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Maintaining employment and improving health: a qualitative exploration of a job retention programme for employees with mental health conditions

Abstract

Purpose:

A proportion of the working age population in the UK experience mental health conditions, with this group often facing significant challenges to retain their employment. As part of a broader political commitment to health and well-being at work, the use of job retention services have become part of a suite of interventions designed to support both employers and employees. While rigorous assessment of job retention programmes are lacking, this paper examines the success of, and distils learning from, a job retention service in England.

Design/methodology/approach

A qualitative methodology was adopted for this research with semi-structured interviews considered an appropriate method to illuminate key issues. Twenty eight individuals were interviewed, including current and former service users, referrers, employers and job retention staff.

Findings

Without the support of the job retention service, employees with mental health conditions were reported to have been unlikely to have maintained their employment status. Additional benefits were also reported, including improved mental health outcomes and impacts on individuals' personal life. Employers also reported positive benefits in engaging with the job retention service, including feeling better able to offer appropriate solutions that were mutually accepted to the employee and the organisation.

Originality/value

Job retention programmes are under researched and little is known about their effectiveness and the mechanisms that support individuals at work with mental health conditions. This study adds to the existing evidence and suggests that such interventions are promising in supporting employees and employers.

Key words: job retention; qualitative; health at work; workplace health.

Introduction

One sixth of the working age population in the UK experience symptoms with mental ill health such as depression and anxiety (Royal College of Psychiatrists, 2008), with this group more likely to face a significantly higher number of disciplinary incidents at work than others because of employer reactions to persistent absenteeism and/or presenteeism (Imber and Włodarczyk, 2007). There are several challenges for individuals with mental health conditions to retain their employment: personal and organisational barriers, stigma and financial disincentives to work are frequently reported in the extant literature (McDowell and Fossey, 2015). Indeed, some studies show that job termination is often likely for individuals in such circumstances and that the nature of this employment termination is often unsatisfactory and not at the request of the employee (Becker et al., 1998, Cook and Burke-Miller, 2015).

Given the importance and magnitude of work loss associated with mental health conditions, it seems vital to develop interventions that address workplace issues and help individuals be more productive and less absent (Pomaki et al., 2012). Job retention programmes are being increasingly recognised in UK policy discourse (Black, 2008) as a way to enable people with mental health conditions to retain their employment status, if this is appropriate for the employee. The delivery of job retention programmes vary, with some delivered by charitable organisations (Cameron et al., 2012), while others are funded or located in statutory service provision (Schafft, 2014, Robdale, 2004). The premise, however, is largely the same as job

retention workers are utilised as a conduit, between the employer and employee to stimulate dialogue (Robdale, 2004, Cameron et al., 2012, Thomas et al., 2005). The fiscal case for effective job retention programmes for employees with mental health conditions are clear – reduced absenteeism (Sainsbury Centre for Mental Health, 2007) and reduced costs associated with staff turnover and the costs of legal challenge if organisations fail in their duty of care (London Mental Health and Employment Partnership, 2012) are two examples. Indeed, more broadly, we know that the costs of mental health problems in England is in excess of £100 billion with mental health problems at work being a contributing factor (Centre for Mental Health, 2010). Notwithstanding this, there is also a moral dimension to such programmes and an imperative to ensure that people with mental health conditions retain their employment if they choose to.

There has been an underlying assumption that job retention schemes are inherently positive for employees and employers. However, rigorous assessment of their effectiveness has been lacking in the academic literature (Krupa, 2007). Given the absence of research and investigation into job retention schemes, particularly their effectiveness and the processes associated with their delivery, academic assessment of such programmes is required to inform policy and practice. Utilising qualitative methodology, this paper examines the success of, and distils learning from, a job retention programme in England to support individuals with mental health condition in employment. The aim of the paper is to add to the current evidence-base regarding job retention programmes through delineating both the effectiveness of such programmes and to comment on process issues relating to job retention models.

