



Scottish Recovery Network

Mental Health, Recovery and Employment

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Pippa Coutts, Scottish Development Centre for Mental Health
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About the Scottish Recovery Network and this series

The Scottish Recovery Network (SRN) is funded through Scottish Government's National Programme for Improving Mental Health and Wellbeing to:

- Raise awareness of recovery from long term mental health problems.
- Develop understanding about the things that help and hinder recovery.
- To build capacity for recovery by supporting local action and highlighting and encouraging innovation in services.

This is the fifth in a series of discussion papers designed to help generate debate on how best to promote and support recovery from long-term mental health problems in Scotland. A number of source materials were used to inform its development. Contact the Scottish Recovery Network for more details on the series.

For more information on the Scottish Recovery Network visit www.scottishrecovery.net. For more information on the National Programme for Improving Mental Health and Wellbeing visit www.wellscotland.info.

About the author

Pippa Coutts is a Programme Lead at The Scottish Development Centre for Mental Health (www.sdcmh.org.uk), which takes the view that improving mental health and wellbeing is a shared societal responsibility and, therefore, everyone's business. Pippa's programme of work includes organisational development, action research and working to promote recovery approaches and employability for people with mental health problems.

Summary

Supporting recovery for people with long-term mental health problems includes providing people with choices and opportunities for social development and self-determination. One such opportunity, which mental health service users have requested, is for improved support to gain and retain work and employment.

Employment is linked to recovery in several ways. For example, the processes that people, who may have been out of work for some time, engage in as they move back to work are often recovery processes, like building self esteem, self understanding and motivation.

Employment can work to promote recovery through providing people with purpose and structure and through providing opportunities for individuals to give back and contribute to society or individuals. Work is often linked to our identity and therefore healthy employment can have a positive effect on recovery, as can the social networks a job may bring.

Not just any work or employment will support recovery, it needs to be the right work for that person, and within a workplace which is flexible and supportive.

Introduction

This paper is not a review of the literature, but aims to encourage discussion and action around supporting people with long-term mental health problems to gain and sustain suitable employment, which in 'the mental health world' should go hand in hand with the development of recovery orientated services. It recognises that peoples' recovery journeys are individual, and work and employment is not the answer for everyone. However, the premise is that for people who want to work, finding and sustaining employment can have a positive effect on recovery.

The learning of the Scottish Development Centre for Mental Health's employment programme (2000-2003) lead by Sheila Durie, formed a basis for the paper, but also it has been stimulated by the findings of the recent SRN narrative investigation, in which many people talked about the positive effects work had on their lives (Brown and Kandirikirira, 2007).

The paper considers the current situation with regard to employment for people with long-term mental health problems, and why employment opportunities and supports should be given greater priority. It looks at the links between an individual's recovery process and gaining and retaining employment, and outlines some ideas on what can be done to overcome barriers to employment and to promote the development of mentally healthy workplaces that meet people's needs.

Mental Health and Employment: The Current Situation

Employment rates for people with mental health problems are unequal to the rates in the general population or even in the disabled population. The Labour Force Survey of 2001 showed that 48 per cent of people with disabilities are employed and only 18.4%¹ of people with a mental illness², compared with a rate of 81 per cent for those without disabilities (Smith and Twomey, 2002).

A longitudinal study in Wandsworth of people with mental health problems using community health teams and rehabilitation teams found that the employment rate was between 19.7% and 8.7% and declined over a period when it rose in the general population (Perkins and Rinaldi, 2002).

Within the study people with a diagnosis of schizophrenia were more likely to be out of work than others, with only 4% in employment in 1999. This has been linked with the tendency of employers to be less sympathetic to employing people with schizophrenia, compared to, for example, people with depression (RCP, 2003).

Generally, employers are biased against taking on people with mental health problems. For example, a Department of Work and Pensions survey found only 37% of employers would recruit people with mental health problems compared to 62% being willing to take on people with physical disabilities (2002).

¹ In this statistic the labour force survey, 2001, was measuring the employment rate of people with mental illness, learning difficulties or psychological impairments.

² "Mental illness" is one of the types of disability recorded in the Labour Force Survey, and statistics refer to number/percentage of people who stated it was their main disability.

