Supporting workers with mental health problems to retain employment: Users’ experiences of a UK job retention project

Josh Cameron\textsuperscript{a*,} Carl Walker\textsuperscript{b,} Angie Hart\textsuperscript{c,} Gaynor Sadlo\textsuperscript{a,} Imogen Haslam\textsuperscript{d} and The Retain Support Group\textsuperscript{d}

\textsuperscript{a}Occupational Therapy Division, School of Health Professions, University of Brighton, Eastbourne, UK
\textsuperscript{b}School of Applied Social Science, University of Brighton, Eastbourne, UK
\textsuperscript{c}Community University Partnership Programme/Centre for Nursing and Midwifery Research, University of Brighton, Eastbourne, UK
\textsuperscript{d}Richmond Fellowship RETAIN, Leytonstone, UK

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Abstract. Objectives: To understand experiences and perspectives of job retention project users in relation to challenges faced and support received; to develop explanatory insight into effective interventions.
Participants: 14 employed users of a United Kingdom job retention project, with a range of mental health problems.
Methods: Semi-structured individual interviews which were collaboratively designed with service users. Data analysis involved deductive & inductive thematic analysis, constant comparative analysis, and service user collaboration.
Results: Participants’ feelings of guilt and self-blame were a major obstacle to job retention. The project helped them address these by supporting a reappraisal of their situation. This assisted identification of job accommodations and adjustments and confidence in self-advocacy. Thus an important basis for improved dialogue with their employer was established. A peer support group provided an important adjunct to individual project worker interventions. 10 participants retained employment; three of those who did not were helped to retain work aspirations.
Conclusions: The project effectively used a multi-faceted approach involving a person–environment-occupation focus on the worker, their work, and workplace. Such complex interventions may offer more promise than those interventions (such as cognitive behavioural therapy) which have a primary focus on the individual worker.

Keywords: Return to work, employment services, person-environment-occupation, peer support, self-advocacy

1. Introduction

In the United Kingdom (UK) an estimated 1 in 6 workers are experiencing mental health conditions at any point, taking 70 million days off sick per year, and costing employers £8.5 billion [1]. The current world wide economic problems that have hit the UK economy particularly hard may mean that people with mental health conditions will become more vulnerable to losing jobs and have greater difficulty in finding new employment [2–4]. This underlines the importance of identifying how people with mental health problems can be supported to retain employment.

In recent years UK mental health vocational practice developments have focused on meeting the needs of people with severe and enduring mental health probl...
lems. This has reflected international concerns of recovery perspectives on mental health [5–10], social inclusion policy [2] and supported employment research [11–13]. Supported employment approaches assist people to obtain and sustain competitive employment. The supported employment approach known as Individual Placement and Support (IPS) places an emphasis on the need for support after securing a job [14–16] acknowledging the ongoing risk of job loss [17, 18].

The influential economist Richard Layard expressed concern at the cost to the economy of lost productivity due to the impact of mental ill health on millions of workers, resulting in people on sick leave, underperforming (‘presenteeism’) or losing jobs [19]. Layard’s call for action was also based on a belief that society could improve people’s wellbeing by paying attention to such mental health needs, and not just consider intervention in terms of budgetary measures. This marries with tenets of positive psychology [20,21] and with evidence that work could be seen as a promoter of recovery itself [22–25]. Much of the solution was to be found outside of the workplace – in the form of cognitive behaviour therapy (CBT) [19]. Elsewhere the efficacy of CBT to improve the vocational outcomes of people with mental health problems has been questioned. Two pilot studies using CBT as part of the Improving Access to Psychological Therapy (IAPT) initiative described the effect on employment as “encouraging” (p. 919) however, the reported 5% increase in numbers employed could be seen as limited. Clinical guidelines supporting CBT have been criticised for relying on symptom reduction measures rather than more recovery-orientated outcomes (including return to work) less supportive of CBT [27]. Economists have questioned the potentially flawed assumption that if you successfully treat the symptoms of the individual you will solve their problems at work [28]. The IAPT programme’s introduction of link employment support workers can be seen as an acknowledgement that CBT intervention alone may be insufficient to produce positive work outcomes [29].

