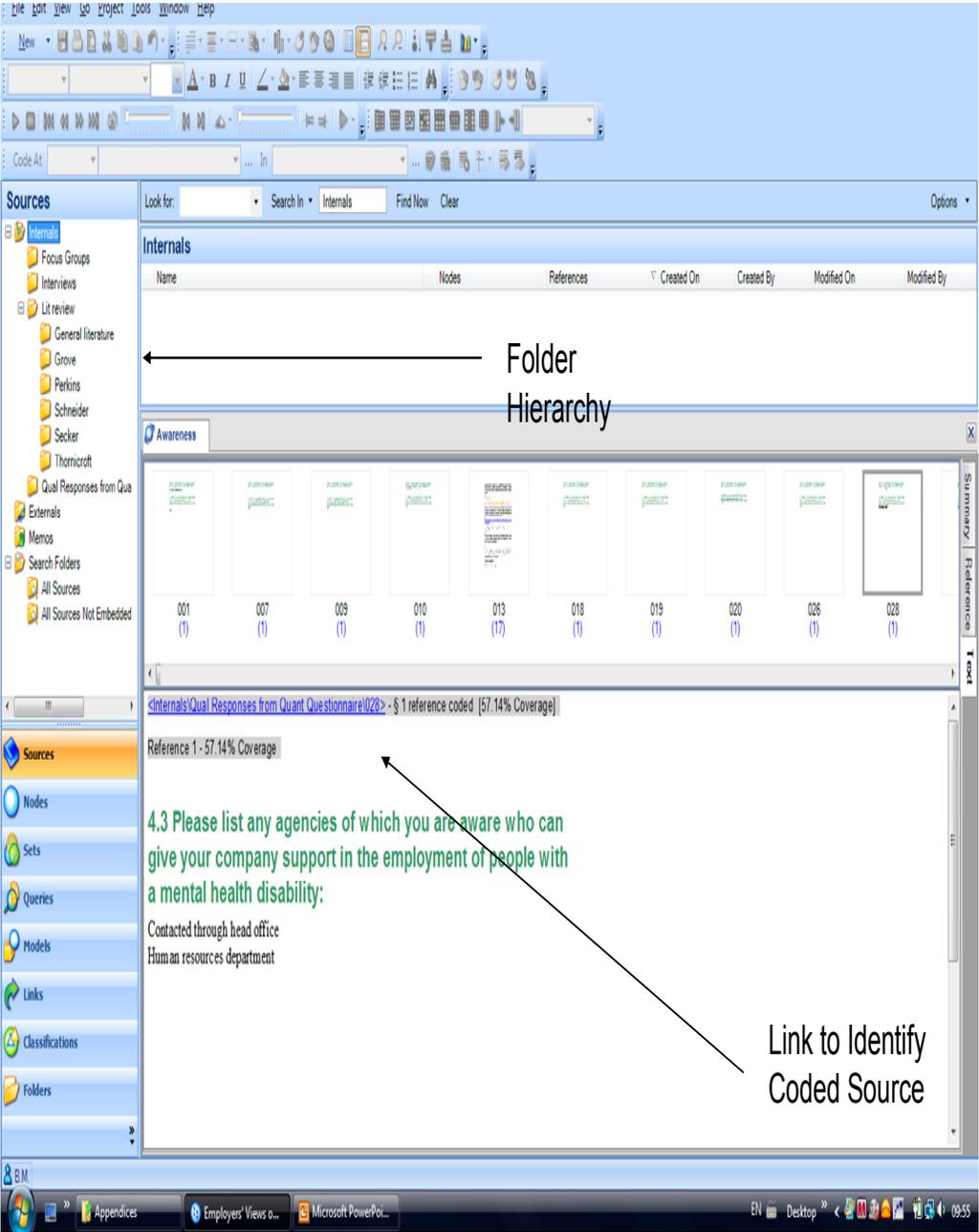
I:
of course yea

R222:
because you know it's eyes you know, but you pass someone who might kind of am
shove you, you know and you think ah the bloody cheek of him but you don't know
there might be something going on in his head but you can't see it, so you can't deal
with it

I:
yes

R222:
you know so I do think you're a long way off bringing it out you know that kind of
thing, but it has started so you see the adds on the telly now and everything you know

Appendix 11: Organisation of Data into Hierarchal Folders in Order to Track Coding References



Appendix 12: The Database Integration Between Interview Content and Participant Demographics

The screenshot shows the NVivo interface with a list of participants under the 'Full Qualitative Participants' set. A 'Case Properties' dialog box is open, displaying the following table:

Attribute	Value
Company Image	6
Depression	Yes
Don't know	No
Economic Burden	5
Employed full time	Four
Employed part time	None
Employment MHP	Yes
Job coaching	2
Number employed	251 and above
Numbers W/Dis	1 to 5

Below the dialog box, a text snippet is visible:

Reference 1 - 2.45% Coverage

okay well I suppose we would, I mean im not sure what size of companies or organizations you are coming from, your representing but we would have about four hundred staff working with ourselves so it would be something and its not a common occurrence, it can range you know it can be varying, am levels of it and I suppose very often it would be the manager that you know would be first kind of point of contact for something like that its only kind of when its you know that it would reach the HR department, am in terms of formal policies no, but we would be there as a point of contact and guidance you know to either the employees or to the managers that are dealing with the particular issues or incidents as they arise and would have a support network in relation to internal and also external in relation to a confidential service that you know we

Annotations on the image:

- An arrow points from the text "Who they are" to the 'Case Properties' dialog box.
- An arrow points from the text "What participants said" to the text snippet below.

