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KNOWLEDGE IN ACTION

Faculty of Business Economics

Master of Management

Master's thesis

Research on how people with mental health conditions experience HR-policies that aim to make the workplace more inclusive

Lynn Van Endert
Thesis presented in fulfillment of the requirements for the degree of Master of Management, specialization Business Process Management

SUPERVISOR :

Dr. Frederike SCHOLZ

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Preface

The purpose of this dissertation is to fulfil the graduation requirements of the specialisation program Business Process Management in the Master of Management at Hasselt University. I have chosen for a human resource topic, which is more related to general management, because I preferred to expand my technical background with a social background. It focusses on mental health of employees which is a topic that currently receives more attention and importance. I conducted a qualitative research based on semi-structured interviews which allowed me to explore new research techniques.

I would like to thank my supervisor Dr. Frederike Scholz for her guidance and support through the entire process of my dissertation. Her advice and feedback assisted me in better understanding qualitative researching as well as in reaching my full potential. Subsequently, I would like to thank miss Sandra Bogaers for her assistance during the literature review. I also wish to thank all the participants of the interviews for their courage and cooperation which made the realisation of this research possible. Furthermore, I want to thank my friends for continuously supporting and motivating me during this process.

Finally, I want to thank my parents for granting me the privilege to study at university not once but twice. Their faith, encouragement and support throughout my entire life and studying career has made me the person that I am today.

Ing. Lynn Van Endert
Hasselt, 29th of May, 2019

Summary

According to the Health Survey, which is a cooperate initiative of all the government agencies in Belgium, 29 percent of the Flemish citizens indicated to have experienced mental health conditions in 2013. Also, the workability monitor of the Flemish government showed that only 51 percent of the Flemish employees think their work is workable in 2016. The most dominant factor that influenced the workability was occupational stress. 34 percent of the respondents indicated that the level of occupational stress was problematic which is an increase of 5 percent compared to 2013. Although at an international level a lot of research is performed on the importance of the mental health of employees as well as on the impact of mental health conditions on the work life and the rehabilitation process at work, however in Belgium more specifically Flanders it is not. Therefore, the aim of this study is to explore how people with a mental health condition in Flanders experience the workplace. It is examined which interventions are executed by organisations in order that employees with mental health conditions can sustain in work as well as the policies that are implemented to facilitate their return to work. It is also investigated if these employees feel more included by these implementations.

First an extensive literature review was conducted. The individual and the social model of disability were discussed. It was chosen in this research to adapt a social approach meaning that it is analysed how the workplace diminishes the exclusion, and therefore the disablement, of people with a psychological impairment and how these people experience those implementations. An explanation on mental health conditions as well as a discussion on Belgian legislation on well-being and anti-discrimination is given. Again a link is made to the social model. In order to be entitled to reasonable accommodations a mental health condition has to be disclosed to the employer. Therefore, the disclosure of a mental health condition is discussed. The reasons to disclose or not as well as the factors that influence the decision are explained. Also manners to stimulate an employee to disclose an impairment are briefly given. Next, the influence of the work environment itself and job design on mental health are explained. Also the three different levels of prevention and their relation to occupational stress as well as mental health conditions are discussed. Finally, the current statistical facts on workability of work in Flanders is given. This research combined a critical humanist and interpretivist approach. Therefore, a qualitative analysis is performed based on conducted semi-structured interviews. Thematic analysis is used to process the gathered data based on induced pattern coding.

Findings show that the perspective of society on mental health and mental health conditions is evolving from the dominating individual perspective towards a more social one. Also, a positive trend can be observed in promoting well-being and health at work. However, still a lot of organisations do not invest enough on this level of prevention – which is the primary level – , although it could diminish the negative influence of the workplace on mental health. The few implemented secondary prevention interventions, which focus on sustaining at work, were only temporarily for most of the participants and even failed eventually to fulfil their purpose. Only employee assistance programs paid by the employer seemed to be an effective secondary intervention in order to sustain people in work.

However, this hypothesis could not be confirmed by this study. Finally, only a slight majority of the participants received one or multiple reasonable accommodations at their return to work. The most frequently used adjustments were: returning in a progressive manner instead of immediately fulltime, obtaining another function in the organisation and a reduced amount of working hours. However, some of the participants mentioned that some adjustments were temporarily or did not suit them very well.

It can be concluded that most people with a mental health condition in Flanders still feel excluded at the workplace, but a positive evolution can be observed. Therefore, it is suggested that organisations should invest more in all the three levels of prevention in order to make the workplace more inclusive for people with mental health conditions as well as to minimize the negative impact of the workplace on mental health. Due to possible biases of the sociodemographic factors gender and type of mental health condition, it is recommended to conduct further research on the current subject. Also, further research based on the side of employers is recommended in order to make a comparison on how employers attempt to make the workplace more inclusive for people with mental health conditions and how these people actually experiences it. Finally, the possibilities of secondary prevention as well as their impact and effectiveness should be investigated.

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List of Abbreviations

CBT	Cognitive Behavioural Therapy
CEO	Chief Executive Officer
EAP	Employee Assistance Program
HR	Human Research
ICD	International Classification of Diseases
ICIDH	International Classification of Impairments Disabilities and Handicaps
MHC	Mental Health Condition
NIHDI	National Institute for Health and Disability Insurance
OCD	Obsessive Compulsive Disorder
PA	Psychosocial Aspects
PTSD	Post-Traumatic Stress Disorder
SERV	Social-Economic Council of Flanders (Sociaal- Economische Raad van Vlaanderen)
SME	Small and Medium-sized Enterprises
UPIAS	Union of Physically Impaired Against Segregation
USPSTF	United States Preventive Services Task Force
WHO	World Health Organizations

1 Introduction

1.1 Problem Statement

The Health Survey, which is a cooperate initiative of all the government agencies in Belgium, observed in 2013 that 29 percent of the Flemish citizens declared to have experienced mental health conditions. (Van der Heyden & Charafeddine, 2014) Its purpose is to evaluate the health of the Belgian citizens as well as to discover their most prominent health problems in order to develop a proactive health policy in the country. This indicates the increasing importance of mental health and mental health conditions. Furthermore, according to the World Health Organisation, mental health conditions belong to the leading causes of disability worldwide. (Harnois et al., 2002) This perspective is based on the individual model of disability which states that disability is caused by an impairment. (Wood, 1980) Mark Eikenboom, business president of Danone cited: "*If health is the essence of your brand, it all starts with taking the health of your workforce very seriously*." This indicates that organisations start to acknowledge a more social perspective of health meaning that the workplace itself, which is social factor, has an influence on the health of employees. This is also observed by the workability monitor of the Flemish government which stated that only 51 percent of the Flemish employees think their work is workable in 2016. (SERV, 2019) The most dominant factor that influenced the workability was occupational stress. 34 percent of the respondents indicated that the level of occupational stress was problematic which is an increase of 5 percent compared to 2013. Furthermore, this social perspective argues that people with mental health conditions are disabled due to their exclusion by society rather than to their psychological impairment. This is based on the social model of disability by UPIAS (1976).

Although at an international level, a lot of research is performed on the importance of the mental health of employees as well as on the impact of mental health conditions on the work life and the rehabilitation process at work, however in Belgium more specifically Flanders it is not. Therefore, the purpose of this research is to explore how people with mental health conditions in Flanders experience the workplace. This is realized by investigating which interventions are executed by organisations in order that employees with a mental health condition are able to sustain in work as well as the policies that are implemented to facilitate their return to work. These interventions and policies aim to make the workplace more inclusive for people with mental health conditions. However, the question remains if these people actually feel more included thanks to these implementations or not.

This dissertation includes 6 chapters. First the problem statement is explained by giving a brief background on the topic as well as by stating the reason why this research should be conducted. Also, the research question of this investigation are presented in this chapter. Next, in chapter two an extensive literature review is conducted to elaborated on the given background in chapter one. Subsequently, chapter three will discuss which research method is used to conduct this study. It is chosen to perform a qualitative research by conducting semi-structured interviews. The data is analysed by using a thematic analysis method based on induced pattern coding of the data. The findings of the interviews are presented in chapter four. Next, in chapter five, the results of chapter

four will be discussed by linking them to the literature. Finally, in chapter six the conclusions of this dissertation will be presented as well as the limitations of the executed study and the recommendations for future research.

1.2 Research Questions

1. How do people with a mental health condition experience the workplace?

    1.a Which interventions are executed for them in order to sustain in work?

    1.b Which policies are implemented to facilitate their return to work?

2 Literature Review

Firstly, the two different models of disability are explained which tend to stimulate societies thinking of what a disabled person is. These two models are explained because this thesis uses an approach based on one of these models to investigate the subject. Secondly, the discussion about mental health and mental health conditions is posed as well as their link to the models. As this study examines how people with mental health conditions experience the workplace, it is necessary to understand the terminologies mental health and mental health conditions. Subsequently, two important Belgian laws relating to mental health and disability are describe. Also here, a reference is made to the models of disability. Then, the process of disability disclosure is explained because revealing a mental health condition is required to obtain reasonable accommodations. Subsequently, it is extensively discussed how mental health is affected by the workplace and which actions an organisation can execute to help people in preventing and handling mental health conditions. Finally, the current statistical facts on workability of work and occupational stress in Flanders are shown.

2.1 Models of Disability

For a very long time, the focus of disability was centred on an individual and medical aspect, which is called the individual model of disability. This model argues that a biological dysfunction is the cause of disability. Therefore, the individual has to focus on rehabilitating and activating himself to improve his functional impairment. (Jones & Wass, 2013) Therefore, the individual model place the issue of disability with the individual. (Oliver, 1990a) According to the International Classification of Impairments Disabilities and Handicaps (ICIDH) of the World Health Organization's (WHO) there is a causal relationship between impairment, disability and handicap. (Barnes, 2012) It defines impairment as: " *any loss or abnormality of psychological, physiological, or anatomical structure or function"*. (Wood, 1980, pp. 27-29) Its definition of disability goes as follow: " *a disability is the any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being"*. (Wood, 1980, pp.27-29) These two definitions clarify that according to the ICIDH, disability is mainly caused by an impairment. Oliver (1990a) argues that individual model of disability is substantiate by his own called ' personal tragedy theory of disability' proposes that *disability is some terrible chance event which occurs at random to unfortunate individuals*. (Oliver, 1990a, p. 2)

The evolution of the social model started in the year 1974 due to the formation of the Union of the Physically Impaired Against Segregation (UPIAS) in the United Kingdom. (Barnes, 2012) This movement stood up for the rights of disabled people. They argue that disablement is not individual, but that it is social. The following statement was included in their manifesto ' The Fundamental Principles of Disability': "*In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.*" (UPIAS, 1976) Furthermore, it redefined disability as: "*the disadvantage of restriction of activity caused by a contemporary social organisation which takes*

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no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities." (UPIAS, 1976, p. 14) This was a first draft of a social model. However, this definition only took into account physical impairments and neglected other forms of impairments. Therefore, the UPIAS reformulated the definition by including all impairments which can be of physical, sensory, cognitive or mental nature. This reformulation was the real milestone of the social model of disability. This model disconnects impairment, which is biological or medical, with disability, which is social. (Barnes, 2012) This means that an impairment does not necessary cause the disability of an individual. The disablement is caused by the attitudes and structures of the contemporary society as well as the institutional practices at the workplace which both lead to exclusion of an individual rather than the impairment itself. (Jones & Wass, 2013) Also Finkelstein stated that disability is *the outcome of an oppressive relationship between people with impairments and the rest of society*. (Finkelstein, 1980, p. 47) Nowadays, jobs are designed into specific roles requiring multi-tasking, teamwork and interchangeability which increased the complexity of the job. (Foster & Wass, 2013) Furthermore, if this job design is focused on a typical worker – a typical worker is an employee who meets the abled-bodied norms of the organisation based on attendance, speed, dexterity and strength. (Gleeson, 1999) – , it becomes more likely that the employer as well as management would describe an employee with an impairment as disabled. (Foster & Wass, 2013) Subsequently, accommodations to the workplace to enable an employee to execute his job would collide with the logic of the enterprise. This leads to actual disablement of the employee with an impairment (Foster & Wass, 2013; Jones & Wass, 2013).

Although the social model has been criticised by the Disability Movement and academicians for ignoring the effects that impairments have on individuals (Barnes & Mercer, 2004), it contributes to shift the focus onto the disabling workplace and the importance of the employer to change it.

The next section will discuss how mental health and mental health conditions are defined. In order to investigate how people with mental health conditions experience the workplace as well as how the workplace impacts mental health, it is required to understand what is meant with these terminologies.

2.2 Mental Health Conditions

Before it can be discussed how a mental health condition actually is defined, it should first be explained what mental health is. The world Health Organisation defines mental health as: " *a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*" (WHO, 2004, p. 12) According to Keyes (2014) mental health is composed of three types of well-being: emotional, psychological and social well-being. Emotional well-being advocates positive feelings such as happiness and joy of life. psychological as well as social well-being focus on the positive functioning as an individual and as an citizen. (Keyes, 2014)

The Oxford Dictionaries online defines a mental illness as "*a condition which causes serious disorder in a person's behaviour or thinking.*" The World Health Organization stated that mental disorders orders cover a large range of conditions with various symptoms. "*However they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationship with others.*" (WHO, 2019) Finally, the Tenth Edition of the International Classification of Diseases (ICD), which is developed by the WHO, defined a mental disorder as "*a clinically recognizable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions.*" (International Advisory Group for the Revision of ICD-10 Mental & Behavioural Disorders, 2011)

When the definitions of mental health and mental health conditions are compared, it can be observed that it is accepted that mental health is both individually and socially affected, but with mental health conditions this is not the case. All the definitions of mental health conditions have a medical, and therefore individual, perspective meaning that the influence of social aspects is denied.

The most common, and maybe also most known, mental conditions are depression, schizophrenia and stress-related disorders such as Post-Traumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). Also in the last past years, people get more confronted with the phenomenon 'burn-out'. Depression is associated with symptoms such as loss of interest or enjoyment, sadness, low self-esteem, decreased concentration but also physically: tiredness, reduced appetite and sleep problems. The cause of depression can be work-related or non-work related. Depression can occur in different degradations and can lead to an impaired functionality at work. (WHO, 2018) In its most severe form, depression can encourage suicidal thoughts or even suicide. Schizophrenia is a fierce psychological illness which is associated with reduced judgement capacity, loss of energy, disconnection of the inner unity of intellect and emotion. Other symptoms that are typical for schizophrenia are hallucinations, which means experiencing things that are not real, and delusions, which are incorrect beliefs or suspicions that cannot be counteracted even if contradicting evidence is shown. Schizophrenia originates mostly in the early stages of life more precisely in the transition from adolescence to adulthood. This can be explained by the fact that the first psychotic break is mostly triggered by a change from one life role to another life role such as entering the labour market or going to university. Due to the severity of this mental disorder, it can be difficult for an individual to attain or retain a job. However, with proper medical treatment as well as psychosocial support it is possible for the individual to lead a normal and productive life. (Snyder, Kety, & Goldstein, 1982; WHO, 2018)

Although the National Institute for Health and Disability Insurance (NIHDI) in Belgium does not acknowledge burn-out as an illness, the Superior Health Council in Belgium proposed in 2017 a definition for the phenomenon 'burn-out' based on the most common international literature. The definition goes as follow: "*Burn-out is a process of multiple factors that is results from a long-term exposure (more than 6 months) to stressors in the work environment or a lack of balance between the expectations of the job and the actual job which cause exhaustion on emotional, physical and mental level.*" (Hoge Gezondheidsraad, 2017, p. 12) Furthermore, according to the Superior Health

Council, "*this exhaustion negatively affects the control of emotions and the cognitive ability of the individual. This again can lead to changes in behaviour. The person can dissociate himself and develop feelings of cynicism and professional incompetence*." (Hoge Gezondheidsraad, 2017, p. 12) Although depression and burn-out are not the same, Maslach (2001) refers that people who are more susceptible to depression, are also more vulnerable to burn-out.

All the definitions of what a mental health condition is seem to focus solely on the medical and individual aspect of it. They do not include possible social factors which can interfere the mental health of people. This raises the question if mental health can only be perceived as something individually or is it possible to perceive it as socially. Furthermore, some definitions of specific mental health conditions, contradict the individual perspective of the definition of what a mental health condition is. For example, the explanation of depression states that depression can be a consequence of work-related problems and therefore, it acknowledges to an extent that mental health can be affected by social factors.

This thesis will approach its topic from a social model perspective. This means that it starts from the perspective that the workplace disables, and therefore also exclude, people rather than that the disablement is caused by the impairment, which in this case is the mental health condition. This research examines which policies are implemented to reduce the disabling attitude of the organisation towards people with mental health conditions as well as how these people experience these implementations. Furthermore, as not a lot of research on this topic is performed in Belgium and especially not in Flanders, this investigation will be conducted in a Flemish context. Therefore, it is required to discuss the Belgian legislation that is linked mental health.

