Mental Health in the Workplace

Research commissioned from
Millward Brown IMS

Millward Brown IMS

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Foreword

In 2006, the National Economic and Social Forum (NESF), the largest and most representative of the social partnership organisations, established a Project Team on Mental Health and Social Inclusion. The Team comprised elected representatives from all the main political parties in the Oireachtas, the social partners, mental health professionals and service users.

There is increasing evidence to indicate that mental health problems impact on the workplace, economically, socially and personally. Thus there is a growing business case for health promotion at work and also to support and retain experienced staff when they have mental ill-health. Work can play a critical role in recovery from mental ill-health and yet, few people with severe mental ill-health remain in the workplace.

In examining the issues within an Irish context, the Project Team found that there was a lack of available research on both the attitudes of employers and employees, and on the experience of employers in responding to the mental health needs of their workforce. Accordingly, the Project Team commissioned Millward Brown IMS to conduct research on these aspects of mental health in the workplace.

This research has shown clearly, for the first time, that stigma surrounding mental ill-health is a problem in the Irish workplace. Despite some positive attitudes, there are difficulties and risks in disclosing mental ill-health to colleagues and employers, which may have a direct and adverse impact on job prospects. The research clearly shows that there is a lack of policy and guidelines currently in place and that employers and employees need greater support in this area.

The Project Team concluded that there was a pressing need for Irish companies to develop and implement effective policies in relation to the mental health needs of their employees. Training and guidance for employers is not widely promoted or sufficiently specific on mental ill-health. It is heartening that the research showed that most employers would welcome guidance and information in this area. (A summary of the Report's recommendations in this area is contained in Note 1).

Because there is a dearth of good research data on the whole issue of mental health and the workplace, it was decided to publish the research data in full as a separate publication from the full Report.[1] In this way,

1. The NESF report has been published separately and is available from the NESF website www.nesf.ie.

employers, trades unions, mental health organisations and the media
can avail themselves of the detailed findings and analysis of the survey.

We trust that the publication of this research will help to stimulate and
inform a wider debate about the importance of work in the recovery
of those who suffer mental health problems and the economic and
social loss to society if the needs of such individuals are not more
effectively addressed.

Dr. Maureen Gaffney
Chairperson
National Economic and Social Forum

Note 1 **Recommendations on the workplace extracted from**
Mental Health and Social Inclusion (NESF Report No. 36, 2007)

- Under the aegis of _Partnership 2016_, the Department of the Taoiseach should arrange for the Social Partners to drawn up an agree a Health and Well-being Framework Strategy for the workplace. Elements for inclusion in such a strategy should include:

  — Guidelines and information on good practice design, inter alia, to overcome employers reluctance in recruitment, stigma, disclosure, stress management, counseling, recovery and more generally putting procedures in place for managing staff with mental health problems;

  — Development of return-to-work strategies in consultation with employers; in addition to better and improve access to education and training packages. Incentive schemes such as the Back-to-Work scheme, should be reviewed to improve their effectiveness, taking into account the special needs and extra cost that people with mental difficulties have to incur;

  — The Social Partners to participate and support campaigns to raise awareness and challenge stigma, along the lines of the present campaign to tackle bullying in the workplace;

- Guidelines, incentives and programmes to support people with mental health problem to stay in employment through, for example, adapted or flexible work schemes and schedules.

- Health and Safety Authority, in consultation with other bodies such as the National Disability Authority, the Health Services Executive, Mental Health Commission and the Equality Authority, should prepare a code of practice for employers and employees on their statutory obligations and duties of care procedures to be followed in relation to health, safety and welfare.

- FÁS should review the reason for low take-up of some of its training and employment schemes, in consultation with employers and employees, and on this basis, introduce better targeted and more effective programmes, particularly for people recovering from mental ill-health.

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- The Project Team recommends that an integrated strategic plan for the delivery of training, work and employment services for people with mental ill-health should be given priority attention by the cross-departmental team, as recommended above. As part of the plan, the Supported Employment Model (placement in competitive employment while offering on the job support) should be adopted where possible in all back-to-work initiatives

- With the precedent of the existing 3% target for employing people with a disability in the public sector, the Project Team recommends that statutory bodies such as the Health Services Excutive, the Nation Disability Authority, the Mental Health Commission and the Equality Authority should lead by example by setting there own targets for employing people specifically with mental ill-health in the own organisations. The private sector should be encouraged to follow suit, and as mentioned in the report, awards, charters and special incentives can be effective in this regard.

- A cross-departmental team on mental health and social inclusion, reporting to the Senior Officials Group under the *National Action Plan for Social Inclusion (NAPinclusion)*, should be established, with specific responsibility to draw up targets, priorities, and implementation schedule and budgets. It should ensure that all policies, targets and actions for vulnerable group are being met and that barriers to implementation should be identified and addressed as a matter of priority.

1.   Introduction

In November 2006, Millward Brown IMS was commissioned to conduct research on Mental Health in the Workplace on behalf of the National Economic and Social Forum (NESF). This report reviews the key findings from the three phases of the research conducted.

The overall objectives of the research were to:

- assess employers' and employees' attitudes to mental health in the workplace;

- determine what policies are currently in place to deal with mental ill-health that arise in the workplace;

- understand what policies and services would be of benefit to employers and employees in managing mental health; and

- examine attitudes towards and the barriers to disclosure.

The research comprised surveys and focus groups. The details of each phase of the research are outlined below.

Quantitative Surveys

Employers

- 306 telephone interviews with Employers (MD's, CEO's, HR/Personnel Managers, Senior Directors)

- Sample split evenly between small (10-25), medium (26-99) and large (100+) organisations and re-weighted at the analysis stage to represent each sub-sample in its true proportion within the total sample

- Fieldwork dates: November 29th – December 19th 2006

Employees

- Employees questions inserted on Millward Brown CATIBUS Survey (telephone Omnibus Survey asked of representative sample of adults aged 15+)

- Sample size 686 – all those who are employed or retired[1]

- Fieldwork dates: December 6th – 22nd 2006

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1. This sample is referrred to here as 'employees', but the sample also included a small number of people who had retired.

Qualitative Research with Employers and Employees

Four focus groups were conducted -2 each in Dublin and Cork-with employers and employees. The objective of this qualitative research was to probe in depth the underlying attitudes of employers and employees to mental health issues in general and, more specifically, to mental health issues that arise in the workplace. Across the groups, there was variation, where possible in gender and type of occupation, including office and non-office based workers, as well as location. Employers were at least 5 years in their work role so that they had sufficient experience to take part in the discussion, while employees had at least 10 years work experience.

The structure of the groups was as follows:

Group No	Gender	Work Status	Region	Work Experience
1	Mixed	Employer	Dublin	5+ years in role
2	Male	Employee (office)	Dublin	10+ years working
3	Mixed	Employer	Cork	5+ years in role
4	Female	Employee (non office based)	Cork	10 + years working

2.   Quantitative Survey of Employers

2.1   Perceptions about Mental Health

Despite some positive attitudes, stigma remains in the Irish workplace. While half of employers feel that employees with mental ill-health are not less reliable than other employees, a significant 1 in 3 (34%) feel that they are less reliable. There is nonetheless a strong faith in the process of recovery, as only 10% of employers agree that employees who have been off with a mental health difficulty for more than a few weeks are unlikely ever to recover fully (see Figure 2.1).

Figure 2.1 Perceptions About Mental Ill-Health

> **Q** I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

People with mental health difficulties are less reliable than other employees

Employees who have been off work with a mental health difficulty for more than a few weeks are unlikely ever to recover fully

%

	People with mental health difficulties are less reliable	Employees off work more than a few weeks unlikely to recover
Agree strongly	13	5
Agree slightly	21	5
Neither	11	7
Disagree slightly	20	20
Disagree strongly	30	53
Don't know	4	11

Net agree 34%
Small 36% · Medium 38% · Large 17%
Net disagree 50%
Small 49% · Medium 46% · Large 67%

Net agree 10%
Small 9% · Medium 10% · Large 14%
Net disagree 73%
Small 72% · Medium 72% · Large 76%

Net agree indicates those who both agreed strongly and agreed slightly combined. Small companies or organisations were defined as those with between 10 and 25 employees; medium companies with between 26 and 99 employees and large companies with 100 or more employees. Net agree and net disagree percentages presented in figures may differ by 1% or less from those used in the text due to the rounding effect.

Over half of employers consider it a significant risk to employ someone with mental health difficulties (54%). A significant 1 in 3 employers (34%), however, do not agree that there is risk involved and do not perceive negative attitudes from co-workers as a barrier. Larger organisations are more likely to endorse this more positive attitude (see Figure 2.2). Similarly to employers, half of employees consider it a significant risk, while again the same proportion of employees (1 in 3) do no agree that there is a risk involved.

Figure 2.2 Perceived Risk in Employing People with Mental Health Difficulties

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

Organisations take a significant risk when employing people with mental health difficulties

Negative attitudes from co-workers is a major barrier to employing people with mental health difficulties

	Organisations take a significant risk	Negative attitudes from co-workers
Agree strongly	22	26
Agree slightly	32	26
Neither	9	11
Disagree slightly	22	15
Disagree strongly	13	18
Don't know	3	3

Net agree 54%
Small 53% · Medium 59% · Large 42%
Net disagree 34%
Small 35% · Medium 27% · Large 51%

Net agree 52%
Small 56% · Medium 50% · Large 45%
Net disagree 33%
Small 29% · Medium 36% · Large 42%

There is almost universal acknowledgement that it is in the interest of employers to support people with mental health difficulties so as to retain their skills and experience, yet almost 1 employer in 4 (23%) would be reluctant to employ someone with a history of mental health difficulties (see Figure 2.3).

Figure 2.3 Attitudes Towards Employing Someone With Mental Health Difficulties

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

It is in the interest of employers to support people with mental health difficulties so as to retain their skills and experience

You would employ someone who you knew had a history of mental health difficulties

%

	It is in the interest of employers...	You would employ someone...
Agree strongly	67	22
Agree slightly	24	33
Neither	6	14
Disagree slightly	2	13
Disagree strongly	1	10
Don't know	0	7

Net agree 91%
Small 89% · Medium 92% · Large 94%

Net disagree 3%
Small 4% · Medium 3% · Large 2%

Net agree 56%
Small 53% · Medium 56% · Large 67%

Net disagree 23%
Small 25% · Medium 25% · Large 11%

2.2 Understanding Mental Health in the Workplace

Over half of employers (56%) feel that managers in their organisation have a good understanding of mental health issues, and as many as 8 in 10 claim that they would feel comfortable talking about a mental health difficulty with an employee. Smaller organisations are more likely than their larger counterparts to feel that mental health issues are well understood in their workplace, possibly because of the smaller more intimate work environment (see Figure 2.4).