Appendix 13: The Holistic Approach Taken to Analysis Through Linking Audio Sound Bytes, the Transcribed Interview and Field Notes and Observations

The screenshot displays the NVivo software interface, which is used for qualitative data analysis. The interface is divided into several sections:

- Audio recording:** At the top, there is a timeline showing an audio recording with a waveform. The timeline is marked with time intervals from 0:00 to 15:00 in 1:30 increments.
- Transcribed interview:** Below the audio recording, there is a text area containing the transcribed interview. The text is as follows:

I: am just I suppose like if they, do you like if they, well first of all would they come to you and secondly do you think like they would feel free to disclose something, do you think that they would disclose something

R131: yea id hope they would but I don't know, see people don't think it's a work issue like they think its personal, I mean even speaking for myself now like I don't relate it to work you know its personal, ill deal with it myself like, it doesn't affect my work, that kind of an attitude really I suppose, you know its not, it shouldn't happen to talk about it professionally like or discuss it with anyone else like, I suppose as long as it doesn't affect your professional life like, I don't know, I don't know
- Field note:** At the bottom, there is an 'Annotations' section. It contains a single annotation with the following content:

1 The participant appeared a little upset here, she later reveals to me that she had personal experience of mental health problems with one one of her own family members. Listen to digil data to hear the emotion in her voice

Arrows point from the labels 'Audio recording', 'Transcribed interview', and 'Field note' to their respective sections in the software interface.

Appendix 14: The Contextualisation of Interviews Through the Use of Linked Memos

The screenshot shows the NVivo interface with a list of interviews and a linked memo. The memo text is as follows:

This participant seemed quite knowledgeable about mental health issues throughout the interview. At the start of the interview the participant asked me if I would like to hear their personal or professional view clearly distinguishing between them and this pattern was quite evident throughout the interview. The participant revealed that they were quite sensitive to mental health issues as they had a family member who experienced mental health problems.

Physically linked memo offering broad contextualisation of interview

Appendix 15: Shows the Definition of a Node to Ensure Consistency Against Stated Definitions

The screenshot displays a software interface with a menu bar (File, Edit, View, Go, Project, Links, Code, Tools, Window, Help) and a toolbar. Below the toolbar is a 'Nodes' section with a search bar and a 'Tree Nodes' table. The table lists various nodes with their names, source and reference counts, and creation/modification dates. A 'Tree Node Properties' dialog box is open, showing the details for the 'Degree of support from non statutory agencies' node.

Name	Sources	References	Created On	Created By	Modified On
Awareness of external supports	8	23	21/06/2008 11:24	JC	21/06/2008 10:41
Barriers	6	52	21/06/2008 11:24	JC	21/06/2008 11:32
Degree of support from non statutor	7	20	21/06/2008 11:24	JC	21/06/2008 11:32
Dissemination of information	9	43	21/06/2008 11:24	JC	21/06/2008 10:41
Knowledge of employment equality	8	28	21/06/2008 11:24	JC	21/04/2008 11:15
Level of engagement or non engag	7	44	21/06/2008 11:24	JC	21/04/2008 11:15
Suggestions to increase complianc	7	19	21/06/2008 11:24	JC	21/06/2008 10:41
Supports offered within company	9	37	21/06/2008 11:24	JC	21/06/2008 10:41

Tree Node Properties

General

Name: Degree of support from non statutory agencies

Description: This includes the non statutory agencies employers consult in order to support them in the management of an employee who experiences a mental health problem

Nickname:

Hierarchical name: Tree Nodes\Phase 6 Testing Proposition Statements and D

Created On: 21/06/2008 11:24 By: JC

Modified On: 21/06/2008 11:32 By: JC

OK Cancel

Node definition stored in properties of node

Appendix 16: An Example of a ‘See Also’ Database Link Relating Primary Data to the Literature Review

The screenshot displays a software interface for managing research data. On the left, a 'Sources' tree shows a hierarchy including 'Internals', 'Lit review', and 'Secker'. The main area shows a table titled 'Secker' with columns for Name, Nodes, References, Created On, Created By, Modified On, and Modified By. Below this, a detailed view of a node titled '013 Developing Social Firms in the UK' is shown. This view includes interview transcripts (I: and R:) and a 'See Also Links' table. Annotations with arrows point to the interview text and the 'See Also Links' table, labeling them as 'Primary data source' and 'Physical link to literature review data' respectively.

Name	Nodes	References	Created On	Created By	Modified On	Modified By
Challenging barriers to employment, train	5	5	21/06/2008	JC	21/06/2008 12:18	JC
Evaluation of community mental health s	5	5	21/06/2008	JC	21/06/2008 12:18	JC
Mental health in the community, roles, re	5	5	21/06/2008	JC	21/06/2008 12:18	JC
Mental health training and development n	5	5	21/06/2008	JC	21/06/2008 12:17	JC
Promoting mental health through employ	5	5	21/06/2008	JC	21/06/2008 12:17	JC
Developing Social Firms in the UK a cont	5	5	21/06/2008	JC	21/06/2008 12:37	JC
Increasing the vocational focus of the co	5	5	21/06/2008	JC	21/06/2008 12:37	JC
Recovering from illness	5	5	21/06/2008	JC	21/06/2008 12:37	JC
Still dreaming Service users' employ	5	5	21/06/2008	JC	21/06/2008 12:37	JC
Young People's Perceptions of Mental H	5	5	21/06/2008	JC	21/06/2008 12:37	JC

See Also Links

Item	To Name	To Folder
1	Developing Social Firms in the UK a contribution to identifying good practice	Internals/Lit review/Secker
2	Summary of findings from Millward Brown study	Internals/Lit review/General literature
3	Summary of findings from Millward Brown study	Internals/Lit review/General literature

Appendix 17: Demonstrates a ‘See Also’ Link that Links Literature, Analytical Memos and Primary Data

The screenshot displays the NVivo software interface. On the left, a tree view shows the 'Sources' folder expanded to 'Secker'. The main window shows a list of sources under 'Secker', with 'Promoting mental health through employment and development' selected. A 'See Also' link is visible in the 'Annotations' section, connecting this source to another source. A text box at the bottom left of the main window contains the text: 'Literature, analytical memo & primary source'. The right pane shows a primary data source with a highlighted text block: 'I wouldn't know where to go I don't think if I had, if I researched of course I would probably find if it arose like, but as I said I think people class it as personal like, and they'll get help themselves like, so I don't know if they would contact their boss like to find help or them like or even involve them, you know working with them like you know I suppose like making your boss aware that you are getting help and that you are you know seeing someone or whatever and you know your boss works with and you know asks you how you are all the time, or be available to let you have an hour off here or there and letting you have the time off'. Below this text, the 'See Also' link is shown, pointing to a secondary source with the following content: 'When asked about supports the participant mentions the personal nature of mental health problems and how an employee may not want their boss to know about their problems. This reiterates the fact that employers still fail to recognise mental health problems as a business issue. When the participant thought about potential supports they immediately thought of external supports outside their workplace. They failed to recognise the potential of utilising natural supports innate to their business such as training and support to learn the job, supportive interpersonal relationships at work, workplace culture and approaches to staff management as mentioned by Secker.'