2.3 Belgian Legislation

In this section two important Belgian laws are discussed which are strongly linked to mental health and the workplace. These are: the law on well-being at work and the anti-discrimination law.

2.3.1 The Law on Well-being at Work

On 4th of August 1996, Belgium introduced the Act of Well-Being at Work, which made it one of the first countries to include the matter of well-being in the labour legislation. (OECD, 2013) This law presented a mandatory framework on prevention of psychosocial risks at the workplace which the employer has to perform. These psychosocial risks at the workplace are defined as: "*the chance that one or more employees experience psychological/mental injury, which can be accompanied with physical impairment, due to the exposure of elements of the organizational structure, the job content, the terms of employment, the working conditions and the interpersonal relationships on the work floor.*" (Federale overheidsdienst, 2019) A second aspect of the definition is that the employer has to be able to act on the risks and the factors that lead to the impairment. Furthermore, the risk has

to be an objective risk. Some examples of possible psychological impairment are anxieties, depression or suicidal thoughts. The psychosocial risks on the workplace that occur most often are: stress, burn-out and conflicts related to the job, violence and bullying at work and sexual harassment. Since 2014, the framework on prevention of the psychosocial risks at the workplace includes also stress and provides procedures to deal with this problem. The collective labour agreement no. 72 of 30 March 1999, which describes the prevention policy of stress due to the job, defines stress as: " *a state that is negatively experienced by a group of employees, accompanied with complaints or dis-functioning at physical, psychological and/or social level, which makes it impossible for the employees to fulfil their work duties.*". (Federale overheidsdienst, 2019)

Although mental health and mental health conditions in the previous section were handled and describe solely on an individual level, the definition of psychosocial risks at the workplace implies that there is an actual social aspect involved.

According to this law, it is mandatory for employers to perform a risk assessment to discover the elements and situations in the work environment which possibly could lead to psychosocial distress. Furthermore, they have to construct a five-year general prevention strategy and a yearly action plan in order to minimize psychosocial distress at work and its consequences. Of course both of these plans are based on the primarily conducted risk assessment. Also, companies are obligated to constitute a psychosocial prevention advisor who can be from the internal service for prevention and protection at work or from an external prevention service. Only small organizations with less than 50 employees are obliged to appoint a psychosocial prevention advisor from an external prevention service. He has an advising and assisting role to the employer in matters of well-being at work and implementations of risks preventing strategies. (OECD, 2013)

If the internal prevention and protection service is not able to carry out all the required tasks, the enterprise is obligated to appeal to one of the recognised external service for prevention and protection at work. These external services have two specialised departments: medical surveillance and risk management. The risk assessment is managed by teams that are composed by a mix of the 5 expertises: safety at work, ergonomics, occupational medicine, hygiene in the work environment and psychosocial factors of work. The medical surveillance is performed by occupational doctors who advise the employer on the three levels of prevention. This means that these doctors inform the employer on how a healthy workplace could be established, perform regular medical check-ups to determine possible health problems and assist the employer with reintegration of employees after long-term sickness absence. (OECD, 2013)

Although Belgium was one of the first countries to recognise the importance of well-being at work (OECD, 2013), in practice it is noticed by the Federal Public Service of Employment, Work and Social Consultation of Belgium that compliance with the well-being law is poor. (Service public fédéral Emploi et Travail et Concertation sociale, 2011) This has three main reasons. Firstly, the high cost of the risk assessment, which is currently higher than the non-compliance fine. Secondly, some employers fear a negative outcome of the risk assessment which can have a large impact this can have on the enterprise. Finally, there is a lack of knowledge about the legal obligations in matter of

well-being at work among employers. (Service public fédéral Emploi et Travail et Concertation sociale, 2011)

2.3.2 The Anti-Discrimination Law

The anti-discrimination law of the 10th of May 2007 prohibits discrimination due to age, sexual orientation, marital status, birth, fortune, religion or philosophy of life, political conviction, the present or future state of health, disability, physical or genetic characterises or social origin and language. (De Minister van Maatschappelijke Integratie Dupont, 2007; UNIA, 2017)

To relate to the topic of this thesis, this section will focus on the anti-discrimination of people with a disability. The law itself did not define what 'being disabled' is, but it is based on the definition of UN-convention on the subject of the rights of people with a disability. This convention defined being disabled as: " a person is disabled if he/she has a long-term physical, mental, intellectual or sensory impairment that in interaction with various barriers/obstacles can hinder him/her from fully, effectively and equally participating with other in society." Furthermore, the law does not require a certain threshold percentage of invalidity or an official recognition of the disability. (De Minister van Maatschappelijke Integratie Dupont, 2007; UNIA, 2017) This definition uses a more social approach and does not only focus anymore on the medical problem of the individual. So it can be inferred that there is a shift from the individual model of disability to a social model.

The law made a distinction between disability and state of health which is solely based on duration. In case of a long-term impairment in participating in the society, one speaks of disability. The concept of state of health is used in a situation where the impairment is short-term or medium long-term. This distinction is important because the law determines that only people with a disability are entitled to apply for reasonable accommodations at the workplace. (De Minister van Maatschappelijke Integratie Dupont, 2007; UNIA, 2017)

Reasonable accommodations are fitting adjustments that are necessary in a certain situation depending on the needs of the individual. Their goal is to enable the individual with a disability to access, to participate and to grow in the working life. As their name states, the adjustments have to be reasonable to the individual, in this case the employer, who has to implement them. According to the law, it is an act of discrimination if the employer refuses to implement reasonable accommodations. The only reason to justify the refusal is if the adjustments are unreasonable. They are unreasonable if they form a disproportionate burden for the employer. The different types of accommodations are stated in Table 2.1 together with some examples. (De Minister van Maatschappelijke Integratie Dupont, 2007; UNIA, 2017)

Table 2.1: The different types of reasonable accommodations

Type of accommodation	Examples
Material/tangible	adjustments to the workplace or building to assure accessibility …
Immaterial/intangible	adjustments to the work regulations, coaching …
organizational	reorganization of tasks, working from home …

However, in reality two different types of workplace discrimination exists: overt discrimination and subtle discrimination. (Snyder, Carmichael, Blackwell, Cleveland, & Thornton, 2010) Overt discrimination includes obvious actions of unfair and harmful treatment that may or may not be intentional such as diminished promotion possibilities and sexual harassment. (Benokraitis & Feagin, 1986) Subtle discrimination can be defined as *inappropriate interpersonal mistreatment*. (Snyder et al., 2010) An example of this is exclusion of informal meetings among colleagues. Unfortunately, this type of discrimination appears to be more socially accepted because it is less visible. (Benokraitis & Feagin, 1986; Meertens & Pettigrew, 1997)

2.4 Disclosure of Impairment

Employees with an impairment should consider disclosure of their impairment to the employer. This is not a simple dichotomous choice. The decision to disclose the impairment depends on large number of factors. These factors include gender, individual's characteristics, job characteristics, workplace culture, type of impairment and need for accommodations.

The main reason why an impairment is revealed is when accommodations at work are necessary to ensure that the employee is able to perform the job. The employer has to be informed about the impairment to realise the required adjustments. Secondly, the type of the impairment has a large influence on disclosure. Of course, the physical impairments which are visible such as missing limbs or paralysis of limbs are difficult to conceal. Therefore, the choice to disclose is very simple if it can be called a choice at all. On the other hand, for impairments that are less or even not at all visible such as being hard-hearing or having a mental health problem, revelation is a less obvious decision. Especially for psychiatric disorders disclosure is a very sensitive topic. Brohan et al. (2012) and Pearson et al. (2003) discovered that individuals that mentioned a mental health condition in their job application were significantly less likely to be hired than persons who do not state an impairment. Furthermore, they found that individuals with a mental impairment were disadvantaged to be employed relative to people with a physical impairment. Also the diagnosis type of the mental health condition influences the employment. People with a depression had a relative higher chance of getting a job than people with schizophrenia or people that had a drinking problem.

The gender of the employee influences disclosure. Men are more likely to reveal a mental impairment than women. (Brohan et al., 2012) Subsequently, the diagnosis type as well as the intensity and management of symptoms at work are associated to the decision of disclosure. When almost no symptoms occur during the job, the mental health condition will probably not be disclosed. On the

other hand, if the employee has to take medication a long time or it is difficult to manage the job due to the mental condition, it is more likely that the employee would mention the mental health condition to the employer. Other predictors are the knowledge of the legislation and previous received disability benefits. The work sector is also a factor that influences the decision on disclosure. People working in the mental health sector will have less difficulties with revealing a mental health problem than other work settings such as the technical, business or social work sector. (Brohan et al., 2012) Lastly, the workplace culture is a predictor of disclosing an impairment. If there is an inclusive and supportive culture at the workplace where organizational support is offered to people with impairments, the individual feels more comfortable to disclose the impairment. (von Schrader, Malzer, & Bruyère, 2014) Also, employees have several beliefs and experiences about disclosure of a mental illness in at the workplace that are determining factors for revealing the impairment. These will be discussed in the following two subparagraphs.

2.4.1 Reasons for Disclosure

One of the reasons why an individual would disclose his mental health condition could be his willingness to uptake a role model for other people that go through the same process as him. Also, in this manner he can take an educative role upon himself to learn other employees about mental disorders. (Brohan et al., 2012) Another reason for revealing a mental problem is the need for emotional support. (Corrigan & Rao, 2012; Rollins, 2002) The individual seeks the emotional support from his superiors especially when he already has an open and good relationship with them. Furthermore, disclosure is more likely to occur if the individual has already positive experiences with revealing his mental health condition in previous jobs. (Dewa, 2014) Next, the employee wants to be honest about his condition. (Dewa, 2014) First of all, because of fear of dismissal due to dishonesty about his mental health, but more importantly because the employee is proud of who he is as a person with a mental health condition. Also, if he is honest about his condition, he can explain potential unusual behaviour to his colleagues (Ellison, Russinova, MacDonald-Wilson, & Lyass, 2003; Novak, Mank, & Grossi, 2007) or gaps in employment to superiors (DeTore, Hintz, Khare, & Mueser, 2019) which can lead to a reduction in stress because he does not have to compose cover stories anymore. (Corrigan & Rao, 2012; Gioia & Brekke, 2003) The final and most important reason to disclose a mental health problem to the employer is to obtain accommodations in the workplace such as different job tasks and time off for appointments with a psychologist or mentor. (Brohan et al., 2012; Granger, 2000; Hatchard, 2008; Novak et al., 2007; von Schrader et al., 2014) Some individuals even state that if there is no need for adjustments at the workplace, it is wisely to keep the mental health condition concealed for the employer. (Brohan et al., 2012)

2.4.2 Reasons for Non-Disclosure

First of all, employees fear that they will be fired or not even hired if they would disclose their mental health condition. Furthermore, they are afraid that they would be treated unfairly after disclosure

meaning that promotion opportunities are limited, participation in training programs is not offered anymore and a lack in other benefits. (Brohan et al., 2012; von Schrader et al., 2014) The employees are also concerned that the employer is more focused on the impairment rather than the actual abilities and performance of the individual. (von Schrader et al., 2014) This results in decreased expectations in the capability of performing the job adequately as well as a decrease in job responsibility. Also the fear that the supervisor is not understanding or supportive is a reason for non-disclosure. Another reason for not disclosing a mental health condition is that people do not want to be treated differently or disrespectfully after disclosure which means that they do not want to be stigmatized or undermined and they do not want to lose their credibility. (Brohan et al., 2012; von Schrader et al., 2014) Furthermore, the relationship with co-workers can be affected. Employees are afraid that the will get isolated from co-workers or even worse being rejected at the workplace by becoming the subject of gossip or the target of bullying. (von Schrader et al., 2014) Other reasons to not disclose the psychiatric disorder is privacy and natural adjustments. The individual experiences the mental problem as very personal and intimate. (Brohan et al., 2012) Therefore, he does not want people at work to know about his issues. Finally, the job itself can have natural accommodations and disclosure is not necessary. (Brohan et al., 2012; Dalgin & Gilbride, 2003) Natural adjustments in the job can be, for example, working at home or flexibility in working hours or just job requirements that matches the skills of the individual well. (Brohan et al., 2012; Dalgin & Gilbride, 2003)

2.4.3   Stimulation of Disclosure

It can be beneficial for employers to stimulate disclosure of mental health condition. Only when they are aware of the impairments or conditions and understand them, they are able to perform adjustments to the workplace and improve the decision making on the organizational structural level. Also he has to know the diversity among his personnel to be able to comply with regulations. Now the question arises how employers can actually stimulate disclosure. Von Schrader (2014) proposed the possibility of anonymous disclosure as well as creating a more inclusive work environment. Her research revealed that individuals are encouraged to disclose their problem if they know that the employer tries to create a more inclusive culture. This can be done by including and disability in the diversity statement and promoting this in public on websites and job fairs. Also when individuals know that the employer does not discriminate disability in job applications, then they are more confident to disclose their condition. Furthermore, implementation of disability awareness trainings for the entire enterprise as well as programs to teach supervisors how to handle these sensitive situations, would help to increase the inclusion of disability. All the stated actions are good examples of making a more inclusive work environment. An environment where the employees feel secure and confident enough to be encouraged to disclose his mental health condition. (von Schrader et al., 2014)

The employer has to be aware of the problem before he can make reasonable adjustments. Therefore it is very important that the employee informs the organisation of his mental health condition. Furthermore, as organizational factors can cause problems in mental health, organisations should

implement preventative measures to counteract the negative influence of these factors. This will be discussed in the next section.

2.5 Job Design and Mental Health

Although globalisation led to the an enormous boost in world economic growth (Harnois et al., 2002), it caused enterprises to adapt their organizational structure and processes in order to keep an competitive advantage (Ehrensal, 1995). Employees have to encounter phenomena such as downsizing and elevated workload and pressure. They have to be able to handle the fast rate of change. If workers are not able to cope with the rapidly changes of the work environment, their well-being, mental and physical health can be compromised. (Harnois et al., 2002) If employees face issues with their mental health, this will negatively impact the organization due to accrued costs in the form of productivity losses and absenteeism. (Cooper & Payne, 1988; Harnois et al., 2002) Moreover, Barnes (2012) argues that "*whereas in the 19th and most of the 20th century an 'able body' was an essential prerequisite for paid labour and a 'non-disabled status', in the 21th century an 'able mind' may be more important*."

According to the WHO, long-term mental health problems belong in the top three of health disorders that occur worldwide. Furthermore, at the organizational level, mental health disorders are the leading cause of absenteeism and long-term disability in developed countries. (Joyce et al., 2016) As already mentioned, due to globalisation it became necessary for firms to perform changes at the work environment. These adaptions have led to two opposite trends which have a negative influence on health, overemployment and underemployment. (Breslow & Buell, 1960) Underemployment is associated with improvements in technology which cause a decrease in the amount of work as well as the scope of work. (Cooper, Dewe, & O'Driscoll, 2001) On the other hand, overemployment is associated with increased workload and pressure and performance level. (Bousfield, 1999; Townley, 2000; Kendall, Murphy, O'Neill, & Bursnall, 2000) Overemployment requires new and elevated competences of the employees such as multitasking, teamwork, new skills and self-management to process the increased work demands. (Morrow, Verins, & Willes, 2002) This phenomenon can lead to increased occupational stress. The factors which cause stress, also called stressors, can be from a physical or psychosocial nature. (Cox, Griffiths, & Rial-González, 2000) Both types of stressors, especially when they are long-term present, can lead to physical as well as mental problem or even both. (Cox et al., 2000; Cox & Rial-González, 2002) Physical stressors at work are associated with the workplace itself such as bad lightning, excessive noise, used chemicals etcetera. (von Onciul, 1996) Psychosocial stressors at work are associated with the organizational function and culture, roles in the organization, decision latitude and control, job content and the interpersonal relationships at work. (Federale overheidsdienst, 2019; Harnois et al., 2002) These characteristics are further elaborated in the next paragraph.