Review of literature

A non-systematic literature review concerning job retention programmes for people experiencing mental ill-health was conducted following a Rapid Evidence Assessment (REA) technique, which offered a compromise between rigorous and timely synthesis of evidence (Thomas et al., 2013). A search strategy was designed by the research team which involved identifying key terms and synonyms, inclusion and exclusion criteria. The search was conducted using Leeds Beckett University Library's Discover portal, which searches over 120 academic databases, including health specific databases (i.e. MEDLINE, PsycINFO, ScienceDirect, SPORTDiscuss). The search terms were: "job" or "employment" or "work" or "occupation" (in abstract) and "retention" or "retain" or "support*" or "intervention" (in title) and "mental health" (in abstract).

The search results (n=1,124) were initially screened by one researcher by reading titles and abstracts to decide their relevance for the review. One further reviewer then screened the remaining papers (n=123). Relevant papers were included for data extraction and irrelevant papers excluded. Where it was not clear as to the relevance of papers, they were put forward for data extraction. Included papers, reports and other grey literature were then read in full and relevant data (i.e. research findings, analysis, comments, conclusions) extracted. Nine papers have also been taken from experts in the field. Where papers referred to other relevant work, these publications were also sought and data extracted.

Key findings from the literature

Pomaki et al. (2012) identify three elements to workplace based interventions to support people experiencing mental health problems remain in work – facilitation of access to clinical treatments, workplace based high intensity psychological interventions, and facilitation of navigation through disability management systems – all of which have been found to improve work functioning and quality of life. Other reviews (Dibben et al., 2012, Nieuwenhuijsen et al., 2014, Hill et al., 2007, Seymour and Grove, 2005) and primary research (Vuori et al., 2012) also find workplace based psychological interventions can improve people's ability to cope with stress and avoid stressful situations at work over and above clinical interventions alone.

Other interventions shown to help people experiencing mental health problems remain in work are 'work accommodations' (Nieuwenhuijsen et al., 2014) and increased 'natural supports' (Corbière et al., 2014, Lelliott et al., 2008, Pomaki et al., 2012). Work accommodations include modified work schedules, job restructuring, adjusting supervisory methods, modified training, social skills training, accommodation for memory deficits, working from home, and environmental changes (Corbière et al., 2014). Natural support refers to "human and technical resources that are available...to promote the goals and interests of everyone in a setting" (Corbière et al., 2014), including communication between stakeholders or having supportive colleagues. Natural supports may offer a buffer against the impact to job demands and, unlike other more formal interventions, carry less implication that an employee is not fit to do their job (Corbière et al., 2014).

Only five of identified papers in this literature review specifically concerned 'job retention programmes'. In most cases the job retention services were poorly described, but often noted as being 'small' services managing modest caseloads. Only the Enable job retention scheme, based in Shropshire, UK, reported the total number of referrals made into the scheme (119 referrals in a 22 month period) (Robdale, 2004). Some job retention programmes were delivered by charitable organisations (Cameron et al., 2012), while others were funded or located in statutory service provision (Schafft, 2014, Robdale, 2004).

In the identified literature the most common job retention strategy involved a job retention worker acting as a conduit, advocate, or broker, between the employer and employee to stimulate dialogue, mediate discussion and ensure that legislation are being followed appropriately (Robdale, 2004, Thomas et al., 2005). Other particular features of the identified job retention programmes were; employees being referred to professional services, counselling, or psychological therapies (Robdale, 2004, Cameron et al., 2012); services user led approaches (Cameron et al., 2012); and job retention workers using counselling skills and other 'talking therapies' to assist employers with mental health conditions (Thomas et al., 2005).

Process issues in relation to referral mechanisms, referral criteria and issues relating to how service users 'exit' projects were rarely reported. Robdale (2004) reported that within the Enable scheme the main mental health conditions of those referred were stress, anxiety, depression and a small proportion of individuals with psychotic illness, and that the majority of referrals came via Community Mental Health Teams (CMHTs) and a small number from GP surgeries. The study did not discuss in detail the merits or challenges with the referral pathway. Process issues that were discussed were the importance of the interpersonal skills of the job retention staff (Cameron et al., 2012), the job-specific knowledge and competencies of the job retention worker and the job retention worker being an external professional to the employer and employee (Schafft, 2014).

