

# Employers' beliefs, knowledge and strategies used in providing support to employees with mental health problems

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## Abstract.

**BACKGROUND:** Mental health problems are the main cause of sick leave in today's working age population. Employers are responsible for their employees' work environment and preventing work-related illnesses, but their knowledge regarding mental health problems is lacking. Employer beliefs and support strategies need further exploration.

**OBJECTIVE:** To explore employers' beliefs, knowledge and strategies use in providing support to employees with mental health problems.

**METHODS:** This grounded theory study comprised 24 interviews with employers in a variety of workplaces, and included women and men in large and small organizations in a Swedish context.

**RESULTS:** Two categories related to the aims emerged: *comprehending mental health problems is complex*, and *lacking established conditions to support work*. The results show that employers seek to support employees with mental health problems but have low expectations and lack knowledge and strategies. Employers acknowledged experiences of inadequate support and collaboration from other actors in the return-to-work (RTW) process.

**CONCLUSIONS:** To close the service gap and improve the RTW process, employers need to increase their mental health literacy. Other actors need to improve their understanding of employer situations and provide them with necessary support.

Keywords: Employment support, return-to-work, workplace, sick leave, mental health literacy

## 1. Introduction

Mental health disorders are the most common causes of sick leave in Sweden and have the longest sick leave periods (Social Insurance Agency, 2017a).

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According to an international review, employees suffering from mental health problems are on sick leave for longer periods and more frequently than those with a physical problem (Dewa, Loong, & Bonato, 2014). When at work, these employees struggle in their jobs (OECD, 2013; Ståhl & Edvardsson, 2014). Employers in Sweden are accountable for their employees' work environment and prevention of work-related illnesses. This responsibility is regulated in the Swedish Work Environmental Act (2015).

According to the literature, employers form a vital link in the successful return-to-work (RTW) process for individuals with mental health problems (Joyce et al., 2016; Lexén, Emmelin, Hansson, & Bejerholm, forthcoming 2019; Lexén, Emmelin, & Bejerholm, 2016; Porter, Lexén, Johanson, & Bejerholm, 2018; Porter, Lexén, & Bejerholm, forthcoming 2019). This responsibility can be problematic because employers may have inadequate mental health literacy (Kirsh et al., 2009; Lexén, Emmelin, Hansson, & Bejerholm, forthcoming 2019; Porter, Lexén, & Bejerholm, forthcoming 2019). In the present study, mental health literacy is defined as the beliefs and knowledge of mental health problems (Jorm et al 1997), including the prevention, recognition, and support strategies of mental health problems (Jorm et al., 2000). Mental health problems range from common disorders such as anxiety and depression to less frequent disorders like psychosis (OECD, 2012).

Employers are one of several actors in the Swedish RTW process. Other actors, who can be referred to as vocational rehabilitation professionals, work in Healthcare Services, Public Employment Services, Occupational Health Services, Social Insurance Agency, and Social Services within the municipality (SOU, 2011). Complementary actors, such as Employment Specialists who work according to the Individual Placement and Support (IPS) approach, may also be part of the RTW process (Bejerholm, Areberg, Hofgren, Sandlund, & Rinaldi, 2015). Research shows that service and time gaps are common among the different actors in the RTW process (Lexén, Emmelin, Hansson, & Bejerholm, forthcoming 2019; Lexén, Emmelin, & Bejerholm, 2016; Porter, Lexén, Johanson, & Bejerholm, 2018). This fragmented rehabilitation chain prolongs sick leave periods and results in a lack of hope and faith among individuals with mental health problems (Porter, Lexén, Johanson, & Bejerholm, 2018). Vocational rehabilitation professionals have been shown to be particularly lacking in mental health literacy (Porter, Lexén, & Bejerholm, forthcoming 2019) and this may hinder the RTW process (Porter, Lexén, Johanson, & Bejerholm, 2018). They convey that employers may also be deficient in this respect (Porter, Lexén, & Bejerholm, forthcoming 2019). Exploring employer knowledge, beliefs and strategies is critical to more fully understand the prerequisites for provision of support.