Organizational function and culture is related to work environment and communication. When the firm has not properly defined its objectives and there is poor communication within the company this can lead to stress. Furthermore, a work environment that is not good in problem solving as well as

a general non-supportive climate at the workplace can be a stressor. (Harnois et al., 2002) Subsequently, when the organizational roles are not clearly defined, ambiguity will arise and can be followed by role conflicts. (Federale overheidsdienst, 2019; Harnois et al., 2002) Also, the role in the organization determines the level of responsibility. A high degree of responsibility can be an indicator of stress. (Harnois et al., 2002) Decision latitude and control can form a stressor when employees have a minor level of participation in decision-making or when there is little decision-making to perform in the job. Also a lack of control over work can cause stress. Next, job content includes task design, workload and pace and work schedule. (Harnois et al., 2002) Concerns in task design such as job insecurity, underutilization of skills, meaningless work and low variety in short work can result in stress. Also the emotional and psychological load of some tasks can form a psychosocial risk (Federale overheidsdienst, 2019). Secondly, workloads that are too high as well as high time pressure, so a high work pace, can form stressors. Also dealing with shift work, unpredictable working hours, a fixed work schedule or long working hours can be reasons of stress. Finally, when employees get isolated from co-workers in a social or a physical sense, this can result in occupational stress. Also a poor relationship between employee and supervisor can be an indicator of stress. (Federale overheidsdienst, 2019; Harnois et al., 2002)

So work can lead to stress and even mental health conditions, but how can organisations prevent this. This will be discussed in the following section.

2.5.1 Prevention

Occupational stress

Every company strives to be a healthy organization which can be defined as *an organization characterized by both financial success (i.e., profitability) and a physically and psychologically healthy workforce, which is able to maintain over time a healthy and satisfying work environment and organizational culture, particularly through periods of market turbulence and change*. (Cooper, & Cartwright 1994, p.5) Preventing and reducing occupational stress are an example of the many actions companies can do in order to achieve this status. Prevention of stress at work can be provided through three different types and levels of interventions: primary interventions, secondary interventions and tertiary interventions.

The primary prevention suggests interventions to reduce or eliminate stressors at organizational level which affects the individual. (Cooper& Cartwright, 1994) The goal is to adapt the workplace to fit the individual. (Cooper & Cartwright, 1997) Elkin and Rosch (1990) proposed several actions an organization could perform which would lead to a reduction of stress:

- Redesign the task
- Redesign the work environment
- Establish flexible work schedules

- Encourage participative management
- Include the employee in career development
- Analyse work roles and establish goals
- Provide social support and feedback
- Build cohesive teams
- Establish fair employment policies
- Share the rewards

Although primary prevention is a means to establish a change in the culture at the workplace (Cooper & Cartwright, 1997), in practise primary intervention strategies are rarely used because companies are convinced that the work environment will always be stressful. (Cooper & Cartwright, 1994) Therefore, they actively use the two other levels of interventions which focus on adapting the individual to the workplace and increasing the ability to cope with stress. Moreover these levels of prevention are less disruptive to business and provide the organization with a good status as 'being proactive on decreasing stress'. The emphasis of the secondary as well as the tertiary level of prevention is located on the individual and not on the organization. (Cooper & Cartwright, 1994) The aim of secondary level strategies is to discover and manage occupational stress by enhancing awareness as well as creating and refining skills to handle stress. (Michie & Williams, 2003) They try to limit the consequences of stress rather than tackling the sources of stress. Finally, tertiary level interventions are technically not prevention anymore. They focus on the treatment and rehabilitation of individuals that have suffered from stress-related disorders. Table 2.2 shows some examples of the second and third level of stress prevention.

Table 2.2: Comparison of secondary and tertiary stress prevention

Secondary stress prevention	Tertiary stress prevention
- Relaxation techniques - Muscle relaxation - Meditation - Yoga - Cognitive coping skills - Work- and life style modifications - Time management course - Assertiveness course - Prioritising course - Healthy eating - Stop smoking/drinking alcohol - Cognitive behavioural therapy (CBT) - Social support - Physical exercise …	- Counselling services - Facilitating + monitoring rehabilitation and return to work after stress-related condition - Reasonable accommodations - CBT …

Authors own table based on: (Cooper & Cartwright, 1997; Jones, Tanigawa, & Weiss, 2003; von Onciul, 1996)

Mental Health Conditions

Although the spectrum of interventions for mental health and mental disorders seems the same as the multi-level prevention interventions for occupational stress, there are some nuance differences in the level determinations. Therefore, the general spectrum of interventions for mental health disorders is briefly discussed in this chapter. It is also shown in Figure 2.1.

Also this general spectrum argues that three levels of prevention interventions exist. At the primary level, also called the universal level, the emphasis lies on proactively reducing risk factors of mental health conditions as well as increasing the resilience of all the individuals in the workplace. (Joyce et al., 2016; Morrow et al., 2002; Rose, 1993) Examples of this type of intervention are workplace health promotion, physical activity, providing employees more control and disability awareness. Activities that identify and treat asymptomatic people, but who already face a risk to develop a mental health condition are called secondary prevention interventions or selective prevention. (Joyce et al., 2016; Offord, 2000) Examples are workplace screening and CBT-stress management programmes. Finally, according to the U.S Preventive Services Task Force (USPSTF), indicated prevention or tertiary prevention focusses on managing and treating people with a diagnosed condition. (Offord, 2000; U.S Preventive Services Task Force, 2008) On the other hand, the Commonwealth Department of Health and Aged Care of Australia (2000) argues that indicated prevention are interventions aimed at people that solely show early signs of a mental health disorder. They would link the definition of the USPSTF to early treatment rather than prevention. However, this distinction often fades away. (Morrow et al., 2002) An example of indicated prevention is CBT.
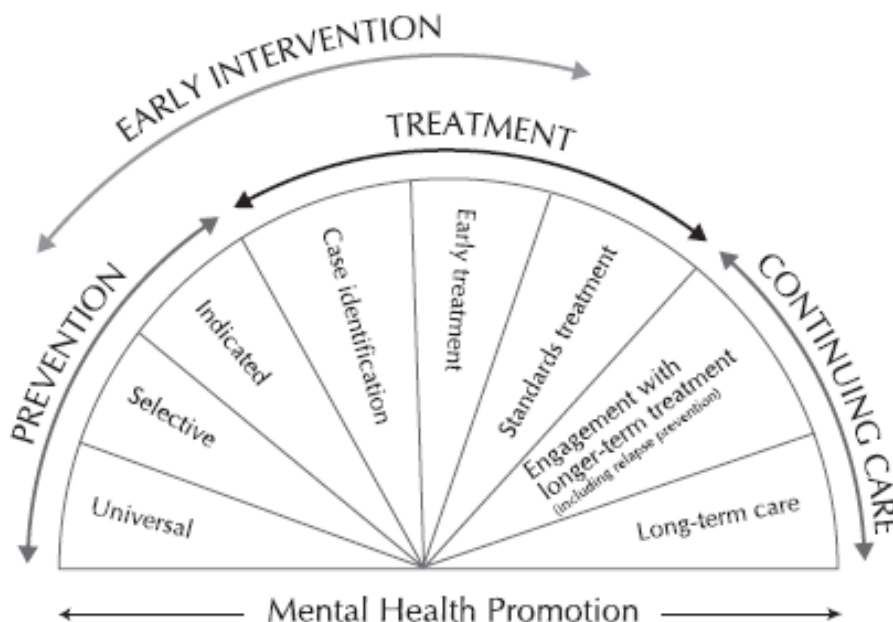

Figure 2.1: Spectrum of interventions for mental health problems

(Commonwealth Department of Health and Aged Care, 2000)

Although organizations often do not have the resources to provide treatment themselves, they could play a mediating role between individuals that are confronted with a mental health condition and mental health providers. They also could create a supportive environment in the workplace which would facilitate the rehabilitation at work. The interventions related to the continuing care deal with prevention of relapsing.

2.6 Statistical Facts in Flanders

Since 2004, the Social-Economic council of Flanders (SERV) uses a tool called 'the workability monitor' to measure the workability of employees and entrepreneurs of Flanders. The measurement is performed every three years. So there are already 5 measurements performed. The tool uses a questionnaire which is answered by a sample of employees and entrepreneurs. For this monograph only the employees are relevant. The employees in the questionnaires fulfilled the following requirements:

- Living in the Flemish region
- Being a payroll at the time of survey
- Not being absent at work for more than one month at the time of the survey
- They are no student

The tool measures the quality of jobs, also called the workability of jobs, based on 4 aspects: occupational stress, motivation, learning possibilities and work-life balance. So a job is workable when it does not cause occupational stress or sickness AND motivates people AND provides opportunities to educational and training programs AND still does not overwhelms the private life of the employee. Figure 2.2 shows the most recent results which are of 2016. 51% of the employees in Flanders has a workable job which is qualitative on the 4 aspects mentioned above. The other employees are confronted with respectively one (25%), with two (15.2%), with three (6.9%) or with 4 (1.9%) aspects. (SERV, 2019) So almost half of the jobs in the current Flemish society are associated with at least one aspect that is not fulfilled and therefore, negatively affect the quality of the job itself. (SERV, 2019)
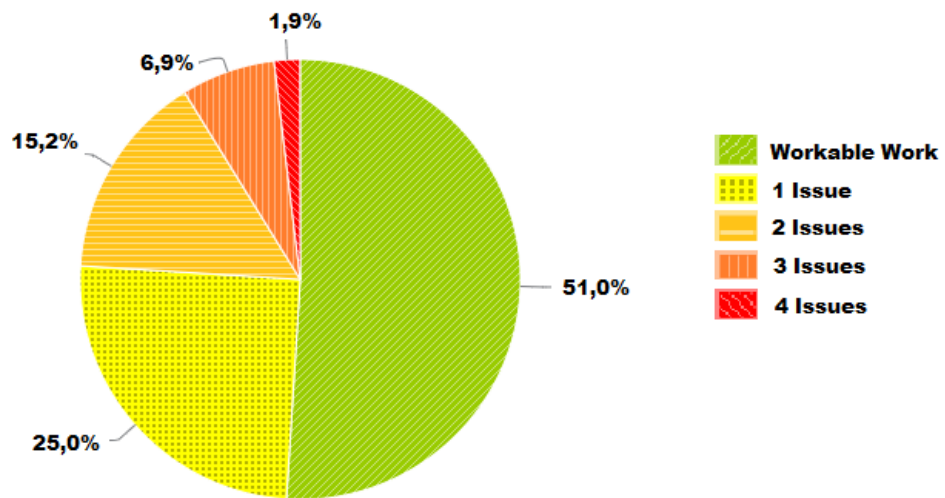
adapted from (SERV, 2019)

Figure 2.2: Statistics on workable work in Flanders

For the purpose of this monograph, especially one of the of aspects is of interest: occupational stress. Figure 2.3 demonstrates the change in job stress over 12 years with the most recent results in year 2016. In the first two years of measurement no almost no change occurred. 71% of the Flemish employees did not suffer from occupational stress at work. Between 2007 and 2010 a small increase was noted. Although the percentage of employees who experienced a problematic level of job stress increased with one percent, the segment of acute problem of job stress slightly decreased in 2010 relative to 2007. Again in 2013, there was no change in the level of occupational stress compared to the previous measurement. Finally, in 2016 a significant increase was measured. The percentage of employees who experienced a problematic level of occupational stress at work increased with almost 5%. Also the portion with an acute problem increased drastically with almost 3%. (SERV, 2019)
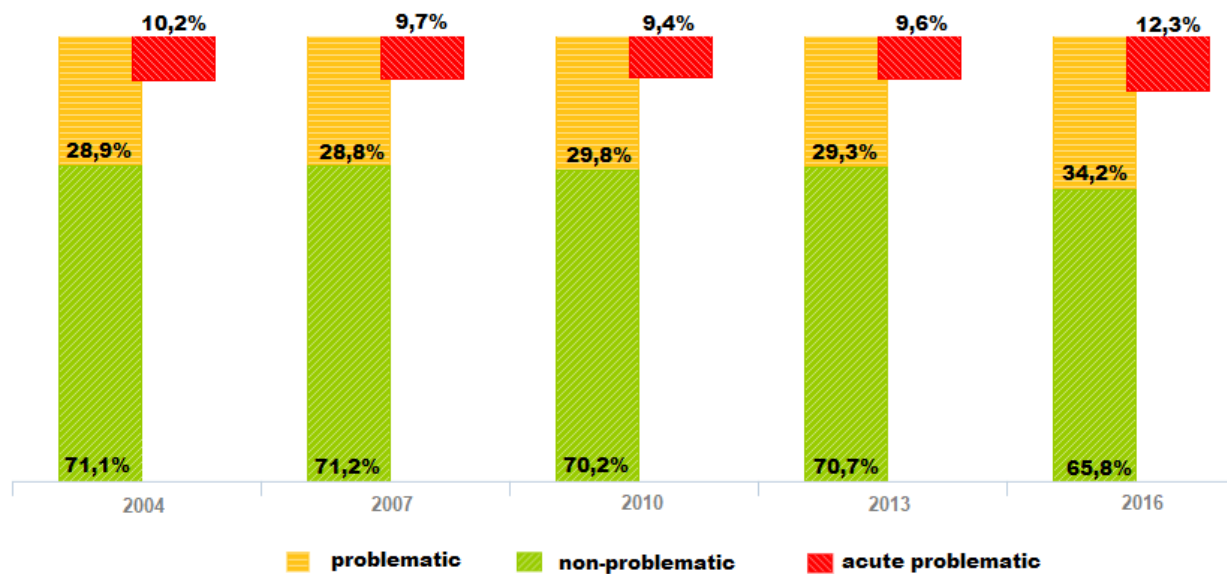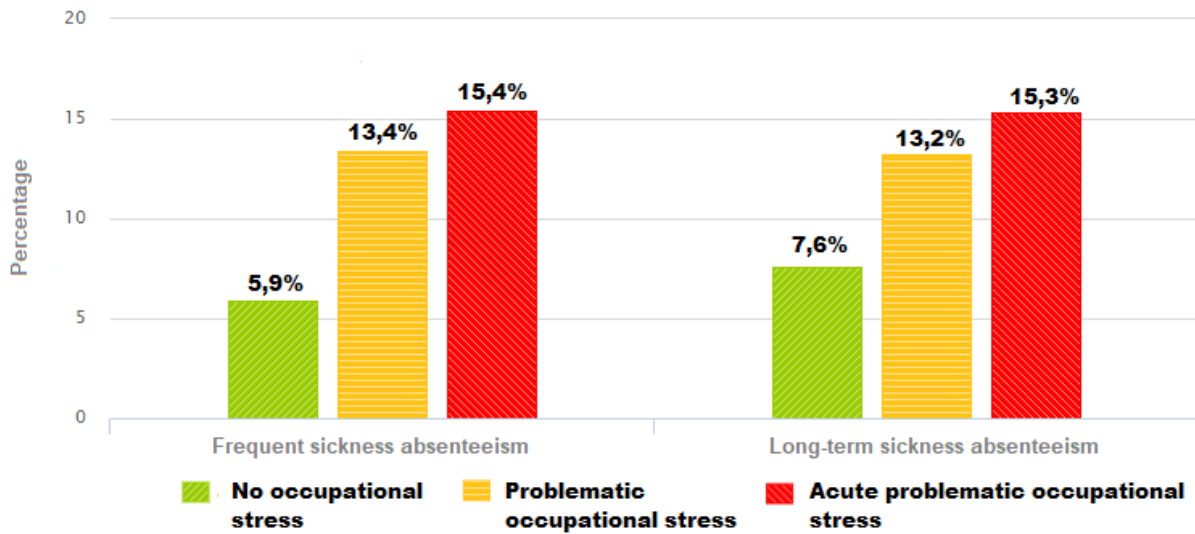
adapted from (SERV, 2019)

Figure 2.3: Evolution of occupational stress in Flanders

Furthermore, the tool also measures 6 characteristics of jobs which might influence the workability of jobs. These characteristics are: workload, emotional load, task variation, autonomy, relationship with leadership, working conditions. Not surprisingly these attributes were also defined as possible stressors in the previous section.