In the identified publications job retention services resulted in positive mental health and employment outcomes. Studies inferred that without the job retention service, individuals with mental health conditions would have lost their employment (Thomas et al., 2005, Cameron et al., 2012, Robdale, 2004). In other cases, the job retention service had supported individuals to find other work opportunities (Thomas et al., 2005, Cameron et al., 2012) or a mutually agreeable severance deal had been found (Robdale, 2004). With regard to mental health, job retention services were reported to have supported the health and well-being of service users, preventing their mental health from deteriorating (Thomas et al., 2005).

It appears in the evidence-base, albeit small, that job retention services can be successful in facilitating dialogue and improving communication between employers and employees (Robdale, 2004, Thomas et al., 2005). Job retention can give service users renewed

optimism and the confidence to express themselves to their employers (Cameron et al., 2012).

Intervention

The job retention service reported in this paper is based in a northern city in England. It is delivered by a local charitable organisation that provides mental health support and advocacy and campaigns to improve services, raise awareness and promote understanding of mental health issues. At the time of carrying out this research, the job retention service employed ten full-time equivalent staff members.

Those eligible for the service must be over the age of eighteen; experiencing mental health difficulties; in employment or off sick and wanting to return. Referrals into the service come from statutory mental health support agencies and between January 2011 and September 2014, 228 clients were accepted onto the service and 151 of these individuals were female and aged between 18 and 67 years (mean age=42.6 years; SD=10.2). A high proportion of clients described their ethnic background as White British (77.2%). Successful referrals are assigned a support worker from the job retention service who, through a range of activities, aim to support the client for up to twelve months to remain in their current employment. The remit of the job retention service is not to support clients to find alternative employment nor to deliver psychological therapy to clients.

Methodology

A qualitative methodology was adopted for this research with all aspects of the research scrutinised and approved by an ethical committee. Semi-structured interviews, which would illuminate the lived experience of the job retention service (Hennink et al., 2011), were thought to be the most appropriate data collection tool.

In relation to sampling, the job retention service provided a list of past and present service users, which acted as an initial sampling frame. Twenty referrers, sixteen employers and eight staff members were purposively sampled (Patton, 2002). Thirty five clients were sampled to provide a representative cohort of age, gender, ethnicity, occupation, and referral pathway. All those in the sample were sent a letter from the research team outlining the research and inviting them to take part. In addition, all research participants were provided with an accessible information sheet outlining the purpose of the research and their role in the process. Participants were assured that their contribution was anonymous and confidential, and that the research team were independent of the job retention service and all statutory mental health service providers.

Twenty eight individuals agreed to take part in the research and were interviewed, including fifteen current or former service users, four referrers, four employers, and five job retention staff. Interviews lasted from 20 minutes to 1 hour. The drawing together of perspectives from different sources in this way allowed for a '360 degree' view of the job retention service to be gathered (Torrance, 2012). Interviews were conducted at a venue requested by the participant and, with appropriate permission, audio recorded. The interviews with service users focussed on broad areas of interest, including: service users' referral experience, impact and outcomes and their own views on service development and reconfiguration. Professional staff interviews focussed on individuals' perception of impact on service users and views on process issues relating to the service, including referral pathways, caseload management and how individuals 'exit' the service.

The analysis of interview data followed principles of thematic data analysis as suggested by Braun and Clarke (2013). Whilst thematic approaches to qualitative data analysis have been criticised for being devoid of theoretical clarity (Braun and Clarke, 2006), their guiding principles are frequently adopted in research studies. It has been proposed that thematic

approaches have no academic rigour as an analytical method, as it is assumed that, in comparison to other approaches, a thematic analysis is a crude and relatively unsophisticated way to analyse data. Though some criticisms against thematic approaches are justified, there are an increasing number of tools that have been developed which facilitate rigorous and robust thematic analysis, including the use of computer-assisted qualitative data analysis software (CAQDAS) – in this case NVivo.

In summary, the audio files from each interview were transcribed verbatim and uploaded in the computer programme NVivo. Transcripts were then read by a member of the research team and key points pertinent to aims of the research highlighted into emergent thematic codes. Once all the transcripts had been subject to this first coding stage, codes were then combined into broader themes and sub-themes by two of the research team. These were often grouped and clustered based on shared or common issues. Themes often emerged inductively from the data or from prior theoretical understandings of the area under study (Boyatzis, 1998). NVivo allowed data to be coded and retrieved relatively easily. It was also useful in annotating data and recording ideas, thoughts and hunches. Moreover, NVivo allowed hierarchical categories to be constructed relatively easily.

