Mental Health and Employment: context, concepts and complexity

A substantive and methodological contribution to knowledge, grounded in a common data set

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Abstract

This integrative chapter presents a synopsis of selected work completed during my time as a Research Fellow in the Social Policy Research Unit (SPRU) at the University of York. The doctoral submission is formed of two linked strands of published work: a *substantive strand* based on commissioned research on the interplay of mental health and employment; and a *methodological strand* which arose from the substantive work and investigated the effects of interview mode on researcher-participant interactions in qualitative research interviews.

The substantive strand of work comprises the reports of two commissioned research projects which examined employment transitions and job retention in the context of mental ill health, and a number of ensuing publications. The initial studies contributed to government understanding at a time when mental health and employment was high on the agenda, whilst the ensuing academic articles added to conceptual understandings of the complexities, contingencies and contextual dependencies surrounding how individuals and those around them manage mental ill health in the workplace.

The methodological component offers one of few robust, systematic comparisons of telephone and face-to-face interview modes in qualitative social research. The study applied the method of Conversation Analysis to research interview data in a novel way and, through a varied range of publications, has informed scholarly discussions about the conduct of qualitative research interviews in academic and applied contexts.

The chapter also considers policy and research implications arising from this body of work and details the associated scholarly activities undertaken which have contributed to the impact of the research.

In sum, this submission aims to demonstrate how my work has made an original contribution to substantive and methodological knowledge, alongside evidence of the acquisition and application of the range of skills and attributes expected of a doctoral level candidate.

List of contents

Followed by accompanying material comprising offprints/copies of
publications and signed declaration

List of accompanying material

Sainsbury, R., Irvine, A., Aston, J., Wilson, S., Williams, C. and Sinclair, A. (2008) *Mental Health and Employment* (DWP Research Report 513), Leeds: Corporate Document Services.

Irvine, A. (2008) *Managing Mental Health and Employment* (DWP Research Report 537), Leeds: Corporate Document Services.

Irvine, A. (2009) Managing mental health and employment: developing support for employees with mental health problems, *Occupational Health @ Work*, 6, 1, 17-21.

Irvine, A. (2010) Using phone interviews (Realities Toolkit #14). Online: http://www.socialsciences.manchester.ac.uk/morgancentre/methods-and-resources/toolkits/toolkit-14/

Irvine, A. (2011a) 'Common mental health problems and work', in Vickerstaff, S., Phillipson, C. and Wilkie, R. (eds) *Work, Health and Wellbeing: The challenges of managing health at work*, The Policy Press, Bristol, pp.39-58.

Irvine, A. (2011b) Duration, dominance and depth in telephone and face-to-face interviews: a comparative exploration, *International Journal of Qualitative Methods*, 10, 3, 202-220.

Irvine, A. (2011c) Fit for work? The influence of sick pay and job flexibility on sickness absence and implications for presenteeism, *Social Policy & Administration*, 45, 7, 752-769.

Irvine, A. (2011d) Something to Declare? The disclosure of common mental health problems at work, *Disability & Society*, vol 26. no.2, pp.179-192.

Irvine, A. (2012) Telephone interviewing in qualitative research, in S. Becker, A. Bryman and H. Ferguson (eds.) *Understanding Research for Social Policy and Social Work, 2nd ed.*, The Policy Press, Bristol, pp.297-302.

Irvine, A., Drew, P. and Sainsbury, R. (2013) 'Am I not answering your questions properly?' Clarification, adequacy and responsiveness in semi-structured telephone and face-to-face interviews, *Qualitative Research*, 13, 87-106.

Signed declaration

Acknowledgements

Author's declaration

The publications summited for consideration are all my own work, with the exception of the co-authored research report (Sainsbury, Irvine *et al*., 2008) and the co-authored article (Irvine, Drew and Sainsbury, 2013).

In the co-authored report, I wrote all the substantive sections which focused on the experiences of incapacity benefit recipients (found primarily in Chapters 2, 3, 4, 5 and 6). Data collection had been carried out by a team of three researchers (myself, Dr Wendy Mitchell at the Social Policy Research Unit and Chris Jacobs, a freelance researcher) following which I took sole responsibility for data extraction, analysis and writing of sections focused on the benefit recipient experience. A parallel strand of work, focused on employer experiences, was conducted by researchers at the Institute of Employment Studies, and findings were integrated into the final co-authored report.

In the co-authored article, I conducted all of the data collection and analysis upon which the paper is based, and wrote the full first draft of the paper, with subsequent advisory input on revised drafts from my co-authors.

1   Introduction

This integrative chapter presents a synopsis of selected work completed over the past eight years during my time as a Research Fellow in the Social Policy Research Unit (SPRU) at the University of York. The doctoral submission comprises two linked strands of published work:

- a *substantive strand* based on commissioned research on the interplay of mental health and employment; and
- a *methodological strand* which arose from the substantive work and investigated the effects of interview mode (telephone vs. face-to-face) on researcher-participant interactions in qualitative research interviews.

The substantive strand of work contributed to government and academic understanding at a time when mental health and employment was high on the agenda. The methodological component has informed scholarly discussions about the conduct of qualitative research interviews in academic and applied contexts.

Whilst the focus of each strand is distinct, the two are linked through their basis in the same empirical data set, which I had a major role in generating. There is a progressive quality to the body of work in that the methodological contribution arose from issues encountered in the conduct of the substantive research and drew upon those studies' source data in an example of secondary qualitative '*supra analysis*' (Heaton, 2004).

The works presented under these two strands demonstrate two aspects of my academic capabilities: (i) empirical research on a topic of policy relevance and (ii) application and advancement of research methods, both of which are core requirements of a doctoral-level candidate.

Publications forming the substantive strand of work include:

- the final reports of two qualitative research projects commissioned by the UK Department for Work and Pensions (one jointly authored, one sole authored);
- two sole authored peer-reviewed articles;
- one sole authored book chapter in an edited volume; and
- one sole authored article in a practitioner focused journal.

The two commissioned research projects were, from the outset, designed to be complementary, each looking at different aspects of the interplay between mental health and employment. The first (Sainsbury, Irvine *et al.*, 2008) considered the experience of incapacity benefits recipients who had moved from employment to benefits and (in some cases) back to employment again in the context of mental health problems. The second (Irvine, 2008) focused on sustained employment, participants being people who had retained jobs throughout periods of mental ill health.

Two academic articles arose from these commissioned studies, each of which focused in greater detail on a particular theme emerging from the data, placing the research findings in a broader theoretical and policy context than had been possible for the initial commissioned reports. Irvine (2011c; henceforth *Fit for Work?*) considered the influence of employment conditions on sickness absence whilst Irvine (2011d; henceforth *Something to Declare?*) addressed the theme of disclosure of mental health problems in the workplace.

Producing the academic articles involved a return to the original data to probe themes in greater depth than had been pursued in the original studies. Hence there was a re-reading of the full transcripts in order to revisit and expand upon the specific themes that were to be elaborated in the academic articles, rather than just a summarising of already published material. I also engaged more deeply with the existing academic literature, in order to locate and relate my work to relevant medical and sociological conceptualisations of mental health.

Two further publications arose through dissemination activities associated with the research projects. Following a conference presentation to the Greater Manchester Occupational Health Network, I was invited to contribute a non-academic article to the practitioner journal *Occupational Health @ Work*, which summarised my findings on 'what works' in supporting employees experiencing mental health problems (Irvine, 2009). Separately, I was invited to take part in a 'Collaborative Development Network' on Lifelong Health and Wellbeing, and from this was asked by the network convenors to contribute a book chapter based on the studies' findings (Irvine, 2011a).

Publications forming the methodological strand of work include:

- two peer-reviewed journal articles (one sole authored, one jointly authored);
- a section within an edited text book; and
- a methodological 'toolkit'.