This has been linked to the stigma of mental illness, which means that employers perceive people with mental illness as being less reliable, less able to perform and more of a risk (RCP, 2003; 'see me', 2004; Perkins and Rinaldi 2002). Employees with mental health problems have been affected by discrimination within their workplaces. A 'see me' survey of Scottish employees in 2004, found that 43% of people with mental health problems that required them to take time off had felt under pressure to give up their work, and had been treated in a more negative manner than when they had a physical illness.

Overall, if you have a long-term mental health problem you are unlikely to be in work or employment and gaining or retaining a job may be made more difficult by discrimination.

Not everyone wants to work

Recovery has been widely described as an individual journey, which implies that there is no one, set path. Not everyone on the journey wants to engage in employment or has necessarily found employment to be beneficial to their recovery.

The SRN narrative research project in its findings on 'Engagement', reported that generally people want to be involved in society and engage in productive activity, and this is a central pillar to recovery (Brown and Kandirikirira, 2007). Many of the narrators wanted to be in work, but that may have been voluntary work rather than paid activity and many people had extremely positive volunteering and educational experiences. One reason that volunteering was often so constructive was its association with flexibility and decreased likelihood of pressures from the levels and types of responsibility that individuals associated with work.

People may want to stay away from work because of previous bad experiences; stresses associated with work; fears about unhelpful and unfriendly workplaces, and concerns about negative effects on their recovery at a given time. One narrator in the SRN project said:

"It was, definitely part of my recovery, staying at home and being away from work." (Brown and Kandirikirira, 2007).

To pursue an independent recovery journey, people need choices, and having a choice over whether or not to return or start employment at different times on the journey is one such choice.

Support into and within work for people with long term mental health problems

In Scotland currently, the choices and support for people with mental health problems who are interested in employment is, at best, patchy. The scoping exercise on the preparedness of local areas to implement the Mental Health (Care and Treatment) (Scotland) Act 2003, reported that services to promote employment were not available throughout the country and primarily funded through unsustainable grants (Grant, 2004). The SDC Employment Programme was able to gather information on 70 services across the country designed to promote access to

employment for people with mental health problems, and it estimated that only 1 person in 14 in Scotland, unemployed with a mental health problem, could find a service to promote their employment (Durie, 2005). At the same time, although the statistics are hard to find, many mental health workers and service users think that participation of mental health service users in general employability programmes is low, although initiatives such as the extension of Pathways to Work³ in Scotland, the new cities strategy and “Workforce Plus” (Scotland’s employability framework) may offer opportunities to improve this situation.

Most employers don’t realise how common it is for employees to experience mental health problems, nor do they have effective policies or practices around identifying and managing mental health problems at work (ShawTrust, 2006). This lack of awareness and lack of preparedness inhibits their ability to mitigate mental health difficulties faced by employees, which leads to negative effects for individuals and businesses.

Why promoting opportunities for employment is important

As the above illustrates, the employment situation of people with mental health problems is inequitable. Therefore, achieving social justice demands more be done to promote opportunities for employment. In addition, there are economic arguments for why business and government should act to encourage and sustain the employment of people with mental health problems (Durie, 2005).

People want to work

A major reason for increasing support for employment is that many people want to return to work. A survey carried out in Sheffield recorded that almost 97% of service users had an interest in finding paid work (Secker, Grove and Seebohm, 2001).

In Scotland, the SDC employment network consistently found an appetite for work and the Highland User’s Group canvassed the opinion of its members in 2006 and found that while not everyone wanted paid employment, the majority of people do (HUG, 2005; Durie, 2005). This has to be qualified by fact that people want employment that keeps them well and promotes recovery.

The Economic Arguments

Melzer and colleagues’ research on the economic circumstance of people with mental health problems revealed that two thirds of people with a psychotic disorder were on benefits, and that people with mental health problems are more likely to be in debt than the general population (Myers, 2005). Mental illness is closely associated with poverty, and the major way out of poverty espoused by The Scottish Government is employment. Increased income and improved standards of living and quality of life were some of the benefits of employment mentioned by narrators in the SRN project (Brown and Kandirikirira, 2007).

³ A Department of Work and Pensions Initiative

Scotland needs to build its labour force to achieve expanded development and growth. This means the skills and experience of workless people such as those currently claiming Incapacity Benefits, are needed. The single largest group of claimants are people with a 'mental or behavioural disorder'. In 2005, the Department of Work and Pensions calculated that 40% of claimants are in this group, an increase from 33% in 2002 (Durie, 2005).