To aid credibility and usefulness of the analysis, themes derived from the data were reflected upon at a reference group meeting with senior stakeholders from the job retention service. At this meeting, themes were presented by the research team and discussed to ensure that the researchers' interpretation of the data was aligned to the reference group.

Findings

This section brings together key themes that were discussed in relation to the job retention service. This includes, service users (SU), job retention staff (Staff), employers (EM) and referrers (RF).

Spectrum of support

The intention of the job retention service is to help service users to retain their employment. How this is achieved, however, can vary considerably depending on the situation and context. Table 1 outlines the myriad of strategies deployed by the service discussed by participants. Illustrative quotations are used, where appropriate, to show how these intervention strategies have worked in practice.

Table 1. Intervention strategies deployed within the Job Retention Service

Intervention strategy	Description	Illustrative quotation and/or example
Therapeutic support	Job retention staff were suggested to provide therapeutic support to service users. Though not working as counsellors, job retention staff were considered a point of contact for service users to share their concerns and issues. Service users found it comforting to know there was somebody there to talk to who understands their situation. Indeed, staff often became part of the service users support network. Employers also appreciated having the opportunity to share their point of view and concerns with job retention staff.	One employer described how the job retentions staff: <i>“Made it clear that if at any point I need it [they’re] available to meet with me or speak with me.”</i>
Raise awareness of mental health conditions and challenge stigma	The job retention service was suggested by several respondents to de-mystify mental health conditions and de-stigmatise the notion of mental ill-health. Respondents suggested that job retention staff often educated individuals and organisations about the impact of, and appropriate response to mental ill-health at work.	Prior to the involvement of the job retention service, an employer expressed concern that <i>“you don’t know what the best thing to say is”</i> to an employee experiencing mental ill-health. Whereas afterwards they had positive <i>“ideas for dealing with staff members that may be getting stressed”</i> .
Advocate	Job retention staff attend meetings between service users, employers and clinicians. They help all parties prepare for meetings by explaining what is likely to happen. In addition, staff were also able to take on more active roles within meetings, speaking on behalf of and advocating for service users.	<i>“When my manager was there, in the meetings, I struggled to actually speak to him. I really got anxious...we had a meeting beforehand and wrote down what I wanted to say and then she[the retention worker] said it to my manager”</i> (SU14)
Help individuals ‘take control’	Job retention staff are able to encourage decision making and support future planning by challenging service users “in a positive way”. The Retention Specialists were also praised for their ability to highlight all the options open to service users which helped individuals make an informed decision about their future.	<i>“The input from the job retention programme was along the lines of ‘well look, you know, this is what can happen. If you carrying on working this might happen, this might happen, this might happen. If you go off then there’s all these other things that may or may not happen but we’re there for you for all of these possibilities.”</i> (SU13)
Mediate	Job retention staff mediate between employers and employees and facilitate lines of communication that might have broken down. Mediating communication between employer and employee also enables job retention staff to facilitate reasonable adjustments to work and help the employee retain their job. Whilst advocating on behalf of service users, job retention staff also have a role in pointing out where service users are being unreasonable or unrealistic.	<i>“Negotiations between me and my employer weren’t getting anywhere but then the job retention programme came in... negotiations became a little bit smoother. We were able to explore other roles.”</i> (SU9)
Signpost	Job retention staff adopt a wider signposting role too. This can involve signposting service users to other relevant support services, including peer support, further mental health services, Access to Work funding, debt advice, welfare rights, food banks, and careers advice.	The beneficial involvement of the job retention staff was highlighted by employers: <i>“helpline numbers, points of contact was just more information than we would have been able to offer”</i> (EM1).

Primary outcomes

Respondents suggested two primary service outcomes as a result of engaging with the job retention service – outcomes pertaining to their employment status and outcomes pertaining to individuals' mental health.