The peer-reviewed articles (Irvine, 2011b; Irvine, Drew and Sainsbury, 2013) each present different aspects of the findings of the methodological study along with consideration of the implications for future research. The text book section (Irvine, 2012) and toolkit (Irvine, 2010) offer more practical guidance for researchers on the use of telephone interviews in qualitative social research.

In the sections that follow, I elaborate on the aims, methods, findings and policy and research implications of the studies underpinning this doctoral submission and explain how, as a whole, they make an original contribution both to substantive and methodological knowledge. I also outline the range of associated scholarly activities which I have undertaken in connection with these studies, which have helped to enhance their impact.

2   The interplay of mental health and employment: context and complexity

In this section, I begin with an overview of the aims and methods of the two substantive research projects on mental health and employment (2.1 and 2.2), in each case explaining my own role in these team-based studies. I then detail the contributions to knowledge made by these studies and the academic and non-academic publications that ensued (2.3). This is followed by a discussion of the policy and research implications that arise from my findings (2.4). The section concludes with some reflections on the impact of the work to date (2.5).

2.1   Mental Health and Employment (Sainsbury, Irvine *et al.*, 2008)

The first of the two studies (Sainsbury, Irvine *et al.*, 2008; henceforth *Mental Health and Employment*) was commissioned in 2007 by the Department for Work and Pensions (DWP). Its aim was to increase understanding of the interplay of factors

that lead to people claiming incapacity benefits for reasons of mental ill health and also those factors that support people's journey back into employment following mental health problems, with a view to informing job retention policy.

The study built upon DWP-commissioned exploratory quantitative and qualitative research on routes to incapacity benefits that had recently been conducted within SPRU (Sainsbury and Davidson, 2006; Kemp and Davidson, 2007). This new study was designed to focus specifically on mental health, as contemporary policy programmes aiming to move people off incapacity benefits and into employment, namely the *Pathways to Work* initiative and the *New Deal for Disabled People* which preceded it, had shown poorer results for people with mental health problems in comparison to other health conditions. Furthermore, the proportion of new incapacity benefits claims relating to mental health had been steadily increasing over recent years.

The study was conducted collaboratively by SPRU and the Institute of Employment Studies (IES). SPRU's remit was to conduct qualitative research with individuals who had claimed incapacity benefits due to mental health problems, looking at two trajectories: (i) the routes and circumstances leading to loss of employment and (ii) the circumstances that supported people to return to employment following a mental health-related benefits claim. In parallel to this, a team of researchers at IES conducted qualitative interviews with a range of employers of different sizes and sectors about their understanding and experience of supporting employees with mental health problems. Findings from each strand of the research were integrated into one co-authored report, published as *Mental Health and Employment*.

My own role in the study was to conduct around one third of the research interviews (the remainder conducted by project colleagues – see Author's Declaration), to extract the data from all of these interviews (colleagues' roles were limited to data collection) and then to conduct qualitative analysis of the full dataset and produce written content for the final report based on this analysis. In the published report, I authored all of the substantive sections focused on the experiences of benefit recipients (primarily found in Chapters 2, 3, 4, 5 and 6).

The key research questions within the benefit recipients strand of the research were as follows:

Transitions from work to incapacity benefit	Transitions from incapacity benefit to work
• How do people experience changes in health that precede a claim (for example: gradual or sudden changes; intermittent or continuous development)? • Why do people stop or leave work after experiencing a mental health condition? • What job retention responses are made by employers and employees? • What role is played by third parties (for example, General Practitioners (GPs), occupational health services, family and friends)? • What awareness is there of the Disability Discrimination Act and 'reasonable adjustment'?	• What are people's motivations to return to work? • How do people perceive their mental health as a barrier in their return to work? • How do employers' attitudes to people with mental health conditions contribute to people's experiences? • What role is played by third parties (for example, Jobcentre Plus, job brokers, GPs, occupational health services, family and friends)? • What employment do people take; are adaptations made to help people take employment; what role does the Disability Discrimination Act play? • What other factors contribute to a return to work (for example, financial incentives through the tax and benefit systems)?

The study group comprised 60 individuals (26 males and 34 females aged between 19 and 64 years) who were current or recent claimants of incapacity benefits with a 'main disabling condition' within the DWP administrative category *mental and behavioural disorders*. The study group was purposively selected to reflect the incidence of different mental health conditions among the claimant population, hence the sample was weighted towards the 'common' mental health problems of anxiety and depression. However, the study group also included individuals with experience of 'severe and enduring' mental health conditions such as bipolar

disorder or schizophrenia, and some with substance use problems (also included within DWP's *mental and behavioural disorders* category).

The research with incapacity benefits recipients looked at several aspects of mental health and employment, including: individual understandings and conceptualisations of mental ill health; talking about mental health in the workplace; impacts of mental ill health in work; absence and absence management; in-work adjustments; awareness and views on the Disability Discrimination Act (DDA); circumstances and decisions surrounding the departure from work; reflections on what might have supported job retention; influences on the return to work; and overall 'attachment' to work.

2.2   Managing Mental Health and Employment (Irvine, 2008)

The second DWP study (Irvine, 2008; henceforth *Managing Mental Health*) was also commissioned in 2007 and was from the outset conceived as a 'sister' study to the first. *Managing Mental Health* investigated the experiences of people who had managed to sustain employment throughout periods of mental ill health. The aims of the study were to understand the experiences of people in continuous work with mental health conditions, how they managed their conditions and what (if any) forms of support they used, with a view to enhancing DWP's understanding of effective job retention mechanisms.

My role in this project was to carry out around three-quarters of the research interviews (the remainder conducted by a project colleague), to extract data from the interviews I had conducted myself and then to take lead responsibility for carrying out qualitative analysis of the full data set and producing the final written report, published as the sole-authored *Managing Mental Health and Employment* (Irvine, 2008).

Specific research questions addressed by this study included:

- What is people's attachment to the labour market?
- What are people's motivations to stay in work and what factors influence motivation?
- How do people view what they can and cannot do in relation to work?
- Do people perceive their mental health to have been a barrier in sustaining work? In what ways?
- What is the role of the employer in people managing mental health conditions and sustaining work?
- How do employers' attitudes to people with mental health conditions contribute to people's experiences?
- Do people disclose their mental health condition to employers or work colleagues, and what are their reasons for their decisions?
- Where they exist, do company Occupational Health Services play any role?
- Are adaptations made to help people maintain employment (for example to the duties of a post, hours of work)?
- Are people aware of their rights and the duties on employers of the DDA? Do people have an understanding of 'reasonable adjustment'?
- What is the contribution of external in-work support services (such as Jobcentre Plus, specialist providers, job brokers etc.) in maintaining employment?
- What is the role of GPs, hospital doctors and other treatment services?
- What is the role and influence of other third party actors (such as trades unions, advice agencies, family and friends, support groups)?
- Are there other factors that contribute to sustaining work (such as financial incentives through the tax and benefit systems)?
- How do people view the future?

The study group comprised 38 individuals with experience of mental health conditions who had retained paid employment for a period of at least 12 months. As there was no obvious sampling frame for such a population, the study used a number of recruitment strategies, making approaches via employers of different sizes and sectors and also non-governmental employment support organisations. It proved

challenging to engage participants working within small enterprises and the resulting sample comprised predominantly people employed within large organisations and in skilled, non-manual and relatively senior roles. The study's findings therefore pertained to a fairly narrow and specific range of employment circumstances, but this allowed for enlightening comparisons to be drawn with the findings of the earlier study *Mental Health and Employment*, in which the sample had comprised predominantly people in lower skilled and manual roles. Similar to the first study group, however, the majority of participants in *Managing Mental Health* had experienced common mental health problems of anxiety and/or depression. Many also talked about work-related 'stress', not currently recognised as a formal diagnostic category but understood to be part of the continuum of mental health (e.g. Robertson, 2005; Waddell and Burton, 2006).