In Sweden, employers are required to finance the first two weeks of employee sick leave. Employers are also responsible to enable work through

work environment accommodations. If necessary and possible, this includes relocating the employee to another area within the organization (Ekberg, Eklund, & Hensing, 2015; Social Insurance Agency, 2018). Employees often need work accommodations to support work when returning after sick leave. For the accommodations to be effective, employer and co-worker support is vital (Ståhl & Edvardsson, 2014), but limited understanding of how to provide support presents a barrier for implementation (Durand, Corbière, Coutu, Reinhartz, & Albert, 2014). Employers describe high demands on work performance with restricted options for making work accommodations (Seing, MacEachen, Ekberg, & Ståhl, 2015). However, employers are more likely to support employees who are viewed as valuable to their organization than someone they see as easily replaceable (Seing, MacEachen, Ståhl, & Ekberg, 2015).

With regard to employer's knowledge and beliefs, having an open communication with the employee suffering from mental health problems promoted work (Thisted et al., 2018). Nevertheless, silence and a lack of available support can surround mental health problems in the workplace (Moll, 2014). Communication with employees can be hindered by employer concern of overstepping the employee's privacy (Thisted et al., 2018). Employees, on the other hand, may worry about disclosing their mental health problems to their employer because of the risk of being stigmatized (Brouwers et al., 2016; Cameron et al., 2012; Dewa, 2014; Porter, Lexén, Johanson, & Bejerholm, 2018). This stigma may be manifested through not being promoted or receiving degrading work tasks (Henderson, Williams, Little, & Thornicroft, 2013; Little, Henderson, Brohan, & Thornicroft, 2011; Porter, Lexén, Johanson, & Bejerholm, 2018). Employers report that applicants who disclose mental health problems during the recruitment process are less likely to secure employment (Biggs, Hovey, Tyson, & MacDonald, 2010; Petersen & Fugletveit, 2015), and this is in contrast to individuals with a physical disability (Brohan et al., 2012; Hipes, Lucas, Phelan, & White, 2016). Furthermore, employers have concerns regarding hiring individuals with mental health problems. These include the belief that there is a risk the individual will relapse into illness (Biggs, Hovey, Tyson, & MacDonald, 2010), and not be able to complete their work (Biggs, Hovey, Tyson, & MacDonald, 2010; Ju, Roberts, & Zhang, 2013; Lexén, Emmelin, & Bejerholm, 2016). Employers with previous experience with mental health problems had fewer concerns

when hiring an individual with these same problems (Brohan et al., 2012; Ju, Roberts, Zhang, 2013; Lexén, Emmelin, & Bejerholm, 2016). This finding is consistent with a national survey that shows more positive attitudes if one has previous experience of mental health problems with oneself, family or friends (Social Insurance Agency, 2017b).

The regular rehabilitation chain is fragmented and results in time and service gaps in the RTW process for individuals with mental health problems on long term sick leave (Bejerholm, Larsson, & Johanson, 2017; Porter, Lexén, Johanson, & Bejerholm, 2018). Employers play a central role in this process because of their employment and legal responsibilities to employees. In order to close the knowledge gap between employers and other actors, it is important to more fully understand employer perspectives and experiences of providing mental health support, and to explore the extent of their mental health literacy. Accordingly, the aims of this study were to:

- Explore employer beliefs and knowledge regarding mental health problems
- Explore employer strategies in supporting employees with mental health problems.

## 2. Methods

Data collection started in 2015 and was planned to end in 2016. Because of the present study aims, the authors also wanted the perspective of a participant with a political background and therefore an additional interview was done in 2018. The result of the final interview did not change the previous results. Grounded theory method was selected to guide the data collection and analysis process. Grounded theory is a flexible and systematic method that allows the researchers to collect and analyse extensive qualitative data for explaining processes and actions in a situation and to construct theory (Charmaz, 2014). This method was chosen as research in the field of employers mental health literacy is limited and the authors were interested in exploring a variety of employers' and their experiences and perspectives.

### 2.1. Participants

Inclusion criteria comprised employers who had staff responsibility, and with or without experience of employees with mental health problems

Table 1  
Socio-demographic characteristics of employers (n = 24)

Characteristics	n
Sex	
Female/Male	14/10
Age in years	
Mean, (range)	49.2 (39–62)
Education level in years	
Middle school, <16	1
Upper secondary, >16	5
University/college, >18	18
Type of organization	
Educational institution	5
Manufacturing	3
Healthcare	4
Installation, operation and maintenance	1
Hotel or restaurant	1
Sales, purchasing and marketing	4
Information technology	2
Construction	1
Police	1
Administration, economy and law	1
Politics/Government	1

(Table 1). The authors were interested in employers who worked in the private or public sectors and had diverse experience in service duration and responsibility in their organization. A total of 25 employers were asked to participate, including 14 women and 10 men with a mean age of 49.2 (range 39–62).