In Appendix A, Figure A.1 shows that the workload was more or less constant over the years. Only in 2016 a remarkable increase of 7.8% in workload is measured relative to 2013. Of the 36.8% of employees who have a problematic workload, 16.3% is acute. The acute problematic workload in 2013 was only 11.1% of the total problematic workload. Figure A.2 shows the evolution of the emotional load of Flemish employees over the years. Again, the percentage is constant only not in 2016. Then there is a small increase of 3% measured relative to 2013. Also in the acute problematic part a small increase of 1% is measured. In terms of task variation, which is shown in Figure A.3, the year 2010 showed a small improvement of 0.7%. So almost 1% more employees did not experience problems with the variation in his tasks. In the two last measurements this improvement totally vanished. The year 2007 showed a positive trend in autonomy, see Figure A.4. Less workers faced problems with autonomy in their work. This trend extend in 2010 and even further in 2013, but in 2016 a small increase in problems with autonomy was measured again. Also in terms of the relationship with the leadership a positive trend was noted in the year 2010 which extended to 2016. This is presented in Figure A.5. Lastly, Figure A.6 shows that the working conditions got worse in 2007. An increase of 1.8% of people experiencing problems with their working conditions was measured relative to 2004. This started to improve in 2010 until 2013 to a total percentage of 12.9% experiencing problems, but in 2016 this percentage increased again to 14.9%. (SERV, 2019)

Adapted from (SERV, 2019)

Figure 2.4: Relationship between Occupational stress and sickness absenteeism

Also the workability tool is able to measure the relationship between occupational stress and sickness absenteeism and career process. In Figure 2.4 and Figure 2.5 the most recent results are displayed. Frequent and long-term sickness absenteeism have the same trend. Almost 6% of employees who did not experience occupational stress was frequently absent of work due to sickness. When they did suffer from work stress this percentage drastically increased to 13.4% and to 15.4% if the stress was acute problematic. 7.6% of people without job stress was absent on long-term base due to sickness. Tis increased to 13.2% and 15.3% when they relatively perceived problems with occupational stress and with acute problems of job stress. So people who experience occupational stress will be more frequently or long-term absent at work due to sickness. Therefore, it can be concluded that occupational stress has a negative effect on sickness absenteeism. Figure 2.5 shows the relationship between occupational stress and career process. Almost 6% of employees who do not experience occupational stress, look for another job. This increased to 13.4% and even 24.8% when people suffered from respectively problematic job stress or acute problematic job stress. So when employees encounter occupational stress at their job, they will likely search for another job. Again, it can be concluded that occupational stress has a negative influence on career process. (SERV, 2019)
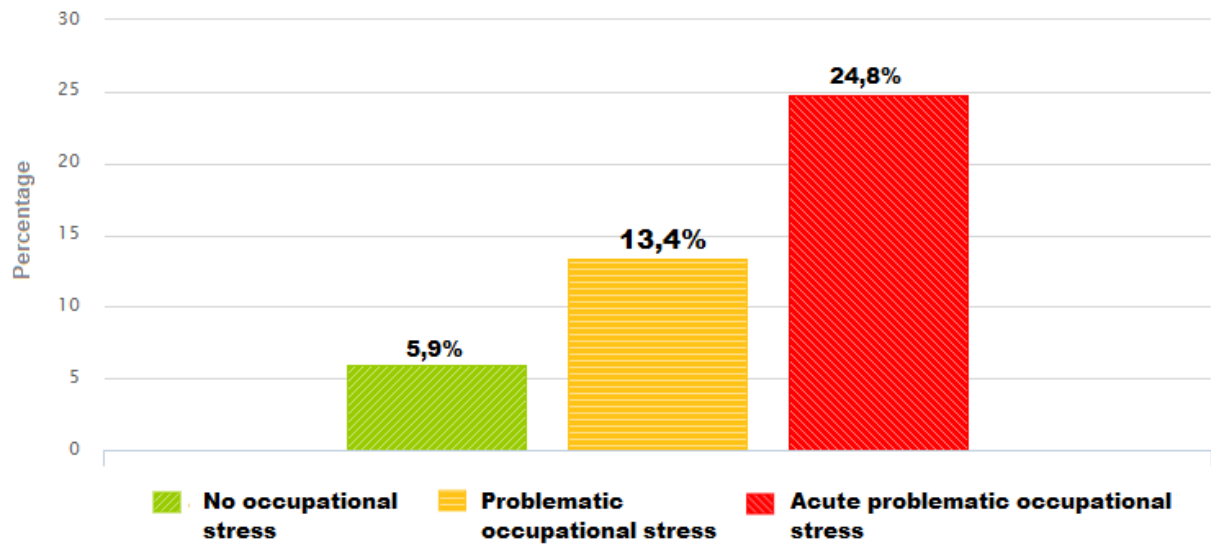
Adapted from (SERV, 2019)

Figure 2.5: Relationship between occupational stress and career intention

Furthermore, the updated (in 2015) version of the publication ' Disability and Employment' of the Flemish Department of Employment and Social Economy revealed that the sociodemographic factors strongly vary among people with a mental health condition that impedes them at work. The results of the survey discussed in the publication show that more females are diagnosed with a mental health condition than males. Mental health conditions appeared more by people between the age of 20-49 than people who are older than 50. Finally, the percentage of mental health conditions was larger people with an average or high education level than for people with a low education level. (Samoy, 2015)

3   Qualitative Research

Because the subject of this thesis is not much investigated yet in Flanders, it is chosen to conduct an exploratory study which is qualitative in nature. (Sekaran & Bougie, 2016) Therefore, the intention of this thesis is to gather first-hand data and get a better insight on the topic. An interpretivist tries to understand the social world by analysing the perceptions, interpretations and meanings stated by social actors about their actions, the actions of others and social situations. (Blaikie, 2000) The critical humanist focusses on the *human subjectivity* by looking how people respond to social limitations. He is emphasized on *human experiences through their social and economic organization*. (Plummer, 2001) Therefore, this research is based on a combination of the critical humanist approach of Plummer (2001) and an interpretivist approach. Hence, the best manner to gather first-hand data is to conduct semi-structured interviews. (Mason, 2002) The interviews are conducted in the natural environment, which is also called a non-contrived setting. (Sekaran & Bougie, 2016) The unit of analysis of this study are individuals which means that the researcher interviewed only one person per interview. (Sekaran & Bougie, 2016) Furthermore, due to specific topic as well as the time constraint for this thesis, it is chosen to perform a cross-sectional research. This implies that the data is gathered only in one point of time. The interview questions are written out and provided in appendices B and C. As the interviews are conducted in Dutch, the questions in the appendices are stated in Dutch.

Finally, because this is an exploratory study using the qualitative research method, the external validity of the results of this investigation are very low. This means that the results produced by this research are not fit to be generalized.

3.1 Data Collection

As it was difficult to find participants for the research at first, it was decided to approach the study on different angles, there are two populations instead of one. The first population exists out of all employees in Flanders between the age of 18 and 67 who have suffered from a mental health condition. The second population are employees whose job it is to protect and support the employees at their workplace, so called intermediates. Their occupational experience could add value to the investigated topic. Therefore, judgement sampling strategy is used. This is a non-probability sampling method which means that the elements in the population do not have a known chance of being chosen for the sample. (Sekaran & Bougie, 2016) The subjects of the sample, which are the interviewees, are given in Tables 3.1 and 3.2.

Table 3.1: participants of first population

Interviewee	Gender	Age	Job	MHC	Year of occurrence
A	Female	48	Manager	burn-out (with depression)	2012/2017
B	Female	32	Employee	Stress-related disorder – irrational anxieties	2018
C	Female	51	Employee	Burn-out with depression	2014
D	Female	49	Employee	mental fatigue + demotivation	2012
E	Female	32	Employee	Burn-out	2017
F	Male	42	Supervisor	Burn-out	2007
G	Female	50	Manager	Burn-out	2014

Table 3.2: participants of the second population

interviewee	Gender	Job	Type of job
H	Male	Labour Union	Diversity working
J	Male	Labour Union	Career advisor
K	Female	External service for prevention and protection at work	Prevention advisor PA
L	Male	External service for prevention and protection at work	Prevention advisor PA

The search for people who have dealt with a mental health condition was a ponderous process due to the fact that topic handles about a private matter. Therefore, the researcher, and everybody that she contacted, had to comply to the law of privacy. Interviewees were found through an announcement on the social media of the labour union and asking around in the researchers personal life. The other interviewees were found by contacting the labour union and the certified external services for prevention and protection at work. To be able to conduct the interview, the researcher had to be given consent by the interviewees. This is done by agreeing and signing a consent form. An illustration of the blank consent form in Dutch is given in the figure of Appendix D.

3.2 Data Analysis

It was chosen to use a thematic analysis method for this exploratory research. According to Braun & Clarke (2006) thematic analysis interprets diverse facets of the research subject. First the interviews were transcribed. Subsequently, induced pattern coding was used to collect interesting data of the interviews into codes as well as to remove the redundant information. Next, potential themes were developed. This is shown in Figure 3.1. Finally, vivid quotes and compelling examples were chosen for the findings.
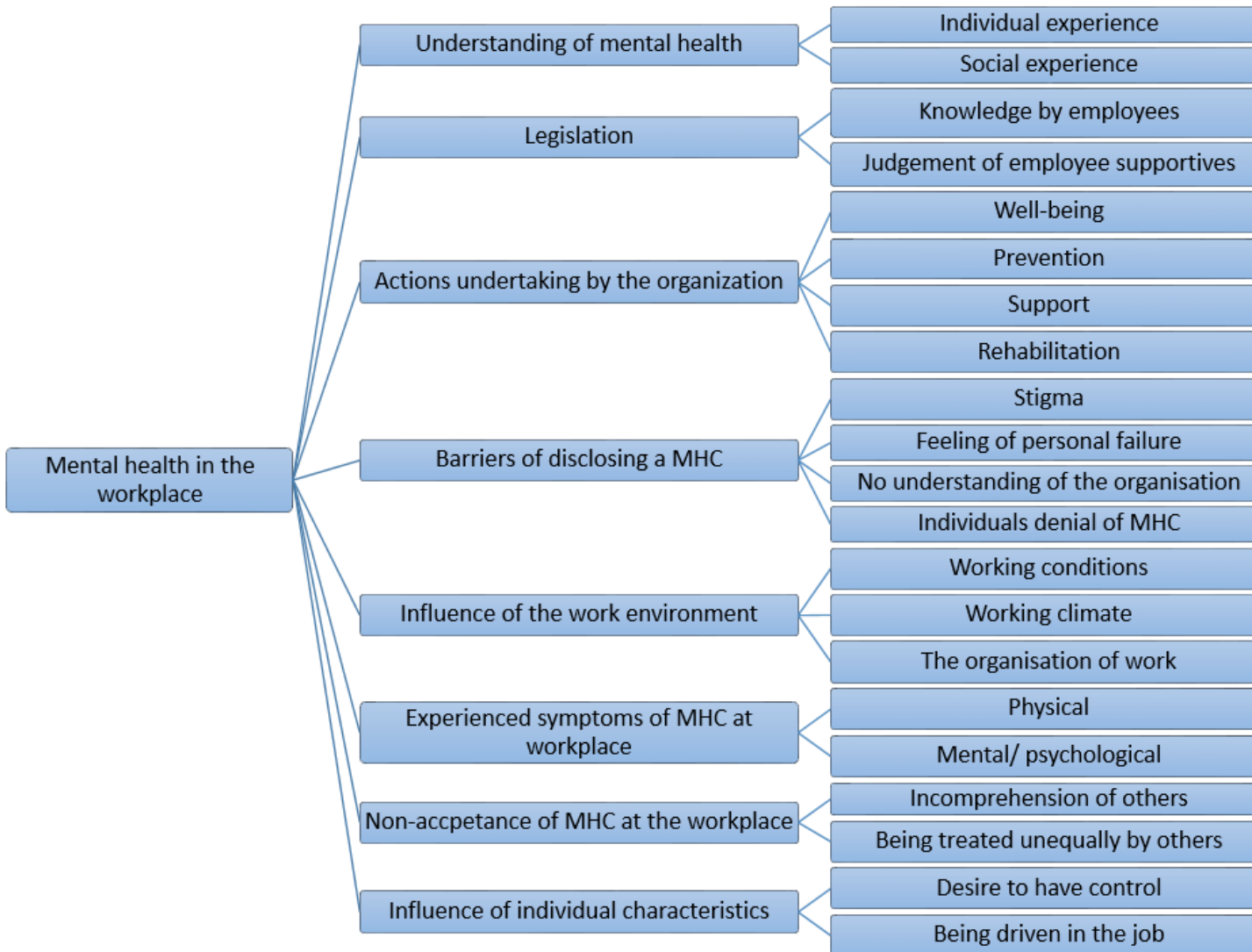
Figure 3.1: The developed coding tree

4   Results

The findings of the conducted interviews are presented in this chapter. Investigating the general meaning of mental health is a good starting point for this research. Therefore, the understanding of mental health will be discussed firstly. Subsequently, the causes of the mental health condition will be stated. This includes individual aspects as well as the influence of the work environment on mental health. Next, the experienced symptoms of mental health conditions, which can be physical or mental, are briefly stated. In the following paragraph it will be discussed how hard it is to disclose a mental health condition in the work environment. Then, the actions undertaking by organisations on well-being, prevention, support and rehabilitation are presented. Finally, the legislation and non-acceptance of a mental health condition at the workplace are discussed in the last paragraphs.

The interviewees can be divided into two different groups. The first group – from interviewee A until interviewee G – were employees that had experienced a mental health condition in the past. This group consisted 7 people of which one male and the others female. Subsequently, the other group – from interviewee H until interviewee L – was composed of several intermediates. Interviewee K and L are prevention advisors for psychosocial aspects. Interviewee H works in a labour union in the department of diversity working. Finally, interviewee J works as a career advisor in a labour union. Only interviewee K is female. The other three are male. One remark has to be made: interviewee B works also as an intermediate.

4.1 Understanding of Mental Health

In both groups the interviews started with the same question: ' How would you define mental health?'. All the interviewees started their answer with individual aspects. The most frequent respond, given by five of the eleven interviewees, was "*feeling good about yourself*". Furthermore, interviewees G and K stated that they would define mental health as " *feeling mentally fit enough to participate in society*". On the other hand, interviewees F and L indicated that the meaning of mental health is being in balance with yourself.

> " *I face a lot of shocking incidents in my job for example: an person is found dead by an employee. This requires a lot of energy. Look at it as yin and yang. I have to keep myself physically in balance. Therefore, I do a lot of sports to perform my job as well as possible*."
> (Interviewee L, interviewed 1 April 2019)

With this quote interviewee L indicates that it is important that the physical state and the mental state of a person have to be in balance with each other to eventually be in balance with work. Interviewee J mentioned a similar definition as interviewee L:

> " *I would define mental health as having enough energy to be happy in life and at work and taking enough time to relax*" (Interviewee J, interviewed 3 April 2019)

This implies that, according to interviewee J, mental health is linked to having a good balance between work and private life. Interviewees C and E generalised this by saying that mental health means being happy. Furthermore, interviewees F and G also added that " *not being impede or not being disturbed by your own mental state in your daily life*" is included in mental health. Some aspects that were mentioned as determinants of mental health by one or two respondents were having joy of life, being able to concentrate oneself, having a good memory and being able to have a good night sleep.

> " *I think mental health is a result of something; of genetic factors, but also partly of social factors which determine whether or not you are feeling good … I think the most positive person with strong genes on the matter of coping with stress, can still fall apart when he faces major setbacks in life.*" (Interviewee A, interviewed 27 March 2019)

Interviewee A implies with this quote that mental health is a combination of individual aspects and social aspects. When the interviewees were asked if there are social aspects linked to mental health, 10 of them replied '*yes*'. Interviewee C was the only person claiming that mental health is solely individual.

> " *I think it is particularly your own personality that determines how you react on your surroundings and that is the problem*." (Interviewee C, interviewed 30 March 2019)

Interviewee C emphasizes with this quote that mental health is purely defined by an individual's personality. The interviewees that affirmed that social aspects are linked to mental health were asked if they could elaborate which specific social factors are associated with mental health. Three of the ten interviewees stated that having a social network, which means having friends and family, and being supported by them is a determining factor of having in a healthy mental state. Interviewee K added also that feeling connected to others is important. Interviewees B and E stated that the expectation of society and the extent to which person can live up to that expectation is a social aspect that influences mental health.

> " *Society creates a certain pressure, a certain standard that you have to meet: you have to look neat and tidy, you have to dress in a certain manner so to speak, your home has to look nice and cleaned up etcetera.*" (Interviewee E, interviewed 2 April 2019)

Interviewee G mentioned with the following quote that the state of society itself is a social aspect of mental health because an individual has to adapt to it.

> " *As an individual, you have to constantly adapt yourself to a changing society. Normally you are able to do so except when you encounter several calamities … for example: if you live in a region that faces war you will have a different mental perception or mental health aspect than if you live in region without war.*" (Interviewee G, interviewed 5 April 2019)

Finally, interviewee J talked about the solidarity of society. In his opinion, society has to set the right priorities and has to become solidary again.

> " *I notice very often that people who are being treated for a burn-out feel like they are targeted because they are more controlled than being treated. I think that the solidarity of society has to consist in the fact that the healing process of those people has to be prioritized over the control aspect, without saying that there should be no control.*" (Interviewee J, interviewed 3 April 2019)

Although interviewees started to define mental health with individual factors such as happiness, feeling good about yourself and being able to function in daily life, later on they acknowledged that several social factors can have an impact on mental health. This means that it is accepted that mental health is composition of individual and social aspects.