The study looked at a number of aspects of managing mental health in employment, including: disclosure of mental health problems; the responses of employers and colleagues; impacts of mental health problems on people's performance at work; key factors in job retention; and ways in which support could be improved.

2.3   Contributions to substantive knowledge

Through their detailed exploration of people's experiences of managing mental health in work (be that successfully or unsuccessfully), one contribution of the two substantive studies was to identify the range of factors that were important in helping people to remain in or return to work. Key among these were: rapid access to effective treatment for mental ill health; supportive management of absence and returns to work; effective workplace adjustments (among which flexibility was particularly significant) and positive relationships with managers and colleagues. My findings in this respect largely echoed and reinforced messages from previous studies on job retention and mental health, for example, Secker and Membrey (2003), Thomas, Secker and Grove (2002), Thomson, Neathey and Rick (2003) and Thornicroft *et al*. (2008).

However, through the dual focus on individuals who had lost employment and those who had retained their jobs, the two complementary studies were able to make a more specific contribution to new knowledge regarding the role of *broader contextual factors* in sickness absence and overall job retention, at both the

individual and organisational level. Additionally, in their primary focus on *common* mental health problems (as opposed to severe and enduring conditions), the studies brought to light complexities associated with the blurred boundaries between 'normal' distress and milder forms of mental illness. In particular, my analysis of how people talked (or did not talk) about common mental health problems at work led to new conceptual knowledge in the area of *understandings of workplace disclosure* of mental health problems. The focus on common mental health problems also raised questions about the *salience and applicability of the disability equality legislation* in the context of milder and more fluctuating conditions. Finally, reflecting on contemporary policy developments in the area of fitness for work, I identified an apparent paradox relating to contrasting interpretations of *presenteeism*.

Each of these areas of contribution is discussed below, drawing links to the broader empirical and conceptual literature.

2.3.1   *The role of context in sickness absence and job retention*

By contrasting the experiences of individuals who had come to leave their job and claim incapacity benefits with those who had retained work throughout periods of mental ill health, the studies identified important influences on sickness absence and overall job retention both at the overarching structural level and at the level of individual motivations and decision-making.

My analysis of the influence of contextual factors on *sickness absence* was elaborated in the peer-reviewed article *Fit for Work?* (Irvine, 2011c). The paper considered the role that overarching structural factors within the employment context may have on people's decisions to attend or to take sickness absence from work, independent of the severity of the health problem itself.

In the article, I highlighted three ways in which non-health factors – specifically, sick pay entitlement, job control and flexibility – may influence employees' decisions about the extent and length of sickness absence when experiencing mental health problems. Firstly, people's decision to go off sick in the first place may be influenced by: whether or not they have access to paid sick leave at all; the duration and level of payments; and the consequences for their longer term employment of being away from the job. I described this as an individual's weighing up of the

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viability of taking sick leave. People in *Managing Mental Health*, who had permanent roles with relatively generous periods of entitlement to occupational (rather than statutory) sick pay sometimes gave this as a rationale for the viability of taking time off work. In contrast, as exemplified in *Mental Health and Employment*, for people in insecure employment (including those employed via agencies, freelancers, and people in other casual work), the financial consequences of taking time off sick may be more immediate and severe, and in some cases time off may in effect quickly result in unemployment (see also Davidson and Kemp, 2008), hence people may be more inclined to continue going to work when unwell.

Secondly, sick pay entitlement may also influence decisions to return to work from absence, indicated by the finding that only a minority of participants in *Managing Mental Health* who had taken time off sick had *stayed* off sick beyond the point at which their entitlement to full-salary occupational sick pay was exhausted. Some had not felt ready to return to work at this time, but financial factors had been a stronger influence than ill health.

Thirdly, I argued in *Fit for Work?* that job control and the extent to which an individual is able to exercise flexibility in their location, schedule or pace of work play an important role in whether or not people feel the need to take time off sick. Many participants in *Managing Mental Health* were in non-manual and senior roles with a relatively high degree of autonomy, meaning that they could 'work around' periods of poorer mental health (using flexitime or working at home arrangements) and hence minimise or entirely avoid formal sickness absence. This again contrasts with people in lower-skilled occupations which may offer less scope to manage work alongside fluctuating mental health.

The role of non-health factors in *overall job retention* was considered primarily in Chapter 7 of *Managing Mental Health*, where I proposed that a range of contextual influences at both the structural and individual level played a part in people's ultimate employment outcomes. At the structural level, contextual factors were similar to those identified as influencing sickness absence and included: security of contractual status; sick pay provision; size of employer; and sector/job role. The key point here is that it is not necessarily or only the severity of a health condition that influences the extent of a person's 'fitness for work'. Rather, broader contextual

factors of the overarching employment conditions play a significant part. Job role and working conditions, including flexibility, control and autonomy – which together have been termed 'adjustment latitude' (Johanssen and Lundberg, 2004) – could make the difference in whether an individual was able to perform in and ultimately retain their work whilst experiencing ill health. In sum, considering health status alone, or in isolation from the specific context and characteristics of a given job, will not provide a meaningful picture of an individual's capacity to carry out their work.

At the individual level, I suggested that contributory factors in employment outcomes include: decisions about workplace disclosure; expectations of employer support (including knowledge of employment rights); and the concept of 'attachment' to a particular job or employer. Among participants in both studies, there was widespread commitment to being in employment and general agreement with the stance that 'work is good for you'. However, some people had altered their perspective on the importance or priority given to paid work within their broader life, following the experience of mental illness. Additionally, there was much diversity in people's employment histories, career pathways and how strongly they felt about their particular job or profession – which seemed to some degree to be related to age and life-course stage (for example, there was some suggestion that younger people who did not yet have an established profession or career path could be less committed to retaining a *particular* job). The concept of 'attachment' to work and especially the ways in which commitment to a specific career or a particular employer might influence employment outcomes in the context of mental ill health are thus themes which I would like to pursue in future work, as I discuss further below.

The findings of my two substantive studies contribute to the broader body of literature which has drawn attention to the role of factors *beyond health itself* in influencing employment outcomes and benefit claims. Prior to my own studies, the influence of secure vs. insecure employment had already been highlighted in SPRU's foundational work on routes to incapacity benefit (Davidson and Kemp, 2008) and has again been emphasised recently in further commissioned research on this topic for DWP (Adams *et al*., 2015), which found that the predominant reason why such a high proportion of people move from work to Employment and Support Allowance

(ESA) without any period on sick leave is the absence of a secure contract of employment.

My findings on the role of control, flexibility and 'adjustment latitude' have particular resonance with the more recent work of Baumberg (2014; 2015) who has emphasised the distinction between *ill health* and *incapacity*. Whilst not questioning the validity of people's illness, Baumberg argues that incapacity for work is very much context dependent: two individuals experiencing the same health condition may or may not be able to retain work, depending on the context and nature of that work and their broader personal capital (e.g. education level). This echoes the findings of my own studies, which showed that the nature or severity of an individual's mental health condition was not necessarily the most influential factor in job retention.

Regarding the multi-layered set of influences on the trajectory from benefits back into employment, my work sits alongside that of Beatty and Fothergill (e.g. Beatty and Fothergill, 2005; 2013) who have argued for the concept of 'hidden unemployment', whereby people in poor health are pushed to the end of the queue for jobs in restricted labour markets, and the work of Lindsay, Houston and colleagues who present a tripartite influence of health, skills and labour market on claims for incapacity benefits (e.g. Lindsay and Houston, 2013; Lindsay *et al*., 2015). Within the policy arena, the government-commissioned independent review of sickness absence (Black and Frost, 2011) also acknowledged the role of economic factors, social influences and individual beliefs on work outcomes in the context of common health problems. However, as noted, I feel a gap remains in research on the nature and relative influence of individual drivers and motivations in job retention.