Figure 2.4 Understanding of Mental Health Issues

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

The managers in your organisation have a good understanding of mental health issues
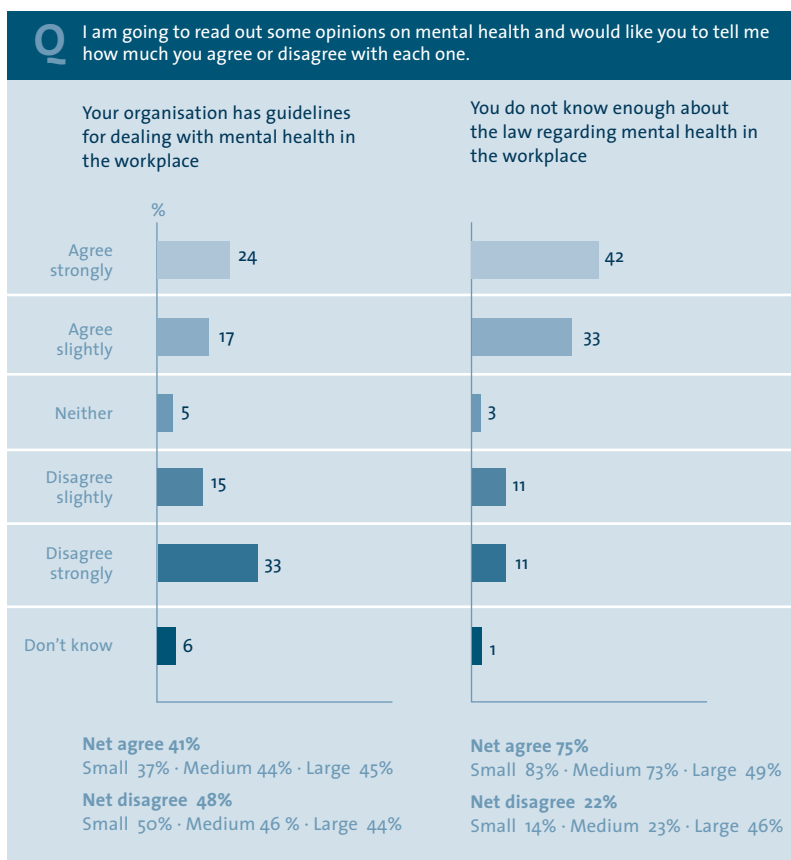
You would feel comfortable talking about a mental health difficulty with an employee

%

	The managers in your organisation have a good understanding of mental health issues	You would feel comfortable talking about a mental health difficulty with an employee
Agree strongly	33	54
Agree slightly	23	25
Neither	10	5
Disagree slightly	22	10
Disagree strongly	9	6
Don't know	3	0

Net agree 56%
Small 60% · Medium 55% · Large 43%

Net disagree 31%
Small 31% · Medium 27% · Large 43%

Net agree 80%
Small 79% · Medium 80% · Large 83%

Net disagree 16%
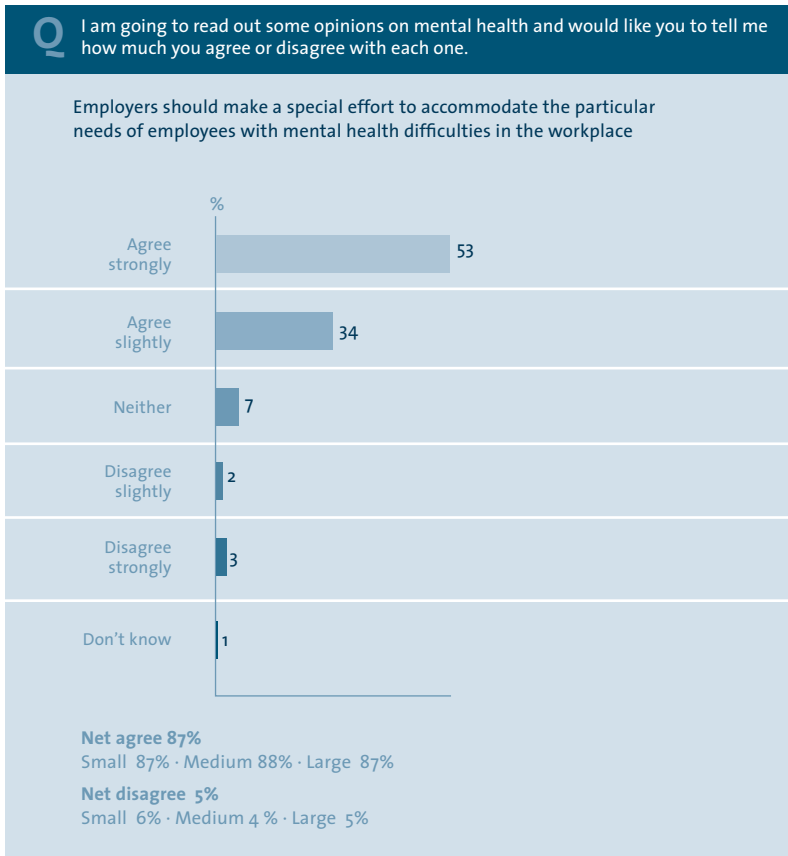Small 14% · Medium 19% · Large 13%

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However, experience is more polarised on the existence of guidelines on mental health in the workplace (nearly half, 48%, of all companies claim not to have any guidelines) and a significant majority, 75%, admit to not knowing enough about the law on mental health in the workplace (see Figure 2.5).

Figure 2.5 Dealing with Mental Health Issues at Work

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

Your organisation has guidelines for dealing with mental health in the workplace

You do not know enough about the law regarding mental health in the workplace

	Guidelines	Do not know law
Agree strongly	24	42
Agree slightly	17	33
Neither	5	3
Disagree slightly	15	11
Disagree strongly	33	11
Don't know	6	1

Net agree 41%
Small 37% · Medium 44% · Large 45%
Net disagree 48%
Small 50% · Medium 46 % · Large 44%

Net agree 75%
Small 83% · Medium 73% · Large 49%
Net disagree 22%
Small 14% · Medium 23% · Large 46%

Over 8 in 10 employers (87%) agree that employers should make a special effort to accommodate the particular needs of employees with mental health difficulties in the workplace (see Figure 2.6).
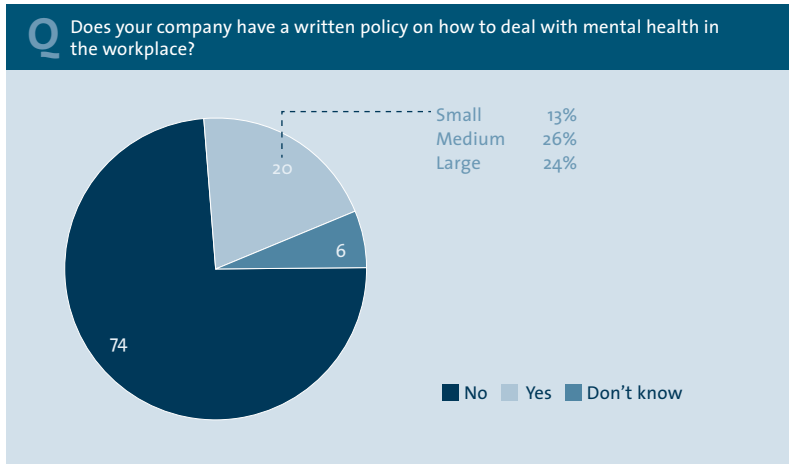
Figure 2.6 Special Effort by Employers

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

Employers should make a special effort to accommodate the particular needs of employees with mental health difficulties in the workplace

%

Agree strongly	53
Agree slightly	34
Neither	7
Disagree slightly	2
Disagree strongly	3
Don't know	1

Net agree 87%
Small 87% · Medium 88% · Large 87%
Net disagree 5%
Small 6% · Medium 4 % · Large 5%

Only 1 in 5 employers has a written policy on mental health in the workplace (see Figure 2.7). Smaller organisations are less likely than their medium or large counterparts to have a written policy in place (13% for small organisations compared to 26% for medium and 24% for large).
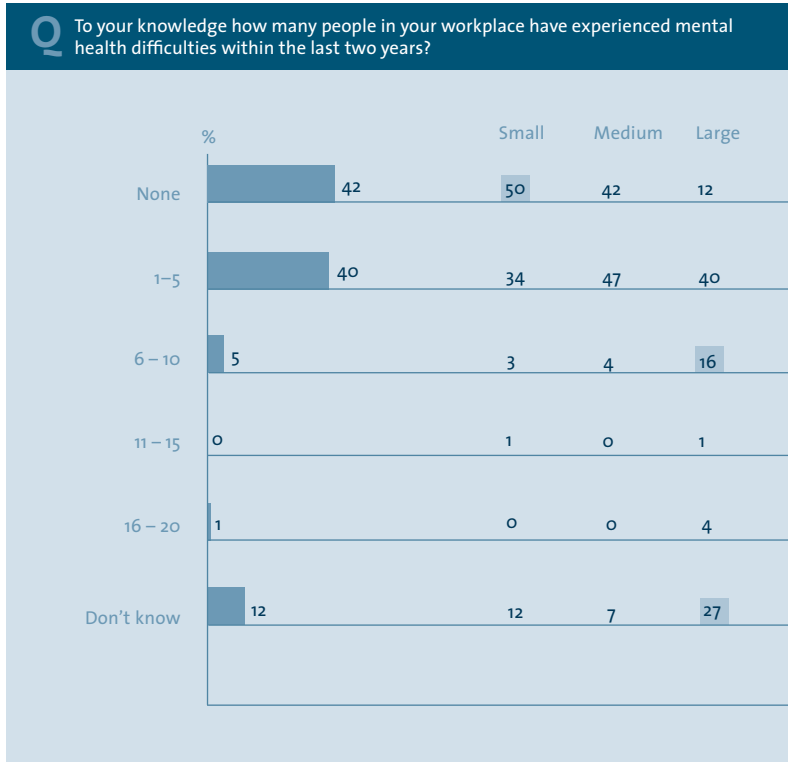
Figure 2.7 **Policy on Mental Health in the Workplace**

Q Does your company have a written policy on how to deal with mental health in the workplace?