Employment status of service users

The job retention service had a positive effect on the vast majority of service users' employment. Although the job retention service cannot guarantee service users will retain employment indefinitely, it can be instrumental in helping *"maintain the employee's employment longer than it would have been"* (EM1). For example, service users suggested that without the service they would *"have ended up being sacked"* (SU13) or would have resigned. The specialist support offered by the service helped service users address underlying issues causing their mental ill health. Liaising with employers to negotiate reasonable adjustments or redeployments at work, for instance, had ensured that their employment had been retained. One respondent described the impact that the service had made to one service user's attendance at work:

"When the job retention programme started with her, her attendance at work was something along the lines of about 40%. I saw [the service user] just after Christmas and her attendance was about 94%. It's been absolutely massive and [the retention worker] has worked tirelessly." (RF2)

There were suggestions that the job retention service could also minimise the amount of time service users were considered unfit to work (or colloquially known as 'signed off') by their GP:

"Too many people go to the doctor...and the doctor just says 'oh, I'll sign you off', which isn't always the best solution...somebody from the service acts as kind of a mediator with that." (EM2)

It was suggested by a number of respondents that employers and employees may be able to work through difficulties without the expertise and input of the job retention staff. However, it was conceded that without the service there was a likelihood of issues taking longer to resolve. As one respondent suggested, the job retention staff provide a *"focus or structure...to make it work smoothly"* (EM3).

Whilst it may contradict the intention of retaining employment, job retention staff support service users when the best course of action for service users is sometimes to leave work entirely. The benefit of this is recognised by clinicians:

"Some of the best outcomes for our service users have been supported in being managed out of their job with the best possible package" (RF1)

For service users previously *"scared witless that I was going to lose my job"* (SU13), the reassurance that permanently or temporarily leaving an unhealthy working environment is a legitimate course of action was extremely powerful:

"Going off work to concentrate on the treatment, with hindsight, has actually been extremely beneficial and without their support I wouldn't have done it" (SU13).

Mental health of service users

There was some evidence to suggest that the job retention service positively impacts on service users' mental health. In some cases, the contribution the service made to individuals' health was profound and, as illustrated in this quotation, may have prevented a service user from taking their own life:

"If [the retention staff] hadn't been there to discuss what was happening with my work situation, if [the retention staff] hadn't been there to take over all contact with my employers, if [the retention staff member] hadn't been there to support not just me but my husband too, if [the retention staff member] hadn't been there to stay in close contact with my psychiatrist, I would not have survived." (SU12)

The influence of the service on service users' mental health was welcomed by clinicians and those working in GP surgeries. They argued that the staff member provided a unique specialist service that they could not replicate. Many clinicians were hopeful that services like this would avoid service users taking medication or anti-depressants.

Secondary outcomes

All of the job retention staff interviewed stressed their focus was to help service users to achieve the outcomes *they* wanted. This philosophy meant that the service users' views were critical and did not always mean "*retention at all costs*" (Staff 3) if it made service users unwell. While the service had a profound impact on many service users' employment and health status, it also had a "*drastic effect on [their] personal life as well*" (SU15). This included individuals feeling better equipped to manage the balance between work and family life – one service user explained how his children were "*getting the old dad back*" (SU9) as a result of the progress he had made. This wider impact on families had been recognised by one of the GPs interviewed:

"If there's ten people kept in employment you've got a whole set of life stories springing from those ten people...it could be thirty, fifty people involved in that."
(GP2)

Some of the staff member reiterated this view, but conceded that capturing these broader impacts in a quantitative way was a challenge for the service.

Mechanisms facilitating change

The attributes that contributed toward successful outcomes for employees and employers were referred to throughout respondents' interviews. These have been summarised in this section.

i. Expert insight

The job retention service combines knowledge of mental health and employment to provide an "expert insight" for service users and employers. The service complements statutory mental health therapies as one referrer noted:

"Something that I don't think we can support as clinicians. I think we need a specialist worker with employment knowledge in trying to support our service users to stay in work." (RF2)

Job retention staff have an array of professional characteristics that make them effective practitioners (see Box 1) – these included interpersonal attributes and qualities (such as approachability and honesty) alongside other professional competencies. Job retention staffs' knowledge and experience, for example, combined to convey "an overwhelming understanding" to service users. Service users reported finding it very difficult to converse with professionals who may not truly understand the specific context. Other services to support people in work or offer advice about employment, were not always deemed appropriate for individuals with a mental illness.