2.3.2 A new disclosure dimension

A second original contribution of the work submitted here was to identify a previously unrecognised dimension to understandings of workplace disclosure, particular to the disclosure of *common* mental health problems. This aspect of my analysis was elaborated in the article *Something to Declare?* (Irvine, 2011d).

Disclosure is a well-established concept that has been studied in relation to a number of social 'stigmas' (Goffman, 1963) including homosexuality, criminality and

physical disability as well as severe and enduring mental illness. However, there had been a lesser focus on disclosure of *common* mental health problems and data from my studies presented an opportunity to contribute to this gap in the academic literature. The specific finding which had emerged from the two substantive studies was that, for some people, non-disclosure of mental health problems had not been influenced so much by a sense of stigma, but instead resulted either from *lack of recognition* of mental illness or from *a different framing* of the experience, at least in the initial stages.

In reviewing the existing literature as I developed the journal article (see Irvine, 2011d for full references), a set of common considerations around disclosure emerged, including: whether to disclose at all; when and how to disclose; what and how much to disclose; and to whom disclosure would be made. However, previous scholars had invariably begun from the assumption that individuals made their disclosure decisions from a position of conscious awareness and a clear conceptualisation of their stigmatised characteristic. What emerged from my studies was that some people did not talk about difficulties at work because they did not consider themselves to *have* a mental health problem at all. Rather they saw what they were experiencing as a perhaps intense but nevertheless 'normal' level of stress or emotional distress. There were also people who had talked to others in their workplace about difficulties of one type or another that they were experiencing in their home or work lives, but they did not express these in medicalised language, hence again did not disclose a 'mental health condition' as such.

I therefore suggested that there was a further dimension to be added to existing understandings of the concept and processes of workplace disclosure, particularly in relation to common mental health problems, namely the question of whether there is in fact *something to be disclosed*. The nuances that underpinned this new dimension of disclosure relate to the concept of mental health as a continuum (see Wilson and Beresford, 2002) along which people may move in both directions at different times in their lives and the biopsychosocial nature of mental distress. Closely related to this are theoretical debates about the distinction - or lack thereof - between mental illness and 'normal' sadness or stress (e.g. Horowitz, 2007; Payton, 2009; Westerhof and Keyes, 2010). For some people in my studies, awareness of a mental health problem had been sudden and unambiguous, but for many it had been a gradual

realisation, which was sometimes hard to accept. People's approaches to and experiences of disclosure had thus been complicated by their own understandings of the blurred boundaries between 'normal' stress/distress and mental illness, and others' responses to expressions of personal or interpersonal difficulties that were not (yet) expressed in the language of medical diagnoses.

Looking to the broader literature, non-disclosure of mental health problems is frequently attributed to concerns about stigma. The *Time to Change* campaign[1] which since 2007 has worked to end stigma and discrimination faced by people with mental health problems, defines stigma as 'the perception that a certain attribute makes a person unacceptably different from others, leading to prejudice and discrimination against them'. Thornicroft (2006) has offered a more nuanced conceptualisation of stigma which usefully distinguishes between ignorance (lack of knowledge or inaccurate knowledge), prejudice (fear, anxiety and avoidance) and discrimination (exclusion and inequality). Stigma among employers is frequently cited as a factor in the low employment and job retention rates of people with mental health conditions (see Lelliot *et al*., 2007, pp. 7-10 for a comprehensive overview).

In the two mental health studies, stigma undoubtedly played a part in some people's decisions not to mention past or current mental health problems to employers (particularly at the point of applying for a new job), with perceptions that this would damage recruitment prospects or opportunities for career progression. However, what my data also revealed was that non-disclosure (especially when problems arose whilst *already in* employment) was sometimes a result of lack of recognition of a mental health problem. As such, my paper suggested that increasing the focus on *mental wellbeing* and *positive mental health* (rather than 'illness' or 'conditions') within both policy and public health discourse may therefore be one step towards enabling individuals better to recognise early warning signs of mental ill health and to have the language in which to talk with, and be heard by, others.

2.3.3   The role of the Disability Discrimination Act

The Disability Discrimination Act (DDA) 2005 which was in place at the time of my research (now encompassed by the Equality Act 2010) required employers to make

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[1] Led by Mind and Rethink Mental Illness and supported by the Department of Health, Comic Relief and the Big Lottery Fund (see: www.time-to-change.org.uk)

'reasonable adjustments' to recruitment procedures and employment conditions for people with disabilities, including mental health conditions, that have a substantial and long-term effect on the individual. Participants in both of the mental health studies were asked about their knowledge of the DDA and, as applicable, the role it had played in their own experience of managing mental health in work. Only a minority of the incapacity benefits recipients who took part in *Mental Health and Employment* were aware of the Act. However, when given a brief outline by the researcher, it was notable that very few felt that knowledge of the DDA would have made a difference to their employment outcomes. One reason for this was that some people did not wish to receive 'special treatment' at work, seeing any difficulties in carrying out their role as their own responsibility and not something their employer should be expected to accommodate. A second reason was that people did not perceive their mental health issues as a 'disability' or even see themselves as being 'ill' in some cases. A larger proportion of participants in *Managing Mental Health* (people who had retained employment) described some level of awareness of the DDA and some had drawn upon the Act explicitly in their own situation. However, there remained a number of participants who believed the Act would have little relevance for them, again because they did not consider themselves 'disabled'. These views were linked to people's perceptions of their mental health difficulties as fluctuating, temporary and/or at the milder end of the mental health continuum and raise questions about the salience and applicability of disability employment legislation in the context of common mental health problems.

2.3.4   The 'presenteeism paradox'

My 2011 article *Fit for Work?* was relevant to contemporary policy developments in the area of sickness absence management, appearing at a time when new initiatives including the Fit for Work Service and the GPs Statement of Fitness for Work (known colloquially as the 'Fit Note') were being piloted and rolled out[2]. Each of these policies aimed to reduce the length of time people spent off sick from work and, significantly, to increase the extent to which employees continued to attend work alongside and in spite of ongoing health issues. Underpinning these policies was a wish to effect a change in perceptions of what constitutes fitness for work

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[2] Both of these stemming from Dame Carol Black's review of the health of the working age population (Black, 2008)

among employers, employees and general practitioners, such that people were not required to be '100% fit' in order to attend work but could continue to carry out their role with appropriate adjustments in place (HWWD, 2010). Hence, in *Fit for Work?*, I also drew attention to an apparent paradox, which I had not seen commented upon elsewhere, between the new fit for work policy agenda and concurrent concerns about the negative impacts of 'presenteeism' – a term which describes individuals turning up to work in poor health but performing below expectations because of their ongoing illness. The Centre for Mental Health (2007) has estimated that presenteeism is responsible for 1.5 times as much working time lost as absenteeism and is more costly to employers due to its being more common among higher-paid staff. As I note in the article, employees coming to work despite ill health was therefore being presented simultaneously as both an economic problem and a policy aspiration, with seemingly no recognition of this contradiction.

2.4   Policy and research implications

In this section, I consider the policy and research implications which arise from each of the four main contributions to knowledge described above, along with an additional reflection on the need for further research into the experience of managing mental health in small businesses.

2.4.1   *Recognising contextual influences on job retention*

Considering the vocational rehabilitation of individuals claiming incapacity benefits, what seems clear from my own studies, alongside the work of Baumberg (2014; 2015) and others writing in the vocational rehabilitation field (e.g. Kirsh, 2000; Law *et al*., 1996; Shaw and Polatajko, 2002), is the crucial importance of considering *specific roles* – rather than generic 'readiness for work' – when seeking to place an individual back into employment. This requires far greater direct involvement of employers than is the case in current Welfare to Work strategies (see Ingold and Stuart, 2014), as there is a need for specific job matching and job brokering, along with support to discuss effective in-work support and adjustments. Despite ongoing attempts by Government to identify and implement strategies that assist people

experiencing mental health problems into work[3], it seems that many of these initiatives continue to focus on the individual in isolation from a specific job role or employer-employee relationship[4]. On the other hand, recent policy initiatives focused on *retaining* employment for those who do have a job to return to (including the Fit for Work service and the shift from sick notes to 'fit notes') do have a somewhat greater focus on improving communication and collaboration with the individual's employer, which in light of my research findings can be seen as a positive step.