Small   13%
Medium   26%
Large   24%

20

6

74

No   Yes   Don't know

2.3   Incidence of Mental Ill-health in the Workplace

Just over 4 in 10 employers (42%) state that they have not had any experience of mental health difficulties in their organisation within the last two years (see Figure 2.8). A further 4 in 10 (40%) employers report experience of mental ill-health among a small number of their employees (between 1 and 5). Large organisations are more likely than small or medium-sized organisations to have had experience of mental health difficulties in their workplaces (16% of large organisations where 6-10 employees have been affected compared to 4% of medium-sized organisations and 3% of small organisations). It seems reasonable to assume, therefore, that larger organisations would be more in tune with the issues that are likely to arise as a result.

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Figure 2.8 Incidence of Mental Ill-Health in the Workplace

Q To your knowledge how many people in your workplace have experienced mental health difficulties within the last two years?

%		Small	Medium	Large
None	42	50	42	12
1–5	40	34	47	40
6 – 10	5	3	4	16
11 – 15	0	1	0	1
16 – 20	1	0	0	4
Don't know	12	12	7	27

Absenteeism, damage to internal working relationships and reduced work capacity are the most frequently cited problems preceived to arise with mental ill-health in the workplace (see Figure 2.9).

2. 4   Beneficial Services

When asked to spontaneously mention services that would benefit employers in managing mental health in the workplace, a range of issues emerged including information on best practice, training, counselling services and Government support. There were some differences in the focus of smaller versus larger organisations as outlined in Figure 2.10 overleaf, with the latter more positive of the need for supportive services.
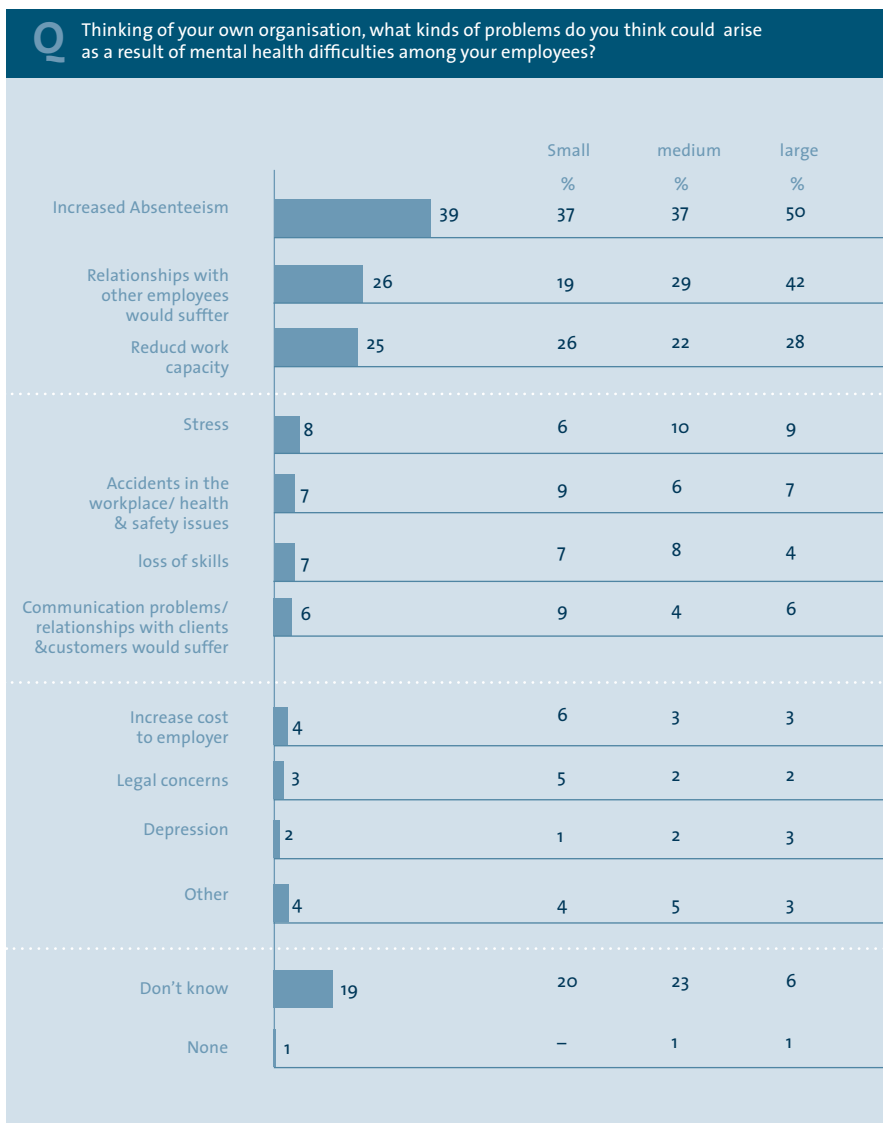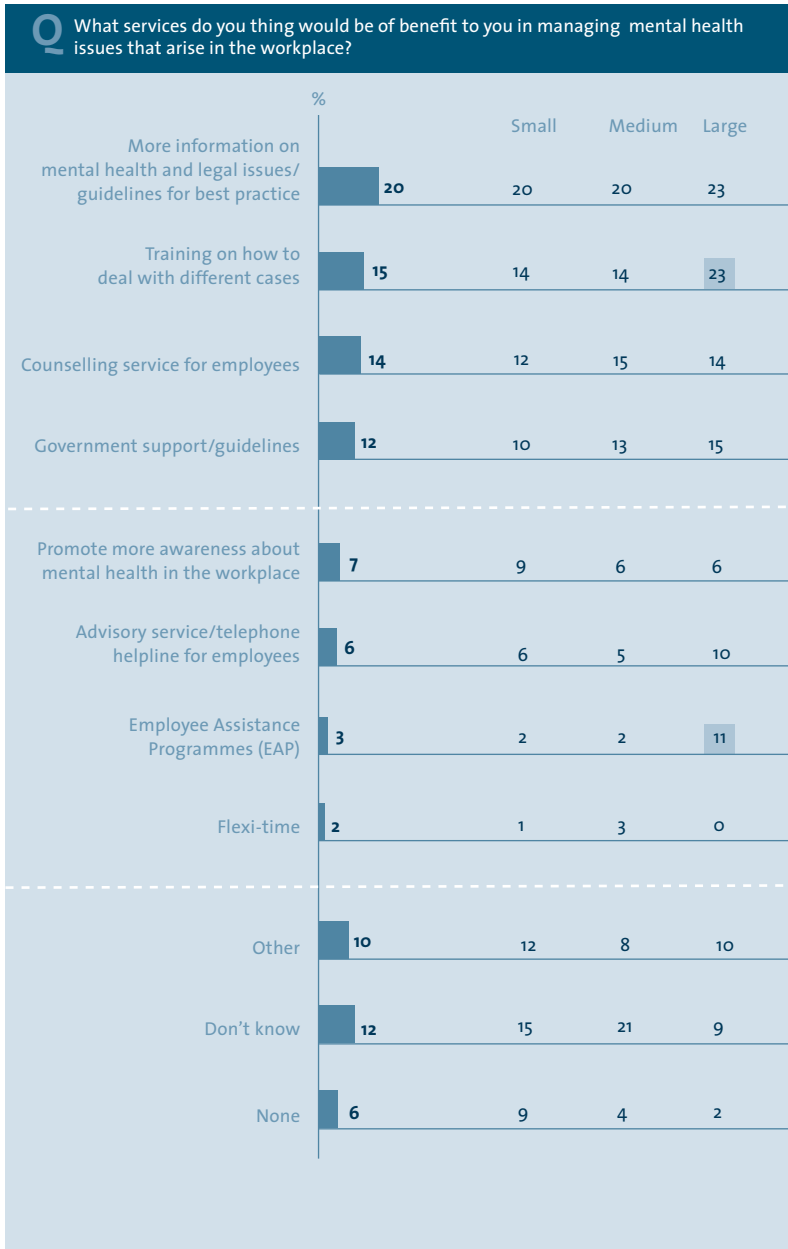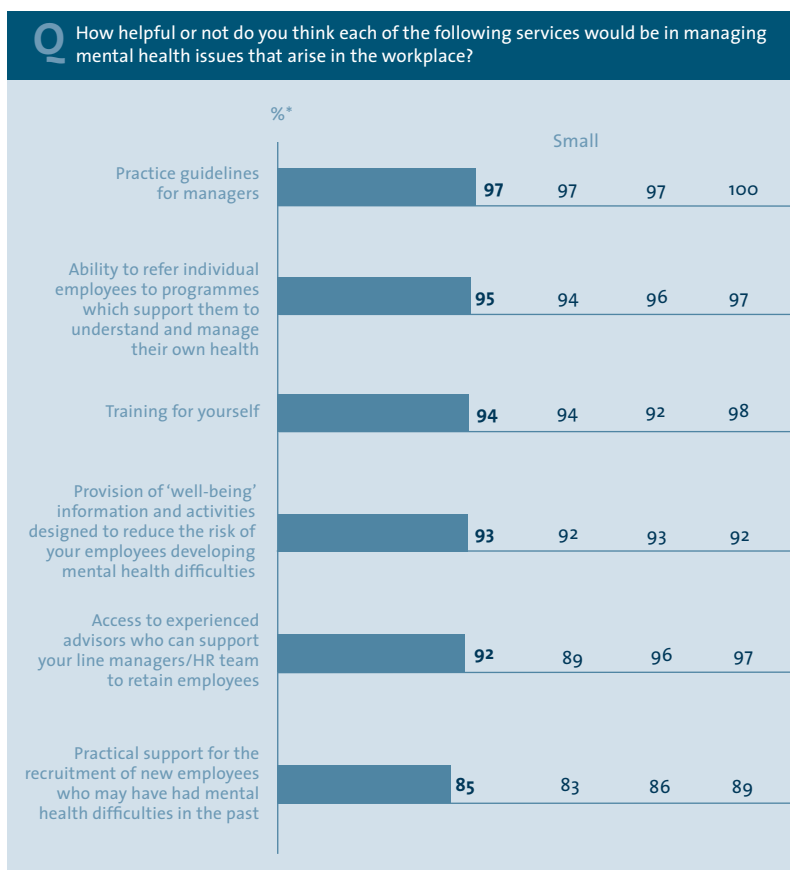
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Figure 2.9 Potential Problems

Q Thinking of your own organisation, what kinds of problems do you think could arise as a result of mental health difficulties among your employees?