The cost of mental ill health to employers is both direct, through time off work, and indirect through reduced productivity, staff turnover and lost time for cover. The Confederation of British Industry (CBI) has estimated that 36% of absences are caused by stress, anxiety and depression, and the ShawTrust has estimated this translates into around £9 billion in paid out salary alone (ShawTrust, 2006). A 2006 Scottish report on the cost of mental health also takes into account the costs of reduced working years, and estimates that £323 million was lost in Scotland in 2004/05 because of premature mortality related to mental health problems (SAMH and the Sainsbury Centre for Mental, 2006).

Employment and Recovery

The links between recovery and employment are evident when elements of recovery are compared with benefits that can be gained from work. Elements of recovery include increased self worth, increased connectedness, having a chance to contribute, finding purpose and engaging in meaningful activity (Bradstreet, 2004). These are all attributes associated with successful employment.

The importance of employment to recovery has been recognised by mental health service users and practitioners (HUG, 2005; RCP, 2003; Brown and Kandirikirira, 2007).

The Highland User Group described employment as:

"It is all about recovery... a positive approach... something to aim for"
(HUG, 2005, p7).

The Royal College of Psychiatrists report on employment found:

"Work is important in promoting the recovery of those who have experienced mental health problems" (RCP, 2003, p5).

For people who want to return to work, recovery and employment are inextricably linked. On one hand, the *processes* that people with long-term mental health problems engage in to return to work and remain in work are essentially recovery processes. But equally, people's recovery journeys are affected by employment, negatively or positively. Frequently, employment has been found to facilitate individuals' recovery and people talk about how finding the 'right' work and moving into work or training "keep[s] us well and help[s] prevent relapse" (HUG, 2005, p5).

1. The role of recovery in gaining work

The experience of individuals and mental health employability projects around entering work is that when you have or have had a mental health problem the

journey back to work can be a long one, where a variety of supports are required at different points on the way. Durie highlights this in the employment matrix, which divides the pathway into a four part continuum, starting with personal development and moving through support into work, to support in work (2005). The services linked to people's development tend to support recovery through focusing on building confidence, a sense of self worth and motivation.

A recent evaluation of an Edinburgh employment project for people with long-term mental health problems (*Restart*) found that people who moved into work and employment achieved positive recovery outcomes. The project recognised the importance of recovery in people's progress to work by combining mental health orientated inputs, for example an anxiety management group, simultaneously with employment advice and support. The evaluation illustrated the close links between employment, recovery and social inclusion, with participants stating they came to the project not just to find employment but also for the associated benefits of work such as: a sense of "normality"; an opportunity to be part of a community "in the land of the living"; for something to do, or to be kept busy (Bailey, Coutts, Myers, 2007).

Similarly, narrators in the SRN narrative investigation talked about how the process of recovery has affected their employment ambitions. For example, people talked about realising that self-employment would work for them as it was flexible and could allow them to follow their interests. People mentioned how through working to recovery they found they didn't need or want to work in a typical pattern or job, but "atypical work is okay" (Brown and Kandirikirira, 2007).

2. The role of employment in recovery

Employment can have detrimental effects on someone's mental health, but overall the available evidence suggests that the positive effects outweigh the negative effects (RCP, 2003; Durie, 2005; Secker et al, 2006). There is evidence that participating in work can have long-term positive effects on functioning, the reduction of symptoms and relapse rates (RCP, 2003). Conversely, unemployment is strongly related to mental health difficulties and it impacts on people's wellbeing, that is how individuals' think and feel about their life situation (Warr, 1987).

Fostering your identity is seen as one of the major components of recovery, and work is a component of our identity. Whenever we meet people for the first time, we are commonly asked, "What do you do?" and being able to respond to that question is a reason people give for wanting to work (HUG, 2005). Holding on to and building an identity through valued employment, or defined meaningful activity, is important in peoples' recovery (RCP, 2003; Brown and Kandirikirira, 2007).

Moving out of inactivity into work or employment is important because it can be a new beginning, bringing hope and forward thinking, which are important to recovery. Service users in HUG said:

"The fact that we have a job can mean that we are 'better' and have reached a new stage of our lives" (HUG, 2005 p7).

Employment can facilitate recovery by providing a sense of meaning. This can work at the level of providing a structure to the day and, also, at the level of providing more purpose in life. Having a job can make individuals feel increasingly valued (HUG, 2005, Secker et al, 2006; Bailey et al, 2007).