Appendix 18: Example of Tree Nodes as a Tool to Group Categories of Coded Text under Themes and ‘Coding On’ to Further Breakdown Categories and Impose a Hierarchal Order

The screenshot displays the NVivo software interface. The main window shows a project titled "Employers' Views on Disability Policy and the Employment of People with Mental Health Problems.nvp". The interface includes a menu bar (File, Edit, View, Go, Project, Links, Code, Tools, Window, Help), a toolbar with various icons, and a search bar. The "Nodes" panel on the left lists several categories: Free Nodes, Tree Nodes, Cases, Relationships, Matrices, Search Folders, and All Nodes. The "Tree Nodes" panel on the right shows a hierarchical tree structure with a table of nodes and their associated source and reference counts.

Name	Sources	References
Fear of job loss	0	0
Good quotes	2	7
Lack of knowledge	5	15
Phase 2 - Grouping by theme	0	0
Phase 3 Cross Coding	0	0
Phase 4 - Coding on	0	0
Combined topics	0	0
Degree of support received from statutory agencies	9	41
Degree of support from non statutory	7	20
Knowledge of voluntary agencies	5	10
Lack of information	8	43
Level of support recieved from statutory agencies	5	15
Not my role	2	5
Issues which affect employment of people with mental health problems	176	257

Appendix 19: Examples of Logging of Relationships Across and Between Items in the Coding Tree

The screenshot displays the NVivo interface with a coding tree on the left and a relationship diagram in the main workspace. The coding tree includes folders for Free Nodes, Tree Nodes, Cases, Relationships, Matrices, Search Folders, and All Nodes. The Relationships table below shows two entries:

From Name	From Folder	Type	To Name	To Folder	Direction	Sources	References	Created On	Created By
Phase 3 Cross Coding/Co	Tree Nodes	Impacts on	Phase 5 - Generating Proposition Statements/C	Tree Nodes	→	0	0	21/06/200	JC
Phase 4 - Coding on/Com	Tree Nodes	Impacts on	Phase 3 Cross Coding/Combined topics/Level o	Tree Nodes	→	0	0	21/06/200	JC

The relationship diagram in the workspace shows three nodes connected by 'Impacts on' relationships:

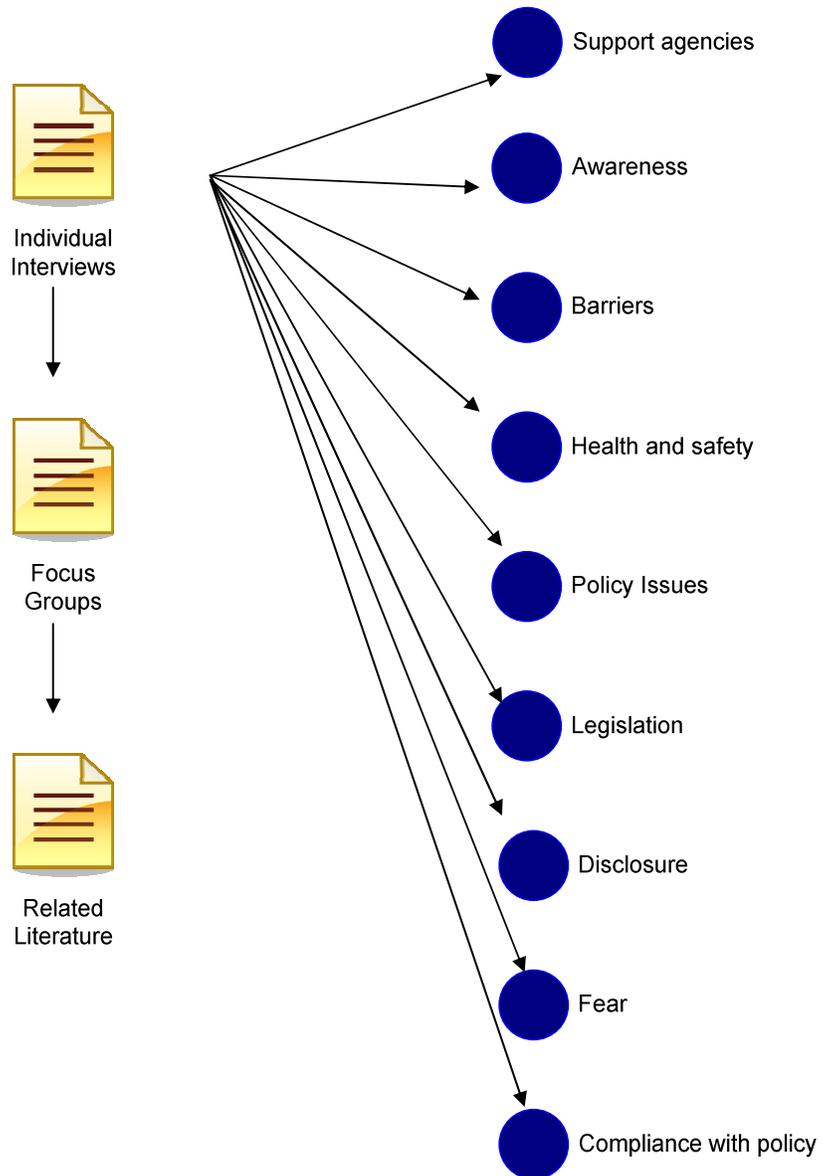
- Node 1 (Red):** Lack of information and training
- Node 2 (Orange):** Level of awareness of mental health status of employees
- Node 3 (Cyan):** Ways of engaging employers in the implementation of employment equality legislation with regard to employment of people with mental health problems

Relationships: Node 1 → Node 2, Node 2 → Node 3.