	Total	Small %	medium %	large %
Increased Absenteeism	39	37	37	50
Relationships with other employees would suffter	26	19	29	42
Reducd work capacity	25	26	22	28
Stress	8	6	10	9
Accidents in the workplace/ health & safety issues	7	9	6	7
loss of skills	7	7	8	4
Communication problems/ relationships with clients &customers would suffer	6	9	4	6
Increase cost to employer	4	6	3	3
Legal concerns	3	5	2	2
Depression	2	1	2	3
Other	4	4	5	3
Don't know	19	20	23	6
None	1	–	1	1

Figure 2.10 Beneficial Services

Q What services do you thing would be of benefit to you in managing mental health issues that arise in the workplace?

%		Small	Medium	Large
More information on mental health and legal issues/ guidelines for best practice	20	20	20	23
Training on how to deal with different cases	15	14	14	23
Counselling service for employees	14	12	15	14
Government support/guidelines	12	10	13	15
Promote more awareness about mental health in the workplace	7	9	6	6
Advisory service/telephone helpline for employees	6	6	5	10
Employee Assistance Programmes (EAP)	3	2	2	11
Flexi-time	2	1	3	0
Other	10	12	8	10
Don't know	12	15	21	9
None	6	9	4	2

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There was strong support among all employers (irrespective of company size) for initiatives that may be helpful in managing mental health issues that arise in the workplace. Training for employers, for example, was seen as helpful by 94% of employers and 'practical guidelines for managers' by 97% of employers. The provision of well-being information and activities designed to reduce the risk of employees developing mental health difficulties was welcomed by 93% of employers. Almost the same (95%) would find it helpful to be able to refer individual employees to programmes which support them to understand and manage their own mental health (see Figure 2.11).

Figure 2.11 Valuable Initiatives for Employers

Q How helpful or not do you think each of the following services would be in managing mental health issues that arise in the workplace?

%*

Small

| | 97 | 97 | 97 | 100 |
Practice guidelines for managers

| | 95 | 94 | 96 | 97 |
Ability to refer individual employees to programmes which support them to understand and manage their own health

| | 94 | 94 | 92 | 98 |
Training for yourself

| | 93 | 92 | 93 | 92 |
Provision of 'well-being' information and activities designed to reduce the risk of your employees developing mental health difficulties

| | 92 | 89 | 96 | 97 |
Access to experienced advisors who can support your line managers/HR team to retain employees

| | 85 | 83 | 86 | 89 |
Practical support for the recruitment of new employees who may have had mental health difficulties in the past

* The percentages shown are 'net helpful' figures – very helpful and quite helpful combined.

The fact that these initiatives were embraced so enthusiastically by employers emphasises the need for and current lack of available services to support them in managing mental health issues in the workplace.
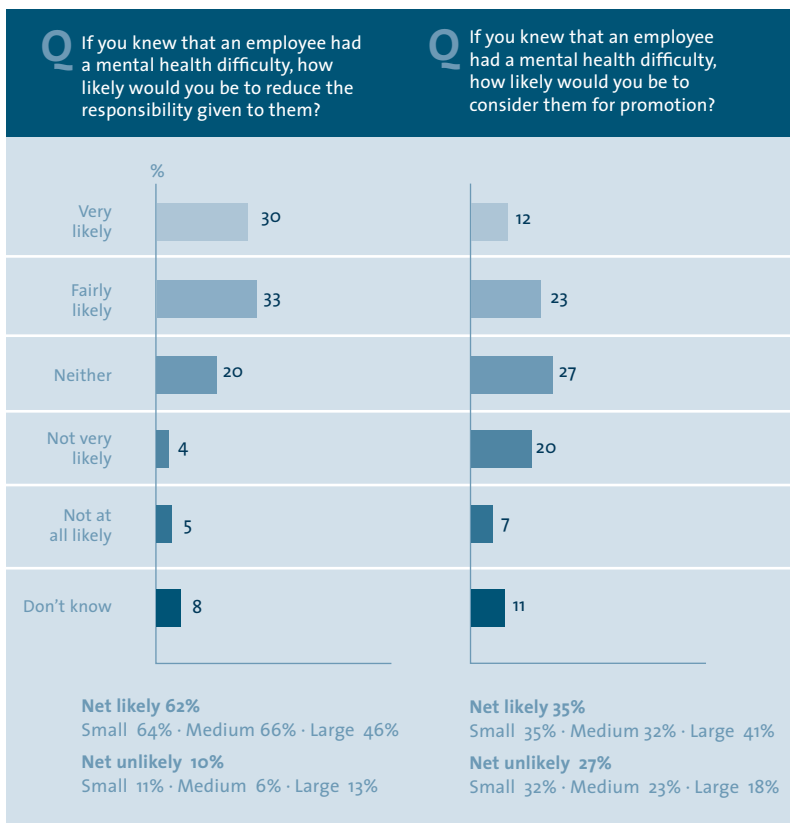
2.5 Disclosure

Disclosure of mental ill-health is more important for employers on a professional rather than a personal level. Almost all employers (95%) would want to know if an employee had a mental health difficulty. However, only seven in ten (69%) would tell their own employer if they themselves had a mental health difficulty. A significant one in four (23%) would not tell their employer and 8% stated they didn't know what they would do (see Figure 2.12).

Figure 2.12 Disclosure Among Employers
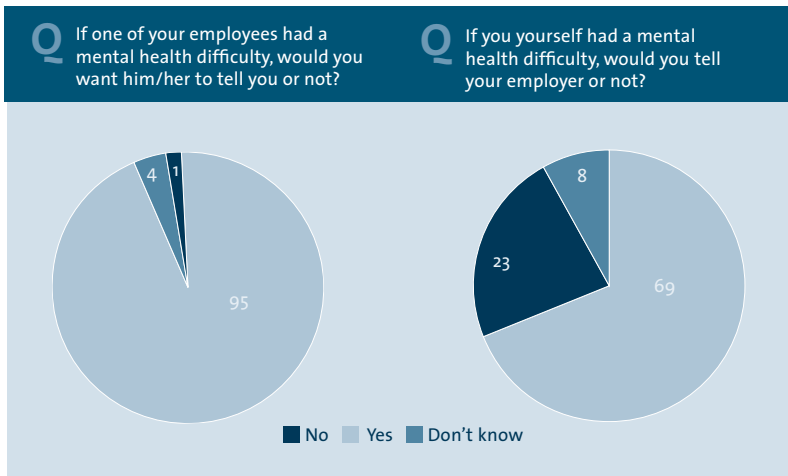
Regarding the implications of disclosure, nearly two thirds of employers admit they would reduce the level of responsibility given to an employee with known mental health difficulties. However, opinions are somewhat polarised as to the extent to which they would consider an employee for promotion, with only 35% considering it likely (see Figure 2.13).

Figure 2.13   Views on Responsibility and Career Progression

Q If you knew that an employee had a mental health difficulty, how likely would you be to reduce the responsibility given to them?

Q If you knew that an employee had a mental health difficulty, how likely would you be to consider them for promotion?

%

	Reduce responsibility	Consider for promotion
Very likely	30	12
Fairly likely	33	23
Neither	20	27
Not very likely	4	20
Not at all likely	5	7
Don't know	8	11

Net likely 62%
Small 64% · Medium 66% · Large 46%
Net unlikely 10%
Small 11% · Medium 6% · Large 13%

Net likely 35%
Small 35% · Medium 32% · Large 41%
Net unlikely 27%
Small 32% · Medium 23% · Large 18%

2.6   Conclusions

Perceptions of risk and negative attitudes from co-workers constitute
a barrier to employing someone with mental ill-health for over half
of employers. While reliability is also an issue in more general terms,
employers seem to have a positive attitude towards the process of recovery,
showing that while there is still some stigma present, there is a strong sense
also of the possibility of a positive outcome.

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Although opinions are more polarised on the existence of actual guidelines for dealing with mental health in the workplace, most employers (8 in 10) would feel comfortable discussing a mental health difficulty with an employee. From a legal perspective, dealing with mental ill-health in the workplace does appear to be a grey area, with three quarters of employers agreeing that they do not know enough about the law in this regard.

Support for inclusion is high, with almost universal acknowledgement among employers that employees with mental ill-health have valuable skills and experience that employers do not want to lose. However, support is less strong when it comes to hiring someone, with just over half agreeing that they would employ someone who has been affected.

Large organisations are more likely than small or medium-sized ones to have experience of mental ill-health in their workplaces, and are likely, therefore, to be in tune with the issues that are likely to arise as a result. Absenteeism, damage to work relationships and reduced work capacity are the most frequently cited problems.

While 4 in 10 employers stated that they had guidelines for dealing with mental health, only 1 in 5 have a written policy and this falls to one in eight in the case of smaller companies. There is overwhelming evidence that employers from all company sizes would welcome information, guidelines, training and Government support to help them deal with mental health issues that arise in the workplace.