However, strategies which appear most effective, for example, the Individual Placement and Support (IPS) model of vocational rehabilitation (which incorporates the crucial features of job brokering and ongoing in-work support) are resource intensive and require much individualised and long-term input. Arising from recommendations of a Government-commissioned review to expand the evidence base on common mental health problems and work (van Stolk *et al*., 2014), IPS has recently been trialled as an intervention for people experiencing common mental health problems[5]. The pilot evaluation (Steadman and Thomas, 2015) reported highly positive feedback from pilot participants but job entries at only around 10 per cent and a number of challenges around service delivery relating to participant retention, timescales and resources. As such, whether such a resource intensive approach is possible to implement at the scale required of the current incapacity benefits caseload seems questionable.

Although my thesis has focused primarily on emphasising the role of *non-health* factors in job retention and rehabilitation, it should be noted that, for a majority of study participants, 'feeling better' was a fundamental factor in their return to work (be that from benefits or from long-term sickness absence) and many participants highlighted the value of rapid access to psychological treatments. These findings provide endorsement of the Improving Access to Psychological Therapies (IAPT)

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[3] See, for example: https://www.gov.uk/government/news/12-million-to-help-people-with-mental-health-problems-get-back-into-work and the recent pilots of Group Work Psychological Wellbeing (see Callanan *et al*., 2015) and Telephone Support Psychological Wellbeing (see Kotecha *et al*., 2015)
[4] Relatedly, current mechanisms for establishing entitlement to incapacity benefits, namely the Work Capability Assessment, fail to take into account the 'real world' context of fitness for work (Baumberg *et al*., 2015)
[5] The IPS approach originated as a vocational rehabilitation strategy for severe and enduring mental health conditions

programme that was under way at the time of the research and which has continued to develop. IAPT has reported positive impacts both on mental health recovery and employment outcomes (Department of Health, 2012) and a pilot of placing employment advisers within IAPT teams reported benefits including the resolution of work-related problems and quicker returns from absence (Hogarth *et al*., 2013).

However, despite this evidence to suggest that policy can be effective in tackling the health aspects of job retention and rehabilitation, my research findings point to inherent challenges for policymakers in tackling mental health and employment, in that some of the strongest influences on job retention seem difficult areas in which to 'intervene' as such, namely the role of overarching employment conditions and individual motivations. Whilst structural (labour market) influences and the role of occupational 'fit' have been highlighted by others in the academic arena and are beginning to receive recognition within policy, I feel there is scope to further explore the role of *individual or intrinsic* motivations in job retention in the context of common health problems (both physical and mental). I have recently begun to elaborate this analysis in a draft paper (submitted to the journal Work, Employment and Society) in which I suggest there may be value in drawing upon concepts from management and organisational theory, including *work orientation* (Zou, 2015), *organisational commitment* (Allen and Meyer, 1990; Meyer and Allen 1991; Meyer and Herscovitch, 2001) and *job embeddedness* (Mitchell et al., 2001), in furthering understandings in this area. In the broader management literature, these concepts are typically brought to bear in analysis of general employee turnover or 'intention to stay'. However, there does not seem to have been a direct focus on how these concepts might be applied in the context of ill health and employment (though see Holmgren *et al*., 2013; Meyer and Maltin, 2010).

My data pointed to a distinction between commitment to work *per se* and commitment to a *particular* job. For some people in *Managing Mental Health*, who tended to be in more secure and senior employment, motivations to retain their job even in the face of significant mental health difficulties seemed to relate to the long-term investment they had made in their career and with a particular employer. This contrasted with many participants in *Mental Health and Employment* who, although they expressed a strong commitment to work in general, did not seem to have such

strong connections to a particular employer or career track. These differences seem to have been influential in job retention.

To begin to question the role of individual motivations in job retention or job loss is a controversial area into which to tread. There is currently a voice among the academic social policy community working to dispel impressions of benefit receipt as a 'lifestyle choice' and of claimants as 'shirkers' or 'scroungers' (see, for example, Garthwaite, 2014; Garthwaite *et al*., 2014; Patrick, 2014). However, I feel there is a strand of evidence embedded in the data from my two mental health studies which bears further interrogation to elucidate the concepts of attachment to work overall vs. attachment or commitment to a *specific* job or career path, and the way this distinction may bring to bear on job retention in the context of mental ill health.

2.4.2   *The relationships between disclosure, stigma and mental health literacy*

My finding that non-disclosure of common mental health problems in the workplace could be a result of lack of recognition rather than concerns about discrimination suggests that, as well as pursuing campaigns to reduce the stigmatisation of mental health problems, there is equally a need to focus on raising awareness of the nature of mental (ill) health so as to support the early recognition and response to mental health difficulties. An overarching conclusion of both mental health studies was the need for greater understanding, awareness and openness about mental ill health among employers, employees and society more generally. This can be encapsulated in the concept of *mental health literacy*, defined as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention' (Jorm *et al*, 1997; see also Goldney *et al*., 2001; Jorm, 2000; Jorm, 2012). However, whilst useful, the concept of mental health literacy appears to focus on clinically defined disorders. As I conclude in *Something to Declare?*, the findings regarding the blurred boundaries at the milder end of the mental health continuum imply that alongside greater understanding of mental health 'conditions', there would be value in a broader focus on mental wellbeing and the proactive management of positive mental health, bringing into play more accessible language and 'lay' discourses that do not depend on notions of illness, disability or disorder. In this respect, further research into the way laypersons talk about lived experiences and understandings of common mental health problems would be of benefit (cf. Hogg, 2011; Karp, 2006), utilising

'illness narrative' or 'storyline' interview methods (Alverson *et al*., 2007; Bury, 2001; Rigg and Murphy, 2013) and a more interpretive analytic approach than was adopted in the present studies (e.g. Interpretive Phenomenological Analysis; see Smith, Flowers and Larkin, 2009)[6].

The findings that lack of understanding, misconception and a reluctance to discuss mental health could present obstacles to constructive management of mental ill health in the workplace lend support to awareness-raising activities that were in existence around the time of my studies and others which have emerged over recent years, including the *Mindful Employer* initiative[7], Mind's *Taking Care of Business* campaign[8], the *Impact on Depression* training package delivered by the Centre for Mental Health and also initiatives targeted at raising awareness among the general public such as the Mental Health Foundation's annual *Mental Health Awareness Week*[9]. A recent survey of people working for Mindful Employer Charter signatories (Mindful Employer, 2014) found improvements in the number of employees who had talked to their manager about a current mental health condition, suggesting that initiatives which support employers to improve their awareness and engagement in workplace mental health can in turn increase levels of disclosure and hence the quality of support that can be offered. Results from *Impact on Depression* training also indicate significant improvements in managers' knowledge, attitudes and confidence to engage and act in response to employee mental ill health (see Centre for Mental Health, 2010). To highlight one example from the wider international context, there have also been positive reported outcomes from the 'Employer Guides' pilot initiative in Norway, which offers assistance to employers/managers to improve their ability to take on and retain individuals with mental health or substance use problems (Schafft, 2014).