Factors beyond the individual, related to wider society and the community, such as friends, family, and workplaces act as barriers or facilitators to people's recovery (RCP, 2003; SRN 2006; Brown and Kandirikirira, 2007). So supportive and suitable employment can work to recovery through these mechanisms too.

Conroy described employment as "the gateway to citizenship" (NESF, 2006, p6). It could be this works in several ways. Firstly, most adults (around 75%) are in employment and, therefore, if you are in work you are a part of the norm, and no longer so "different" (HUG, 2005). The SRN narrative research found that employment fostered people's sense of belonging, and of being accepted by others (Brown and Kandirikirira, 2007). An effect a participant in the Restart evaluation described as like becoming part of "the real world" even in the sense that you were now required to pay tax and national insurance (Bailey et al, 2007). Employment provides an opportunity for people to give back, and to contribute. One narrator in the SRN research said:

"That made me feel good... I was going out to work, and I was, you know, contributing something" (Brown and Kandirikirira, 2007).

Conversely, people with mental health problems who are not working can be viewed negatively by their communities and society as "scroungers" or as "second class citizens" (HUG, 2005).

Also, employment activity provides opportunities for people to increase their connection to communities around them, which promotes recovery. Employment, or other work and social activities, can support people to build up their social networks, giving people more chances to meet new people beyond their closest friends and family. The SRN investigation reported that the social nature of work played a part in many people's recovery (Brown and Kandirikirira, 2007).

However for employment to effectively promote recovery it needs to be the right kind of employment in the right kind of work place and environment. The workplace factors which promote recovery and promote mental health and wellbeing at work will be considered in the penultimate section.

What can be done to promote access to work and employment?

There is a growing body of good practice examples and guidance around what types of services support people with long term mental health problems to gain, regain and maintain employment.

Promoting access to work for people with mental health problems requires meeting people where they are at and supporting them through their recovery and work aspirations. The evidence from Braitman and colleagues suggests that for people to

be successful in finding work, they need to want to work (Secker et al, 2006). This was the finding of the evaluation of Restart: that the most common individual factor underlying peoples' success in finding work through the project was being ready to enter the process of gaining work (Bailey et al, 2007).

Recovery is seen as building hope and a belief in one's self. It has been pointed out that health services and professionals could facilitate service users' employment through presenting more positive messages about their abilities and aspirations regarding work (Brown and Kandirikirira, 2007). Currently, people entering mental health services are often told they are unlikely to work again, and professionals have tended to either assume service users are not employable, or just not put any effort into finding ways of supporting work aspirations (RCP, 2003). For example, in one study, Rinaldi (2000) found 44% of people with mental health problems who had been successful in accessing employment had been told they would never work again.

The interventions evidenced to effectively support people back into work have a strong focus on providing people with support to achieve their own goals and finding people work quickly (Durie, 2005). Individual Placement and Support (IPS), which has been effective in the US and UK, has the following characteristics: client choice, individualised job search, avoidance of extended pre-placement activity, integration with and within the treatment team and the use of employment specialists (Durie, 2005). The elements of choice and promoting self management are closely related to the self direction associated with the recovery approach, whilst the need for support is echoed in the findings of the SRN investigation (Brown and Kandirikirira, 2007). The National Institute for Mental Health in England's review of what works with regard to employment recommended "An individualised recovery model, which appears to promote the right conditions for success in work" (2003).

Another element of recovery important in promoting increased job access and retention is the importance of recognising and developing people's strengths. Most people have attributes and experiences useful in work, including experiences related to their illness, which can provide them with a basis for finding and staying in work. And this is a message that can encourage employers to overcome their fears around employing people with mental difficulties and to establish work places that maximise their employees' potential.

Health related practitioners and mental health service users both feel that a key barrier to employment is the stigma and discrimination, of society and of employers or fellow employees (Coutts, 2006; Brown and Kandirikirira, 2007). This implies more awareness raising and training opportunities are required for employers and employees around mental health and wellbeing and how to maintain people's health at work.

Finally, more information can help people find work that suits their needs and promotes their employability. Taking the step of getting into work can be fearful, especially when it is associated with a loss in benefits and uncertainty about whether it is going to be the right thing to do. This contributes to people's desire for information and support: information on what support is available, on individuals'

rights (for example related to employment and disability legislation) and on benefit changes.