On the issue of disclosure, 95% of employers would like their employees to tell them if they had a mental health difficulty, yet employers themselves would be somewhat less likely to disclose their condition if the roles were reversed (69% would disclose). Disclosure has implications for employers. Two thirds of employers are likely to reduce the level of responsibility given to someone with mental ill-health, yet less than a third of employers would go as far as not considering that person for promotion.
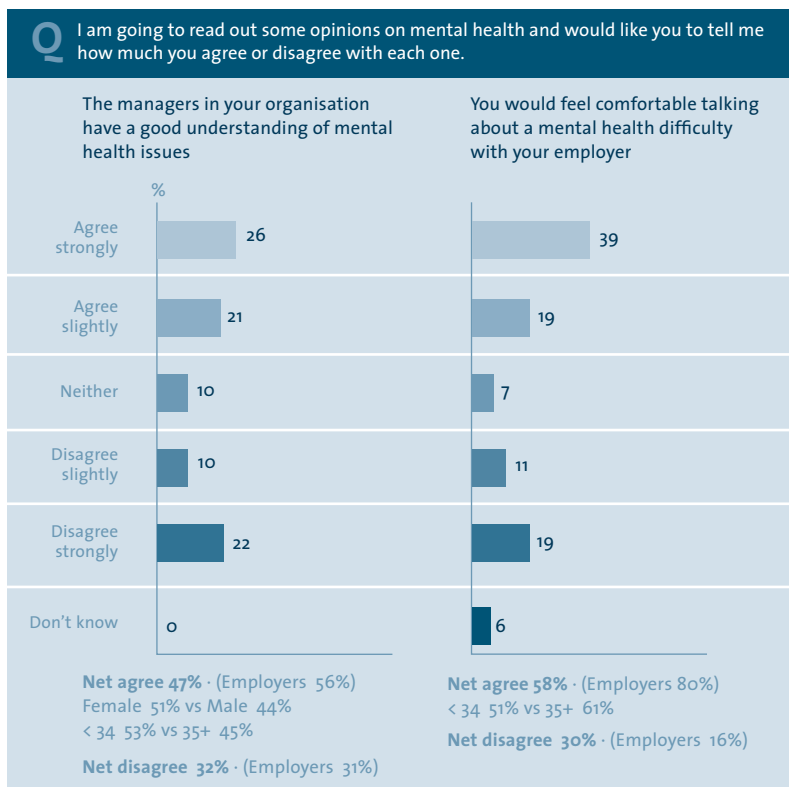
3.   Quantitative Survey of Employees

3.1   Sensitivity to Mental Health in the Workplace

Employees are somewhat less likely than employers to feel that managers in their organisation have a good understanding of mental health issues (47% versus 56% for employers). The proportion for females is higher and higher still for those under 35. Encouragingly, almost 6 in 10 employees (58%) state that they would feel comfortable talking about a mental health difficulty with their employer. However, a significant minority (19%) disagree strongly that they would feel comfortable having this discussion showing that there is still stigma and barriers in existence that preclude disclosure (see Figure 3.1).

Figure 3.1 Sensitivity to Mental Health in the Workplace

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

The managers in your organisation have a good understanding of mental health issues

You would feel comfortable talking about a mental health difficulty with your employer

%

	The managers in your organisation	You would feel comfortable talking
Agree strongly	26	39
Agree slightly	21	19
Neither	10	7
Disagree slightly	10	11
Disagree strongly	22	19
Don't know	0	6

Net agree 47% · (Employers 56%)
Female 51% vs Male 44%
< 34 53% vs 35+ 45%

Net disagree 32% · (Employers 31%)

Net agree 58% · (Employers 80%)
< 34 51% vs 35+ 61%

Net disagree 30% · (Employers 16%)

3.2   Perceptions about People with Mental Ill-health

Just under 4 in 10 employees, 39%, perceive people with mental health difficulties as being less reliable than other employees, and women are less likely than men to hold this view. However, most employees (69%) demonstrate a more positive attitude towards the potential for recovery, disagreeing with the statement presented (see Figure 3.2), and again, women are more likely to hold this view.
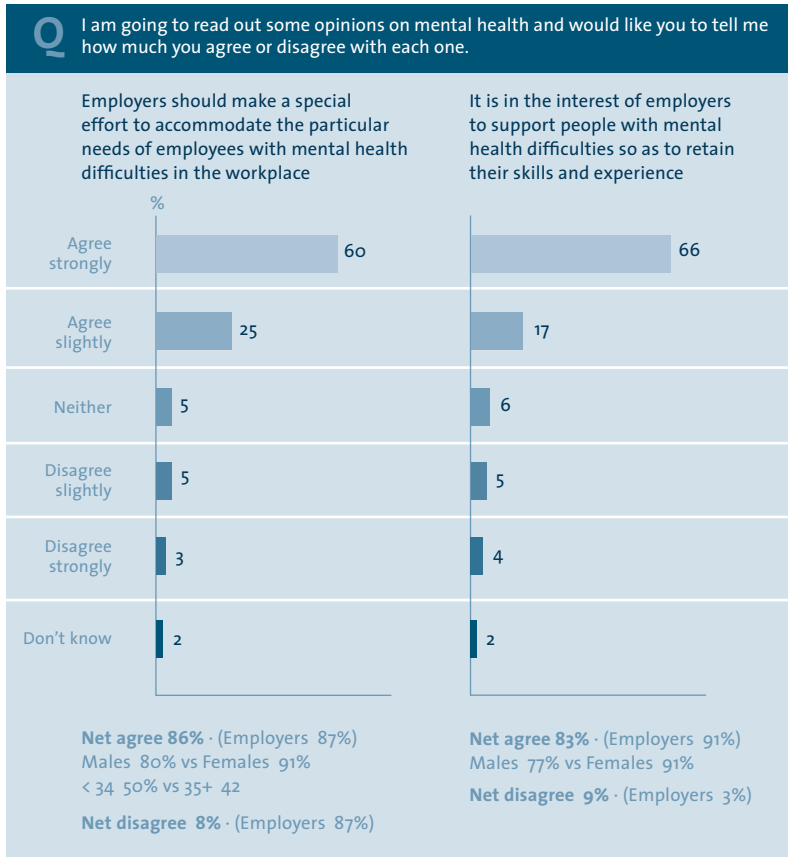
Figure 3.2 Perceptions About Mental Ill-Health

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

x

People with mental health difficulties are less reliable than other employees

Employees who have been off work with a mental health difficulty for more than a few weeks are unlikely ever to recover fully

%

	People with mental health difficulties are less reliable than other employees	Employees who have been off work...
Agree strongly	14	8
Agree slightly	25	11
Neither	11	7
Disagree slightly	21	21
Disagree strongly	25	47
Don't know	4	6

Net agree 39% · (Employers 34%)

Net disagree 46% · (Employers 50%)
Males 53% vs Females 53%
< 34 50% vs 35+ 42

Net agree 19% · (Employers 10%)

Net disagree 69% · (Employers 73%)
Males 63% vs Females 75%

While exactly half of employees feel that organisations take a significant risk when employing people with mental health difficulties, the majority (76%) would nonetheless feel comfortable working with someone who had a history of mental health difficulties (see Figure 3.3); this is higher among women.

Figure 3.3 Employees' Perceptions of Comfort and Risk

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

Organisations take a significant risk when employing people with mental health difficulties

%

Agree strongly	21
Agree slightly	28
Neither	9
Disagree slightly	19
Disagree strongly	19
Don't know	4

Net agree 50% · (Employers 54%)
Net disagree 38% · (Employers 34%)
Male 32% vs Females 44%

You would feel comfortable working with someone who you knew had a history of mental health difficulties*

Agree strongly	48
Agree slightly	29
Neither	8
Disagree slightly	7
Disagree strongly	7
Don't know	2

Net agree 76%
Male 72% vs Females 82%

Net disagree 14% · (Employers 23%)

*Wording slightly different to employers

Support for inclusion is high with the majority again stating that employers should make a special effort to accommodate employees with mental ill-health, as they have valuable skills and experience. Women's attitudes are again more positive than mens' (see Figure 3.4).

Figure 3.4 Supporting Employees with Mental Ill-health in the Workplace

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

	Employers should make a special effort to accommodate the particular needs of employees with mental health difficulties in the workplace	It is in the interest of employers to support people with mental health difficulties so as to retain their skills and experience
	%	
Agree strongly	60	66
Agree slightly	25	17
Neither	5	6
Disagree slightly	5	5
Disagree strongly	3	4
Don't know	2	2

Net agree 86% · (Employers 87%)
Males 80% vs Females 91%
< 34 50% vs 35+ 42

Net disagree 8% · (Employers 87%)

Net agree 83% · (Employers 91%)
Males 77% vs Females 91%

Net disagree 9% · (Employers 3%)

3.3   Promoting Mental Health in the Workplace

Two thirds of employees (66%) state that they are satisfied with the balance between their working and non-working life, perhaps underlying a certain acceptance of the inevitable demands of the world of work today. However, 63% also think that workplace stress interferes with family life (see Figure 3.5).

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Figure 3.5 Work-life Balance

Q Overall, how satisfied are you with the balance between your working and your non-working life?

%

Very satisfied	35
Somewhat satisfied	31
Neither	11
Somewhat dissatisfied	13
Very dissatisfied	6
Don't know	4

Net satisfied 66%
Net dissatisfied 19%
Higher Among · 25-34 yrs 24%

Q To what extent does workplace stress interfere with your family life?

%

A lot	19
A little	44
Not at all	34
Don't know/ no reply	3

Higher Among
Females 23%
25-34 yrs 22%

Net interferes 63%

More than half of employees feel that their organisation is sensitive to the impact of work pressures and stresses on employees (58% agree) and that flexible working conditions are offered to ensure work-life balance (61% agree). (See Figure 3.6).

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Figure 3.6 Work-Life Balance

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

	Your organisation is sensitive to the impact of work pressures and stresses on employees	Your organisation offers flexible working conditions to ensure work-life balance for its employees
%		
Agree strongly	32	41
Agree slightly	26	19
Neither	8	8
Disagree slightly	10	8
Disagree strongly	16	15
Don't know	8	8

Net agree 58%
satisfied with work-life balance

Net disagree 26%
male 22% · female 31%

Net agree 61%
male 57% v female 65%
satisfied with work-life balance
(employers 79%)

Net disagree 23%
(employers 16%)

There appears to be a distinct lack of priority given to guidelines on mental health as shown in the chart below. This is entirely consistent with the survey of employers, which confirms that as many as 4 in 10 workplaces (and possibly more) have no guidelines for dealing with mental health issues (see Figure 3.7).

Figure 3.7 Guidelines on Mental Health

Q I am going to read out some opinions on mental health and would like you to tell me how much you agree or disagree with each one.