Box 1. Effective (interpersonal) attributes of Job Retention Specialists

"Approachable"
"Honest"
"Less clinical"
"Non-judgmental"
"Welcoming"
"Genuine"
"Really caring"

In comparison to clinical or mental health services, the service was considered to be more pragmatic in its focus and with the main aim of ascertaining what can be done to help

service users in employment. Retention staff were recognised to have knowledge of employment issues, rights and legislation not available to clinicians. Whilst clinicians are focussed on the clinical management of a patient and may offer some information about how to stay healthy at work (GP1), their response to patients is often quite limited in scope:

“Doctors are limited in what they can do. They either try and remove them from the problem or give them medication to help them cope with it.” (EM2)

Retention staff also were suggested to focus on holism and recognised that individuals' mental health could be determined by a plethora of determinants. This approach was well received by service users as it meant they were able to “talk about everything” (SU3) during meetings:

“It seemed like, you know, whether it was work or outside of work or mental health I don't think there was an area where they weren't ever able to help me.” (SU9)

ii. Neutrality

The job retention service benefits from being a neutral service, providing unbiased advice to service users, employers and clinicians. As an unbiased organisation, retention staff were thought to provide more honest and objective information, advice or guidance to service users. As an impartial external organisation the service works toward reaching:

“A solution that keeps everybody happy...the best solution for both sides.” (EM4)

For employers, their biggest concern is that the service is not a service user's “attack dog” or “guard dog” or will be overtly partisan against the employer. However, to date, this has not been the case and the service has been regarded as supportive and non-confrontational.

iii. Manageable caseloads – allowing flexibility and dedication

Retention staff have caseloads which enable them to devote sufficient time to each service user and to develop effective rapport underpinned by trust and continuity:

“A lot of the times in mental health it seems like they're trying to get rid of you...pass you on to somebody else. You never really felt that with job retention service.” (SU9)

Manageable caseloads ensure that retention staff are able to be more ‘hands on’ than clinicians who are often unable to dedicate time to understanding patients' needs.

Retention staff have the flexibility to meet the needs of service users effectively, including having meetings at times and locations suitable for service users. Having meetings after work, in convenient and discreet locations, was appreciated by service users:

“She put herself out. She was quite prepared to travel to wherever...to help me.” (SU6)

The notion of a person-centred approach was exemplified through the ways in which retention staff worked with service users. This included the service user being at the heart of decisions being made and ‘driving’ the agenda in discussions with retention staff. Whilst other mental health or employment services might be “target driven”, the job retention service's service users “are people, they're not numbers, they're not stats” (Staff 4). This approach was recognised and valued by service users:

“They do work in a different approach which I've never had before but it was welcoming...it was refreshing...she understood.” (SU14)

Such a person-centred driven approach, however, could place pressures on job retention staff who are expected to deal with very complex situations, including service users contemplating suicide. Retention staff clearly need to feel sufficiently supported in order to fulfil their role adequately. There were additional concerns that increases in caseloads could have a deleterious effect on service provision and could jeopardise the quality of service offered. One service user noted:

“The bigger you get the more diluted you get and the less effective you get.” (SU2)

Discussion

This research provides positive indication that job retention services can be effective at supporting service users and enabling them to improve their health and retain their

employment. Some critical 'ingredients' of the services success were identified and included: staffs' expert insight of mental health and employment; their neutrality; and having manageable caseloads. Moreover, there was also evidence to indicate benefits of such models not only for employees, but employers too.