Appendix 20: Seven Stage Coding Framework: Phase 1- Broad Coding

Phase 1: Broad Coding

Generating broad participant driven (free nodes) from the data up



Appendix 21: Seven Stage Coding Framework: Phase 2- Grouping by Theme

Phase 1: Broad Coding

Generating broad participant driven free nodes from the data up with no reference to the research question



Support agencies



Awareness



Legislation

Research Question

What are the views of employers on equal status employment policy and the support available for business in Ireland as these relate to the employment issues that confront them with regard to people with mental health problems?

Phase 2: Grouping by Theme

Introducing the research question and creating themes (tree nodes), and grouping the categories generated in phase one logically under the relevant theme from the research question

Level of awareness of mental health status of employees

Issues which affect employment of people with mental health problems

Views on employment equality policy and its dissemination to their business

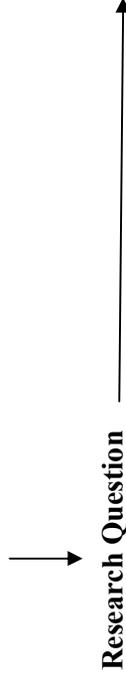
Degree of support from statutory and non-statutory agencies

Engaging employers in the implementation of employment equality legislation

Appendix 22: Seven Stage Coding Framework: Phase 3- Cross Coding

Phase 1: Broad Coding

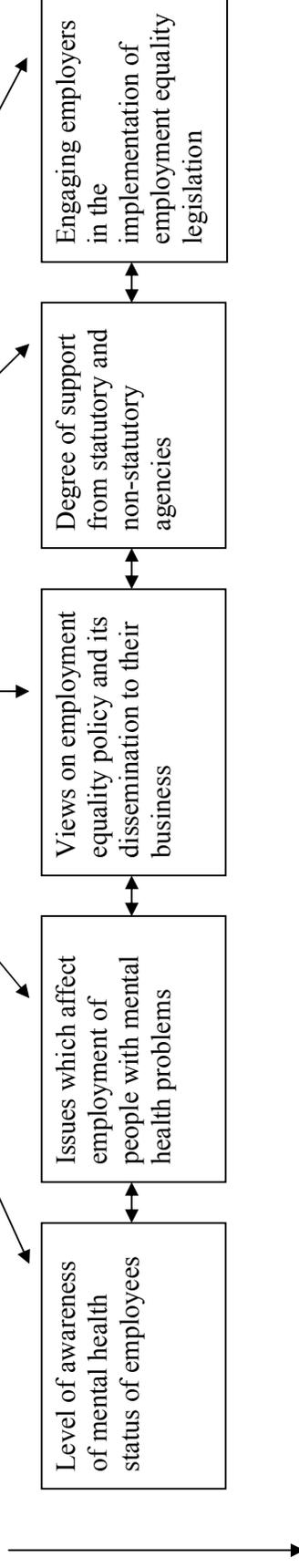
Generating broad participant driven free nodes from the data up with no reference to the research question



What are the views of employers on equal status employment policy and the support available for business in Ireland as these relate to the employment issues that confront them with regard to people with mental health problems?

Phase 2: Grouping Themes

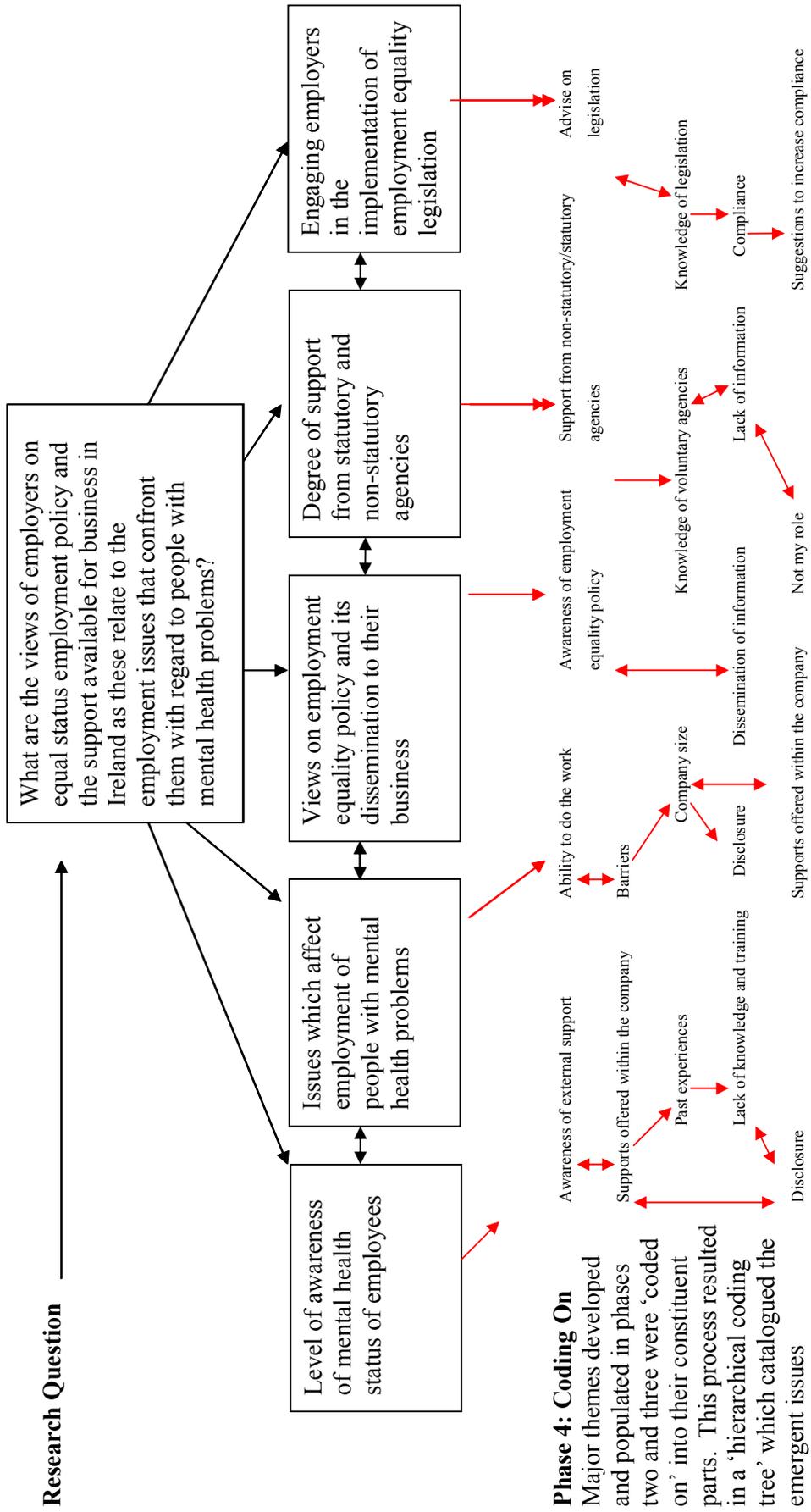
Introducing the research question and creating themes (tree nodes) and grouping the categories generated in phase one logically under the relevant theme from the research question