4.2 How Could it Happen

4.2.1   Individual Characteristics

Four participants – interviewees A, C, F and G – indicated that they believe that their own personality was one of the causes of their mental health condition. Also interviewee L claimed that the characteristics of an individual can be a trigger of mental health conditions using burn-out as an example:

> " *Do you know who gets confronted with a burn-out? … exactly, perfectionists … you also have 'the saviours': people who say: "I will do it!", the people who are unable to delegate an the ones who over-identify themselves with the organisation."* (Interviewee L, interviewed 1 April 2019)

Only interviewee A indicated herself as being a perfectionist. She also describe herself as a motivated and enthusiastic hard worker who is very passionate about her work, but who is sensitive to stress. Also interviewees F and C told that they are driven in their jobs. Furthermore, another prominent characteristic was the desire of having control over everything. The three following quotes show this:

> " *I am a person that likes to do everything herself because if I do it myself, I do it better. Although that is what I believe*." (Interviewee C, interviewed 30 March 2019)

Interviewee C likes to execute as much tasks as possible herself because in that manner she is sure that the work is done well. This is a form of having control over the work situation. This can be induced by her strong sense of responsibility, which was another self-indicated characteristic. Furthermore, she also told that she helps out old clients sometimes, although it is not her job anymore, because she likes helping people.

> " *… I started to feel myself as 'Don Quixote' meaning that I had the feeling that I totally lost my grip on the situation, but I still wanted to maintain that grip. I wanted to make sure that everything ran smoothly, so I started working harder and harder. The result was that I got in overdrive and fell sick.*" (Interviewee G, interviewed 5 April 2019)

She was telling about the continuously changing directives of the management when she stated the above quote. This indicates that she felt like she lost control over the work situation and could not handle that loss.

> " *It was very hard for me to let things go. If I saw that the tasks of my staff were executed, in my opinion, at an inferior level, I could not ignore it. In that case, I usually took the decision to work together to bring it to an elevated level.*" (interviewee F, interviewed 4 April 2019)

Actually, this quote shows two characteristics of interviewee F: his desire to have control over the work situation and his strong focus on performance and achievement in life. He strives to excellence in everything he does in life, therefore also his job. At that moment, it was very important to him to achieve certain goals in his life and his job. He also mentioned to be very meticulous. This is probably linked to his pursuit of excellence.

Remarkably one participant, interviewee C, claimed that her mental health condition was self-inflicted:

> " *… My employer did not caused this. I did this to myself. I, myself, was the one who scheduled my agenda so full because I find my self-appreciation in my job*." (Interviewee C interviewed 30 March 2019)

The other three participants did not share this opinion. Although they think that their character had an impact on the development of their mental health condition, they also claimed that the work environment itself negatively affected their mental health.

All of the above shows that people believe that their character can be the reason of their mental health condition. This means that they look to mental health conditions with an individual perspective. However, most of the participants admitted that it was mainly the workplace that negatively impacted their mental health. This means they acknowledges that mental health conditions also have a social aspect. The influence of the workplace on mental health is discussed in the next section.

4.2.2 Influence of the Work Environment

In this subsection the influence of the different aspects of the work environment is discussed.

The organisation of work

The organisation of work relates to the structure of the organisation, the division of tasks, the working procedures and the style of management. All participants of group one, except interviewee C, indicated that they experienced occupational stress and/or a high workload. All participants indicated that they believe this was one of the main causes of their mental health condition.

> " *In the end it was so bad that we did not have time anymore to take our break otherwise you could not finish all your work in time*". (interviewee E, interviewed 2 April 2019)

Interviewee E indicates with this quote that the workload became unbearable and created a lot of stress which led to her mental health condition. This was supported by interviewees H an J who work as intermediates.

> " *Occupational stress is the most important factor which makes work not workable according to the monitor of the SERV* (Social-Economic Council of Flanders)" (Interviewee H, interviewed 22 March 2019)

With this quote he says that the Flemish government has statistical prove that occupational stress is the dominant factor that negatively affects the workability of work and therefore the mental well-being of employees.

> " *In our economic system towards the people it is too much 'having to' instead of 'willing to' or 'being able to'. I think one should work on the fact that they should not let people exceed the limits of their capabilities. I am not talking about their ability to turn a screw in a plank, but about the ability of mentally handling a job* ". (Interviewee J, interviewed 3 April 2019)

This means that, in the opinion of interviewee J, organisations do not enough take into account the importance of the mental aspect of a job. There were also several other aspects in the organisation of the work which acted as mediator for stress and negatively affected the mental health of the employees.

Four of the interviewed employees mentioned that the function description and division of tasks were vague. This resulted in very high workload which caused a lot of stress and became eventually unbearable. Interviewee E stated:

> " *I did not have a strict function description … in the end I was the servant of all departments*". (interviewee E, interviewed 2 April 2019)

Nobody actually knew which tasks belonged to her function and overloaded her with extra work which she could not handle anymore in the end. Therefore, it was important to her that a function description was written out clearly otherwise she would not return to work. Similarly, interviewee G indicated that the working conditions at her job were very confusing and unclear:

> " *They were changing the rules of the game during the game itself. So continuously giving new directives which could even be contradictious to the previous ones*". (Interviewee G, interviewed 5 April 2019)

Furthermore, she claimed that organisations keep job description purposefully very broad:

> " *They expect too much of employees nowadays. You can expect much, but not on every aspect … What I see today is too much generally: ' that person knows how to do it, then that person should do it', but in that manner the ones that know a lot, obtain a very high workload and get congested*". (Interviewee G, interviewed 5 April 2019)

Interviewee F had difficulties with the hierarchical structure of the organisation. His function as project manager was situated at a higher level in the vertical structure. This means that he was responsible for the technical aspect, the budgeting and the timing of projects. This caused a lot of stress. So much that he could not bear it anymore. Furthermore, he indicated that the organisation for which he works now has a more horizontal structure. this means that the project manager and designers are situated at the same level in the chain of the organisation and that the responsibility for decisions on the different aspects of projects is borne together.

Interviewee B stated that her organisation was very rigid meaning that it strictly follows the laws and legislation, but flexibility and exceptions were unimaginable. She gave two very clear examples. The first one was related to her breastfeeding breaks:

> " *I was legally entitled to take extra breaks of 30 minutes to pump my maternal milk. Therefore I was obliged by my employer to take a break of exactly 30 minutes. Not more because I would lose time of my compensatory rest period, but also not less.*" (interviewee B, interviewed 28 March 2019)

A second example handled about parental leave:

> " *Legally you have to request parental leave 3 months upfront, but the employer can allow exceptions on this rule. My organisation does not grant you your parental leave if you did not requested it 3 months upfront … I literally had to call with the HR-department in the delivery room to arrange my parental leave because I fell sick due to my pregnancy.*" (interviewee B, interviewed 28 March 2019)

So the lack of flexible working arrangements created a lot of stress to her. Hence, it was one of the factors that led to her mental health condition.

Performing useless tasks or tasks with little result was briefly mentioned by interviewee A as a source of stress and frustration. This indicates the influence of task design on mental health. Similarly, interviewee J discussed the importance of the variation of tasks:

> " *Giving a person more variation in his job instead of giving him one specific task, for example paying attention to a little light, will lead to better paying attention to that light just because he can mentally do something else occasionally … What were separate jobs in the past, are now put together in one task package which will lead to a qualitatively increased performing of this package.*" (interviewee J, interviewed 3 April 2019)

This quote as well as the statement of interviewee A show that is important for organisations to pay attention the work content of the provided jobs.

Working conditions

The working conditions refer to the modalities of the implementation of the relationship of employment and the actual physical workplace. Only interviewee D indicated that the actual workplace acted as a stressor. She explained that it was difficult to be concentrated at her tasks because the workplace consisted of open plan offices – also called landscape offices – which means that everybody worked in one open room at a personal desk. Therefore, everybody could interrupt her at any moment and hence being concentrated at her work was very difficult. This was one of the reasons why she became extremely mentally tired.

Working climate

The working climate refers to working relationships, communication and the atmosphere at the workplace.

Atmosphere at workplace

When the workplace is the dominated by tense and heavily loaded atmosphere, the mental health of the employees was negatively affected.

> "*Sometimes a negative atmosphere dominates at my workplace because no adjustments are made. To give an example: I have a colleague who is highly sensitive. This person cannot handle certain stimuli. This problem could be solved if she would get a desk which is less influenced by external stimuli, but the organisation does not do this because they would have to make 'too much changes' to the infrastructure. Therefore, she often is in a bad mood … Currently, they ask us if we are prepared to do some extra work everybody looks straight away and dodges this*" (Interviewee B, interviewed 28 March 2019)

This indicates that the employees at that workplace feel so negative towards their employer that they are not prepared anymore to put in some extra effort if this is requested. Furthermore, the lack

of meeting the needs of their employees negatively affects the general health, and therefore the mental health too, of the employees. Interviewee A also talked about the negative climate at her workplace:

> " *The atmosphere was really bad. That whole particular management left or was removed because otherwise the situation could not improve in that department … The atmosphere was so heavily loaded and negative that progress was impossible at that department … I felt myself powerless in that situation and I could not get that off my mind* " (Interviewee A, interviewed 27 March 2019)

This shows that the negative atmosphere at her work definitely was a factor of the development of her mental health condition. Interviewee G stated too that the atmosphere mediated her mental health condition:

> " *My other colleagues were stressed too. They were whining and complaining about the situation such as me. I even think that their whining and complaining accelerated the development of my mental health condition*." (interviewee G, interviewed 5 April 2019)

Friendships among colleagues

Five participants of the first group talked about friendship among colleagues and how this influences mental health. Interviewee E emphasized the importance of being able to talk to your co-workers and getting along with them. Having a nice circle of friends at work is positive for the mental health according to interviewee F. interviewee B reported that team spirit and friendship at work is an important factor of mental health. According to her, it leads to being supportive for each other and feeling home at the workplace. She said:

> " *I think it is very important that, if you experience a mental health condition, you need to have the feeling you can tell your problems at work and they show understanding for it*" (interviewee B, interviewed 28 March 2019)

Interviewee C told that she had all new colleagues due to a move from one office to another (still for the same employer). She mentioned that she felt alone at that time. This shows that the lack of friendship at work can negatively influence mental health. Finally, interviewee G stated:

> " *I had no relations of friendship at work, we were colleagues not friends … I only spoke about my mental health condition if they asked about it, but – I admit that – I gave them a cleaned version of the story to not jeopardise my career chances*" (Interviewee G, interviewed 5 April 2019)

This indicates that she did not trust her colleagues enough to openly and honestly speak about her mental health. This on its own can be a burden and can complicate the process of dealing with a mental health condition.

All these statements above show that friendship among colleagues can have a positive effect on an individual's mental health. Friends will provide support and help if this is needed. In work context this can be, for example, standing up for one another, temporarily taking over certain tasks or listening to each other's problems.

Working relationships with supervisor and management

Three interviewees indicated that the lack of appreciation of management and supervisor was a reason why the felt unwell at the workplace. Interviewee C even indicated that this was one of the main reasons of her mental health condition.

> " *I applied two times for another job in the same organisation. Both times I past all the necessary tests, but I never got the job because I did not have a master's degree. I got the feeling I was not good enough … I think that was the trigger of my mental health condition … in the second feedback interview I started crying and said to my HR-manager in tears: "I'm just not good enough anymore. For what am I still needed here?" "* (Interviewee C, interviewed 30 March 2019)

This quote shows that she did not feel appreciated enough. It also shows that this lack of appreciation burdened her mental health and led to her falling sick. Furthermore, later on in the interview she stated the following about her new job:

> " *I plan my own schedule and sometimes I get extra work in between which makes the workload high, but I do not think that this is a problem because I feel that I am appreciated*". (Interviewee C, interviewed 30 March 2019)

This indicates that she is very motivated and passionate about her work. It also shows that she is capable of handling a high workload at least if she feel appreciated for all the work she does. Another important aspect is trust between management or supervisor and employees. This was briefly mentioned by two participants. Trust is necessary to provide autonomy. Autonomy at its turn can be necessary to reach one's full potential. If people feel controlled all the time, they will get demotivated.

Interviewee K stated that in reality the working relationship between supervisors and employees often go wrong:

> "*Supervisors who are under a lot of pressure and stress can sometimes snap at their staff or supervisors feel the need to control their staff out of fear to not reach the objectives of the management, but this eliminates the autonomy of the staff.*" (Interviewee K, interviewed 9 April 2019)

Interviewees B and E were examples of a good working relationship with their supervisor. They both mentioned that they could talk to their supervisor about their problems and that this person tried to help them. The supervisor of interviewee E filtered her tasks by taking some tasks for his own account. The supervisor of interviewee B supported her a lot for example in her request to make the arrangements of the breastfeeding breaks more flexible.

All these elements show that having a good working relationship with your supervisor works as a positive mediator of mental health.

<u>Solutions</u>

It was also investigated how a negative influence of the work environment on mental health could be reduced by asking the participants which measure should be implemented by the employer in order to prevent a relapse of their mental health as well as asking them how it can be avoided that work is the cause of a mental health condition. Four of the eleven participants stated that the organisation should create an open and inclusive working climate where topics such as mental health can be addressed and discussed and where trust between the management and the employees exists. Such a working climate could minimize the barrier to disclose a mental health condition which could lead to earlier interventions of the employer to adapt to the needs of the employee.

Furthermore, three participants emphasised that clear and honest communication in terms of responsibilities and tasks would have a positive impact on the influence of the work environment and hence on the stress level. Two participants mentioned that more flexibility such as flexitime and working from home could help to better balance between work and private life and therefore reduce the stress level of employees. Interviewee G also indicated that organisations should focus on reducing the physical stressors in the actual workplace. Interviewee K stated that organisations should more invest in the supporting of supervisors by offering a diversity of training programs and coaching.

Participants were also asked if they experienced certain symptoms of their mental health conditions at work. This is discussed in the next section.

4.3 Experienced Symptoms

Six of the seven participants told that they experienced symptoms or indicators of their mental health condition. A lot of these symptoms, which could be physical or psychological, interfered with their jobs and eventually resulted in sickness absenteeism. The development of the mental health condition was a prolonged process for four of the interviewees. They perceived their symptoms for a long period until it became unbearable to go to work. Two participants indicated that they suddenly experienced extreme symptoms of their mental health condition which made it impossible to continue their work.

> " *I could not cope with the stress anymore which expressed itself through a blockage at a certain moment. I could not do anything anymore at that point. I almost could not drive home anymore that day*." (interviewee F, interviewed 4 April 2019)

Interviewee F explained with this quote that he did not experienced any other symptoms at another time. It just happened at a certain day. After this incident, he went to a doctor who sent him on sick leave.

> " *I crashed from one day to the next. I had a meeting in Brussels in the morning. I felt unwell suddenly and started sweating … After that meeting I had to go to another one at the Cabinet of mobility. I remember arriving at that second meeting and participating in it, but after that I cannot remember anything. I cannot remember how I got home. I just do not know it anymore … Apparently, I also went to the doctor. I was diagnosed with an impaired balance.*"
> (Interviewee G, interviewed 5 April 2019)

Interviewee G indicated in this manner that the manifestation of her mental health condition happened unexpectedly and suddenly. However, she admitted that her physical condition decreased a few moments before the manifestation although she did a lot of sports. She stated that she did not perceive this as a symptom of her mental health condition at that time. Interviewees A and E had both from physical and mental complaints. Cited physical symptoms were: muscular pain, headache, migraine and dizziness.

> "*Also, when I was on my way to work, I started feeling physically sick. So badly that when I arrived at work, I had to go to bathroom to throw up because I felt so unwell.*" (Interviewee E, interviewed 2 April 2019)

This quote indicates how large the impact of a mental health condition can be on the physical health of an individual. Four of the seven participants experienced several mental complaints related to their mental health condition. Becoming and reacting emotional was the most frequent symptom. Both interviewee C and E said that they became very emotional meaning that they cried a lot. Interviewee B stated that she reacted very emotional meaning that she could get angry about certain issues which she normally would handle diplomatically instead. She also suffered from blackouts and sometimes she contradicted herself because she could not think clearly anymore. Furthermore, she stated that she did not care anymore about her job.

> " *… I also had feeling of ' I don't care anymore' … on that moment I started searching for another job during my working hours.*" (Interviewee B, interviewed 28 March 2019)

This quote of interviewee B shows that she totally lost her engagement with the organisation at that time. Other symptoms given by interviewee A were: getting tired very quickly, decrease in enthusiasm and being absent-minded. Lastly, interviewee C obtained a low-esteem meaning she felt like she was not good enough anymore and that the organisation did not need her anymore.

It can be concluded that psychosocial stressors at the workplace can cause both mental and physical health problems. Therefore, it is important that the workplace implements policies and interventions based on the three different levels of prevention. However to implementations of secondary and tertiary prevention can only be executed if the employee discloses his mental health condition. This can be a very difficult decision which can be influenced by several aspects. This is discussed in the next section.