Your organisation has guidelines for dealing with mental health in the workplace

%

Agree strongly	23
Agree slightly	15
Neither	7
Disagree slightly	9
Disagree strongly	26
Don't know	20

Net agree 38% · (Employers 41%)
Net disagree 35% · (Employers 48%)
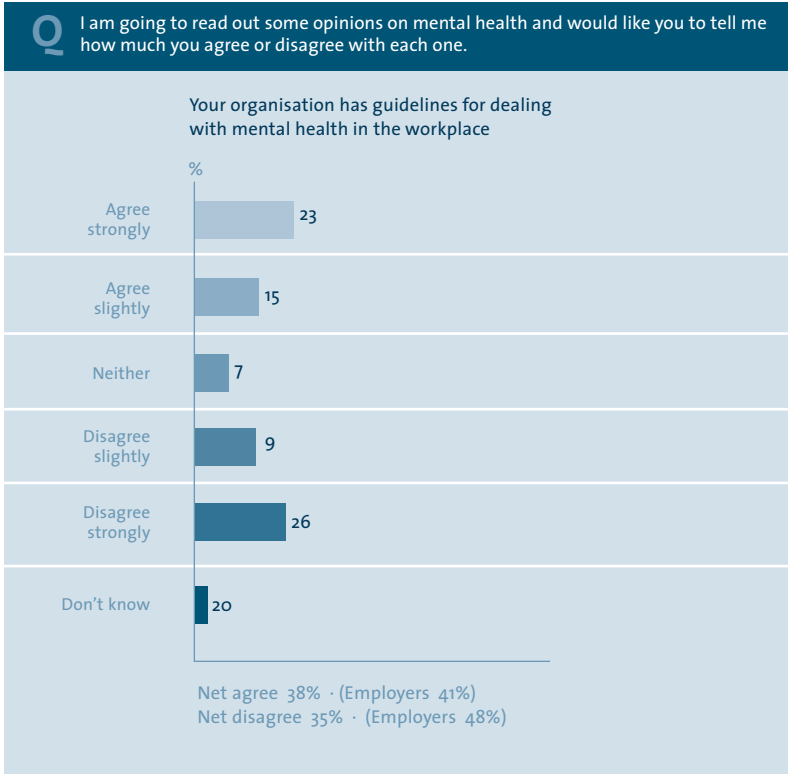
It appears that mental health is not given priority by most employers. Half of employees (48%) categorically state that their employer does not have a written policy on mental health; one third (32%) admit to not knowing and only one in five (20%) state that their employer does in fact have a written policy on mental health (see Figure 3.8).

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Figure 3.8 Policies in the Workplace

Q Does your company have a written policy on how to deal with mental health in the workplace?

Employers

Employees aged 50+ are less likely to have (or to know of) a policy in their company (15%).

6
32
48 74
20
20

■ No ■ Yes ■ Don't know
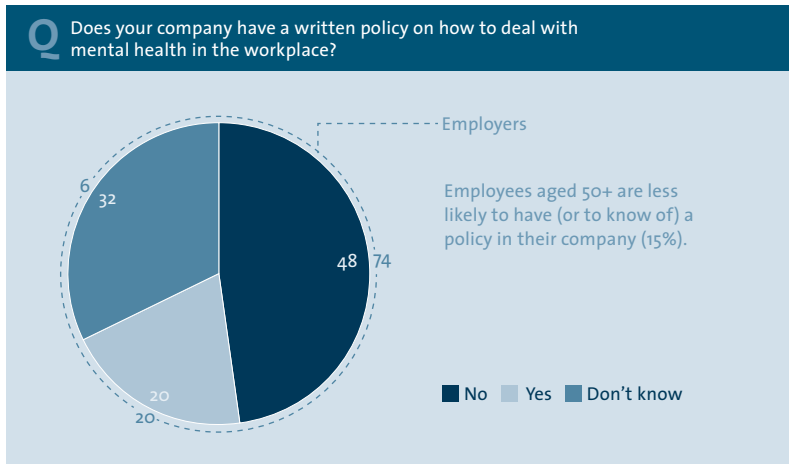
The 'wish list' of employees in terms of measures they would like to see introduced in their workplaces covers a wide range of services from the more general - 'more work-life balance/flextime' (14%), 'more awareness about mental health issues' (6%), 'more communication/caring management' (10%) - to more specific services such as 'counselling' (11%) and 'access to medical services' (4%). A significant one in five (21%) do not know what measures could support positive mental health in the workplace, perhaps underlying a lack of understanding of the concept of mental health in the workplace context.

3.4   Disclosure

Disclosure of mental ill-health in the workplace is a sensitive issue and opinion is polarised among employees as to whether they would tell a colleague or not (see Figure 3.9).

Figure 3.9 Disclosure to Colleagues

Q If you yourself had a mental health difficulty, would you tell your colleagues or not?

8

48

43

Higher Among

Males	53%
15–24 years	58%
< 34	52%
ABC1	51%

No   Yes   Don't know
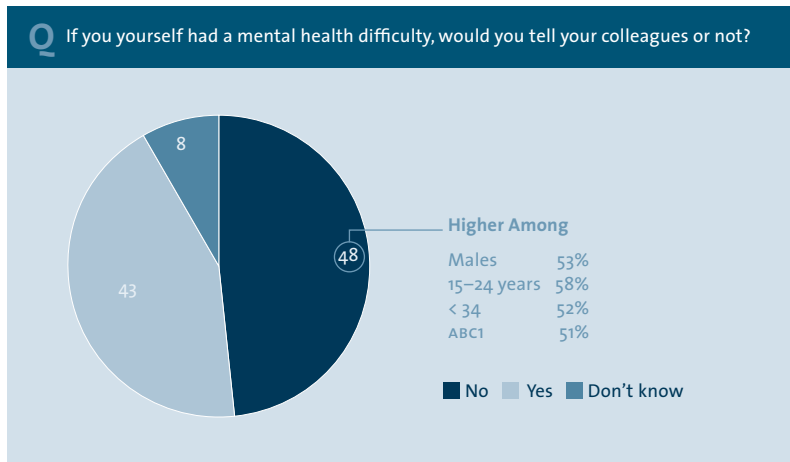
The main reasons why employees would not tell their colleagues include not wanting to reveal 'personal stuff' (40%), fear of negative impact on job prospects (31%), discomfort talking to colleagues about difficulty (26%) and a fear of being talked about (23%). Men are more likely than women to have concerns about revealing personal information and to have discomfort talking about the difficulty.

Employees are more likely to tell their employer (58%) than their colleagues (43%), perhaps feeling that there is more confidentiality there, as well as a professional 'appropriateness' if their condition is affecting their job and they require support from their employer (see Figure 3.10).

Figure 3.10 Disclosure to Employer

Q If you yourself had a mental health difficulty, would you tell your employer or not?

Employers

Higher Among

Males	35%
25–34 years	58%
< 34	52%
ABC1	51%

■ No ■ Yes ■ Don't know
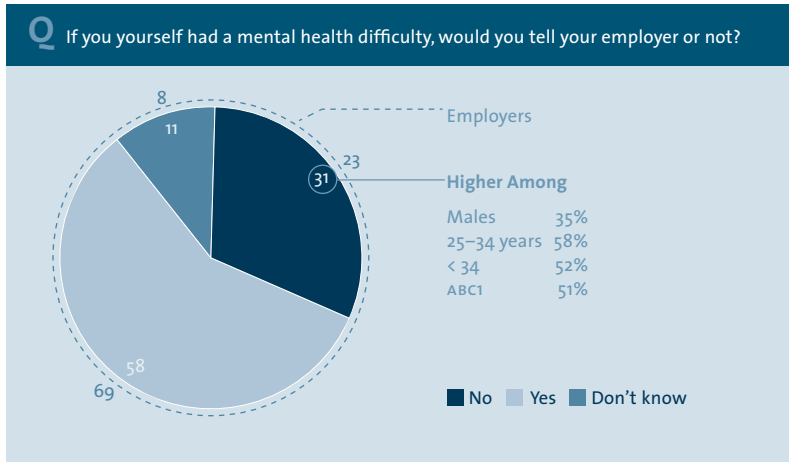
The overriding barrier to disclosing a mental health difficulty to an employer is in relation to a perceived detrimental effect on an employee's job or job prospects (cited by 53% of employees). Other key concerns are in relation to not wanting an employer to know 'personal stuff' (24%) and a certain discomfort talking to an employer about the difficulty (20%). Women appear to have greater concerns about the effect on their job prospects than men and are somewhat less concerned about revealing personal information.

3.5   Experience of Mental Ill-health

43% of employees report there was at least one person with mental health difficulties in their workplace during the past two years, as compared with 46% of employers. The majority of those report small numbers of employees, under 5, while 8% report more than 6 people. These figures are likely underestimates of the true incidence as there may be a general reluctance on the part of employees to disclose difficulties they experience to their colleagues (see Figure 3.11).

Figure 3.11 Experience of Mental Health Difficulties in the Workplace

Q To your knowledge how many people in your workplace have experienced mental health difficulties within the last two years?

%		Employers
None	34	42
1–5	35	40
6 – 10	3	5
11 – 30	3	1
30+	2	0
Don't know	23	12

Under 24's are more likely to know nobody (42%);
those aged 25-49 are most likely to know 1-5 people (41%).

43% of employees report at least someone with mental ill-health in their workplaces in the past two years, as compared with 46% of employers.

More generally, 1 in 6 employees have experienced mental health difficulties within the last two years. The nature of the difficulties is described below (see Figure 3.12). This was higher for women (19%) and for those aged 25-34 years (23%). Of those experiencing stress, 65% were women as compared with 46% men.

Figure 3.12 Personal Experience of Mental Health Difficulties in Past 2 Years

Q Have you yourself experienced mental health difficulties within the last two years?

1

16 - - - - - - - - - - - - - **Higher Among**

Females   19%
25–34 years   23%

83

■ No   ■ Yes   ■ Refused/no reply

Q What was the nature of that difficulty?

%		Male	Female
Stress	57	46	65
Depression	31	26	35
Anxiety disorder/ Phobia/Panic Attacks	15	11	18
Eating Disorder	4	4	3
Manic Depression or bi-polar disorder	2	3	1
Schizophrenia	1	3	0
Other	13	15	11
Refused	3	6	1

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3.6   Conclusions

Most employees paint a positive picture of their work environment and of their work-life balance. Almost half of employees feel the managers in their company have a good understanding of mental health issues, with about a third disagreeing. It is understandable, therefore, that over half (58%) of employees admit they would feel comfortable talking about a mental health difficulty with their employer. Equally encouraging is the fact that almost two thirds agree that their employer is sensitive to work pressures.

