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Line managers: The emotional labour of managing workplace mental health issues

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EXECUTIVE SUMMARY

Many employers rely on untrained managers to deal with mental health issues in their employees. This study, based on twenty-two interviews with line managers in UK firms, asks how these individuals experience the day-to-day management of workplace mental health issues. Given the inexorable rise in the incidence of mental ill-health during the pandemic, this is highly topical research.

Three themes related to the way that line managers experience managing others with mental health issues emerge:

1. **Managers feel strong expectations about the way in which they should manage mental health issues.** They often express the view that they are expected to manage others with mental health issues in a professional yet caring way. However, it is not always easy to find the right balance, and this has become more challenging with the increase in remote working, which has made it more difficult for them to identify when someone is struggling.
2. **Managers talk about feeling inadequate and unprepared in the face of mental health issues.** They worry that they may not be able to carry out their role sufficiently well. They particularly worry about saying or doing the wrong thing. This makes them question their ability to cope in a professional way and in line with the expectations they and others may have of people in their roles.
3. **Managers express the view that they are unsupported by their organisations when it comes to the management of workplace mental health issues.** Some talk of unhappiness, and even of feelings of abandonment, related to the lack of support they feel they receive from their organisations. This can manifest itself as an absence of policies, procedures and guidance, or simply as a feeling that mental health is not an organisational priority. As a consequence, they feel that they are often left to muddle through without any help.

Our findings suggest that line managers engage in significant emotional labour as they manage others with mental health issues, and that employers should acknowledge the potential emotional impacts, which may include stress, burnout and alienation. To address this, employers should ensure that they demonstrate a commitment to the correct management of mental health issues and the support of those tasked with dealing with

them, by putting in place the right firm-level policies and procedures. Providing training for line managers to help them to identify and manage mental health issues would be relevant. Firms should also ensure that they are clear with line managers about the extent of their responsibilities with regard to the management of workplace mental health issues. They should also acknowledge that line managers may require support themselves as they deal with these issues. Policy initiatives should focus on the provision of such resources, and on signposting employers towards the expert organisations that could help them.

1. INTRODUCTION

Workplace mental health (MH) issues are widespread and serious. 61% of employees report that they have experienced MH issues where work was a contributing factor (BITC, 2018), and 300,000 UK employees are estimated to leave their jobs annually due to MH issues (Stevenson & Farmer, 2017). An estimate by Hampson and Jacob (2020) put the cost to UK employers of these issues at around £56bn a year. Encouragingly, 44% of employers report that they offer workplace initiatives and activities to support good mental health. However, while 96% of these employers say that they encourage open conversations, and 91% report offering workplace adjustments to those returning after mental-health related sickness absence, only 46% say that they offer training to their line managers in dealing with these issues (ERC, 2021). This suggests that many employers continue to rely on untrained and potentially unprepared line managers to deal with mental health issues in their employees.

The lack of training of line managers may be exacerbating other issues related to mental health. For example, mental health issues often attract stigma, which can discourage sufferers from disclosing them (Elraz, 2018; Follmer and Jones, 2017). As a consequence, the impacts of poor mental health are under-recorded and the costs may be greater than employers think, particularly where line managers do not recognise potential signals of poor mental health (ERC, 2020). Evidence indicates that the COVID-19 pandemic has driven an increase in mental health issues. For example, the ONS's depression survey found that around one in five adults (19.2%) were likely to be experiencing some form of depression in June 2020, almost double the rate (9.7%) reported before the pandemic. The proportion of adults reporting psychological distress also increased, from around 20 per cent in 2019 to nearly 30 per cent in England in April 2020 (UK Government, 2021). At the same time, research by the Enterprise Research Centre has found that new factors, including 'furlough envy', isolation and additional home stresses triggered deteriorations in workplace mental health during the crisis. The same study found that workers may also have become less open about their mental health struggles since the coronavirus outbreak because of fears they could lose their jobs by speaking up (ERC, 2020). Remote working has also made it more difficult for work colleagues and line managers to identify the changes in behaviour that often accompany deteriorating mental health, meaning that those suffering were more likely to go unnoticed.