### 2.2. Data collection and analysis

Twenty-five employers were gradually included in the study using theoretical sampling. The theoretical sampling allows the researcher to include participants gradually according to how each employer can best contribute to the evolving analysis (Charmaz, 2014). It entailed inclusion of employers from diverse professions and organisations, with different work experiences and of various ages and genders. Each employer was initially contacted by email or telephone and given general information about the study. If they consented to participate, they were given more detailed information about the study in written and verbal form. One employer declined participation because of being new to the job. The interviews lasted 40 to 90 minutes and were digitally recorded. An interview guide with open-ended questions was developed in relation to the study aims. The guide was tested twice in pilot interviews and minor changes were made. The interviews opened with questions like: *Tell me about yourself and why you do what you do today? How many years of work*

experience do you have? How many years have you worked as an employer? How many employees are you responsible for? What are your experiences of mental health problems? What do mental health problems mean to you? In the next section, participants were asked to read and reflect on two vignettes with pre-written statements. Vignettes are used to improve study validity by better framing research areas under investigation (Jenkins, Bloor, Fischer, Berney, & Neale, 2010). The first vignette concerned the time employers spend supporting employees with mental health problems. The second vignette concerned employers' difficulties in helping and supporting an individual with mental health problems. The following questions were asked to facilitate participant reflections: *Can you tell me about an employee who has had mental health problems at your workplace and how that was handled? Can you tell me about a case that worked well/worked less well? Have you received support from vocational rehabilitation actors when hiring or having an employee return after sick leave? If so, can you tell me about the support you received? Do you have any requirements in order to be better equipped to support an individual with mental health problems?* Further questions were added when other issues related to the study aims emerged. Each interview was transcribed verbatim, directly after each interview, and coded using incident-by-incident coding by abstracting the transcribed text using labels. The authors were interested in locating the action in each segment of the data. Theoretical sampling of employers with various experiences was used to refine the developed codes and new questions areas that addressed the recruitment process, experience of hiring employees with mental health problems, and sourcing of applicants. This way of refining the earlier codes through new questions fields is essential in grounded theory (Charmaz, 2014). The next step was focus coding, i.e., the most common initial codes were used to categorise all the data. The authors proceeded to the process of axial coding, comparing the categories and the sub-categories to each other. Lastly, theoretical coding

was performed, i.e., the connections between the categories were defined to give a coherent analytical explanation. The analysis process was performed by all authors. During the entire analysis phase, including data collection, the authors used memo-writing to allow them to reflect, validate and categorise codes and make connections among them. Open Code 4.01 software was used.

### 2.3. Ethical considerations

Each participant gave written consent before the interview, including consent for digital recording. The participants were guaranteed confidentiality and the right to end their participation without giving a reason. Ethical approval was made by the Regional Ethical Board in Lund, Sweden (Dnr 2015/90) and the study was conducted in agreement with the ethical guidelines of the Declaration of Helsinki.

## 3. Results

Two main categories emerged: *comprehending mental health problems is complex* and *lacking established conditions to support work* (Table 2). In the category *comprehending mental health problems is complex*, employers expressed a broad spectrum of beliefs and experiences with mental health problems in the workplace. On the positive side some employers believed that mental health problems were not believed to limit an individual's work ability. However, the dominant beliefs were that mental health problems were difficult to comprehend and negatively affected the workplace. Employers relied on the employee to disclose their problems in order to be able to support them. When doing so, there was a risk that the employee would be stigmatised. Employers were open with their beliefs on improvements to the RTW process, including the need to improve their own knowledge and strategies to be better equipped to support their employees. *Lacking established conditions to support work* considered employer uncertainty regarding how to support an

Table 2

Employer mental health literacy affects the return to work process

Comprehending mental health problems is complex	Being more or less familiar with different types and causes of mental health problems Experiences of mental health problems affect beliefs in work ability Disclosing leads to better understanding but risks stigmatization Identifying own lack of knowledge and strategy gaps
Lacking established conditions to support work	Uncertainty regarding strategies and work accommodations required Needing support and collaboration in the return to work process Needing financial compensation to enable work

employee with mental health problems. Work accommodations were often needed but employers might be hesitant to make these because of lack of relevant knowledge and experiences. Employers expressed the need for their own support, and for collaboration in the RTW process. Financial compensation for productivity losses when work ability was constrained were often thought necessary to enable employment.