4.4 Barriers of Disclosing a Mental Health Condition

The decision to disclose a mental health condition is not easy or straightforward. This can be confirmed by the findings. Six of seven the participating employees indicated that they only revealed their mental health condition to their employer when they had no other option. This means that they only disclosed after they fell sick or after a major incident at work such as an emotional breakdown. One participant, interviewee D, even told that she never disclosed her mental health condition at all because she knew that the organisation would not understand nor accept it. This indicates that she was afraid that this would lead to negative consequences such as limited career options or even dismissal. Also interviewees A and G cited elements related to the lack of understanding of the organisation.

> "*I think I rather spoke of extreme fatigue and concentration problems. I probably never explicitly said mental health problems. I also do not think they would have been open to that … I did not want to jeopardise my career chances. I think I always thought: ' this will have consequences.*" (Interviewee G, interviewed 5 April 2019)

This indicated that also interviewee G feared that disclosing a mental health condition in the organisation would negatively impact her career. Interviewee A told that she feared that the organisation would question her professionality and that she understands that others – who also have a mental health condition – would be afraid to lose their job.

Three participants mentioned that stigma on mental health conditions still exists which complicates the disclosure decision. Two different types of stigma were mentioned namely: people who have a mental health condition are weak and people who claim to have a mental health condition are spongers. Another barrier of disclosing was the personal feeling of failure. Three interviewees indicated that they felt as they had failed and that disclosing their mental health meant admitting that failure. The most significant barrier of revealing was the denial of the mental health condition by the individual himself. Five of the seven participants indicated this as the main reason why they did not disclose their condition earlier. The following quote is an example of this finding:

> " *You do not want to admit something so negative and, knowing myself, I thought I could handle it … I always thought I would manage it.*" (Interviewee F, interviewed 4 April 2019)

This quote shows that interviewee F denied the fact that he could not handle the high workload and stress level which eventually led to him falling sick.

Interviewee K told the decision of disclosure depends on the organizational culture and exemplary behaviour. If people have seen examples with a positive result in their organisation, they will be disclose their own mental health condition more easily. Furthermore, if management applies a general policy of openness and inclusion, people will feel more comfortable to disclose their mental health condition.

All of the above confirm that the decision of disclosure is very difficult, but disclosure is necessary if reasonable accommodations are needed. Interviewee G stated that she disclosed her mental health condition to her employer in the last phase of the application procedure to obtain reasonable accommodations such as starting part-time. The next section will discuss the actions that organisations executed on the different levels of prevention.

4.5 Actions Undertaking by the Organisation

It was investigated which policies had been implemented by organisations for people with mental health conditions. A distinction is made between implementations relating to well-being, prevention, rehabilitation and support.

4.5.1 Well-being

Interviewees K and L that organisations are obliged to perform a risk analysis every 5 years to address all the risk related to the work in the company. Interviewee L added:

> " *I advise organisations to link this risk analysis to their global prevention plan and their yearly action plan … Then you really have a dynamic risk management system. That is the principle of the Deming Circle: ' Plan, Do, Check, Act' which continuously improves the well-being in the organisation.*" (Interviewee L, interviewed 1 April 2019)

This shows that prevention advisors encourage organisations to work on the well-being of their employees. Subsequently, they stated that see a movement towards health promotion. Organisations start focussing on physical exercise, nutrition and respiration. Both listed several examples which are showed in Table 4.1.

Table 4.1: Action to promote well-being

Actions promoting well-being
• Yoga during lunchbreak
• Measures focusing on work-life balance
• Offering fruit to employees
• Fitness
• Offering electric bikes to commute between different sites
• Day-care for the children of employees during holidays

• Courses:
    o Ergonomics
    o Stress
    o Loss and mourning
    o Sensitisation of burn-out
    o Mindfulness
    o …

• Courses for managers:
    o Stress detection
    o How dealing with employees who experiences stress
    o Return-to-work interviews
    o …

Interviewee L remarked that it depends on good-will and resources of organisations if they actively improve the well-being of their employees.

" *If organisations do not have the resources or if they do not have the best intentions , nothing will happen. I still like it when employers include ' we have a psychosocial welfare policy' on their recruitment site. Not every employer provide this. It also depends on their resources unfortunately.*" (interviewee L, interviewed 1 April 2019)

This indicates that not all organisations think that well-being of their employees is an important matter. This is definitely confirmed by the other participants of the first group. Six of the seven participants indicated that their employer did little or nothing to promote well-being at work. Interviewees D and G answered a bit melancholically "*Nothing… I have not seen anything of it yet*" on the question ' Which measures or strategies does your employer apply to positively stimulate the well-being at work?'. Interviewees C and E mentioned that their organisation had a confidant with whom you could talk about your work-related problems. Two participants stated that their employer organised a teambuilding or drink at work. Also interviewee B answered that her organisation does not do much to improve well-being:

" *They do not do a lot … It takes a very long time to make arrangements even for the most stupid things. Let us take prevention and health for example: the air extraction system which provide fresh air and oxygen is broken. I work there already 6 years and it has not been fixed*

although this was asked multiple times… Policies to make the work-life balance bearable and reduce stress are not applied at my organisation." (Interviewee B, interviewed 28 March 2019)

Only interviewee A answered the question very positively. She stated that her employer is people-oriented and that her organisation has an extensive prevention service. She mentioned that a variety of courses and info sessions such as mindfulness and recognising stress are provide to the employees. Likewise, courses aimed at the management, such stress detection as well as recognising and dealing with burn-out, were given. Also her workplace had a relaxation room and yoga lessons were given in the lunchbreak. Interviewee J claimed that a good cooperation between the organisation and the labour unions is essential for the well-being of the employees. He stated that labour unions can make people aware of their duties and possibilities. Finally, interviewee L stated that the health of employees – and therefore also the mental health – and the well-being at work depends on the culture of the organisation. He thinks that isolated actions to improve health and well-being will have no effect. Only organisations that operate with the motto of ' we go for healthy employees', will be the only ones that reach this goal.

All these elements show that most organisations are still not aware of the importance of well-being although a positive evolution is observed by the intermediates. Furthermore, organisations need to have the necessary resources to provide well-being promoting measures meaning that is probably much harder for small and medium-sized enterprises, also called SME's, to implement such actions than it is for large companies or multinationals. As promoting and improving the well-being of employees is reducing the risk of developing a mental health condition, it can be concluded that promoting well-being is a form of primary prevention.

4.5.2   Prevention

This section will focus on secondary prevention of mental health conditions meaning that it focuses on interventions that are taken when an individual already perceived symptoms of a mental health condition. These interventions try to enable the employee to sustain at work.

Three participants told that they indicated to their supervisor that the workload and the accompanied stress became too high and unbearable, but that this person did not take note on this information. No intervention was made at that point which eventually resulted in the sick leave of the involved interviewee. A fourth participant, interviewee B, stated something similar:

> " *My supervisor knew I was going through a hard time … He really supported me. He argued to make the arrangements of the breastfeeding breaks more flexible, but the top management did not listen to him.*" (Interviewee B, interviewed 28 March 2019)

This indicates that her supervisor understood that an intervention was necessary, but was prohibited by the management at a higher level to act on his finding. Some participants gave positive answers. Interviewee C, for example, stated that her organisation offered her career guidance after she was declined twice at a job application within the company. This guidance revealed her strengths, capabilities and possibilities. Also interviewee E mentioned that her supervisor intervened when he became aware that she could not handle the high workload and stress anymore.

> " My supervisor knew I could not handle it anymore. He tried to reduce the my workload. He told me: " you may only accept tasks from me. If somebody else gives you work, you will tell it to me and I will filter what you have to do and not." So he reacted really well on it." (Interviewee E, interviewed 2 April 2019)

Interviewee A told that she saw a positive evolution in this type of prevention. She stated that her supervisors totally neglected her indication of the burden the first time in 2012. In 2017, she indicated again to her supervisor that the workload was too high. This time her workload was reduced and working forth-fifths was granted. Also interviewee G disclosed her mental health problem to her new employer during her application which led to arrangement of starting part-time and building up to working forth-fifths.

Lastly, interviewee L spoke about an employee assistance program, an EAP, created at his organisation specific for burn-out. This is a program for employees paid by the employer which provides therapy, mindfulness etcetera. This program is part of a current pilot project of the Federal government and seems to be very successful according to interviewee L.

It can be concluded that the findings are scattered. This means that again that organisations have to engage more also on this level of prevention. Especially if it is taken into account that all the above mentioned interventions did not work in the end. All the participants eventually fell sick. An EAP appears to be an example of a good secondary intervention. The only problem is that not many employers are willing to pay such expensive program.

4.5.3   Rehabilitation

Interventions executed to facilitate the return-to-work process are situated at the tertiary level of prevention. These interventions are also called reasonable accommodations. Four participants received at least one adjustment. One interviewee did not receive any adjustments due to the fact that she never disclosed her mental health problem to her employer. Two participants did not obtained any reasonable accommodation. Interviewee B was one of these two.

> " *There was no rehabilitation process at all. It was returning in immediately full on working mode. Nothing was made easier for me, my mailbox was full with hundreds of mails… I was not replaced during my sick leave*." (Interviewee B, interviewed 28 March 2019)

This indicates that she came back in the same working conditions as before her sick leave. Furthermore, she told that she only came to know afterwards that she was entitled to return progressively instead of immediately fulltime again. Unfortunately, this was never offered by or discussed with her employer. Also interviewee G mentioned that she did not receive any adjustments.

> " *They never did anything! The only thing they did was firing me.*" (Interviewee G, interviewed 5 April 2019)

Interviewee G mentioned that she was dismissed with a fallacy namely: her profile did not fit the organisation anymore. Furthermore, she told that during her first return – in the first time she fell sick they could not find the real cause it as they thought it was physical condition, after a couple of months she fell sick again – her employer allowed her to start progressively. All of this indicates that her mental health condition was not accepted by the employer and that legislation failed. This will be further discussed in the next sections.

Reasonable accommodations that were executed were returning progressively to work and/or obtaining a different function in the organisation. Interviewee B told that she worked part-time in the first month of her return as well as that she only performed the tasks that were stated in the job description that she requested. Also interviewee A started progressively in a new function. However, she mentioned that the tasks of this function were arduous and that she would have preferred another task. Similarly, interviewee C and F reoriented themselves by requesting another function at the organisation. Interviewee F went back to his old function with less responsibilities. Interviewee C got a totally new function, but she indicated that the adjusting process was hard due to the lack of the support and also because she had to learn a lot of new aspects of this job.

Finally, interviewee A told that she had to hand in some of her autonomy in order that her supervisor could coach her to enhance her competence of the estimating time. The following quote indicates that she experienced this as a good intervention.

> " *Every time I started a new project, I had to go to my supervisor for feedback on my estimation of time necessary for the project because I always underestimated this ... that helped me a lot. That supervisor was more of a coaching type and he really coached me on a few competences.*" (Interviewee A, interviewed 27 March 2019)

All the above aspects show that, first of all, organisations should be more open to reasonable accommodations and secondly they should more carefully consider if adjustments fit the needs of employee.

4.5.4 Support

Some participants mentioned that their organisation tried to stay connected with them especially when they were absent for a long period. Most of them appreciated the gesture of the organisation because it gave them the feeling that they matter to the organisation. They also indicated to find important to still feel connected to the company. The participants gave some examples such as receiving a flower bouquet and cards of colleagues, receiving a fruit basket of the management or CEO, regular visits or phone calls from HR or supervisors. Interviewee A stated that her organisation has a elaborated medical department which contacts employees during their sick leave in order to understand what their needs will be when they return to work.

Of course these gestures have a positive impact, but organisations should be more investing in proper interventions on all the three levels of prevention. Subsequently, the legislation related to well-being at work and anti-discrimination were investigated.

4.6 Legislation

The first group – the employees – were asked how much they know about the Belgian laws for well-being at work and anti-discrimination. Two of the seven employees stated they had no knowledge at all about these laws. Four others pointed out that they were only familiar with the basics but could not give any precise example. Interviewee E one of these four participants, but she stated that she got help from her labour union representative in this matter. Interviewee A stated that she finds the legislation very complicated. She even said she hears a lot of rumours about re-integration and the law about this process.

> " *You hear a lot of stories about these laws and procedures. Then I think: can somebody explain all of it to me in a clear and understandable manner because I just do not understand it. I find it all very complicated*." (Interviewee A, interviewed 27 March 2019)

Interviewee B, who works as an intermediate, answered that she knows these laws quite well. Obviously, the second group – the intermediates – did have a lot of knowledge of the Belgian legislation as it is an important aspect of to their job. Therefore, they, as well as interviewee B, elaborated more on their judgement of these laws. Both interviewees K and L were very positive and claimed that the law on well-being at work is strongly and well developed. Interviewee K even mentioned that Belgium as a separate domain psychosocial well-being and that focus of this domain is expanded to stress and conflicts over the years. Interviewee B on the other hand, stated that a lot of elements of legislation are open for interpretation and difficult to prove in real life. She stated as example:

> "*If you are pregnant, you are protected from being dismissed, but if you are fired because of another so called reason and you cannot prove that you are being discriminated because you*

are pregnant, it becomes very hard to dispute your dismissal". (Interviewee B, interviewed 28 March 2019)

With this example she wanted to emphasize that organizations can easily circumvent certain laws and therefore not comply to them. Even in this study such an example pop up: interviewee G stated that she was dismissed by her old boss with the reason that her profile did not fit the currently new working conditions. A few moments later, during her period of notice, it appeared that this was not true at all and the new management wanted to hire her again. She respectfully declined that offer.

Interviewee B was not the only participant to mention the lack of control on compliance. Also interviewees H an J stated that, in their opinion, organizations are not enough audited on their compliance of these laws. Interviewee H even claimed that there is a lack of sanctions if these laws is not complied. Interviewee L, on the other hand, answered that control itself is not the problem, but there are very few auditors who have too much work. He said:

"*There is a lot of control, but in the end; for example solely for Brussels, the capital region, counts 1.200.00 citizens. There are only three auditors for this region …* T*hey are fighting a running battle*" (interviewee L, interviewed 1 April 2019)

In this manner he indicates that there is a large shortage of auditors currently to check if organisations comply to these laws. Only interviewee K mentioned that organisations are increasingly being evaluated on compliance of the law on well-being.

Interviewee B and H think that the law should include more stimuli for employers to enhance their compliance with these laws, especially the anti-discrimination law. Interviewees K and L both did not really talked about the anti-discrimination law. They solely told that they sometimes cooperate with UNIA, the interfederal Centre for equal opportunities.

First of all this section shows that employees themselves do not know to which rights they are entitled. They only have a basic notion of legislation which can be a disadvantage for them. Luckily, agencies as labour union and UNIA exist to help these employees. Subsequently, this section indicates that legislation is well elaborated, but compliance with the laws can still be bypassed due to a shortage of auditors as well as the difficulty for employees to prove the non-compliance of the organisation.

4.7 Non-Acceptance of Mental Health Conditions

Interviewees J and L spoke on both societal and organisational level. Interviewee J stated that society does not take mental health condition serious enough at the moment meaning that the measures often are at the expense of people with mental health conditions. Analogously, interviewee L told that society needs a large change of mentality because mental health conditions are currently not

fully accepted yet. Both of them claimed that people with this type of conditions are condemned by the organisation as dysfunctional which often leads to dismissal in the end. On the other hand, interviewee K stated that the understanding of the organisation depends on the occupational history of the specific person as well as his effort at work. Furthermore, she told that the openness towards people with mental health conditions depends on the type of the condition. She told that organisations do accept stress-related disorders and burn-out more than personality disorders for example.

Three participants stated that their mental health condition was not accepted in the organisation. The most significant example was interviewee G. she got dismissed with an false reason. Of course she felt unequally treated by her organisation. Also interviewee C stated to be treated differently by her organisation.

> " *They were more distant towards me. I had the feeling that I had to prove myself more than others … I did not feel equivalent to the rest … I had the feeling that I was being measured. That they were wondering if I would meet their standard … I had the feeling that they doubted me and my abilities in the sense of ' you got this job because you acted as the poor woman and they did not want you to stay at home anymore'.* " (Interviewee C, interviewed 30 March 2019)

This shows that some people in the organisation did not have an understanding for mental health conditions and therefore, treated her unequally. Interviewee E mentioned it were the colleagues between the age of 45 and 60 that did not show any understanding for her mental health condition. She told that a lot of her colleagues did not speak to her anymore, only when it was work related they did.

Interviewees A, B and F stated that they were not treated differently than before. They told that they still received a lot of respect and credit of both the colleagues and the management. However, interviewee A claimed that people see you as vulnerable on a professional level if you have experienced a mental health condition.