The workplace health agenda is a prominent feature of contemporary policy discourse with innovative practice being seen in areas such as reducing stress and burnout in workplaces and creating more positive working environments to enhance health and well-being (Green et al., 2015). Despite the growing importance of the workplace health agenda, current understanding of job retention programmes for individuals with mental health conditions is relatively limited. Data gathered in this study demonstrates that a job retention programme in the North of England has been shown to have benefits for some of its users. Nonetheless, despite the 'job retention' of staff seeming to be the primary aim of the service, in several cases maintaining employment was not a positive outcome and indeed the service was designed so that resignation or severance of employment could also be regarded as a positive outcome. The mode through which these outcomes are achieved has been summarised in a typology ranging from therapeutic support; advocacy and mediation; signposting; and enabling individuals to take control of their work situation. Within the typology there is an emphasis on both supporting individuals with a mental health condition and in recognising the need to often modify the environmental conditions of the workplace, through mediation or challenging stigma. Such recognition is consistent with the theory-base on person-environment fit (Green et al., 2015) which shows that aligning individuals' personal attributes and characteristics with the correct job-role and environment is a strong pre-requisite for employee well-being (Brandstätter et al., 2016). Indeed, work by Furnham and Bramwell (2006) has shown how personality traits can impact on absenteeism rates in workplace environments if environmental conditions are not tailored accordingly. Individuals' journeys through mental ill health crises at work are extremely varied (Imber and Włodarczyk, 2007), so the diversity of interventions under the job retention service rubric is recognised as a clear strength through offering a menu of support for individuals and organisations. This may, however, create challenges in transferring programme models, given that resource and expertise is needed to fulfil all types of intervention modes.

The manageable caseload that retention specialists oversee seems a crucial aspect of success, enabling strong rapport to be built and for trust to be fostered with both employees and employers. It seems unlikely that such favourable outcomes would be achieved if job retention staff managed higher caseloads, as less time could be dedicated to support individuals and organisations. This finding has been reported elsewhere (Imber and Włodarczyk, 2007). Further examination of the cost-effectiveness of such models should be reviewed; however, given the cost of absenteeism and presenteeism to workplaces (Cooper and Dewe, 2008), it is likely that such services would make a cost-effective contribution in comparison to not intervening at all. The neutrality of the service and the personal attributes of the job retention staff was also a critical facet which clearly allowed strong foundations to be built. The centrality of such personal attributes to the success of job retention services has been reported in other research (Cameron et al., 2012) and so is likely to be a key mechanism for achieving positive outcomes.

Although this study has focussed on one programme in Northern England, the methods employed have allowed the impact of the programme to be demonstrated using the direct voices of service users, employers and other key actors related to the job retention programme. The qualitative nature of enquiry has uncovered important outcomes for individuals that may not have been seen through gathering routine data from employers or by surveying employers and employees. Further evaluation of job retention models which employ qualitative approaches of enquiry will be crucial to add further to the growing evidence on such services. That said, quantifying the impact of job retention services, in terms of health and employment markers and cost effectiveness, will be critical to convincing

health commissioners and businesses of the benefits of such services. To date, however, this research has not been carried out with the current evidence-base relatively weak (Imber and Wlodarczyk, 2007).

The need for organisations and workplaces to consider the health and well-being of staff is increasing (Scriven and Hodgins, 2012, Hubley et al., 2013). Job retention programmes for individuals with mental health conditions are being recognised as part of a menu of services to support individuals in work and as a way to enable people to retain their employment status. Nonetheless, the will within organisations to embed such programmes is to be seen. At the moment, job retention programmes are not commonplace and indeed their provision is patchy and not routinely evaluated or monitored.

Conclusions

The workplace health and well-being agenda has become a prominent feature in UK policy discourse. Wellbeing at work concerns, amongst other things, individuals' ability to work productively and creatively, to engage in strong and positive relationships, fulfilment of personal and social goals, contribution to community and a sense of purpose (Dewe and Kompier, 2008). Despite policy intentions, a proportion of the work age population in the UK experience symptoms with mental ill health (Royal College of Psychiatrists, 2008) which frequently results in negative outcomes for individuals and employing organisations. This paper reported qualitative findings from a job retention service which sought to enable people with mental health conditions to retain their employment status (if this outcome is appropriate for the employee). To date, the evidence-base for such programmes is limited which makes drawing concrete conclusions about their effectiveness and transferability challenging. Albeit with a modest sample of twenty eight key stakeholders involved in one job retention service in Northern England, the paper has outlined the way by which such services support individuals and has highlighted key mechanisms which contribute to successful outcomes for service users. The paper suggests that job retention models make an important contribution to both employees with mental health conditions and to employers, but that further evidence is required to support health providers and businesses of the benefits of commissioning such services.

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