### 3.1. *Comprehending mental health problems is complex*

Employers had difficulty understanding mental health problems, their symptoms, and causes. Disclosure of mental health problems was viewed as necessary, but there was concurrent awareness that this had the potential to lead to negative attitudes. Employers were limited by inadequate knowledge of mental health problems and wanted to increase their knowledge base.

#### 3.1.1. *Being more or less familiar with different types and causes of mental health problems*

Based on the employers' beliefs and previous experiences, mental health problems were difficult to comprehend and could refer to many different mental health disorders and life crises with a variety of symptoms. Some employers described mental health problem in general terms such as "not feeling good", "it can be many different things", and "it's difficult to understand". Enduring mental health problems like schizophrenia caused more uncertainty and worry among employers. The beliefs about enduring mental health problems contrasted with those about stress and depression, which were described as more straightforward problems and easier to relate to and understand. A minority of employers had positive beliefs about mental health problems and explained that they were "a potential source of strength", "a part of life", and "something that affects everyone at some point in life". One employer elaborated:

*"I think those who have had a mental health problem or have a diagnosis of any kind... who live with it and can manage it... they are usually rather stable because then they have strategies for handling it."*

Most employers were familiar with employees who were stressed or had depression. These kinds of mental health problems could be triggered by factors in the workplace such as a heavy workload for an extended period or reorganization at work. Stress

resulting from a requirement to be available after regular working hours was raised as a concern. One employer explained how this was not a problem 20 years ago when people sent mail, in contrast to today when colleagues may send emails around the clock. The importance of viewing and recognizing stress, and dealing with it in a constructive manner were mentioned, since potentially the employees themselves contribute to stress by doing tasks that they are not required to do. Conflicts in the workplace were also cited as a potential cause of stress, and that conflicts needed to be dealt with quickly by the employer to prevent negative effects.

A majority of employers believed that mental health problems were not only linked to work. Some employees were viewed as less resilient to mental health problems, particularly stress. Furthermore, the employee's private life was perceived to affect mental health problems. For example, if an employee was going through a divorce or the loss of a close relative, or if a child was being bullied in school, such events could lead to heightened stress and depression. These life crises were easier for the employers to comprehend as they could relate to them through their own experience or that of someone around them. Even though the causes of mental health problems were sometimes related to the employee's private life, employers felt they had to manage the consequences if it affected work. This could be problematic because of a lack of knowledge and strategies and was also not always viewed as the employer's job. Some employers believed that it was the employees' responsibility to deal with their stress, just like the employers had to do themselves. The employers thought that this could be done through better prioritizing at work or exercising in their spare time to relax.

In conclusion, mental health problems could be difficult for employers to comprehend as the diagnoses varied, and the root causes were linked to the work situation, vulnerability to stress, and stressors in the employee's private life.

#### 3.1.2. *Experiences of mental health problems affect beliefs in work ability*

This sub-category represents employer beliefs about the employee's ability to work when having mental health problems. This was mainly expressed as causing problems for the individuals themselves, co-workers, and the company. However, some employers who had positive experiences of supporting employees with mental health problems asserted positive beliefs like "work is still possible when

having mental health problems”, “depressed individuals can work”, and “work can make them feel better”. Additionally, concerns were raised that sick leave could make the mental health problems even worse. In contrast, employers gave several examples of how mental health problems could limit the employee’s work ability: “the employee may work slower”, “not working at all”, or “may make mistakes”. The employee’s workplace behaviour could be difficult to comprehend as they could “seek conflicts”, “have a loss of self-awareness”, “be difficult to communicate with”, or “behave like a child”. One employer described an employee with bipolar disorder who occupied a high position in the company. Whilst showing self-awareness by accepting treatment, the employer continued: “He didn’t understand at all that this [his problems] affected his work ability or the relationships [with co-workers] at the workplace.”

Another employer described how a former employee had made serious financial mistakes and caused significant losses for the company. A way of avoiding a reoccurrence with a permanent employee was to bring in a consultant who could be laid-off immediately if agreed upon deliverables were not met. Some employers described how employees with mental health problems could frustrate co-workers when a work task was not done. Others described employers who had experienced co-workers who felt scared of an individual with mental health problems who exhibited aggressive or unpredictable behaviour.

In conclusion, employers’ previous experiences could affect their perception of mental health problems and work ability. Employer beliefs about mental health problems were mainly expressed in negative terms. However, if employers had previous positive experiences of an employee with a mental health problem, their beliefs on work ability were more positive.