Guidelines on mental health in the workplace do not appear to be a priority for employers, however. Just over a third of employees believe that their company has guidelines in place, with a significant 35% stating that their company has no guidelines, and a further one in five stating that they do not know. A written policy on mental health in the workplace is the exception rather than the rule, with only one employee in every five claiming their company has one.

There is some stigma still in evidence on the reliability and potential recovery of those who have mental ill-health. Interestingly, women tend to hold more sympathetic views than men. Support for inclusion of those with mental ill-health in the workplace is high: their needs should be accommodated (86% agree) and their skills and experience should not be lost (85% agree). Three quarters of employees would feel comfortable working with someone with a mental health difficulty (again this is higher among women); yet there is still a perception that employers take a significant risk in employing someone with a history of mental ill-health (50% agree).

43% of employees (and 46% of employers) report that at least one person in their workplace has had mental health difficulties at work in the last two years, and one in six employees admit to having had mental ill-health themselves within the same time frame, primarily described as stress and depression.

Employees are more likely to disclose a mental health difficulty to their employer than to a colleague. Barriers to disclosure are stronger among men than among women and relate mostly to safeguarding their privacy, and to a certain discomfort with talking about personal stuff. Women are more open and their barriers are more likely to relate to career progression.

4. Qualitative Research

4.1 Introduction

This qualitative phase of the research was carried out to complement the quantitative research, outlined earlier. It provides a more open and facilitative environment for the expression of feelings and attitudes than is possible within the confines of a structured questionnaire. Key topics of inquiry were as follows:

- What is understood by mental health?
- What currently happens in the workplace when employees present with mental health difficulties?
- What policies are in place to deal with mental ill-health?
- What are the barriers to disclosure of mental ill-health?
- What policies would be beneficial to employers and employees to deal with mental health in the workplace?
- How can positive mental health be promoted in the workplace?

This was addressed by means of a series of four focus groups, two each with employers and employees, as follows:

Group No	Gender	Work Status	Region	Work Experience	Employment	Company size
1	Mixed	Employer	Dublin	5+ years in role	-	50+
2	Male	Employee	Dublin	10+ years working	Office based	-
3	Mixed	Employer	Cork	5+ years in role	-	20–50
4	Female	Employee	Cork	10 + years working	Not office based	-

All employees were in permanent full-time employment for a minimum of 10 years, so as to have sufficient experience of the workplace, and all employers were Managing Directors, General Managers, Human Resources or Personnel Managers and were in this type of role for a minimum of 5 years.

While the groups were varied to include both office and non-office workers as well as by gender and location, this is qualitative research on a relatively modest scale and should be regarded as indicative rather than conclusive in relation to the attitudes of specific populations. Nevertheless, the focus groups provide insight into the relevant attitudes among both employers and employees.

4.2   What is 'Mental Health'?

The starting point of the discussions was to explore how the concept of mental health is viewed and what the term means to people. What emerged first of all is that this can be a topic which people are quite uncomfortable talking about – this was evident mainly in the group of male employees, women taking a more pragmatic approach. But it is clearly something which is not commonly discussed, particularly in the workplace, to the extent that few people have any real frame of reference in which to situate such a discourse. For example, respondents at groups would seek clarification from those leading the group 'What do you mean by mental health?' and could only start to address the matter when given specific examples, such as depression, anxiety or schizophrenia.

Raising the topic of mental health immediately brought to mind its opposite, and this was surrounded by negative imagery. Many prejudices and taboos clearly still attach to the notion of mental illness, and indeed it was pointed out that the very word 'mental' has such negative connotations that it is in common use as an insult. Certainly, it is clear that very few have any developed idea of how mental health or mental well-being might be described, except perhaps as the absence of illness.

"I think an awful lot of people would still consider depression as a sign of weakness" Employee, Dublin.

This emerges as a serious barrier to the attempt to promote positive communication on the topic in the workplace, since introduction of the topic of mental health in any forum is likely to give rise immediately to negative connotations. To facilitate open discussion it is highly desirable that some more neutral terminology be found. And of course this is exactly what happens in the workplace already, with many euphemisms being reported, of which 'stress' is probably the most popular, others including 'personal difficulties', and 'life episode'.

One of the problems with the use of the term mental illness (or mental ill-health) is that the public sees this as focusing on the extreme end of a wide spectrum of psychological discomfort which starts at mild and transient disorders of mood, and ends with severe and debilitating conditions requiring hospitalisation. People have little difficulty openly discussing the former, but are uncomfortable by the prospect of the latter. The workplace would benefit from the use of terminology which allows the milder forms of distress to be discussed and addressed freely and openly, potentially before they become more severe and possibly incapacitating.

However, what is required is not just a change in terminology, but a change in public attitudes, even in culture as well. This was seen as an undertaking far beyond the ability of individual places of employment, and requiring campaigning at a national level.

'I think most small companies in this country haven't got a clue... They're certainly focussed on the physical side, but I don't think most small companies know how to deal with psychological or people.' **Employer, Dublin.**

A key difficulty for both employers and employees in tackling the concept of mental ill-health is its intangible nature and perceived unpredictably. Whereas a physical illness is seen as something concrete, is expected to follow a certain course and in most cases will end in recovery without lasting effects, a mental illness is thought to occur according to unknown processes, gives rise to great uncertainty as to what course it will follow and leaves a residue of unease and doubt as to whether there will be long-term, persistent effects. Inability to resolve these issues typically leads both employers and employees to try hard to avoid the issue.

4.3   Mental Health in the Workplace

In the absence of guidelines as to what to expect from people who are experiencing mental ill-health, employees who have such problems face a difficult dilemma. On the one hand, in order to get the support and understanding of their employer and colleagues which would be helpful – maybe even essential – in allowing them to adopt the necessary adaptive and coping strategies, it is desirable that these difficulties should be shared within the workplace. On the other hand, however, to do so risks stigmatisation, ostracisation and exclusion, due to the very negative connotations of such difficulties. Employees said that they would be very uncomfortable and uncertain how to behave around a work colleague experiencing mental ill-health. And employers, although regretfully, said that if they became aware that a potential employee had such difficulties, they would be unwilling to take them on. Although they claimed that they would try to be as supportive as possible to an existing employee with whom this should arise, it was clear that advancement opportunities would be curtailed.

As it stands, employers expected that their likely reaction to such a disclosure in their own place of work would contain at least a component of panic. Interestingly, several said that an early question to come into their heads was whether the employee's difficulties could have been in some way caused by conditions at work. To some extent this is due to the current litigious climate and the fear that if this is indeed the case, the company could be exposed to the risk of costly compensation. However, in addition, it was clear that their reaction, if it should be established that there was no workplace cause, would be a hand-washing one – relief at not being to blame, but also abdication of any further responsibility.

To help demystify the situation, broad guidelines should be provided, even perhaps in the form of case-histories, as to the likely course and workplace effects of specific conditions. A particular instance of the case-history approach which was suggested as one which would be vivid and help would be for former or even current sufferers of such conditions to describe their experiences in person in the workplace setting. Such informative and educational activities would not be beneficial to employers alone, with employees, too, saying that this could do a lot to reduce the fear of the unknown which does a lot to support the stigma.

4.4 The Question of Disclosure

Given such negative attitudes towards mental ill-health, it is hardly surprising that employees claimed that they would be very slow to disclose to their employer until this became unavoidable. Some men even saw such an admission – effectively a confession of a failure to cope – as leading to a complete loss of credibility and status. It is curious that employees, who would be happy to call in sick with a bit of flu, would feel compelled to struggle through their depression or anxiety without allowing any sign of their discomfort to show. It was accepted that this is of course self-defeating since it is likely only to exacerbate the condition and increase the likelihood that it will reach the point of crisis.

'If you broke your leg you'd be fairly confident that your company would stick by you and you'd still have your job to walk into when you'd be better again. If you're off with depression, because there's that whole 'is he mental' thing about it, 'is he a liability'... that you would fear what will your company do when you get back...' Employee, Dublin

What employees were saying was that they would be afraid to disclose such difficulties through fear that it would have negative consequences for them, and the reaction of employers to the same question proved that they were right. True, employers all said that if an employee were to find himself or herself in this situation, they would very much want to hear about it. But it is clear that this is not quite accurate – in fact, they do not want to hear about it at all, but what they want even less is for employees to be suffering from mental ill-health without their knowledge.

There was some difference here between larger and smaller companies. The larger companies tended to have a well-developed HR function and a keen sense of their responsibilities vis-à-vis an employee, whereas the smaller organisations were more likely to be focused on the bottom line and to admit candidly that they did not feel they had the luxury of carrying someone whose performance was likely to be unpredictable. However, even the larger companies claimed (though not in the context of mental health specifically) that sometimes it is less costly in the long run to pay the very substantial penalty for unfair dismissal than to continue to carry a disruptive member of staff.

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In short, employers confirmed that there was high likelihood that an employee disclosing a mental health difficulty would be likely to be discriminated against to a greater or lesser extent, even though they were reluctant to see themselves as people who would be unsympathetic in such circumstances. One of their justifications for this stance was that they owed a duty not just to their employer, but also a duty of care to other employees, who could be negatively affected by the performance or behaviour of the affected person. Again, information and education are needed.

In this atmosphere of stigma and discrimination, one difficulty for employers is to know what to do when a mentally unwell employee leaves, with regard to any reference they might write. On the one hand, it is accepted that to refer to their difficulty is certain to make it extremely difficult if not impossible for them to find another job. On the other hand, if they do not make this disclosure they are doing a disservice to the future employer, and can be found ethically and perhaps even legally at fault.

Even the smaller companies claimed to be well aware of their obligations with regard to health and safety legislation, and to have corresponding policies in place. However, none claimed to have a written policy in place in relation to mental health specifically. Not only this, but they generally felt that personally, they are extremely poorly equipped to deal with mental health issue when they arise. It is not that they feel that it is their role to provide distressed employees with counselling or therapeutic support – on the contrary, they were quick to point out that this is far outside their realm of responsibility. But they very much regretted that they felt totally lacking in the skills needed to help them know in what way to react when such situations arise. Their fall-back is to rely on personal judgement as best they can, and of course to recommend that professional intervention be sought at the earliest opportunity. But it was clear that they resented that they have been given little or no support, in coping with these situations, from any source.