Some factors may be beyond the reach of CBT intervention, but might need to be addressed to best support successful return to work. Interventions which ensure success at work need to consider stigma, attitudes of colleagues, disclosure and job demands [30–35]. The relationship between the employee and a work supervisor within the return to work process has been emphasised [36]. Service users have described a lack of support and feeling stressed as crucial elements in past negative experiences [37]. Relational aspects of work environments [38], management style and culture [39] and workplace bullying [40] contribute to occupational stress and success or failure to return to work. Deery et al. [41] suggested that the key to the emotional exhaustion such employees face is situational (e.g., workload, role overload, work pressure, and role conflict) rather than person-centred.

Job retention projects offer a range of support and advice, solution improvement, and assist dialogue between employee and employer [36,42–44]. An early pilot was based on principles from an Australian project involving a combination of educative, problem solving, counselling and vocational interventions, for workers and employers. Maintaining or restoring the relationship between the worker and their line manager proved to be central to success [36,46]. As with Individual Placement and Support (IPS), there is the need for a hands on, coaching [24] or a case management approach. Such an approach demands that professionals need to enter the workplace with their clients [47]. This differs from CBT style approaches; which involve the therapist seeing the client individually in consultation and focuses intervention on their behaviours and interpretations, rather than on their work and workplace.

Some quantitative research has attempted to identify factors which predict successful return to work of employees with mental health problems. These include: concerns about social security payments [48]; age and social deprivation [49]; sector of employment [50]; previous work experience [51]; the importance of coordinated support [52]. But the variance and often contradictory findings [53] could be seen as an argument for more context specific and qualitative research which seeks to reveal potential explanatory mechanisms operative in some contexts and not others. Qualitative studies have identified challenges and barriers to job retention for individuals with shared geographic, service use or diagnostic characteristics [44, 54–59]. These tend not to differentiate between those seeking new work and those returning to existing employment. Some could be criticised for failing to explain how the factors which they report arise. Such explanation could inform the development and selection of interventions. There remains limited research into such interventions and job retention needs – particularly in a UK context [60].

Job retention service development continues with vocational specialists introduced to IAPT teams [29] and the launch of “Fit for Work” pilot projects. Job retention for people with more severe conditions has been
stressed by a government commissioned review [61]. Mental health charities have established job retention projects working alongside state health and employment organisations [62].

This paper reports qualitative research findings from such a job retention project. The research aimed to understand the experiences and perspectives of workers with mental health problems as they sought to retain their employment. The research also aimed to develop explanatory insight into the potential for specific interventions and supports.

2. Method

The research was initiated when the job retention project approached the University’s Research Helpdesk [63]. There followed a consultation meeting with some of the project’s service users. Subsequently, a proposal for a qualitative study informed by a critical realist methodology [64–66] involving collaboration with service users gained ethical approval.

2.1. Participants

Fourteen people project users were individually interviewed. Participants reported a range of mental health diagnoses (including depression, bipolar disorder, schizo-affective disorder). Most were being supported by primary health care services, some received input from specialist mental health services. There were 10 women and 4 men aged between 29 and 54 (average 42.5). Twelve were single, one married and one had a non cohabiting partner. All were White British.

2.2. The project

The participants were users of the ‘Retain’ project run by the Richmond Fellowship mental health charity. Using a vocational guidance model, clients are provided an opportunity to explore their situation. Project workers listen, clarify, give information, refer on to other services, and collaborate to draw up client action plans. A range of interventions are used, notably: supportive counselling; confidence building; problem solving; education on employment law; negotiating return to work redeployment and/or adjustments. A central feature is client ownership of the process. Project workers do not direct clients but will become directly involved in discussions with employers [62].

This study investigated the Brighton & Hove Retain project in the South of England, UK. Referrals were from GP (the main source), other health workers, employers, or by clients themselves. Project workers provided most interventions by working with individual clients and employers. There was also a monthly evening support group facilitated by a project worker. This combined peer support and topic discussion.

2.3. Data collection methods

Semi-structured individual interviews were chosen to capture the breadth and depth of job retention experiences. The service user group preferred this method and collaborated to draw up an interview schedule and possible prompts. Recruitment was by written invitation with information sheets sent to those who had been on the Retain caseload for the longest. Two individuals declined to participate, fourteen agreed. Interviews were audio recorded then fully transcribed. Participants were asked to respond to questions about their experiences of mental health issues and support at work. Questions were designed to be flexible enough for participants to raise unanticipated issues and express their own views.