### 3.1.3. *Disclosing leads to better understanding but risks stigmatization*

Employers preferred that the employee disclose their mental health problem. At the same time, employers were aware that disclosure was not always easy for the employee, since they could fear or worry about being stigmatized. Modern society was viewed as more open and accepting than former times, and more individuals were honest about their mental health problems. Nevertheless, prejudice and fear

remained. One employer elaborated on the difficulties the employee had to face when disclosing:

*“Unfortunately, mental health problems are still accompanied by a sort of shame. When having a physical illness, then everyone feels sorry for you. If you have a mental health problem, then you’re crazy and people don’t feel sorry for you.”*

Being informed of an employee’s mental health problems was believed to be vital. If employers were aware, they had a better chance of providing support and if needed, accommodation of the work tasks. Employers did not always work directly with the employee and could not always observe early signs of mental health problems. Co-workers could indirectly conceal the problems when they helped the employee with work tasks that they struggled with or could not do. The employee could hide problems by working from home or informing the employer that they were absent for a physical cause. There were also employers with more accepting views who considered diversity in the workplace to be a strength and stated that mental health problems are not something that need to be disclosed if the employee does their job.

Employers mentioned the importance of staff education to facilitate discussion about mental health problems. Nevertheless, education was also described as a risk because it could reveal that mental health problems are more common in the workplace than expected, and employers might not be equipped to handle such a situation.

Some employers believed it was important that applicants disclose their mental health status during the job interview. However, the majority of employers did not hire an individual when informed of the applicant’s mental health status. Concerns were raised about hiring an individual who would not fit in the team, match the job, or was going to be absent frequently.

In conclusion, disclosure was viewed as essential by most employers, if they were to be able to support their employees and filter applicants during the hiring process.

### 3.1.4. *Identifying own lack of knowledge and strategy gaps*

Employers were aware of their own lack of knowledge. They wanted to learn how to prevent employees from developing mental health problems, and to support those who already had such

problems. Employers lacked established strategies, felt frequently unsure, and grasped at ways to provide appropriate support to meet the employee's needs. One employer explained that he wanted to support an employee who was struggling to handle a work task but felt his effort was not received in a positive way. This left him puzzled. He explained: "*I really didn't have tools to handle it, and I didn't really know how to do it.*"

Several suggestions for how to improve these knowledge and strategy gaps were made. The most common suggestions were to have training or lectures to increase knowledge. Communication strategies were mentioned as important skills since it could be challenging for employers to approach an employee with mental health problems. Employers expressed the need for a hands-on advisor who could help with a specific employee when problems arose. A coach who could give the employers feedback on whether they were handling things appropriately was mentioned, since it can be difficult to determine if an approach is appropriate. Learning about the Social Insurance Agency's regulation system in order to better understand the regulatory framework was also requested.

If employers developed better approaches to handle mental health problems in the workplace, they believed it was not necessary to understand the details of a specific diagnosis. Rather, they thought that more general knowledge about helpful preventive and supportive strategies was needed. Whilst increased knowledge would benefit many employers, it was also stated that ultimately some were simply unsuited to the role due to their views and beliefs about mental health problems, which no amount of education could change.

In conclusion, employers requested more knowledge concerning mental health problems in order to be better equipped to prevent and support their employees.

### 3.2. *Lacking established conditions to support work*

This category represents the employer perception of the support and work accommodations needed to enable work ability for employees with mental health problems. Outside support and collaboration were often needed but viewed to be inadequate. Financial adjustments, i.e., various wage-subsidies, were often offered when financial losses were a risk.

#### 3.2.1. *Uncertainty regarding strategies and work accommodation required*

Employers did not have established procedures to use when mental health problems arose. This led to uncertainty about how to best support the employee. Employers clearly wanted to help and to identify the problem, but they were hesitant about the best way to do so. This contrasted with physical problems, which were considered easier to understand and develop strategies for. Approaching an employee with mental health problems could cause apprehension among employers who lacked experience of what was appropriate to discuss. Employees' own perceived needs were considered central in finding the right support and work accommodations. Different sorts of accommodation could be considered, e.g., flexible work hours, working from home, decreasing or adapting workloads, or relocating the employee to a different area within the company. Nonetheless, depending on the profession and work task, workplace accommodations were not always possible. As one employer in the education sector expressed: "*There is a limit to how much you can adapt the work task. You can't have a teacher who can't teach.*"