In this paper we draw on detailed interviews with line managers during the course of the pandemic to examine their experiences of managing workplace mental health issues. We explore the ways in which these individuals experience, and cope with, the management of mental health issues in their staff. Given the inexorable rise in mental health issues as a result of the pandemic, and the changes in working practices which have resulted, the analysis suggests a range of insights to inform future policy and practice. We focus on two research questions:

1. How do line managers cope with the day-to-day management of workplace mental health issues? How did the pandemic impact on their experiences?
2. What does this imply for future policy aimed at managing workplace mental health issues?

Line managers are defined as those who are responsible for managing other non-managerial employees in the direction of accomplishing goals set at a higher organisational level (Richards et al, 2019). To help interpret the experiences of line managers in managing mental health issues we draw on previous academic research which focuses on 'emotional labour' which describes the way in which front-line workers such as flight attendants are often expected to display prescribed emotions in the course of their work, for example, by appearing happy when interacting with customers (Hochschild 1979).

2. LINE MANAGERS' EMOTIONAL LABOUR

Emotional labour – such as apparent happiness among flight attendants – is undertaken in order to provoke particular responses in others, but is not necessarily the unique preserve of front-line workers. Managers are often required to carry out tasks about which they may be emotionally ambivalent, but which are done in interaction with others and in which they are required to influence behaviours and attitudes (Clarke et al, 2007). A 2019 study focusing on Human Resource (HR) managers found that despite often being required to engage in emotionally challenging tasks, HR professionals are invariably expected to be 'non-emotional human beings, expected to 'take' emotional expression from others, but display little themselves' (Rivers et al, 2019, p1). This can result in managers keeping their feelings private as required by the 'feeling rules' that they perceive, although it can also sometimes provoke emotion-focused coping strategies, such as seeking social support from selected peers with whom they feel comfortable enough to 'vent'. However, previous research has found that line managers - generally middle managers within their

organisations – can struggle to find such peers, and that they often find themselves isolated from those above and below them in the organisation hierarchy (Sims, 2003).

Prior research has also highlighted the ‘emotion-draining’ nature of line management (Richards et al, 2019, p2). Yet line managers themselves are rarely trained in dealing with the emotions that accompany their roles and, as a consequence, their jobs can leave them ‘exhausted or unwell’ (O’Brien and Linehan, 2018, p29). Training them, and permitting them sufficient autonomy within their roles may be a way of mitigating the emotional costs that managers may experience (Richards et al, 2019). Encouraging managers to be more emotionally expressive, rather than requiring them to carry out their duties in a non-emotional ‘business-like’ way, has also been advanced as a response to the burden of workplace emotion work in managers (Humphrey et al, 2008).

This study explores the emotional labour that line managers undertake as they manage others with mental health issues.

3. METHODOLOGY

Twenty-two semi-structured interviews, lasting between thirty and forty-five minutes, were conducted with line managers in UK private and voluntary sector firms with the aim of eliciting their narrative accounts of workplace mental health issues. The interviews were conducted by telephone and were, with the permission of the participants, recorded and fully transcribed. All participants were selected because they had had experience of dealing with mental health issues in their workplaces. See Table 1 for a list of participants, and Appendix A for the discussion guide used. Analysis of the narrative accounts was carried out using the NVivo 12 qualitative data software package, and led to the identification of three themes related to their experiences of managing others with mental health issues. The data structure emerging from this analysis is presented in Table 2.

4. FINDINGS

It is evident from their accounts that participants perceive significant expectations from those around them about how they, as managers, ought to behave and to respond when faced with the workplace mental health issues of others. They strive to regulate the feelings that they present outwardly, and to live up to these perceived expectations. Participants talk of feelings of inadequacy and self-doubt, of feelings of unpreparedness for the job, and feelings of anxiety provoked by the absence of support from others within their

organisations. Yet it seems clear that rather than allowing others to see these emotions, they often elect to control them, perhaps in order to comply with unwritten feeling rules that they perceive from those around them and which may be linked with the professional identities they wish to portray.

Findings are presented now in three sections, each focusing on a different aspect of line managers' narrative accounts: talk of expectations, talk of feeling inadequate or unprepared, and talk of feeling unsupported.