All of the above shows that mental health conditions are not fully accepted yet in society and hence also not in all organisations however there is a positive progression towards it. Furthermore, it indicates that stigma still actually exists. Due to this non-acceptance, people with mental health conditions feel excluded.

5   Discussion

In this chapter the findings of the previous chapter will be linked to the literature review, which is discussed in Chapter two. These connections will enable the researcher to draw a proper conclusion of this exploratory research.

Firstly, it was investigated how people understand mental health by asking how they would define mental health. Some participants stated aspects such as happiness, feeling good about yourself and having joy in life. All these elements are associated to emotional well-being, which is the first component of mental health. (Keyes, 2014) Also factors of psychological and social well-being, which are the two other components of mental health (Keyes, 2014), were mentioned by some interviewees such as participating in society, which relates to social contribution and hence with social well-being, and having a social network which refers to psychological well-being as well as to social well-being. Also the answers 'having a good work-life balance' and 'not being disturbed by your mental state in your daily life' can be associated with the part of the definition of mental health of the WHO that states that an individual is able to cope with the normal stresses of life. (WHO, 2004) These findings show that people understand mental health as a combination of positive emotions and positive functioning which confirms the definition of mental health of the WHO. (WHO, 2004) However, three participants indicated aspects that are not include in the definition of the WHO. Interviewee C claimed that the personality of an individual determines how he reacts on the environment. Interviewee L stated that being mentally healthy means that an individual is in balance with his mind and body. Interviewee G mentioned that individuals have to adapt to the changing society and that the mental perception is dependent of the environmental state. These three statements indicate that the definition of mental health of the WHO is flawed and does not consider several important aspects. Galderisi et al. (2015) proposed a revised definition of mental health: "*Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.*" (Galderisi et al., 2015, pp. 2-3) This definition includes the aspects that were mentioned by interviewees C, G and L. It appears that this definition approaches the understanding and meaning of mental health better than that of the WHO.

Secondly, four participants mentioned that they possessed certain individual characteristics in their personality which, according to them, could be the cause of their mental health condition. Perfectionism, desire to have control over everything, sensitivity to stress, passion for the job and pursuit of excellence were mentioned by the interviewees. First of all, these characteristics are highly correlated with each other. For example, a perfectionist strives to excellence and is probably very passionate about his work which results in him wanting to have control over the situation in order to achieve the desired performance. However, all these individual characteristics will not lead to a mental health condition. The idea that individual characteristics can cause a mental health condition is deduced from the individual model of disability which still dominates society. The individual model

of disability assumes that disability is caused by an impairment (Wood, 1980) and therefore it is located at the individual (Oliver, 1990b). However, it is the organisation that triggers and exploits these individual characteristics of employees. It is the organisation that demands employees to work with a constantly increasing workload. It is the organisation that requires employees to deliver high performance continuously. It is the organisation that requires employees to possess a elaborated set of competences. It is the organisation that imposes a certain standard that all employees have to meet. (Gleeson, 1999) It is the organisation that excludes those who fail to meet this standard due to an impairment. (Jones & Wass, 2013) This is similar to the social model of UPIAS (1976) which states that disability is caused by society due to the fact that it excludes people with an impairment. (UPIAS, 1976) Fortunately, this social perspective, based on the social model of disability, is ascending and reduces the dominance of the individual perspective. This can be confirmed by the findings as six of the seven participants indicated that their mental health condition mainly was inflicted by their work – whether or not combined with issues in private life – rather than self-inflicted.

This leads to the next aspect which is the influence of the work environment and job design on mental health. The phenomenon of overemployment which means that people have to process a larger workload (Townley, 2000) at a higher pace (Bousfield, 1999) and performance level (Kendall, Murphy, O'Neill, & Bursnall, 2000) is confirmed by the findings. Six of the seven participants stated that fell sick because the high workload and the stress related to it became unbearable. Also some intermediates mentioned that organisations increase the pressure on the employees without taking enough into account how this affects the mental health of these employees. Also other psychosocial stressors related to the work context and work content, which were discussed by Harnois et al. (2002) and the Belgian federal government agency (2019), were mentioned by the participants. The lack of control over work, the lack of flexibility in the organisation, haziness on tasks and responsibilities and poor communication are examples of these mentioned psychosocial stressors. However the literature did not emphasize on this aspect of work – but it still mentioned it – , participants underlined the importance and influence of the working climate and the interpersonal relationships at work. Especially receiving trust and appreciation of the supervisor and management were indicated by the participants as an important determinant that affects mental health, although this was not mentioned in the literature. People seemed to cope better with pressure and stress, if they knew that their work was appreciated, however some participants stated that they did not feel appreciated at all by their supervisor.

All the interviewees stated to have experienced both physical as well as mental complaints. These complaints were indicators or symptoms of their mental health condition. Muscular pain, headaches, migraine and nausea were cited physical complaints and a decrease in enthusiasm, reacting very emotional, getting tired quickly and having black-outs were mentioned as mental complaints. This affirms the literature which states that psychosocial stressors at work can cause both mental and physical health problems. (Cox et al., 2000; Cox & Rial-González, 2002)

All these findings confirm that elements in the work environment can negatively affect mental health which was stated in the literature by Michie & Williams (2003). Therefore, the conducted interventions on all levels of prevention of mental health conditions are discussed in this section.

Primary prevention is focused on reducing risk factors which have a negative impact on the mental health of employees at organisational level. (Joyce et al., 2016; Morrow et al., 2002; Rose, 1993) This level of prevention can be linked to the implemented policies regarding well-being at work. The prevention advisors indicated that see a positive trend in promoting well-being. They told that some organisations implement policies that promote the general health of their employees such as yoga and mindfulness, offering healthy fruit, physical exercising and providing a large variety of courses. Hence, some organisations do more than just an obligatory five-yearly risk analysis (OECD, 2013) and mandatory yearly action plan (OECD, 2013). Although all these actions and policies are decreasing the risk factors of developing a mental health condition, Cooper and Cartwright (1997) argue that these implementations are an example of the secondary level of stress prevention because they help the individual to increase his ability to cope with stress. (Cooper & Cartwright, 1997). In this research promoting well-being is seen as a form of primary prevention. Subsequently, it should be emphasized that the intermediates spoke of a positive trend. This means that still a lot of organisations do not recognise the importance of promoting well-being, although this could lead to less costs as the absenteeism and productivity losses would be reduced (Cooper & Payne, 1988; Harnois et al., 2002). This is confirmed by the findings. Six of the seven participating employees stated that their employer did very little or even nothing all to improve the well-being at work. The secondary level of prevention aims to manage people that show symptoms of a mental health condition (Offord, 2000) in order that they would be able to sustain in work. The findings show that this type of prevention exists in theory, but almost never is implemented in reality. Only three of the seven participants indicated that their organisation intervened when symptoms were perceived. Interviewee C was offered career guidance, the workload of interviewee E was temporarily reduced and interviewee A her working hours were reduced from full-time to forth-fifths. For interviewees A and E these interventions came too late, because they still fell sick. However, it is possible that they indicated the problem too late which resulted in an intervention that came too late. Also the intervention for interviewee C was not enough as she fell sick afterwards. It is not possible to make a conclusion about the effectiveness of secondary prevention with this little evidence. The tertiary level of prevention aims to facilitate the rehabilitation by executing reasonable accommodations. (Offord, 2000) Four of the seven participants mentioned to have received at least one adjustment at work. Returning progressively to work, obtaining another function and a reduced amount of working hours were mentioned by participants. However, although the adjustment was necessary, not all participants thought that the executed adjustment was the right one. For example, interviewee A thought that her new function did not fit her very well because she thought the tasks were emotionally burdening. Two participants did not receive any accommodation. Furthermore, one of them was dismissed upon her return. All of this shows that organisations almost do not engage on neither of the three different levels of prevention. Generally, most of the participants thought that their organisation did not take them enough into account before they fell sick and did not put enough effort during their return. This supports the social model of disability that it society that disables people with an impairment because they exclude them as they do not take them into account enough. (UPIAS, 1976) Finally, some participants received a flower bouquet or frequently got visits and phone calls from HR or supervisors. They indicated to appreciate these supportive actions of the organisation. Furthermore, they stated that this had a positive impact on their mental health because

it was an indication that they matter to the organisation and because they could still feel connected to the organisation. However, this cannot be supported by the literature.

In order to be entitled to reasonable accommodations, an individual has to disclose his mental health condition to his employer. However, this decision appears to be not as straightforward as one should think. The findings show that several barriers to disclose exist. These barriers were: the lack of understanding of the organisation, existing stigma, feeling of personal failure and personal denial. Some participants were afraid that the organisation would not show understanding for their mental health condition by diminishing the career chances as well as by doubting the professionality. This was also stated by Brohan et al. (2012) and Von Schrader et al. (2014). Also the findings confirmed that the existing stigma of being weak or being a sponger makes the decision to disclose the problem very difficult for people with mental health conditions. The participants indicated that they do not want to be stigmatized in that manner. This is supported by Brohan et al. (2012) and Von Schrader et al. (2014) who argue that stigmatisation a possible reason is for non-disclosure. Several interviewees felt as if they had failed in their job and life. Therefore, revealing their mental health condition meant admitting their failure to the organisation according to them. This made the decision on disclosing difficult because the feeling of failure is already very painful on its own. Yet, the most significant barrier appeared to be the individual's own denial of the mental health condition. Five of the seven participating employees mentioned that they denied their mental health problem. However, these last two barriers are not supported by the literature. As there are so many barriers, why should an individual disclose his mental health condition then. According to the findings, the only reason why people reveal their mental health problem is to obtain reasonable accommodations. This affirms that the need for adjustments is the most important reason of disclosure. (Brohan et al., 2012; Granger, 2000; Hatchard, 2008; Novak et al., 2007; von Schrader et al., 2014)

Subsequently, the knowledge of employees on Belgian legislation related to mental health was investigated. Also intermediates were asked what they think of these laws. The participating employees stated that their knowledge of the law on well-being at work and anti-discrimination was very basic. However, literature on these laws have an open access so information can easily be found by everyone. Intermediates mentioned that the legislation is very elaborated, but the control on compliance as well as the compliance itself is poor. Also the federal public service of Employment, Work and Social Consultation of Belgium observed this lack of compliance. (Service public fédéral Emploi et Travail et Concertation sociale, 2011) Although organisations are obligated to perform a risk analysis every five year as well as to develop a yearly action plan (OECD, 2013), according to interviewee L it is hard to audit the compliance of these rules because of a shortage of auditors. Also non-compliance on the anti-discrimination law can occur because it is very hard to prove. This anti-discrimination law states that it is prohibited, amongst other things, to discriminate based on the state of health and disability. (UNIA, 2017) However, this can be bypassed. The testimony of interviewee G, who was dismissed upon her return because 'her profile did not fit the current working conditions anymore' is illustration of this. She was fired because she experienced a mental health condition and therefore she had been discriminated, but how could she prove this.

Lastly, the non-acceptance of mental health conditions should be discussed. The findings were scattered on this subject. Half of the group was not treated differently after their mental health condition and felt still respected by organisation. The other half were treated unequally. Interviewee E mentioned that some of her colleagues only spoke to her about formal and work-related matters. They avoided informal chitchatting with her. This is a clear example of subtle discrimination. (Benokraitis & Feagin, 1986; Snyder et al., 2010) Also the statement of interviewee C is an example of it. The dismissal of interviewee G on the other hand is an example of overt discrimination. (Benokraitis & Feagin, 1986) Intermediates J and L claimed the mental health conditions are associated with dysfunctionality and leads to dismissal. Of course interviewee G could relate to this statement. However, the literature does not confirm this statement. On the other hand, intermediate K argued that the understanding of the organisation depends on the occupational history of the specific person as well as his effort at work. This is not supported with the findings of the participating employees and it can also not be affirmed with the literature.

6   Conclusion

The purpose of this exploratory research is to examine how people with mental health conditions in Flanders experience the workplace. This study is conducted from a social perspective based on the social model of disability. This means that it focuses on how the workplace diminishes the exclusion, and therefore the disablement, of people with mental health conditions. This is realized by investigating which interventions are executed for them in order to sustain in work as well as which policies are implemented to facilitate their return to work. These interventions and policies aim to make the workplace more inclusive for people with mental health conditions. However, the question remains if these people actually feel more included thanks to these implementations or not.

Firstly, it can be concluded that the perspective of society on mental health and mental health conditions is evolving from the dominating individual perspective towards a more social one. This means that people start to acknowledge that both mental health as well as mental health conditions can be affected by social factors rather than that it is only determined by the individual's character and emotions. People admit and accept that the workplace can have a negative impact on their mental health and can cause mental health conditions due to physical and/or psychosocial stressors at work.

Secondly, it can be inferred that generally organisations do not engage enough on all levels of prevention. The findings show that interventions of the secondary level that intend to sustain people in work are rarely implemented in reality. Even if they are executed, most of them do not fulfil their purpose. Only one participating intermediate spoke positively about an employee assistance program, which is paid by the employer. Such EAP's appear to be an effective secondary intervention. However, this hypothesis cannot be confirmed by this research. Only a slight majority of the participants received reasonable accommodations to facilitate their return to work. The most frequently used adjustments were: returning in a progressive manner instead of immediately fulltime, obtaining another function in the organisation and a reduced amount of working hours. However, some participants thought that the executed accommodation(s) did not fit them very well. This shows that organisations still do not enough take into account people with an psychological impairment.

Finally, it can be concluded that, although a small positive evolution towards inclusion is observed, generally people with mental health conditions in Flanders still feel excluded in the workplace. Therefore, it is suggested that organisations should not only invest more in secondary and tertiary prevention measures to make the workplace more inclusive for people with mental health conditions, but they should also invest more in primary prevention, such as promoting well-being at work, in order to minimize the negative impact of the workplace on the mental health of the employees.

6.1 Limitations and Recommendations for Future Research

Unfortunately, this research was subjected to some limitations. In this section these limitations will be briefly explained. Furthermore, several recommendations for future research is also given in this section.

The results of this research can be biased by two sociodemographic factors: gender and type of mental health condition. Only one of the seven participating employees was male. All the others were female. Therefore, it cannot be concluded if men with mental health conditions experience the workplace and the implemented interventions differently than women. Also, the type of mental health condition can have biased the findings. Almost all interviewees had experienced a burn-out. Only one participant with experienced a stress-related disorder, more specifically irrational anxieties. Unfortunately, although an extensive search for interviewees with diverse types of mental health conditions was performed, the requirement could not be fulfilled. Therefore, it is recommended to perform future research on the subject with an unbiased sample on gender as well as on the type of mental health condition.

Subsequently, this investigation only focused on how people with mental health conditions experience the workplace by investigating the implemented interventions of secondary and tertiary prevention that aim to make the workplace more inclusive. It could be very interesting to examine specifically how employers attempt to make the workplace more inclusive. Therefore, it is recommended to perform more research based on the side of the employers. This would also allow to make a comparison on how employers try to make the workplace more inclusive for people with mental health conditions and how these people actually experiences these attempts.

Finally, this research had only limited findings on the measures of secondary level of prevention. Therefore, it is recommended to perform future research on the possibilities of secondary prevention interventions such as employee assistance programs as well as their impact on mental health conditions and their effectiveness. This could encourage organisations to invest more in secondary level prevention.