Intervention time was an issue that caused uncertainty. Employers did not know how to determine the necessary support period. Employers were limited in the time they could dedicate because of their own workload. However, consideration and time allocated for key employees was considerably higher. The social environment, including the team and co-workers, was viewed as significant when making work accommodations. Co-workers needed to possess some understanding of why the accommodations were important. Co-workers could have limitations on how long they were prepared to support a colleague, and jealousy could arise if the workplace accommodations were in place over a long period. Irritation could exist if a co-worker was frequently absent because this left others with increased workloads. Employers had a variety of approaches to detect mental health problems in the workplace. These included being approachable, creating trust through respect of their employees' work and private lives, and asking regularly how employees were feeling. Body language was observed as this could show signs of detrimental changes.

In conclusion, employers wanted to support and make work accommodations if possible, but lacked established strategies and procedures causing

uncertainty and hesitation. They were concerned that the time spent supporting employees with mental health problems would affect the productivity of both themselves and other co-workers.

### 3.2.2. *Needing support and collaboration in the return to work process*

It was clear that employers wanted to help their employees. Equally clear was the importance of seeking advice or handing the matter to other RTW professionals when they reached the limit of what they could do or were required to do. The importance of “*not being an amateur psychologist as that was not what (we) were trained to do*” was mentioned. The desired support and collaboration were largely viewed as lacking. Consequently, employers felt alone in the RTW process. They did not know how best to support their employee, or the extent to which the mental health problem impacted on work ability, social context, and productivity. RTW actors such as the Public Employment Services and the Social Insurance Agency often viewed the employee’s work ability differently from that of the employers and this caused frustration. The Public Employment Services was known for contacting employers and trying to place individuals in a job. They often presented individuals with functional limitations who could be hired with a wage-subsidy. However, the specific problems were not always disclosed or explained. This resulted in employer wariness of hiring individuals through the Public Employment Services, since they were perceived as not always fully transparent. Even when employers asked a direct question about possible mental health problems, the Public Employment Services handling officer might avoid a clear response, resulting in uncertainty over whether the job matched the individual’s work ability and the appropriate social context. One employer said: “*We asked why. Why did he have a wage-subsidy? And they [the Public Employment Services] didn’t want to say.*”

When an employer did hire an individual through the Public Employment Services with a wage-subsidy, the employers expected the Public Employment Services to be available for support and guidance. To a large extent, this support was felt to be lacking, and employers could feel alone and deceived after hiring an employee who they believed could do the job. The Public Employment Services were not only viewed as unsupportive but also perceived as lacking sufficient competence. However, some positive experiences were mentioned by employers who

had hired employees that matched the work requirements.

Most employers who had contact with the Social Insurance Agency viewed their support and collaboration negatively. The Social Insurance Agency was regarded as lacking competence in understanding work requirements, and therefore trying to get the employee back to employment even though they lacked work ability for their job. Some employers stated that the Social Insurance Agency “*just wanted the employee to go back to work regardless of whether they had any work ability*”. However, there were some handling officers at the Social Insurance Agency who were supportive and tried to understand the employers situation. That increased the employer’s confidence that the Agency would find a good solution for both the employer and employee. A few employers said that their supervisor or Human Resources department would provide support when needed. Those employers who had access to the Occupational Health Service cited them as important and helpful in supporting both the employee and employer to find a sustainable solution.

Employers wanted more support and collaboration from other actors in the RTW process. When the support and collaboration worked, the employer’s ability to give adequate support to an employee with mental health problems was enhanced.

### 3.2.3. *Needing financial compensation to enable work*

Employers were clear on their financial responsibility. Having an employee with mental health problems was understood to potentially lead to a negative financial impact. Opinions were expressed that an “*employee has to carry their own cost*”, and “*in the end we are a business*”. Financial compensations (i.e., various wage-subsidies) were often offered and might be necessary for the employer to consider when hiring an employee. Financial compensation was especially important when an employee had reduced work ability and there was a risk of financial losses.

The wage-subsidies made it more appealing for the employer to hire someone because costs were partially covered for a period. Without a wage-subsidy, employers were more reluctant to hire. Even with a wage-subsidy, there was occasional frustration when an employee was hired but did less work than expected or only performed unqualified work.