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[6] Interestingly, although the role of illness perceptions seems to have gone largely unrecognised in the workplace disclosure literature, it has been recognised within the arena of general practice (e.g. Prior *et al*., 2003) and in a recent example particularly pertinent to this submission, Tarber and Frostholm (2014) draw together the two strands of this thesis in presenting a conversation analytic assessment of how patients speak about common mental health problems in GP consultations.
[7] www.mindfulemployer.net
[8] http://www.mind.org.uk/media/43719/EMPLOYERS_guide.pdf
[9] www.mentalhealth.org.uk/our-work/mentalhealthawarenessweek

2.4.3   *The salience of disability discrimination legislation*

My research findings pointed to implications around the salience and applicability of the disability discrimination legislation in the context of common mental health problems. As I conclude in *Managing Mental Health* (p.135), in light of the finding that many participants did not consider themselves to be 'disabled' (and indeed some may not have met the criteria for inclusion under the DDA), it may be that there is a need for alternative way in which government can drive momentum around supporting employees with milder mental health difficulties. This may again involve a broader and more holistic focus on employee wellbeing and ongoing awareness-raising activity to improve openness around mental health in the workplace. Progress in this direction can be seen in the recently published NICE guidance on management practices around workplace health (NICE 2015) and earlier guidance on promoting wellbeing at work (NICE, 2009).

2.4.4   *Exploring the presenteeism paradox*

The presenteeism paradox appears to persist in current policy discourse. Recent outputs from the government's Fit for Work service (Fit for Work 2015a, 2015b) have drawn attention to the 'problem' of presenteeism. Interestingly, given the service's direct origins in the Government-commissioned reviews of workforce health and sickness absence (Black, 2008; Black and Frost, 2011) these articles have focused on presenteeism only as a problem – seemingly not recognising the contradictions inherent with a policy agenda seeking to keep people with health conditions in the workplace. Likewise, the recent NICE guidance (NICE 2015) on workplace health includes a relatively large discussion of the negative cost, productivity and health implications of presenteeism, with no recognition that being at work despite ill health is simultaneously an aim of current health and work policy. I would suggest, therefore, that there is scope for further research exploration of the implications and trade-offs in balancing this paradox: how far is it beneficial for individuals (and employers) to keep coming to work whilst experiencing mental health problems and at what point does sickness absence become 'justified' or 'necessary'?

These questions also have resonance with the matter of stigma around mental health in the workplace. Stigma is implicitly presented as an unjustified response to mental

illness. However, the findings of the present studies raise challenging questions about the extent to which perceptions of lower capacity for work are unequivocally misplaced. By their own admission, many research participants in the present studies identified a number of ways in which their work *had* been negatively affected by mental ill health, including impacts on productivity, concentration, timekeeping, and engagement in or attitude towards their work (see also Glozier, 2002; Haslam *et al*., 2005; Honey, 2002). There were also impacts on attendance, with both frequent intermittent absences and longer term absences described. Mental health problems are the third largest cause of days lost to sickness absence in the UK (ONS, 2014) and there is evidence that people experiencing anxiety and depression take significantly more time off work than those who do not (Glozier, 2002). We might ask, therefore, where is the boundary between prejudicial stigma and the legitimate productivity concerns of employers? This is in no way to suggest that employers are justified in ruling out the employment of people experiencing mental health problems. Only to recognise that anti-stigma campaigns that target attitude and behavioural change at a societal level may need more nuanced application when it comes to considering the lived experience and coping strategies of both employee *and employer*, with recognition of the challenges faced by both parties. Again, this is an area where further research would be of value.

2.4.5   *Managing mental health in small businesses*

In addition to the above, I am also keen to pursue research on managing employee mental health in small businesses. To date, the majority of research and guidance on managing mental health in the workplace draws on the experiences of larger organisations, whose circumstances, resources and opportunities differ significantly from those of micro- and small businesses. As the obtained sample for *Managing Mental Health* was dominated by people working for large employers, the study was unable to contribute to filling this gap in knowledge. My 2008 report concluded that there remained a need for further focused research in this area and (having kept abreast of academic and policy outputs in this area in the ensuing years) this is a gap that I feel has not yet been filled (though see the recent discussion paper by McEnhill and Steadman, 2015). I have so far submitted proposals on this theme to three funders (variously with colleagues within and outside of SPRU), but we are as yet to achieve a match with funder priorities. However, as described further below, I have

recently been pursuing knowledge exchange activities with the Federation of Small Businesses, and I hope that the learning gained from these events will help to boost the relevance and appeal of a redrafted proposal in due course.

2.5   Impact

Regarding impact of the two core studies, it has been somewhat disappointing over the intervening years to find that the DWP publications themselves have been rarely cited in policy papers or subsequent government-commissioned research. This perhaps reflects the challenges of linking research to policy change, even through directly commissioned studies (see, for example, the special issue of *Evidence and Policy* (2013, 47, 4)). In revisiting the two main published reports in the process of compiling this thesis, I also acknowledge the dense and somewhat impenetrable nature of these lengthy works, highlighting the value of developing more focused 'single theme' papers (be that academic or non-academic) which distil subsections of large, multi-stranded government reports into more focused and accessible standalone articles. Reflecting this, my two peer-reviewed papers have received a number of citations (mainly in academic but also in some non-academic publications). The online network *ResearchGate* indicates that as of December 2015, *Fit for Work?* has been cited by nine other scholars and read (via *ResearchGate*) 25 times. Corresponding figures for *Something to Declare?* are five citations and 46 reads.

Based on the findings of the studies described above, I gave a number of presentations, including an individual paper at the annual conference of the Social Policy Association (SPA) (Edinburgh, June 2009), symposium papers at the following year's SPA conference (Lincoln, 2010) and at the Division of Clinical Psychology Annual Conference (York, December 2013), and invited seminars at Edinburgh Napier University (November 2009), University of the West of Scotland (January 2010) and Sheffield Hallam University (May 2011). Findings were also disseminated to a practitioner audience at the Greater Manchester Occupational Health Network Conference (Salford, June 2009) in which I gave a joint presentation alongside Dr Emma Lindley, an associate with both academic and lived experience in the area of mental health.

In recognition of my knowledge of this field, I was in 2009 invited to contribute to the Perkins Review of employment support for people with mental health conditions (DWP, 2009). The following year, I was invited to be part of a collaborative research project exploring the health, economic and social impacts of effective employment services in mental health, working with Sheffield Hallam University and the University of Liverpool. In 2012 I also took part in a round-table discussion with international scholars as part of the OECD Mental Health and Work review (OECD 2014; 2015). Recently, I was again approached by my associates at Sheffield Hallam in a consultative capacity to give advice on the development of a topic guide for a new project on the theme of young people, mental health and employment[10]. I was also asked to give a keynote address at the project's launch event, although I was unfortunately unable to fulfil this latter request due to incompatible timeframes.

Additionally, I have been invited to peer-review articles on related themes for the journals *Primary Health Care Research and Development*, *Policy Studies*, *Health and Social Care in the Community*, *Social Policy and Administration* and the *Journal of Social Policy*.

In recent months, I have also been able to enhance the non-academic impact of the research by bringing the studies' findings to audiences of small business owners, through a series of knowledge exchange activities with regional branches of the Federation of Small Businesses[11]. These events have been well received and on each occasion generated much debate and feedback. I am hoping to draw upon the knowledge gained at these events as I develop a future research proposal focused specifically on the experiences of small businesses around managing employee mental health.

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[10] see: http://www.shu.ac.uk/research/cresr/ourexpertise/talent-match-evaluation-and-learning-contract
[11] These events have been facilitated by ESRC External Engagement Award funding, as part of a larger award granted to the University of York.

3   Mode effects in qualitative interviews

This section turns to the methodological strand of work forming the second component of this doctoral submission. Section 3.1 describes the origins, aims and methods of the study, Section 3.2 summarises the contribution to knowledge made by the research and Section 3.3 reflects on the implications of the findings for research practice. Finally, Section 3.4 outlines the scholarly activities undertaken to enhance the impact of this strand of work.