4.1 Talk of expectations

It is clear from many participant accounts that as line managers, they believe it is their responsibility to deal with workplace mental health issues in their teams, and that they are often uniquely placed to do so. More than this, they talk of the way that they feel their organisations rely on them as a key resource in managing the wellbeing of employees. They feel they must help people to navigate difficult periods and that they must be supportive and receptive to the needs of their teams.

pretty much every answer is or every response to how we feel, it would be speak to your line manager (WM11)

it is relying down to our managers and our team leaders ... to talk to employees, and I think that's the bit we still struggle with (WM03)

And I think it's about the relationship the line manager has with that individual, which is absolutely key. (EM09)

I do feel that we've got a huge responsibility to help people get through those times whether that's adapting their role or giving them more support in other ways. (EM06)

So I do feel that I'm this sort of shoulder that people can come to. (WM08)

At the same time, participants express clear expectations of the ways that they feel they should behave as line managers. They talk of balancing concern for others with a requirement to be seen as a competent manager entrusted with the success of the business. They express the need to be seen to handle issues in a professional way and to ensure that they fulfil the duty of care inherent in their role. It is also important to be close enough to the team to notice when someone is struggling.

it is a fine line between being very sympathetic and also acting on behalf of the business and your professional job. And I am actually here for the benefit of the company, not the benefits of the employees. Do you know what I mean? (WM02)

Obviously we just want to be able to handle it professionally and I suppose legally as well. (WM11)

you have a duty of care for employees, so to me, that's absolutely a huge, legal commitment from the organisation. (EM09)

I think we should be able to, you know, know our team so that we can understand and notice behaviours that maybe make us think that they need some extra support. (EM06)

But attaining and sustaining these ideals has become more difficult for many in the context of the pandemic and new ways of working, including social distancing and the increase in remote working.

... so you haven't got the visual clues that you have when you've got people in the office, so it's having even more regular check-ins, mostly if someone's not responding to an email or noticing it... if you're remote, you've got to be much more attuned to how somebody is. (EM09)

I'm so used to just knowing if someone's having a bad day or, erm, they'd, like, come over and chat, but now it feels like it's more effort for people to let you know, potentially. I have to be much more proactive and planned in my approach of supporting people, whereas before things would just happen (WM02)

4.2 Talk of feeling inadequate and unprepared

Participant accounts evidence feelings of inadequacy. Overwhelmingly, their accounts evidence anxiety that they may not be able to carry out their role sufficiently well and find the right balance between being a caring colleague and a competent manager. This anxiety seems to be associated with the expectation that they perceive from those around them that they ought to be able to help subordinates with mental health issues. They worry that they lack the skills and experience to do this. They thus characterise their roles as *quite difficult* (EM11) or *quite hard* (WM04). This can make them feel *helpless* (WM04) in the face of the difficulties that members of their teams may be facing and with which, as their line manager, they think they should be able to support them. Ultimately, and perhaps further fuelling their anxiety, their role requires them to support, but also to maintain a professional façade and a professional distance. Navigating this dilemma can be challenging.

I think being a line manager is quite difficult at times...you know, people don't really know how to tackle, you know, difficult situations, difficult employeeswe didn't really know what we were doing ... (EM11)

I think sometimes if you have somebody that who's talking to you and they're really struggling, as an employer it's quite hard to say anything other than, "Go and speak to your doctor." Maybe that person has already done that, so you put in place what you can at work but then beyond that you feel a bit helpless really. (WM04)

there's only so much that we can do... I can't fix it. It's not...I can't fix it as their line manager...(EM06)

Line Managers also worry about *saying the wrong thing* (EM09) and about crossing a line beyond which they may no longer be behaving in a way that is commensurate with their job role by, for example, *prying too much* (EM09). Thus, it can be problematic knowing when to engage and when to retreat. Maintaining the professional manager façade is clearly a preoccupation as they navigate the management of mental health issues in their staff. It provokes anxiety and emotive commentary over and above the challenges of dealing with the mental health issues themselves.