When an employee returned from sick leave, the employer felt it was difficult to comprehend the employee’s work ability and what productivity to

expect from that employee. During RTW support, employers believed it was important to distinguish work training from actual work. The employer and co-workers wanted to know what to expect of the employee's work ability. Concerns were raised about paying an employee for work that was not done. One employer elaborated on the frustration of having an employee who did not deliver: "*It's like we . . . rent a car with three wheels and think it has four.*"

Both the Public Employment Services and the Social Insurance Agency can provide compensation to employers if an employee had reduced work ability. The Public Employment Services primarily when an employer agrees to accommodate an individual struggling to find a regular job or who needs work training. The Social Insurance Agency does this when an employee is returning after sick leave and has reduced work ability.

In conclusion, employers wanted to know the employee's work ability and needed financial compensation to accommodate work to avoid financial losses.

#### 4. Discussion

This explorative study provides insight into the mental health literacy of employers. Employers struggle to comprehend mental health problems, and they lack support and collaboration from others in the RTW process. On the positive side, employers display a strong desire to help and support their employees with mental health problems, even though these problems are perceived to be complex and there is uncertainty about the root cause and impact on work ability. Employers relied on their former experiences when giving support and making work accommodations. They required more knowledge and strategies to better prevent mental health problems and support employees. Consequently, employer perceptions of mental health problems were mainly negative, reflecting the lack of previous experiences. The authors find it notable that employers conveyed the need for support and collaboration from other actors in the RTW process, a need that should have been addressed by the involved agencies. With that said, research shows that a majority of the vocational rehabilitation professionals have inadequate mental health literacy (Lexén, Emmelin, Hansson, & Bejerholm, forthcoming 2019; Porter, Lexén, & Bejerholm, forthcoming 2019). This may explain the lack of support noted in the current results. RTW actors cannot support

employers if they do not possess sufficient mental health literacy themselves. If vocational rehabilitation professionals increased their mental health literacy, they would be more likely to support employers and improve their knowledge base.

The consequences of deficient support from both employers and professionals can have a major negative impact on the RTW process for individuals with mental health problems. This includes employees who are at risk of not receiving optimal needed support and accommodations, and those in the RTW process who might not succeed due to lack of employer support that results from previous negative experiences or prejudice. Research shows that individuals may avoid applying for a job because of experienced or anticipated workplace stigma (Brouwers et al., 2016). If employers are provided with adequate support, adapted to their requirements, their willingness to provide support and employment increases (Bejerholm et al., 2015; Lexén, Emmelin, & Bejerholm, 2016). Sustainable employment and work ability would then be more likely for individuals with mental health problems (Lexén, Emmelin, Hansson, & Bejerholm, forthcoming 2019; Lexén, Emmelin, & Bejerholm, 2016). Lack of mental health literacy among employers may also place more pressure on employees to proactively disclose their problems in order to receive the needed support and accommodations. However, workplace stigma can be a barrier to disclosure and seeking help (Clement et al., 2015).

Based on the results of the present study and previous research (Brouwers et al., 2016; Clement et al., 2015; Lexén, Emmelin, Hansson, & Bejerholm, forthcoming 2019; Moll, 2014; Porter, Lexén, & Bejerholm, forthcoming 2019), there is a need to make workplaces more mental health friendly, with a more open climate that allows less room for stigma and prejudice. Increasing mental health literacy and collaboration among employers and other RTW actors would contribute to this change. A substantial percentage of the population with mental health problems are currently excluded from the labour market (Social Insurance Agency, 2017a). The risk of rejection when applying for a job is a harsh reality that is shown in the current study and previous research (Brohan et al., 2012; Pettersen, & Fugletveit, 2015). There are exceptions that occur when employers feel supported and where collaboration works well. This happens for example when collaborating with the RTW actor the Employment Specialist, who is working according to the IPS approach (Lexén, Emmelin, & Bejerholm, 2016). The Employment

Specialist provides knowledge, support and strategies to employers when and if it is needed, thus building enough trust for employers to hire individuals without financial compensation (Bejerholm et al., 2015). This literature illustrates that with the right support to both employer and employee, employment can function without wage subsidies in a real job situation. The RTW process embedded in IPS has also been shown to improve empowerment and decrease mental health problems (Johanson, Markstrom, & Bejerholm, 2017; Porter & Bejerholm, 2018).