Mentally Healthy Workplaces

Generally all employees - whether or not they have recognised mental health problems - want similar cultures and actions in workplaces to promote their wellbeing (McCollam et al, 2003).

Importantly, good employers appreciate and value employees. Narrators in the SRN investigation recognised returning to, or remaining in, situations where this was not true would not promote recovery (Brown and Kandirikirira, 2007). Jobs where people are most likely to feel valued are ones where individuals can determine the level of responsibility that suits them, and have choice and control over work content, working hours and work load.

Flexible working is important to maintaining wellbeing and promoting recovery, for example phased returns to work at people's own pace in their own time make it more possible to restart work. Ongoing flexibility is also important for people to be able to balance their work and home lives (McCollam et al, 2003).

Good practice around supporting people back to or within work includes promoting awareness of organisations' responsibility for employees mental health and wellbeing and open conversations between employees and their managers, for example around the adjustments people need to return to work or manage work in times of illness. This could help overcome a major barrier to employment and recovery, which is the negative attitude of employers towards people with mental health problems.

The common protective factors for maintaining wellbeing at work identified by employees (with and without personal experience of mental health problems) include:

- A supportive and open culture in the workplace
- Working practices that foster positive peer relationships
- Supportive and accessible managers
- Flexibility and adaptation of roles to support individuals
- Management of transitions and supporting people to self direct their return to work after absences
- Awareness of mental health and wellbeing and policies and procedures which ensure good practice (McCollam et al, 2003).

In summary, work and employment promotes individuals' recovery through mechanisms like helping people to feel more valued and promoting social opportunities. Work that leaves people feeling disempowered is unlikely to facilitate recovery, and jobs and work environments are needed where people have control over their work and opportunities for positive relations with colleagues.

Current Opportunities

There is interest across Europe in the links between recovery and employment and in supporting people to participate more fully in employment and social activity (House of Lords, 2007).

Policy, such as the European Commission's Green Paper, "Improving the mental health of the population: Towards a strategy on mental health for the European Union" (2005), and Scotland's "Closing the Opportunity Gap" (2004), provide an impetus for supporting people with mental health problems to find and retain work. One of the objectives of Closing the Opportunity Gap is "to increase the chances of sustained employment for vulnerable and disadvantaged groups", and it is being taken forward by "Workforce Plus", which intends to work in partnership to develop employability projects and mechanisms.

Another opportunity is the Healthy Working Lives Strategy (Scottish Executive, 2005), which highlights the challenges and benefits of promoting the health of the working age population, reduction of worklessness and engagement of employers in developing mentally and physically healthy workplaces. The Centre for Healthy Working Lives' interest in employment and mental health is demonstrated by the mentally health workplace training available for employers participating in Healthy Working Lives (HWL) Award Programme.

Legislation is also conducive to promoting equality and reasonable adjustments at work, with the Disability Discrimination Act 2005 prohibiting discrimination against disabled people in a range of circumstances, including in employment. In 2006, a new public duty came into force which means public bodies have to promote and offer equality of opportunity, set up a Disability Equality Scheme and increase the access of disabled people to employment.

At a wider level, the interest in wellbeing at work and debates on work life balance raise opportunities for dialogue with employers about mentally healthy workplaces and supporting individuals with mental health problems. Promoting mentally healthy workplaces and supporting individuals' recovery and employment can be related to key challenges facing Scotland such as the demographic trends shrinking the size of the local working population, improving individuals' quality of life and sustainable development.

Conclusion

The low levels of employment amongst people with a long term mental health problem, which has a substantial affect on normal activities, is an inequalities issue. It is not simply because people don't want to work, but linked to the barriers people face in finding and retaining a job which promotes positive mental health.

Work is good for your health, and employment can be linked to people's recovery journeys. Employment can facilitate recovery by providing a sense of meaning, belonging, self worth and increased connection to other people and communities. Equally, the process of recovery can facilitate a burgeoning interest in, and likelihood of employment, particularly because many people's recovery plans include building self confidence and increasing their activity and involvement.

To maximize the opportunities of employment assisting recovery more workplaces need to develop mentally healthy environments, where people feel supported, included, have control, flexibility and where open communication is encouraged.

Commenting and finding out more

If you have any comments to make on this discussion paper, would like to contribute to the work of the Scottish Recovery Network or would like to join the mailing list then email info@scottishrecovery.net or visit www.scottishrecovery.net.

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