Phase 3: Cross Coding

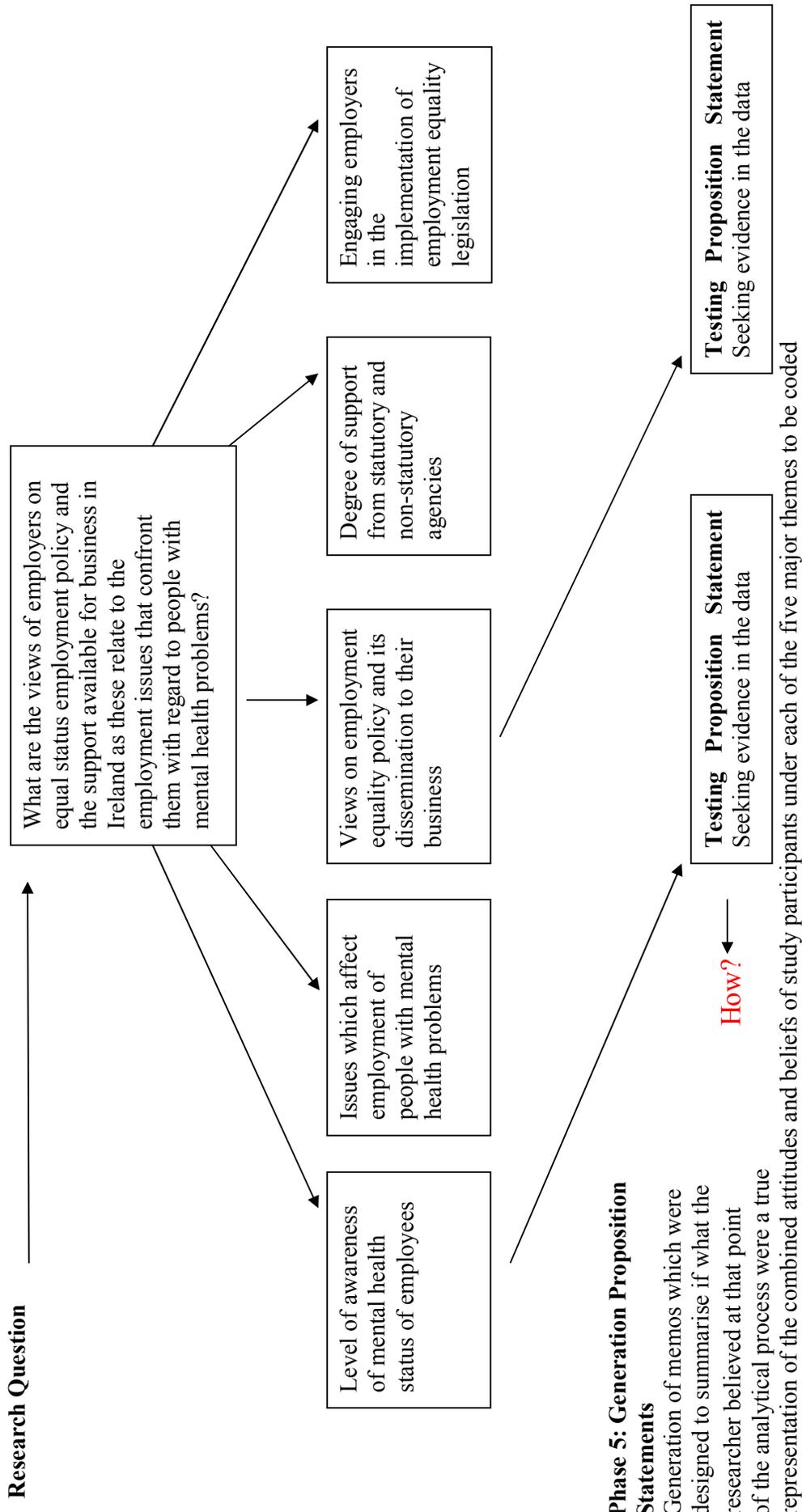
Each of the five themes from the research question were 'cross coded' to test their content against the four other themes

