

# Confusion over how to measure mental health is taking a toll on workplace wellbeing, but new networks of expertise may help

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*Due to the confusion over what counts as evidence, mental health research has largely failed to make a significant impact on workplace wellbeing and employment relations practices. **Elizabeth Cotton** argues that in order to make a positive difference, academic research will have to involve new technologies and communication strategies aimed at helping people to improve their mental health at work.*

Academics in the field of mental health have to take blogging and social media seriously in this impact driven epoch. Ideas have to be read and used and this requires a way of seducing the reader to think about ideas that does not immediately offer simple solutions to complex problems. This is profoundly important for those of us working in the field of mental health at work, where the evidence-based fight is ongoing between **different models and methods of understanding** in addressing the mental health crisis that is looming in the recession.

There is no question that workplaces have taken a perverse turn, and I mean that in its brutal Freudian sense. We live in a society where receiving chemotherapy means you are fit for work and business management courses are built on **uncritical visions of corporate leadership**. In this context, the philosophical question about the mind body split becomes concrete; when people work in a toxic environment they get ill. Unfortunately for those of us working in mental health measuring the impact of our work involves opening a can of worms, both from the scientific perspective of mental health and that of employment relations.

Mental health research on the impact of psychological therapies offers us an uncomfortable mixture of confusion and manipulation over what counts as evidence and how to measure recovery. The NHS's largest programme, Increased Access to Psychological Therapies (IAPT), is a cognitive and behavioural model looking at what **immediate improvements** [pdf] can be made to the client's life. Its success is due to the speed at which it can impact on quality of life and the cheapness with which it delivers it. There is a quiet level of cynicism within mental health groups about how the figures to back this up are reached.

The data used to measure efficacy, for example, does not measure those clients returning to access services, recording each person as a new service user and with it significantly overestimating the 'success' rate. There are also questions about the base line data used, where people are assessed in a 20 minute phone call, using a checklist making it at least possible that the devilish disease of depression could remain undiagnosed. If someone defines their problem as not getting out of the house every day, rather than depression, then the task of their Wellbeing Practitioner is not to address the depression, only the number of times that the client is able to leave the house. In terms of the financial efficiency of IAPT, there is a consistent **underestimation of the costs** of running these services. For example, what is not mentioned within these calculations is that the NHS relies on low paid and often unpaid honorary psychotherapists. The employment relations system for mental health workers remains a much under-researched area and a paradoxical one given the nature of the work.

Unfortunately one of the main alternatives, a psychoanalytic framework, is also an evidence-base car crash. It is a perspective where we are asked to come to terms with our dependency on other people, our lack of omnipotence and our own mortality. Dependence, death and, in the most sobering of Freudian terms, being ordinarily unhappy. Psychoanalysis works from a different model of evaluation of whether and how people overcome serious mental health problems **such as depression**. It questions a model of measuring recovery using the box-ticking method inherent in the NHS asking more profound questions about **unique human experience** and developmental processes. The figures do not add up.

Measuring mental health is profoundly important for those of us working in the field of employment relations. **Precarious work** is the new black in academic and policy circles with some good data coming out about **low wages**, temporary agency work and the impact on the regulation of work. What is much less talked about is the reality of these precarious workers themselves and unsanitised research about mental health – depression, anxiety disorders and suicides. This means that the mental health crisis that is taking place in the UK's workplaces is being overlooked in current employment relations debates and with it a substantial dehumanization of the issues.

Online technologies are massively important to help us understand this link between work and mental health precisely because it is so difficult and stigmatising for us to talk about. Using social media is one of the few ways of charting the experience of working people as anyone researching the situation of agency workers will testify. Precarious workers don't raise their concerns with occupational health meaning that the internet is often the only place where this disclosure can safely take place. As a result our field of employment relations needs to take new technologies very seriously if we want to work with an accurate picture of what is happening with work.

This is linked to a shift in where we look for expertise, a radicalism which mental health networks can be proud of, putting them way ahead of much academic research. The technology and its potential anonymity offer a way of getting to the real experts and with it a broad range of data and approaches to collecting it.

Hopefully, the most important question for academics is about the application of our research and how to help people improve their mental health at work. The good news is that we are not currently wasting a good mental health crisis. Having spent the last year talking to anyone that stands still long enough about surviving work, my experience is that

there has been a quiet psychic revolution going on in the UK's workplaces. Online people are able to find information and engage with other people anonymously about their states of mind and ask questions that they cannot risk asking at work. This is in itself a good thing for mental health, the uncomplicated relief we can feel from talking honestly about how we feel and, in most cases, allowing ourselves to experience the kindness of others. This is in part because blogging offers the profound-light mix, allowing us to raise deeply troubling issues such as suicide at work but with a human touch. The internet allows us to talk about mental illness using ordinary language authentically, and often hilariously. People respond immediately and positively to other people's experiences, in a way that even the best designed workplace wellbeing programme does not offer. Human beings respond to other human beings, even when it's done virtually.

This is also the way that people find out about what kind of help they want and where to get it. Given that there continues to be widespread cynicism and **low uptake of workplace wellbeing programmes** [pdf] it is not obvious how someone experiencing distress would access services and navigate the lottery of locally available services. For many people this is the point at which good research written in accessible and useful ways comes into its own. Given this important location of our audience, this is precisely where academic research needs to place itself. Where people will actually look for it, safely, anonymously and with a touch of humanity.

*Note: This article gives the views of the author, and not the position of the Impact of Social Science blog, nor of the London School of Economics. Please review our **Comments Policy** if you have any concerns on posting a comment below.*

#### **About the Author**

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