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Appendix A: Risk Indicators of Workability
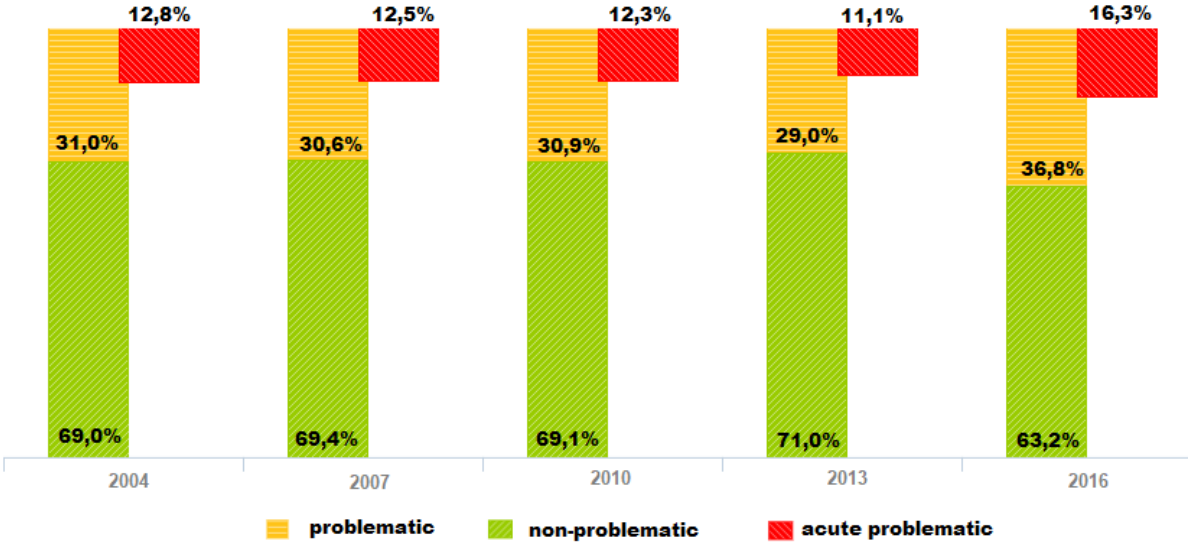
Adapted from (SERV, 2019)

Figure A.1: Evolution of workload in Flanders
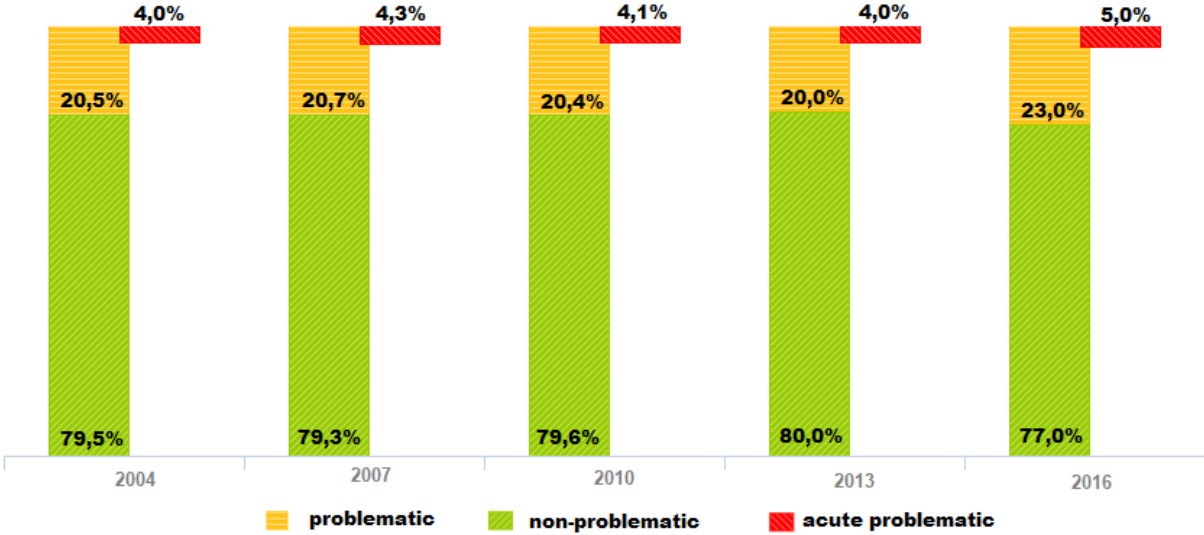
Adapted from (SERV, 2019)

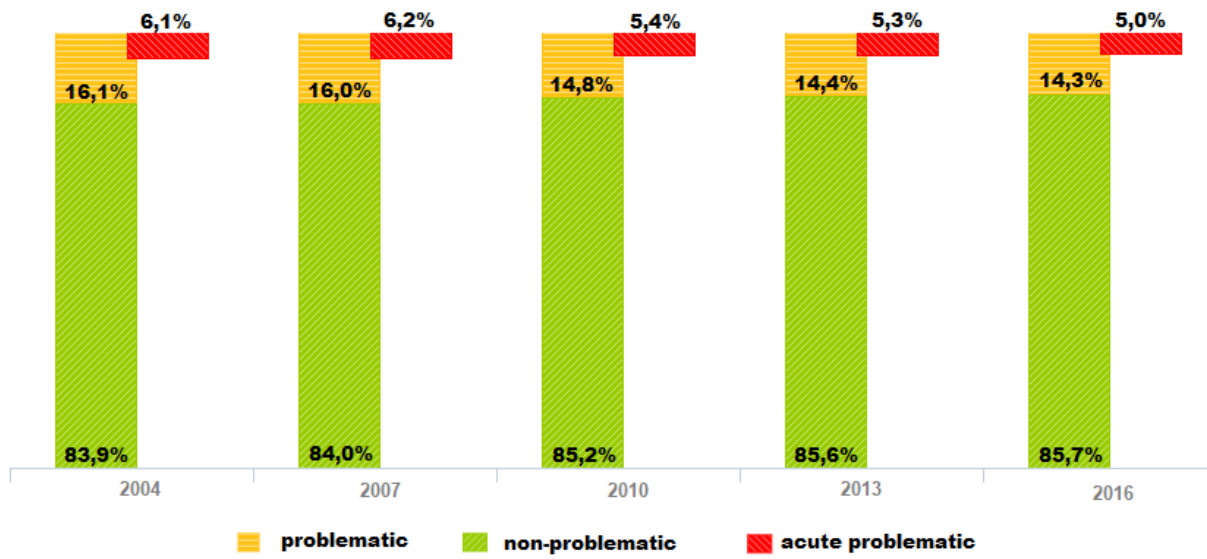*Figure A.2: Evolution of emotional load of work in Flanders*
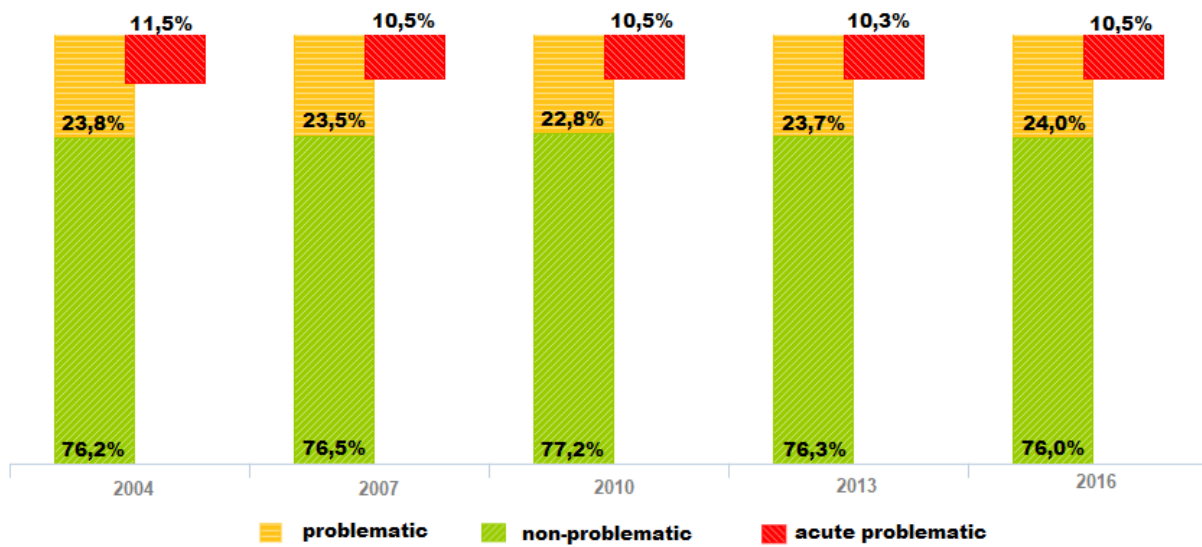
Adapted from (SERV, 2019)

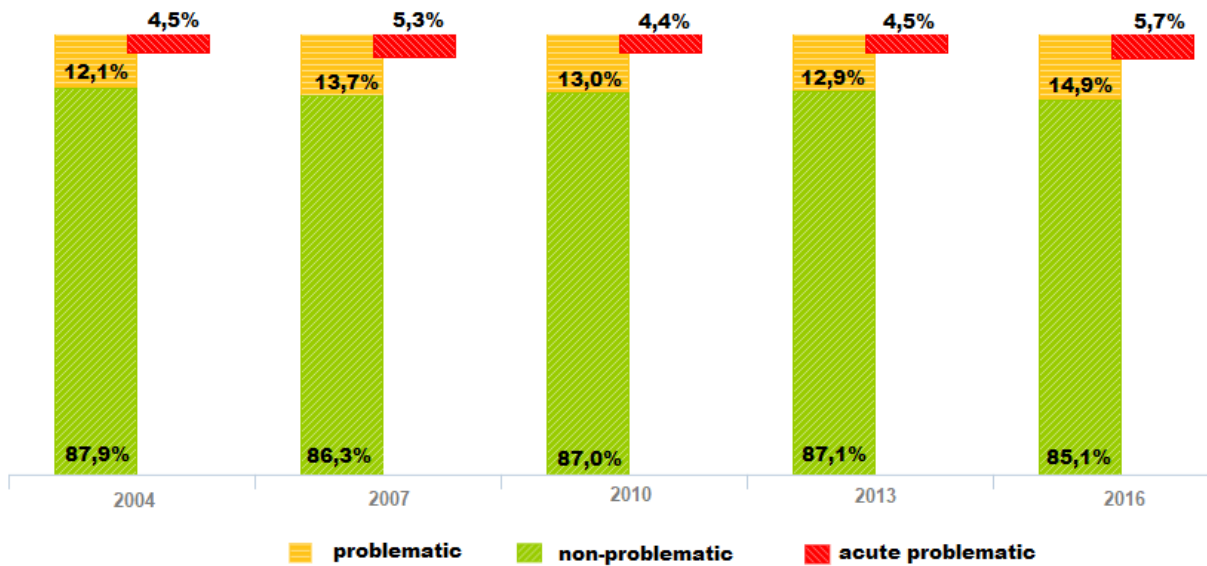*Figure A.3: Evolution of the task variation in jobs in Flanders*
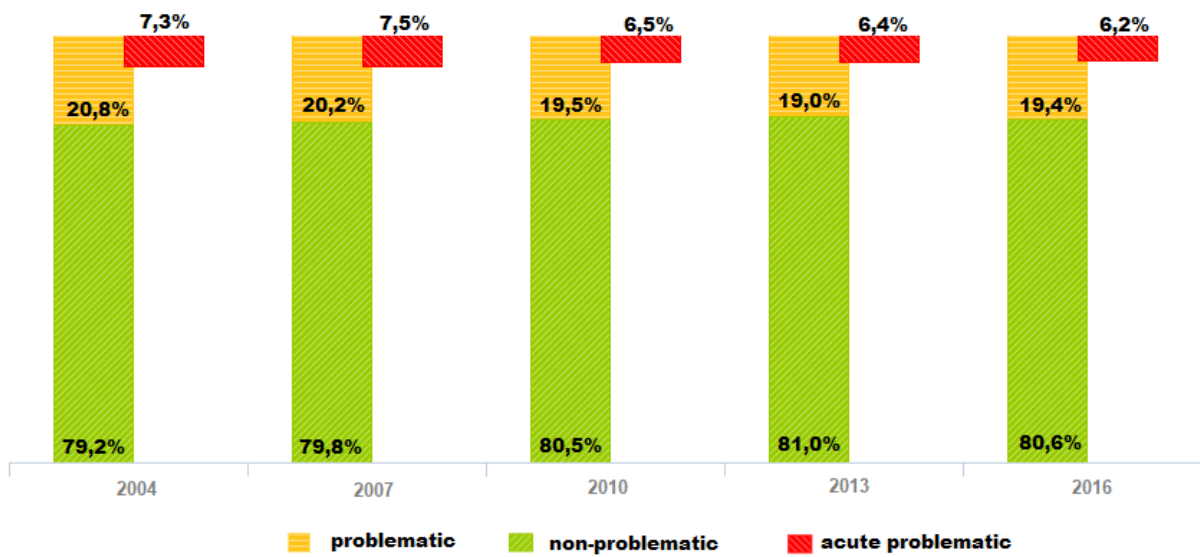
Adapted from (SERV, 2019)

Figure A.4: Evolution of the autonomy in jobs in Flanders

Adapted from (SERV, 2019)

Figure A.5: Evolution of the relationship with the leadership at work in Flanders

Adapted from (SERV, 2019)

Figure A.6: Evolution of the working conditions in Flanders

Appendix B: Interview Questions for Employees with Mental Health Conditions in Dutch

- Gender?

- Leeftijd?
  - o Leeftijd bij mentaal gezondheidsprobleem?

- Welk mentaal gezondheidsprobleem heeft u ervaren?

- Hoe zou u mentale gezondheid omschrijven?
  - o Is het iets individueel of sociaal?
  - o Zijn er sociale aspecten gelinkt aan mentale gezondheid?
  - o Is er, volgens u, een verband tussen mentale gezondheid en de werkomgeving?
    - ➢ Indien ja, kan u dit omschrijven?

- Kan u uw job omschrijven in de periode voor uw mentaal gezondheidsprobleem?

- Hoe goed bent u op de hoogte van de Belgische wetgeving omtrent welzijn op het werk en anti-discriminatie?

- Welke strategieën of activiteiten voorziet/voorzag uw werkgever om het welzijn op het werk te stimuleren?

- Hoe manifesteerde uw mentaal gezondheidsprobleem zich op het werk?
  - o Werd dit opgemerkt in de werkomgeving? Zo ja, hoe dan?
  - o Welke maatregelen of acties werden er door de werkgever aangereikt in dit stadium van uw mentaal gezondheidsprobleem?
    - ➢ Hoe heeft u deze ervaren?
  - o Waar kon u terecht voor hulp en ondersteuning?
    - ➢ Hoe hebben zij u geholpen?
  - o Wat waren goede en/of slechte implementaties/interventies?
    - ➢ Waarom?

- Hoe verliep het onthullen van uw mentaal gezondheidsprobleem op het werk?
  - o Wat waren de redenen waarom u dit onthult heeft op het werk?
  - o Waren er zaken die het onthullingsproces bemoeilijken?

- Was uw job een oorzaak van uw mentaal gezondheidsprobleem?
    - Waarom?
    - Hoe kan dit volgens u vermeden worden en/of verminderd worden?

- Hoe verliep uw rehabilitatie proces? / Hoe heeft u dit ervaren?
    - Hoe werd u behandeld door de werkomgeving toen u terugkeerde?
    - (Had u het gevoel dat gelijkwaardig, zoals alle anderen, werd behandeld?)
    - Welke redelijke aanpassingen hebt u gekregen en/of werden u aangeboden?

- Wat zijn volgens u de voordelen voor de werkgever om te werken aan een gezonde arbeidsomgeving?

- Welke maatregelen zou u willen dat uw werkgever treft opdat u uw mentaal gezondheidsprobleem niet opnieuw zou meemaken?

- Zijn er nog andere zaken die u nog wilt toevoegen die nog niet besproken zijn?

Appendix C: Interview Questions for Intermediates in Dutch

- Hoe zou u mentale gezondheid omschrijven?
  - Is het iets individueel of sociaal?
  - Zijn er sociale aspecten gelinkt aan mentale gezondheid?
  - Is er, volgens u, een verband tussen mentale gezondheid en de werkomgeving? Indien ja, kan u dit omschrijven?

- Kan u uw job omschrijven en hoe het gelinkt is aan de mentale gezondheid bij werknemers?

- (Hoe komen jullie in contact met bedrijven?)

- Wat vindt u van de huidige Belgische wetgeving omtrent welzijn op het werk en anti-discriminatie?

- Met welke mentale gezondheidsproblemen wordt u het meest geconfronteerd?
  - Zijn deze werk-gerelateerd? Zo, ja hoe komt dit volgens u?
    - Hoe kan dit volgens u vermeden worden of toch zeker gereduceerd worden?

- Welke maatregels en/of strategieën worden gebruikt die het welzijn op het werk en de mentale gezondheid positief stimuleren?

- Naar uw ervaring/mening, hoe verloopt het onthullingsproces op het werk voor werknemers met een mentaal gezondheidsprobleem?
  - Wat zijn de redenen waarom iemand zijn gezondheidsprobleem onthult aan de werkgever?
  - Wat zijn de factoren die het onthullingsproces bemoeilijken?

- Hoe wordt er, naar uw mening, om gegaan met mensen die lijden aan een mentaal gezondheidsprobleem op het werk.
  - Hoe staat de werkgever tegenover deze mensen?
  - Hoe staan de collega's tegenover hen?

- Hoe staan werkgevers tegenover jullie werking in verband met mentale gezondheid van werknemers?

- Wat zijn de voordelen voor de werkgever om te werken aan een gezonde arbeidsomgeving?

- Hoe denkt u dat bedrijven in de toekomst zullen omgaan met en werken aan de mentale gezondheid van hun werknemers?

- Zijn er nog andere zaken die u wilt toevoegen die nog niet besproken zijn?

Appendix D: The Consent Form in Dutch

Figure D.1: blank consent form for interviews