Appendix 23: Seven Stage Coding Framework: Phase 4- Coding On



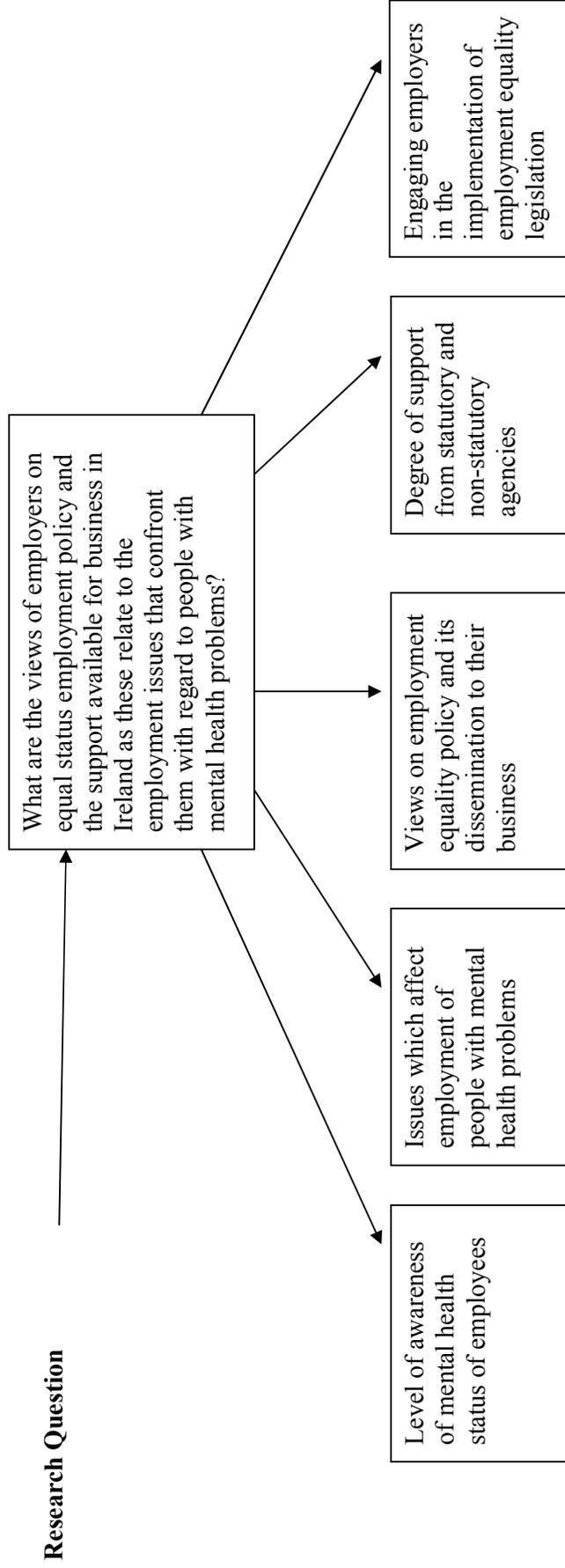
Phase 4: Coding On
 Major themes developed and populated in phases two and three were 'coded on' into their constituent parts. This process resulted in a 'hierarchical coding tree' which catalogued the emergent issues

Appendix 24: Seven Stage Coding Framework: Phase 5- Generating Proposition Statements



Phase 5: Generation Proposition Statements
 Generation of memos which were designed to summarise if what the researcher believed at that point of the analytical process were a true representation of the combined attitudes and beliefs of study participants under each of the five major themes to be coded

Appendix 25: Seven Stage Coding Framework: Phase 6- Testing Proposition Statements and Distilling Data



Phase 6: Testing Proposition Statement and Distilling Data

To distil data down to the core relevant supporting nodes and to validate each and every finding as being supported in the data (rule for inclusion).

Cross Tabular Query

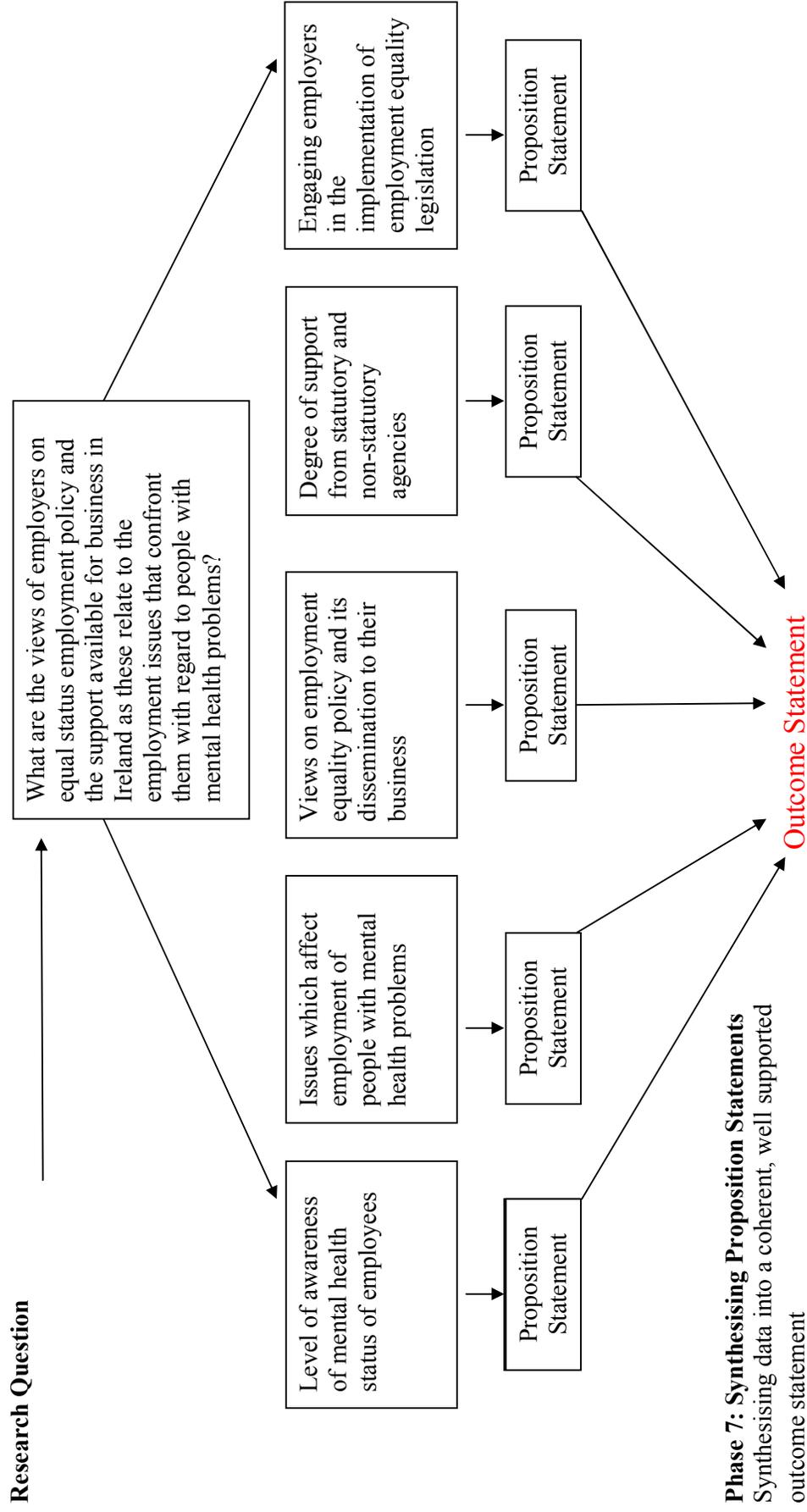
Results (Existing nodes)