3.1   Telephone and face-to-face interviews in qualitative research: a systematic comparison

The inception of the methodological study came about through pragmatic decisions made during the conduct of the substantive study *Managing Mental Health* and ensuing conversations with a project colleague about the relative validity of the data collected. Due to time and budget constraints, I had conducted several of my research interviews by telephone. When it came to analysing and incorporating this data, my colleague raised the question of whether we could or should give the same 'status' to the data that had been collected by phone. My hunch, having conducted these interviews, was that the data were equally 'rich' and valid but the conversation with my colleague sowed a seed of curiosity (if not doubt as such) which led me to pursue the question further.

My colleague's position was evidently reflective of a wider assumption amongst the qualitative research community that telephone interviews were somehow a second best option in relation to the 'gold standard' of the face-to-face interview. However, as I began to investigate the existing literature that might support (or refute) this position, it appeared that this received wisdom had not actually been subjected to empirical investigation. As I note in my two published articles (Irvine, 20011b; Irvine, Drew and Sainsbury, 2013), the majority of previous contributions from researchers reflecting on their experience of telephone interviews were based on general impressions rather than systematic analysis and in several cases involved reflections on the telephone mode only, rather than direct comparison (see Irvine 2011b for references).

Around this same time, I was working on another DWP-commissioned project that used the method of Conversation Analysis to examine the interactions between personal advisers and benefits claimants in Jobcentre Plus offices (Drew *et al.*, 2010; Irvine *et al.*, 2010). Conversation Analysis (CA) examines the structures and sequences of spoken interactions and seeks to uncover the various practices that speakers use to accomplish social actions through talk (see, for example, Sidnell and Stivers, 2013). The approach to analysis centres on the close examination of collections of audio (and sometimes video) data alongside detailed transcriptions, to identify recurring patterns and structures in interaction.

I was struck with the idea that by applying the techniques of CA to the telephone and face-to-face interviews I had collected for *Managing Mental Health*, I could carry out a systematic and robust analysis of the differences between data collected in the two modes. The particular strengths of this data set were that (i) the interviews were conducted by the same researcher and so any effects of different personal interviewing styles were minimised; (ii) interviewees were allocated to interview mode by the researcher (largely based on geography) and so the influence of any conscious preference among interviewees for one mode or the other was minimised; (iii) the interviews were carried out *prior to* devising the mode comparison study, so there was no deliberate attention on the part of the researcher to variation in interviewing practice in each mode.

From here, I developed the initial ideas into a research proposal which was submitted to the Economic and Social Research Council (ESRC) Small Grants Scheme. The funding bid was successful and the project was carried out during 2009-2010. I took the role of Principal Investigator, working with Co-Investigator Professor Roy Sainsbury and with consultative input from Professor Paul Drew. I took the lead in all aspects of this methodological study, from conceiving the initial idea through preparing the funding proposal to conducting the analysis and preparing the outputs. Whilst I had supervisory/advisory oversight from Professors Sainsbury and Drew, the practical undertaking of the project was largely a sole enterprise. Two peer-reviewed publications arose from the study, one sole authored (Irvine, 2011b) and one jointly authored (Irvine, Drew and Sainsbury, 2013). In the co-authored article, I wrote the full first draft of the paper, which was revised in light of comments and suggestions from Professors Sainsbury and Drew.

The project set out to explore differences between telephone and face-to-face qualitative research interviews in closer and more systematic detail than had previously been attempted. The objectives of the study were to:

- Explore, using the method of Conversation Analysis, the range of interactional techniques and practices employed by researcher and participant throughout the qualitative research interview.
- Identify, through systematic comparison, whether or not there are differences in the range and use of interactional techniques and practices employed in face-to-face and telephone interviews.
- Consider the salience and potential implications of these differences (if any) in light of contemporary academic and professional understandings of effective practice in the conduct of semi-structured qualitative interviewing.

The data set for this study comprised eleven interviews that had originally been conducted for the earlier study *Managing Mental Health*. This included five face-to-face and six telephone interviews, totalling just under 17 hours of audio data. In this study, I was primarily interested in the possible *interactional* differences that may (or may not) exist between telephone and face-to-face interviews, rather than differences in the *substantive content* of the interviews. As such, the techniques of CA were considered a highly appropriate method.

The first stage of analysis involved preparing the eleven interview transcripts to a sophisticated level of detail using the Jeffersonian transcription system, which represents features such as rising or falling intonation, changes in volume, speaker overlap, intake and exhalation of breath, pauses and their duration, laughter or crying (see Jefferson, 2004). Producing the transcripts in this level of detail allowed for a close examination of precisely what took place in each interview interaction and for the fine-grained comparison of interactional difference across modes. By drawing upon the techniques and concepts provided by CA (such as turn taking, overlap and receipt) I was able to address the question of mode effects in a more detailed and systematic way than had previously been attempted.

3.2 Contributions to methodological knowledge

Through consultation of the existing literature and exploration of the data, a wide range of potential avenues for inquiry presented themselves. These related to: question construction; pauses and silence; turn transitions; speaker overlap; elaboration and digression; repetition and formulation; duration; floor-holding; comprehension; empathy; emotion; delicacy; and the overall 'shape' of the interview. Within the scope and scale of the study, not all of these proved to be practicable lines of enquiry. However, I pursued several themes of interest including: differences in the duration and depth of interviews; balance of talk between researcher and participant; question formulation; how the researcher displayed attention and interest; incidence of misunderstanding or clarification; patterns of turn-taking; and incidence of speaker overlap.

The analysis indicated that there were indeed differences in the nature of the spoken interaction that took place in each mode. On average, telephone interviews were shorter than face-to-face interviews. This was due to the *interviewee* speaking for less time, rather than the researcher and interviewee both saying less when talking on the phone. I found no tendency for the researcher to interrupt or speak over the interviewee more often in telephone interviews and there was no evidence that misunderstandings occurred any more often over the phone. However, interviewee requests for the researcher to clarify questions were slightly more common in telephone interviews. Reformulation of what interviewees had said, or completion of interviewees' sentences by the researcher, were more common in face-to-face interviews. The researcher gave relatively fewer verbal acknowledgements (things like *mm hm*, *right, yeah*) during telephone interviews, which is perhaps surprising given the absence of non-verbal cues. Finally, telephone interviewees had a greater tendency to check that what they were saying was relevant or sufficient. These findings were presented in detail across the two peer-reviewed publications.

This project made an original contribution to methodological knowledge by providing what I believe to be the first study to use CA to examine systematically the interaction between participant and researcher across two qualitative interview modes. My study was not the first to apply the technique of CA to the analysis of research interviews; existing contributions included the work of Baker (2003, 2004),

Rapley (2001), Rapley and Antaki (1998), Roulston (2001), Roulston *et al.* (2001) and Wooffitt and Widdecombe (2006). However, those scholars had focused on the *construction of knowledge* during the interviews rather than a comparative analysis of the effects of different interview mode on the more fundamental interactional elements. It could be said that my approach was structural rather than sociological, when considered against these previous scholars' contributions.

The study was evaluated according to the ESRC's grant review procedures, with the three rapporteur assessments including two 'Good' and one 'Outstanding'[12]. Comments from rapporteurs which attest to the original contribution to knowledge made by the study include:

> *The findings have provided a 'first base' set of insights into the comparative issues as between face-to-face and telephone interviewing. These insights will certainly provide a useful framework for thinking about when and how to employ the two methods of data collection. As such then, it advances thinking about the respective utility of the two methods* (Rapporteur A)

> [The study] *was able to make some powerful observations about the differences between face-to-face and telephone interviews (a task that interaction researchers will know is particularly difficult). It was able to offer some clear, sensible and analytically grounded suggestions about the conduct of interviews and the choice of face-to-face versus telephone* (Rapporteur B)

Two of the ESRC rapporteurs also highlighted the potential usefulness of the findings to opinion research and market research, alongside academic and policy focused researchers.