2.4. Data analysis

Data analysis was informed by Danermark et al.’s stages of critical realist explanatory research [64] (pp. 109–110). This involved methods of inductive and deductive thematic analysis and constant comparative analysis (whereby transcripts were coded individually and then revised in light of subsequent coding). The first author coded all the data and the second independently coded a subset of the transcripts. They then met to compare and achieve a consensus on identified themes. These themes were then discussed with the service user group leading to one significant revision before final consensus was reached. The search for explanation in critical realism involves viewing findings through various theoretical perspectives and seeking to identify mechanisms and underlying structures that can coherently and logically account for findings. These steps have informed the discussion section of this paper.

3. Findings

The principle themes are set out below in six categories: difficulties at work; supporting self confidence; communication skills and problem solving; analysing.
difficulties at work

Direct and indirect impacts of their mental health problems at work included: symptoms of their mental health problem; side effects of medication; and, challenges of attending health appointments in working hours. Many described either experiencing, or fearing that they might experience, stigma from managers or colleagues. This was often related to concerns about disclosure of their mental health problems to employers and colleagues. Most stated that they lacked self confidence.

I felt so dreadful, my depression was so bad, I was really in a bad place mentally and physically... I couldn't go back. I had to contact them. I felt dreadfully guilty... and didn't even feel that I could speak to my line manager because she was so unsupportive and uncommunicative as well. (Alice).

Some people described challenges they were facing with work tasks, roles or organisation of their working life (e.g. hours worked, workload, start finish times).

I was much more chaotic in my work... didn't feel that I'd complete all that I had to do, found it quite difficult to concentrate on particular things and my memory was... not as good as it used to be. I was also really tired all the time. (Rebecca).

Many of participants blamed themselves for problems faced at work and felt guilty about this: "When pay day came around I felt like my colleagues were working hard for their money...I... didn’t deserve maybe the full money" (Ruth).

Despite these challenges it was very clear that all participants saw work as an important part of their identity and wanted to be working (though not necessarily in their current job): “I would always need that structure of work. I think it kind of normalises me really...[and] I like the social aspect of it...” (Mary).

3.2. Supporting self confidence, communication skills and problem solving

Participants described ways in which the project supported them to review their current situation revealing new options, possibilities and hope. Current restricting or self blaming understandings were challenged. Some then considered whether the problems they faced could be explained by factors other than their mental health issue. A number of people were helped to recognise their own worth:

I can you know remind me ‘...you are an asset to your company if it’s done in the right way and you’re not under too much pressure’. She [Retain project worker] really made me see that and it’s amazing because it turned around my view of the situation. (Alice).

Participants explained how they were helped to look at their situation differently by realising that they were not the only person to be facing such problems. This was a particular achievement of the support groups.

Sometimes you think you’re alone, you’re experiencing a unique experience but then you come up and meet up, you find ‘ah’ you all face the same problem. It sort of makes you less bothered... (Steve).

All participants reported times when their self confidence was very low, particularly when on sick leave. Expressions of confidence in them and help to identify their positive achievements and skills were revealed to increase their self esteem:

...my perception is changing in terms of how I see that people see me. That’s maybe part of coming out of depression, but ...it’s also about...thinking, ‘actually, people do actually respect me and I think that people want me to be successful ...’. (Zoe).

There was evidence of increased confidence to plan to return to work and in being able to clearly express themselves to employers.

We were then talking about...finding my voice and that helped me...begin to have the confidence to... put my point of view. (Zoe).

Participants expressed a sense of hope for their future working lives in which work could be part of sustaining mental wellbeing.

So just stay on this road, that will involve promotion and that will involve moving to other jobs and what have you... My goal is just to continue to grow... (Harry).
3.3. Analysing jobs and identifying changes

Participants described how the project helped them analyse their jobs and identify changes which might help. These included changes to patterns of working (shift start finish times, varied hours and change of location) and changes to work tasks and roles. These were mainly temporary changes to facilitate return to work. For instance, Sonia reported returning on reduced hours without her managerial responsibilities. More permanent changes were found in participants’ approach to work performance. This was viewed as making work more sustainable:

“I no longer have to try and push and work harder than everyone else... I just do what I can do.” (Alice).

[The Retain worker] helped me look at the issues of perfectionism and if I felt like too much has been asked of me at the moment (Anna).

Assistance to problem-solve was also reported including, consideration of the job tasks and roles and social process around them.

“I didn’t quite know what my role was and [workplace name] was absolutely chaotic...[the project worker] came and supported me to settle in.” (Steve).

For a number of workers analysis of the job involved considering whether alternative jobs with different employers might be preferable.