Matrices (New nodes)

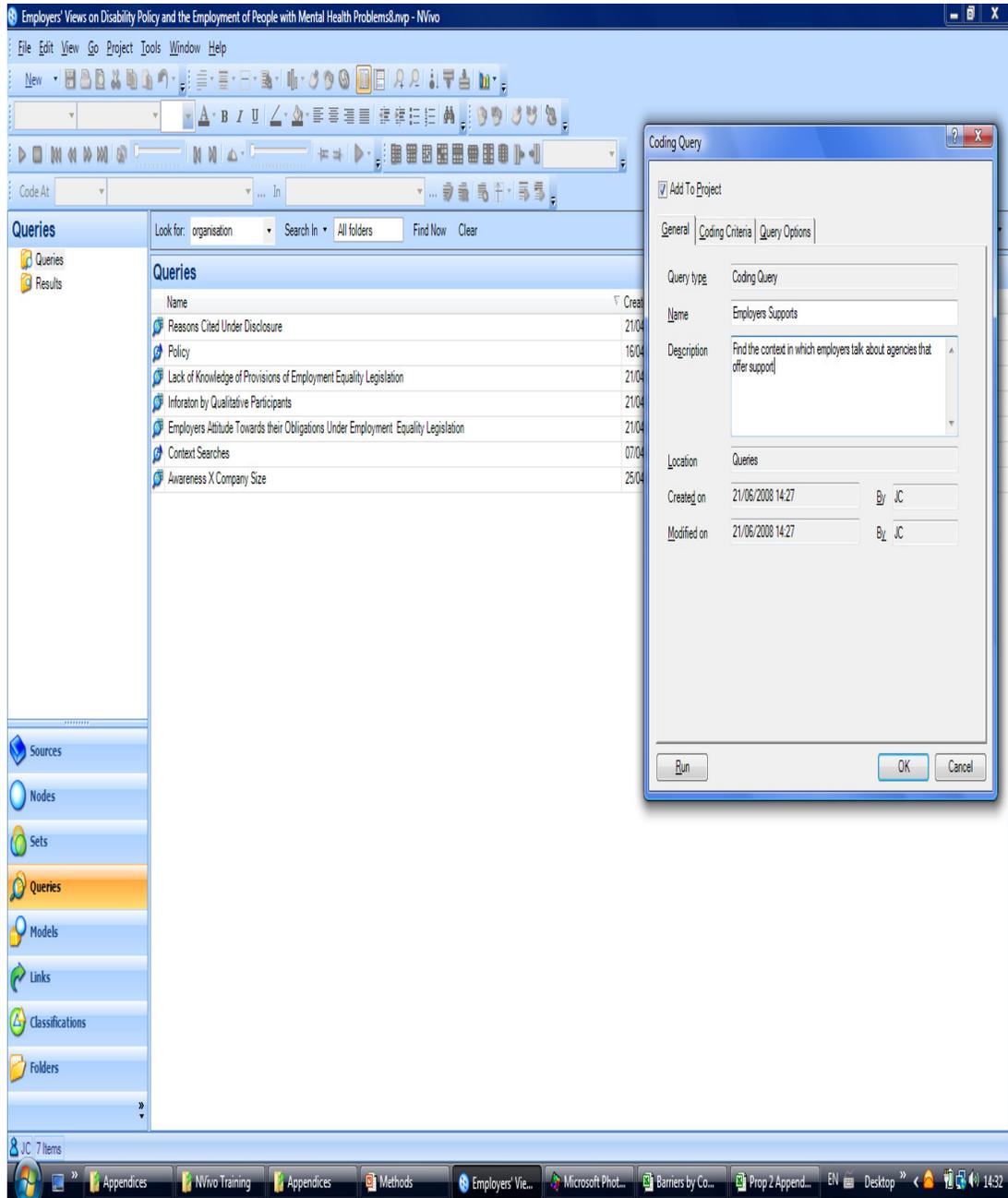
Reports (Merged nodes)



Appendix 26: Seven Stage Coding Framework: Phase 7- Synthesising Proposition Statements and Generating an Outcome Statement



Appendix 27: Example of a Compound Query



Appendix 28: Coding Comparison Query

Project: Employers' Views on Disability Policy and the Employment of People with Mental Health Problems

Generated: 16/04/2008 23:44

Source A	114 095 052 354	Document
Source B	344 291	Document

	Source A	Source B
Coding Coverage	42.37 %	24.93 %
Overlapping References	10	11
Non-Overlapping References	9	2
Difference in Coding	1	9