In sum, this study and the publications arising made a modest yet robust contribution to advancing the quality of qualitative research, by adding to the methodological knowledge base upon which researchers can make decisions about research design and conduct.

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[12] On a six-point scale of *Outstanding*, *Very Good*, *Good*, *Satisfactory*, *Weak* and *Unacceptable*

3.3   Research practice implications

The study was small scale and findings were tentative. However, they suggested that there *are* some noteworthy interactional differences to be found between telephone and face-to-face interviews. In the discussion sections of my two published articles, I noted that implications of these differences will vary according to the specific aims of any given study, but in some cases they may have a salient influence on the interviewee's experience of participating in qualitative interview research and on the data that results.

The use of telephone interviews appears to be increasingly common in applied/commissioned social research, as project timeframes and budget constraints become ever tighter. Whilst (in the policy research arena at least) there thus appears to be a new 'received wisdom' that telephone interviews are at least adequate to the task of qualitative interview research, there remains scope to explore further the extent and nature of difference in both the participant experience and the data that results. In all of the dissemination activity associated with the mode effects study, audience members were always keen to know more about what difference mode made to the *content* of interviews. This was not a focus of my original study, but is something that seems worth pursuing in future research. Whilst the data produced might 'satisfice' for applied policy research, scholars in more sociological fields may be more concerned to ensure that richness of data is not compromised by interview mode – or at least to understand better and thus be able to account for the effects that mode may have.

3.4   Impact

During the methodological study, I presented early findings at the 10th international interdisciplinary conference of the International Institute for Qualitative Methodology (Vancouver, October 2009), at the annual conference of the British Sociological Association (Glasgow, May 2010) and the European Science Foundation's *Euroqual* conference which addressed International Perspectives on Qualitative Research in the Social Sciences (London, May 2010).

The culmination of the study was a one-day expert practitioner workshop (London, May 2010) which I took the lead in organising and facilitating. The objective of this

workshop was to disseminate and discuss the methods, findings and implications of the study. Participants were an invited group of 15 experienced research practitioners and senior academics from diverse qualitative research backgrounds including applied policy research, market research, sociology and the methodological fields of discourse and conversation analysis. Feedback from the workshop was universally positive, with participants commenting on the benefits of reflecting on a topic of shared core interest with peers from a diverse range of disciplines and research sectors.

Alongside the two academic articles, through networking and dissemination activities associated with the project, I was invited to produce a methodological 'toolkit' as part of the University of Manchester's ESRC-funded *Real Life Methods* series (Irvine, 2010). This publication included a summary of findings from the mode effects study, but also offered a more introductory outline of the practical, ethical and technical considerations surrounding qualitative telephone interviewing. I also contributed a section for a revised edition of a social policy and social work research methods text book (Irvine, 2012) focused on telephone interviews in qualitative research. These two outputs have made a contribution to the resource base that is available to emerging scholars of qualitative research, offering a clear and concise introduction to some of the key issues that should be considered in deciding on a data collection method in interview-based qualitative research. Moreover, the text book chapter made a distinctly original contribution in that the topic of telephone interviews had not featured in the first edition of the book, thus my chapter potentially brought the topic to the attention of a new wave of students in the social policy and social work field.

ResearchGate indicates that as of December 2015, my two methodological papers (Irvine, 2011b and Irvine, Drew and Sainsbury, 2013) have received six and 14 citations respectively and Irvine, Drew and Sainsbury (2013) has been read 85 times. A downloadable full-text of Irvine (2011b) was only more recently added to *ResearchGate*, but has so far been read 13 times. Furthermore, Irvine, Drew and Sainsbury (2013) was recently among the top three 'most read' articles for the journal in which it appeared.

Indicating recognition of my work in this field, I have been invited to peer review the work of a number of other scholars who are writing about the use of telephone interviews in social research. Invitations to review have been received from *Sociological Methodology*, the *International Journal of Social Research Methodology*, *Annals of Leisure Research*, *Qualitative Research* and *Management Research Review*. Two of the articles reviewed have reached publication (Vogl, 2013; Drabble *et al*., 2015) and cite my own work, demonstrating an ongoing contribution to the developing body of knowledge.

4   Summary and conclusion

In this integrative chapter, I have sought to convey how a body of work produced over the past eight years, whilst employed in a contract research role, has both made an original contribution to knowledge and demonstrated the acquisition and application of the range of skills required of a doctoral level candidate.

The works submitted are based on a core data set, which I had a major role in generating, but have drawn on this material in different ways in order to: (i) add new and relevant understanding to contemporary policy questions; (ii) expand academic and conceptual debates; and (iii) investigate innovatively a relatively underexplored methodological question. As such, I have offered here a two-fold contribution to knowledge, one substantive and one methodological, which each have internal coherence and which are linked through their common origins.

At a general level, the two research reports and ensuing publications included within this doctoral submission added to the relatively smaller body of literature focused on the experience of *common* mental health problems and work, in contrast to the far greater focus on the management and implications of severe and enduring mental health problems in the employment context. More specifically, taken together, the two substantive studies highlighted the complexities, contextual contingencies and associated challenges which surround the understanding and management of mental health and employment. My findings demonstrated that the impact of mental ill health on work is contextually bounded, with influences at the individual, interpersonal and organisational level. In their focus on common mental health

problems, the theoretical concept of the continuum of mental health became particularly relevant with the associated challenges posed by the blurred lines between 'normal' distress and milder forms of mental illness. Overall, the findings presented in the body of work submitted here problematise the perception of mental illness as discrete and bounded, and highlighted the critical role of structural context, social understandings and individual perceptions.

My methodological study contributed to knowledge by offering one of very few robust and systematic comparisons of the telephone and face-to-face interview modes, applying a novel methodological approach and producing a varied range of outputs that offer something both to professional researchers and those learning the skills of interviewing for the first time. My exploration of this topic led me also to consider the broader range of considerations involved in qualitative telephone interviewing – practical, ethical and technical as well as interactional – and to publish syntheses of these issues in accessible ways for both practicing and novice scholars.

Finally, in this chapter I have also considered the impact of this combined body of work and detailed the associated scholarly activities undertaken, which provide evidence of the wider skillset that would be expected in a traditional doctorate route, such as communicating ideas to specialist and non-specialist audiences, effective working with cross-disciplinary academic partners, networking and dissemination leading to further scholarly opportunities, and engaging in debate, collaboration and peer-review processes with other scholars in the field. My independent conceptualisation of the mode effects study and successful grant application to a major research council also demonstrate the doctoral-level competencies of being able to conceptualise, design and implement a project and the essential ability to secure further funding for continued research activity.

<div align="center">***</div>

As is the lot of a contract researcher, subsequent projects have taken me in a number of other directions since the present collection of work was completed. However, the substantive strand of work has ongoing relevance as current policy initiatives continue to try to improve support for people with health problems to stay in and return to work, and I have been able to maintain my professional research interest in

this area with roles in the evaluation of the DWP *Work Programme*, the *Fit for Work Service* pilots, and currently in the evaluation of a suite of new DWP interventions trialling enhanced support for ESA claimants (among whom mental health problems continue to be predominant). Throughout these more recent studies, I have continued to reflect on the role of individual motivations and broader employment contexts in job retention and return to work and the gaps in knowledge and understanding of the experiences of smaller enterprises. As discussed earlier in this Chapter, these are areas which I hope to pursue in future work.

I have also maintained a watchful interest in the developing academic literature on the use of telephone interviews in qualitative social research, as a general reader and through my direct contributions as a peer-reviewer. The field appears to be growing slowly but steadily, with contributions becoming more sophisticated in their methods of enquiry and analysis (e.g. Vogl, 2014; Ward, Gott and Hoare, 2015).

In sum, I see both the substantive and methodological strands of this submission as ongoing 'live' issues for social research, to which I hope to contribute further as my research career progresses.

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