“I came to see Retain and talked at length... about were there any other adjustments, but I think I just reached the conclusion that... I just wasn’t going to have the confidence to carry on working there...and my plan initially then was to have enough time to find another job.” (Naomi).

3.4. Help to collaborate with employer

Retain helped individual workers see job retention as an issue to share with their employer. This opened up the potential for employers to engage in discussions of accommodations and other solutions. A number of interventions were considered to be effective to support this. Retain was instrumental in arranging meetings and ensuring they were constructive. Rather than advocating for, or representing the worker, preparation for meetings resulted in the worker feeling confident and clear about what they wanted to say themselves: “It was more helping me with how I was going to try and explain how stress affects me...” (Mary).

Even where the Retain worker did actively communicate the worker’s views to the employer, this was only done when the worker felt they could not carry on doing on them self and what they said had been agreed prior to the meeting:

“...She had a meeting here with my boss and myself in which, because at that time I was very upset, she spoke on my behalf and clearly understood everything that I’d said and that we’d spoken about the last time that I saw her.” (Sonia).

Analysis suggested that a key outcome of such meetings was that employers had heard participants’ voices and increased their understanding of mental health problems:

“I’d written out a two page... document really, about the experience of the anxiety and the depression and what it was like, and took that to the meeting which I think, well [Retain worker] said that they both found very moving.” (Anna).

Emphasis on empowering workers to express their own views and concerns may have also contributed to establishing more enduring communication between the worker and employer. The presence of the Retain worker in the meetings may have helped ensure that due processes were followed and relevant legislation observed. Alice reported her employers were now planning mental health awareness training for staff. She believed her case may have left a legacy that would benefit other people in a similar situation.

3.5. Skills and competencies of project workers

Many participants commented on the project worker skills and competencies. A number highlighted qualities supporting communication, trust and empathy:

“a very good listener”; “very, very helpful”; “a very calming and soothing influence”. (Naomi).

I feel really at ease with [retain worker]. [She]’s the only person I’ve told everything to...I trust her. (Sonia).

Others appreciated the skill set and knowledge base of the project workers:

“I mean from my point of view, it’s a fantastic service ‘cos you’ve got people like [Retain worker A] involved who’s been a service user...[and] you’ve got people like [Retain worker B] who’s got such amazing knowledge.” (John).
3.6. Impacts and outcomes of job retention intervention

The employment statuses of the workers were identified in January 2009 (6–9 months post interview). Six retained employment (previous or new post) with their original employer, four had gained a new job with a new employer and four had left their job and were unemployed. Thus employment status outcomes were positive for 10 of the 14 participants.

General comments reveal an appreciation of the project’s impact on their wider lives:

\textit{It just makes me feel like a human being rather than just being a problem.} (Laura).

\textit{It wasn’t only getting back it was sustaining me as well.} (Anna).

\textit{And my thoughts on work and mental health is that work is...a really good medicine...if you can manage to get back to work, even if it’s just part time, it’s really good for you.} (Harry).

Analysis of those who had not retained employment revealed some potential mitigating factors which may explain this outcome and also suggested that positive work related outcomes can be identified for three of these four individuals.

3.6.2. Retaining working identity and aspirations during unemployment

For three of the four clients who were unemployed at follow up, there is evidence that they were helped to retain work aspirations and a work identity.

\textit{My greatest hope would be to...get my mental health sorted out...to be...doing something in paid employment by the end of the year.} (Rebecca).

\textit{...when I go back to work eventually, I will try to involve Retain because I think from the start I would like to disclose my mental health problem...} (John).

\textit{So my main hope is to progress with...[studying]...and get some experience in a job.} (Ruth).

4. Discussion

Findings revealed that participants experienced a range of challenges deriving from internal and external issues. The project addressed these with a multi-faceted intervention. Analysis suggested this may have been more effective than had they received a narrower, more individually focussed CBT style intervention. Interpersonal skills of project workers were particularly valued. This section will explore these further in the context of related literature.