4.5 Necessary Supports

It was agreed that much could be done both to help employers in their task of dealing sympathetically with employees while still protecting their employers' interests, and also to help employees to be more understanding and supportive of their workmates with mental ill-health.

From the point of view of employers, among the things which would be helpful are:

- A recognition that coping with those with mental ill-health in the workplace is too big a task to be left as the responsibility of the employer alone.

- The provision of guidelines on best practice on how to deal with mental ill-health in the workplace.

- Information which would help employers to recognise mental health difficulties, allowing them to be better prepared for problems when they arise, or even to forestall them.

- Help in predicting the outcome in particular cases, so that they can better plan their strategy for either adapting to the situation, or if necessary terminating it with sensitivity.

- A public information campaign aiming to lessen negative attitudes and misunderstanding about mental disorders, which would help to lessen the employer's sense of panic when they are encountered.

- Assistance in finding appropriate professional support services for employees in difficulty.

For employees, helpful activities were thought to include:

- Creating a sense at national level that mental ill-health is common, is experienced by ordinary people, and is nothing to fear.

- Providing information to demystify mental illness, and help workmates to have a better understanding of what to expect.

- Creating better awareness and acceptance of the milder or earlier stages of psychological distress, which would give workmates a better opportunity to be supportive at a stage when this might actually be useful.

- Helping to create a workplace culture where management will be less dismissive of mental health problems, making it easier and less risky for employees to make frank disclosures.

- Publicising the professional services which are available to those who need them, and how to access them.

- Educating employers on how to create a work environment which will be better conducive to mental health.

There was widespread agreement that a key ingredient in a positive mental climate in the workplace is good communication. Open and transparent management practices would help to allow staff to understand their role and their contribution to the achievement of the company's objectives, which would have the twin benefits of creating higher employee satisfaction, and of providing the increased motivation to raise productivity. It was also recognised that light-touch management and the creation of a fun working environment, where this is possible, helps to support mental health and well-being.

4.6   Conclusions

There is at present a significant difficulty with the acceptance of mental ill-health in the workplace, since it is very poorly understood and is regarded as strange and threatening. There is a need to tackle the taboos and prejudices which support this view. The terminology in current use, 'mental health' has negative connotations, and although this can be gradually eroded over time, it will remain a barrier in the medium-term at least.

In the absence of any clear concept of mental health, the phrase inevitably conjures up its opposite, and the difficulty with this is that it generates a focus on the scary extreme end of the mental health spectrum. A healthier public attitude depends on the growth of an understanding that there is a very broad continuum which includes feelings and experiences to which almost everyone is subject at one time or another.

In short, there is a considerable need for a change in workplace culture which would be supported by information and education, some of which should be appropriately addressed at national level, and some by initiatives focused on the workplace. Significant change in the workplace will not happen before real changes in public attitude, which will take time. Meanwhile, those with mental ill-health are unfortunately in the situation where disclosure of their problems can be to their disadvantage.

Support and information are needed at a number of levels:

- At national level, to help to foster understanding of mental health as a part of everyday life and an acceptance of mental ill-health without stigma;

- At employer level, to provide information on best practice and support to those who are at a loss to know what to do in cases of mental difficulty; and

- At employee level, to help to demystify mental conditions and help people to feel comfortable in offering appropriate support to their workmates.

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5. Implications

This research has highlighted that there is much work yet to be done at the 'macro' or societal level to promote a greater understanding of the issues surrounding mental health through increased education and awareness. This should be a priority for Government and other responsible agencies, and targeted awareness campaigns at national level are required, such as that underway by the National Office for Suicide Prevention.

This research has highlighted the inherent difficulty of using the negatively associated 'mental health' to attempt to describe a positive state of well-being. Outside of Ireland, the term 'mental health and well-being' is used to help counter the negative image. There may be other more effective terms that could be beneficial. However, whatever language is used, greater information on types of mental illness, its forms, patterns and supports for recovery should be provided across Irish workplaces.

The stigma surrounding mental illness in society at large is inevitably filtered down into the workplace context as workplaces can only but mirror what is happening in the wider community. Critically, though, our workplaces are not currently equipped to deal with mental ill-health, nor do employees feel that the workplace is a 'safe' environment for them to disclose their health concerns due to the perceived potential repercussions which are invariably negative. This leads to a stagnant 'stand-off' situation and a culture of non-communication, the inevitable outcome of which is a crisis situation that an employer is ill-equipped to handle.

Awareness of mental health issues needs to be built into the fabric of our workplaces. There is a lack of formal policies on mental health in most workplaces, and most do not have any initiatives in place to deal with mental ill-health when it arises or to promote a culture of positive mental health as a preventative measure. Employers recognise that mental health difficulties do arise in the workplace frequently and that they cause real problems for them. This research has shown that employers are currently floundering. They need, and have expressed a desire for information, support and guidelines to help them deal with mental ill-health in the workplace.

Ideally, mental ill-health should be talked about, not covered up, and policies should be put in place to help deal with situations that arise in a sensitive and caring manner that protects the employee yet also safeguards the company's interest in a mutually beneficial way. Crucially, however,

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policies need to be devised and rolled out bearing in mind the importance of fostering a culture in which employees feel 'safe' to disclose their difficulties. This can only be achieved in a climate where workplaces are mirroring positive developments on mental health issues in the wider community.

Here again lies the crux of national awareness and education. A two-pronged approached is required, with the first step, increased national awareness and education, as this is a pre-requisite to breaking down barriers and to promoting a more open workplace culture where employees can admit to experiencing difficulties, fully confident that they will not be punished for this admission, but that their employer will support them. The second phase is that employers, in turn, need a specific programme of awareness, education and support to help them. Employers need to have sufficient information, support, resources and skills available to them to handle mental ill-health issues that arise in the workplace confidently and sensitively. In summary, investment in education and awareness at a 'macro' and at the 'micro' level is necessary to make workplaces more inclusive for people with mental health difficulties and which is in everybody's interests, employer and employee, as well as society as a whole.

Annex 1
Terms of Reference and Constitution of the NESF

1. The role of the NESF will be:

    — to monitor and analyse the implementation of specific measures
      and programmes identified in the context of social partnership
      arrangements, especially those concerned with the achievement of
      equality and social inclusion; and

    — to facilitate public consultation on policy matters referred to it by
      the Government from time to time.

2. In carrying out this role the NESF will:

    — consider policy issues on its own initiative or at the request of the
      Government; the work programme to be agreed with the Department
      of the Taoiseach, taking into account the overall context of the NESDO;

    — consider reports prepared by Teams involving the social partners,
      with appropriate expertise and representatives of relevant
      Departments and agencies and its own Secretariat;

    — ensure that the Teams compiling such reports take account of the
      experience of implementing bodies and customers/clients including
      regional variations;

    — publish reports with such comments as may be considered
      appropriate;

    — convene meetings and other forms of relevant consultation
      appropriate to the nature of issues referred to it by the Government
      from time to time.

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3. The term of office of members of the NESF will be three years. During the term alternates may be nominated. Casual vacancies will be filled by the nominating body or the Government as appropriate and members so appointed will hold office until the expiry of the current term of office of all members. Retiring members will be eligible for re-appointment.

4. The Chairperson and Deputy Chairperson of the NESF will be appointed by the Government.

5. Membership of the NESF will comprise 15 representatives from each of the following four strands:
   — the Oireachtas;
   — employer, trade unions and farm organisations;
   — the voluntary and community sector; and
   — central government, local government and independents.

6. The NESF will decide on its own internal structures and working arrangements.

NESF Publications

(i) NESF Reports

Report No	Title	Date
1.	Negotiations on a Successor Agreement to the PESP	Nov 1993
2.	National Development Plan 1994 – 1999	Nov 1993
3.	Commission on Social Welfare - Outstanding recommendations	Jan 1994
4.	Ending Long-term Unemployment	June 1994
5.	Income Maintenance Strategies	July 1994
6.	Quality Delivery of Social Services	Feb 1995
7.	Jobs Potential of Services Sector	April 1995
8.	First Periodic Report on the Work of the Forum	May 1995
9.	Jobs Potential of Work Sharing	Jan 1996
10.	Equality Proofing Issues	Feb 1996
11.	Early School Leavers and Youth Employment	Jan 1997
12.	Rural Renewal - Combating Social Exclusion	Mar 1997
13.	Unemployment Statistics	May 1997
14.	Self-Employment, Enterprise and Social Inclusion	Oct 1997
15.	Second Periodic Report on the Work of the Forum	Nov 1997
16.	A Framework for Partnership – Enriching Strategic Consensus through Participation	Dec 1997
17.	Enhancing the Effectiveness of the Local Employment Service	Mar 2000

(ii) NESF Opinions

Opinion No	Title	Date
1.	Interim Report of the Task Force on Long-term Unemployment	Mar 1995
2.	National Anti-Poverty Strategy	Jan 1996
3.	Long-term Unemployment Initiatives	Apr 1996
4.	Post PCW Negotiations – A New Deal?	Aug 1996
5.	Employment Equality Bill	Dec 1996
6.	Pensions Policy Issues	Oct 1997
7.	Local Development Issues	Oct 1999
8.	The National Anti-Poverty Strategy	Aug 2000

(iii) NESF Opinions under the Monitoring Procedures of Partnership 2000

Opinion No	Title	Date
1.	Development of the Equality Provisions	Nov 1997
2.	Targeted Employment and Training Measures	Nov 1997

(iv) NAPS Social Inclusion Forum: Conference Reports

1.	Inaugural Meeting on 30th January 2003	
2.	Second Meeting of the NAPS Social Inclusion Forum	Jan 2005
3.	Third Meeting of the Social Inclusion Forum	April 2006

(v) NESF Research Series

1.	A Study of Labour Market Vulnerability & Responses to it in Donegal/Sligo and North Dublin	Jun 2005
2.	The Economic of Early Childhood Care & Education	Sept 2005
3.	Delivery of Quality Public Services	Sept 2006

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(v) NESF Occasional Series