Whilst the results of our current study highlight the deficiency of mental health literacy among employers, and the lack of support provided to employers from other actors in the RTW process, awareness of the magnitude of mental health problems in the workplace is not new (OECD, 2012; OECD, 2013, Social Insurance Agency, 2017a; World Health Organization, 2008, 2015). Neither is employer responsibility in prevention of employee development of mental health problems as result of their work (Swedish Work Environment authority, 2015). The current lack of knowledge is therefore puzzling and cannot be linked solely to the lack of support from other actors. The causes may be numerous and may involve a personal decision to overlook issues related to mental health problems. Some employers may be unsuited for the role due to their personal traits or because of a lack of time. Employers said that they have a high workload and might expect increasing their knowledge to involve a substantial time commitment. Employers are primarily focused on the success of their business (Engström & Janson, 2007; Gustafsson, 2014). They will naturally be risk-averse when faced with problems they do not fully understand or cannot fully control, and this includes employees with mental health problems. As previously stated, research shows that mental health problems can be difficult to fully comprehend even for vocational rehabilitation professionals (Porter, Lexén, & Bejerholm, forthcoming 2019). Therefore, it is not surprising that employers find these problems challenging to handle in the workplace and when recruiting. These reasons should not justify their knowledge gap but may serve as potential explanations.

Research shows positive benefits if employers increase their mental health literacy. Milligan-Saville et al. (2017) presented a clustered randomised controlled trial (RCT) of employers in Australia who participated in a management training program that included knowledge of mental health

and communication training. The trial showed a decrease in employee work-related sick leave at six months. Employer confidence in communicating with employees who suffer from mental illness increased (Milligan-Saville et al., 2017). This corresponds with our findings on communication strategies. This is an area that employers find challenging and where they want to improve their skills. If employers enhance their understanding and reduce the fear and stigma surrounding mental health problems, employees are more likely to disclose their problems and seek help (Goetzel et al., 2018).

Individuals with mental health problems want to work, and that work contributes to their self-identity (Cameron et al., 2012; Porter, Lexén, Johanson, & Bejerholm, 2018; Ståhl & Edvardsson, 2014). Work has been shown to reduce anxiety and depression symptoms, improve the individual's wellbeing, and increase social status (Modini et al., 2016). The support employers provide to employees is important in the RTW process (Evans-Lacko & Knapp, 2018; Lexén, Emmelin, & Bejerholm, 2016; Muijzer, Brouwer, Geertzen, & Groothoff, 2012). With increased mental health literacy among employers, and increased collaboration and support from other actors in the RTW process, the likelihood of sustainable employment and working life improves. Further research should focus on increasing mental health literacy among the RTW actors, including employers.

#### 4.1. Methodological consideration

To increase the trustworthiness of the present study, the authors followed methodological guidelines established by Charmaz (Charmaz, 2014). Theoretical sampling was used because it gave an opportunity to include a diverse selection of participants from different organizations and with a variety of experiences. The 11 different types of organizations included provided a broad material for analysis. Transcription was done after each interview and analysed separately by the authors. Categories, sub-categories, and codes were discussed and agreed upon among the authors. Ongoing memo-writing was used as a way of reflecting and analysing the connections between and among categories and sub-categories (Charmaz, 2014), and worked well throughout the analysis phase. Quotations were used to increase credibility and give the readers a deeper understanding of the employer perspectives. Two employers who did not participate in the study had the opportunity to give feedback on the results, but no changes were

made since their comments were consistent with the authors' interpretations. One could argue that the employer organizational contexts were too diverse to form a coherent conclusion, but such a coherent conclusion was not our purpose. Rather the aims of this study were to capture a variety of employers and obtain broad insight into their mental health literacy. This study was performed among Swedish employers and further research would benefit from another context and a larger sample size.

## 5. Conclusions

The present study contributes to an increased understanding of employer mental health literacy. Mental health problems are perceived by employers as complex to comprehend and there is a lack of established and effective strategies to support work ability. Increasing mental health literacy among employers is essential if they are to fulfil their legal responsibilities for their employees' work environment. With that said, it is equally important for the other actors in the RTW process to acknowledge the employers' situations and to provide them with necessary support and collaboration to facilitate the RTW process. The financial costs for unemployment, sick leave, and reduced work ability are substantial. Finding enduring solutions that enable individuals to enjoy a full working life is of great importance. Leaving many productive individuals outside the labour market should not be considered an option. Without the willingness of employers to enable work opportunities, this undesirable situation will most likely persist. A more mental health friendly work environment built on increased mental health literacy among employers could contribute to a more sustainable working life.

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## Conflicts of interest

The authors declare that they have no conflicts of interest.

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