4.1. Challenges faced by participants

Findings that symptoms and difficulties managing them presented a challenge are consistent with international job retention research [23,55–58,67–72]. Stigma was also found to be a significant challenge. Some related studies have focused on experiences of stigma [55, 69]; others on both fears and experiences of stigma [23, 69,72] – but potential implications of this distinction were not developed in discussions. Such a distinction may be important in intervention terms. The Retain project appeared to help address fears of stigma by encouraging the worker to review and reappraise their situation. \textit{Experiences of stigma were addressed by interventions involving education of co-workers (notably supervisors) and by developing participants’ confidence to challenge stigma.}

Many participants were helped to address low self-confidence. Lack of confidence to work was found by Honey [68] to cause a more significant negative impact on employment than presence or absence of a worker identity – which she considered all her participants displayed. However our study suggests retention of
worker identity was an important mechanism which helped prevent participants feel overwhelmed by symptoms [23,57] and fostered hope for the future [56,73]. This was a notable outcome even for those who did not retain employment. Consequently, it may be useful to extend understanding of job retention to include retention of worker identity and aspirations and to question Honey’s rejection of the concept of worker identity.

The presence of feelings of guilt and self blame in workers recovering from mental health problems has been reported to a limited extent in other research [23, 72]. But none have reported it to the same degree. Reasons for this difference are unclear. One explanation may be related to sample characteristics: many of the related studies cited in this paper included people seeking to regain as well as retain work; whereas our participants were all employed and experiencing significant disruption to their working lives when they were interviewed. Another explanation may relate to different cultural contexts (most of the reviewed studies being North American) possibly effecting the experience or expression of guilt.

4.2. The threefold focus of retention interventions on the worker, their work and workplace

The interventions can be seen as having a focus on three distinct domains: the individual worker; their job; and, their workplace (including social relations within this). This is consistent with a person-environment-occupation framework for understanding vocational needs and interventions [25].

Interventions which focused on the individual worker helped increase their confidence, communication skills and approach to problem solving. Reappraisal of their situation was identified as a starting point. This enabled employees to reduce self blame and isolation, and recognise their work related skills. For many this contributed to an increased sense of hope, legitimacy and confidence to approach employers and plan for return to work. Education about formal legal rights may not have achieved this alone.

Work focused interventions often began with a process of analysing jobs. This enabled potential temporary or permanent accommodations or adjustments to be identified supporting return to work and longer term sustainability. Additionally, the project provided employees with a space to problem solve issues which arose in the workplace. In some cases job analysis led to considering alternative employment.

Workplace focused interventions were found to meet calls [74] that employers should be helped to understand mental health issues. Addressing work absence as an issue that the employee and their manager to should collaborate on was found to be similar to the process of work reintegration reported by Hatchard [72]. Once engaged in a process of dialogue Retain helped employees effectively communicate their views and experiences to their managers. This increased the potential for managers to understand participants’ experiences and thus to offer more effective support [75].

4.3. The complex and multi faceted nature of the job retention project interventions

Across the three domains of worker, work, and workplace it is apparent that the interventions were multi faceted. Analysis supported identification of a number of established mental health and generic approaches.

An individual case management approach was present whereby those supporting people with mental health problems were prepared to enter the workplace with their clients [43]. It involved co-ordination, liaison, information gathering and sharing, and arranging meetings. It was not case management from afar, but intervention in an applied collaborative ‘coaching’ style [24]. Allied to this was a pragmatic problem solving approach, advocated by Thomas and Secker [46]. This focussed on helping the worker identify issues and potential solutions and drawing on them in discussions with employers. The process of reframing/reappraising situations was central to this. This drew upon cognitive strategies for which there is some emerging evidence in vocational mental health services [76–78]. However, this was not cognitive behaviour therapy delivered in a psychotherapeutic consultation format, but a vocationally contextualised use of cognitive approaches. The recovery orientated character of the interventions was apparent in the accounts of supportive listening, empathetic validation of workers’ experiences, person centred and collaborative approaches used. This parallels research which has associated effective employment support interventions within recovery approaches [7, 10,79,80]. Occupational analysis skills [81] were used to identify modifications to work tasks, schedules or performance approach, seen as crucial to job retention in Secker and Membrey’s [44] qualitative study. Finally, group work, well established in mental health generally [82–84], used processes of peer support, empathy and education.
These approaches are broadly similar to those described in job retention literature – such as the Avon pilot [45,46]. One difference was that project users tended not to perceive Retain as acting as an advocate for them. Instead the project was seen as a support to self advocacy. This again can be seen as consistent with the view that mental health workers should undertake a coaching role with their clients [24]. A second difference was the use of a support group. Those that attended found it an effective forum for problem solving and peer support by sharing experiences reducing isolation and feelings of self blame. These benefits of peer support groups were similar to those reported by a study of Canadian workers on sick leave with physical injuries [85].