Tree Nodes\Phase 4 - Coding on\Combined topics\Level of awareness of mental health status of employees

	Source A	Source B	Overlap
Coding Coverage	42.37 %	24.93 %	
Overlapping References	10	11	
Non-Overlapping References	9	2	
References			
	537 - 3,762	749 - 1,872	34.84 %
	537 - 3,762	2,215 - 2,514	9.30 %
	537 - 3,762	2,516 - 6,172	22.13 %
	3,839 - 4,163	2,516 - 6,172	8.89 %
	4,164 - 5,884	2,516 - 6,172	47.06 %
	5,893 - 5,975	2,516 - 6,172	2.27 %
	6,832 - 7,710	6,792 - 7,004	18.82 %
	7,949 - 8,143	-	0.00 %
	8,276 - 8,850	-	0.00 %
	8,859 - 9,114	8,929 - 9,355	37.42 %
	9,555 - 9,586	-	0.00 %
	9,596 - 10,006	-	0.00 %
	10,050 - 10,351	-	0.00 %
	-	11,417 - 12,048	0.00 %
	12,294 - 13,406	12,594 - 12,837	21.92 %
	15,488 - 17,548	15,297 - 16,012	23.31 %
	19,058 - 19,826	-	0.00 %
	19,875 - 19,987	19,862 - 20,120	43.63 %
	23,348 - 24,160	-	0.00 %

Appendix 29: Example of a Database Report

Project: Employers' Views on Disability Policy and the Employment of People with Mental Health Problems

Coding By: Jenny Cunningham

<u>Name</u>	<u>Initials</u>
Jenny Cunningham	JC
<u>Total Users</u>	1

Internals\Focus Groups\114 095 052 354	Document
---	-----------------

<u>Node Coding</u>	<u>References</u>	<u>Coverage</u>
Tree Nodes\Phase 3 Cross Coding\Combined topics\Degree of support received from statutory and non-statutory agencies when employing someone with a mental health problem	9	21.64%
<i>Reference 1</i> Coverage 0.89%		<i>Character Range</i> 649 - 1005
<i>Reference 2</i> Coverage 0.81%		<i>Character Range</i> 3839 - 4163
<i>Reference 3</i> Coverage 9.94%		<i>Character Range</i> 9425 - 13408
<i>Reference 4</i> Coverage 1.31%		<i>Character Range</i> 14042 - 14565
<i>Reference 5</i> Coverage 0.16%		<i>Character Range</i> 14839 - 14905
<i>Reference 6</i> Coverage 0.23%		<i>Character Range</i> 14915 - 15006
<i>Reference 7</i> Coverage 0.52%		<i>Character Range</i> 18654 - 18862
<i>Reference 8</i> Coverage 1.67%		<i>Character Range</i> 34635 - 35304
<i>Reference 9</i> Coverage 6.11%		<i>Character Range</i> 35306 - 37753

<u>Node Coding</u>	<u>References</u>	<u>Coverage</u>
Tree Nodes\Phase 3 Cross Coding\Combined topics\Issues which affect employment of people with mental health problems	17	45.13%
<i>Reference 1</i> Coverage 14.14%		<i>Character Range</i> 3762 - 9425
<i>Reference 2</i> Coverage 0.08%		<i>Character Range</i> 9555 - 9586
<i>Reference 3</i> Coverage 4.74%		<i>Character Range</i> 10371 - 12269

Coding Summary Report

Appendix 30: Shows the Division of Companies into Data Sub-Sets for Detailed Analysis

The screenshot shows the NVivo software interface. The title bar reads "Employers' Views on Disability Policy and the Employment of People with Mental Health Problems8.nvp - NVivo". The menu bar includes "File", "Edit", "View", "Go", "Project", "Tools", "Window", and "Help". The toolbar contains various icons for file operations and analysis. The search bar shows "Look for: organisation" and "Search In: All folders". The sidebar on the left has "Sets" selected, with sub-items: "Full Qualitative Participants", "Large Companies", "Medium Companies", "Small Companies", and "Very Large Companies". The main window displays a table titled "Large Companies" with the following data:

Name	In Folder	Created On
344	Internals\Qual Responses from Quant Questio	03/04/2008 11:15
126	Internals\Interviews	03/04/2008 11:17
344 291	Internals\Focus Groups	03/04/2008 11:17
038	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
060	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
067	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
070	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
072	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
108	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
136	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
139	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
142	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
164	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
169	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
173	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
178	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
200	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
205	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
208	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
209	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
215	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
216	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
219	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
234	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
242	Internals\Qual Responses from Quant Questio	07/04/2008 10:54
284	Internals\Qual Responses from Quant Questio	07/04/2008 10:55
286	Internals\Qual Responses from Quant Questio	07/04/2008 10:55
341	Internals\Qual Responses from Quant Questio	07/04/2008 10:55
357	Internals\Qual Responses from Quant Questio	07/04/2008 10:55
362	Internals\Qual Responses from Quant Questio	07/04/2008 10:55
363	Internals\Qual Responses from Quant Questio	07/04/2008 10:55
369	Internals\Qual Responses from Quant Questio	07/04/2008 10:55

The status bar at the bottom shows "JC 37 Items".

Appendix 31: Coding List

ID	Description	Size of Business	Location
137	Business Man	Small Business	Tipperary
114	Business Woman	Small Business	Kilkenny
095	Business Woman	Small Business	Kilkenny
052	Business Man	Small Business	Kilkenny
354	Business Woman	Large Company	Kilkenny
344	Business Woman	Medium Business	Wexford
291	Business Man	Small Business	Wexford
222	Business Woman	Small Business	Waterford
249	Business Man	Large Business	Waterford
013	Business Woman	Small Business	Waterford
131	Business Woman	Small Business	Tipperary
039	Business Man	Small Business	Carlow
412	Business Woman	Large Business	Tipperary
126	Business Man	Large Business	Tipperary