4.4. Job retention workers’ knowledge and skills

Findings drew attention to the importance of job retention project workers’ skills and competencies. Analysis suggested that project workers possessed many of the skills and knowledge identified as necessary for effective job retention workers in a survey of UK job retention experts [47]. Notably, analysis concurred with the survey’s emphasis on the need for competence to assess and deliver vocational interventions which consider the worker, their work and workplace, as well as a bio-psychosocial understanding of mental health interventions and inter agency collaboration. Additionally, our findings gave more explicit emphasis to the ability of the job retention worker to establish and sustain trust, rapport and empathy with the client. This is consistent with calls for more attention to be paid to the role of trust in mental health service provision [86] and with research [87] which found that users placed great emphasis on the interpersonal quality of support from UK supported employment services.

4.5. The outcomes of job retention

Thirteen of the 14 employees who used the project considered it made a significant contribution to positive work related outcomes – notably for 10 to retain employment. That four participants found new employment is consistent with the view that job retention may include finding a new job [47,62]. Participants’ comments about impacts on their lives and recovery provided evidence of benefits of job retention which could not have been derived from job retention statistics alone. Analysis of findings supports participants’ subjective evaluation of the project’s efficacy: by being able to present logical explanation of how the interventions addressed their challenges and contributed to the reported outcomes.

The study found that work based conflict, stigma and stress, was most severe amongst those who did not retain employment. This is consistent with the identification of a positive relationship with the line manager as being a prime factor in job retention [46] and with a [88] Canadian study, which found that successful return to work was reduced when an employee believed their work was implicated in making them unwell.

In summary, the findings suggest that the Retain project has synthesised existing mental health approaches and made some significant developments to job retention practices which may be useful for other similar services to consider. Authors of a Swedish study [89] into the work rehabilitation experiences of people with mental health problems, have suggested that interventions which focus too much on the individual rather than their context, risk assuming a greater degree of empowerment than individuals actually possess, and consequently risk increasing their sense of guilt. It appears that the Retain project avoided this pitfall by acknowledging issues of guilt and the importance of empowerment through a combination of interventions which focused on the individual, their work, and their workplace relations. Central to achieving the positive outcomes were the interpersonal skills of the project workers. The charitable funding which supported this pilot project may have helped achieve this person focussed quality service with a manageable sized case load possibly untypical of other services. This may be particularly pertinent given the concern that quality is lost in some employment projects [90] due to an emphasis on outcomes and a temptation for early discharge.

5. Study strengths and limitations

Whilst helping to facilitate a depth of analysis and collaboration, limitations related to research design need to be expressed. Sufficient data was collected to enable a saturation of themes to emerge, but direct claims for generalisation cannot be made from qualitative research. The study investigated one project in one geographic location, and most participants received interventions from a single individual project worker. Thus the importance of the skill set and experience of the project worker relative to the Retain project’s design has not been explored. Finally, the collaborative nature
of the research, presented as a source of validity, could also be a potential limitation if clients felt it important to emphasise the positive experiences out of gratitude. However, assurances of anonymity and confidentiality should have reduced that effect to some extent.

6. Further research directions

A number of further research directions arise from this study, such as studying similar and contrasting job retention projects in a range of geographic areas, with greater ethnic diversity. This would help explore the unanswered issues about project worker skills versus project model. Longer term follow up of people who have used these projects is also recommended. A focus on the role of the innovative support group and exploring employer perspectives of job retention projects might also prove informative.

7. Conclusion

Participants experienced a range of internal and external barriers to job retention, similar to findings from other studies, but we discovered a greater emphasis on the impact of guilt and self blame. Interventions need to focus on the individual worker, his/her job and the workplace. Individual reappraisal is needed to support job analysis and identification of possible accommodations. This formed a basis for restoring contact with the workplace. Dialogue between self advocating participants and their managers meant job retention was addressed as a shared objective. Interventions were revealed to be multi faceted and consistent with a range of established approaches. This underscored the importance of job retention project workers having a broad skill set and high degree of interpersonal skills. Ten of the 14 participants retained employment (four with new employers); for three of the other participants there was evidence that they were assisted to retain a self concept of themselves as a worker. Thus, it has been proposed that an extension of the range of outcomes of job retention intervention include support to retain a worker identity and vocational aspirations. Job retention interventions of this multi faceted nature seem to offer more promise that narrower interventions (such as CBT alone) which have a primary focus on the worker as an individual with a mental health problem.

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