I think sometimes people are worried about saying the wrong thing or knowing what they can say and being... you know, am I prying too much into your personal life? (EM09)

...it was like, treading on eggshells for a time, it was you didn't want to say the wrong thing, (WM03)

they weren't very keen to access the support that was there. So, it was quite difficult to encourage them to go to counselling. It was difficult to get them to go the GP and to take the steps that the GP suggested. (WM06)

Line managers' anxiety and feelings of inadequacy seem to extend to their assessment of their own performance in managing other peoples' mental health issues in the workplace. They express concern about their ability to do what is required of them, and their ability to cope in a professional way and in line with the expectations that others may have of them.

So, we've probably not recognised things that we should've done early enough (EM06)

... and sometimes you just ... feels like one's herding cats. (EM02)

It's a bit of a challenge, the mental health side of it. So I think what we are doing is we're just picking our way at it, (EM04)

So we try and juggle it. It doesn't always work perfectly, but we try and juggle it. (WM05)

As well as anxiety related to feeling inadequate, participants often talked about feeling *unprepared* (WM01) and *not [...] that confident* (EM09) which clearly also provokes anxiety. It is clear that the pandemic exacerbated these feelings and left them feeling more exposed.

I think, like everything, because none of us, er, knew it was coming I think we all just feel unprepared, erm, and I think it has highlighted massive gaps to everybody in terms of, you know, how we cope, how we, how we move forward, and how we change. (WM01)

We always talk about having a disaster plan, we've got a disaster plan, when, when this, this, er, this the bus that actually hit us, isn't it? The proverbial bus that... ..came down the road and hit us, and we just had to react in, in such a way that was the best. And, and I think we learnt on a day to day basis, and certainly on a week to week basis. (WM07)

To be honest with you. I don't really know much of the resources that's available to me. (EM04)

but the feedback that they seem to be getting from line managers ... we're not feeling that confident, (EM09)

4.3 Talk of feeling unsupported

Participants also speak often of unhappiness and even of feeling aggrieved about the lack of support they feel they receive from their organisations. This can manifest itself as an absence of policies, procedures and guidance. As a consequence, they feel that they are often left to muddle through without any help.

I don't think we really do have policies and procedures. Like I say... in fairness, there's times like I'm really upset because of everything ... I do think the initial reaction still is, you know, erm, "Get on with it," really. (WM02)

but our main office is up in [the North of England] and they're pretty shocking at giving you any support for anything to be honest. So... ..we've kind of made it up as we go along... it's, you know, it's...it's an ongoing battle to be fair. (WM05)

There's always somebody who feels that we don't communicate well, but they can never tell us what, what rapport looks like. (WM07)

There's a heavy reliance on me, rather than policies or systems in place. I am very trusted in the company. But then I'm a decent bloke and that I'll deal with it in a proper manner. So, as I said, they heavily rely on myself to deal with these situations. (EM04)

Often, they feel that employees' mental health is simply not a priority for their organisations.

... if I'm absolutely truthful I think... I feel that it's now, now more paying lip service to it. I feel that it's, it's become... It's further down the priority list even though it's likely to have a bigger impact. (WM07)

there isn't that sort of...I don't know, thinking of we need to look after people with mental health issues, you know (EM11)

Sometimes this lack of support even extends to an attitude that they find demeaning to their efforts to respond professionally to workplace mental health issues.

[Speaking about an incident when their mental health interventions became the subject of a joke] *I was so upset because, A, it was ridiculing me basically, but B, it was making fun of mental health issues. But it was a bad joke, definitely, and I wasn't very happy. Myself and mental health issues, the butt of that joke.... I just felt undervalued and, you know, like ... nobody cares what I'm doing. (WM02)*

5. DISCUSSION

Line managers' accounts evidence the weight of expectation that they perceive from others around them, and perhaps also from themselves, about how they should behave supportively to those experiencing mental health issues, and professionally as a manager. Balancing the two is seen as important, and they note that the pandemic has exacerbated the issues and made achieving an appropriate balance more challenging. Participants go on to talk, often emotively, about feelings of anxiety and unhappiness related to their roles as managers of those with mental health issues. These feelings are exaggerated where line managers perceive a lack of support or recognition within their organisation.

Line managers' accounts evidence their emotional labour as they attempt to address and arguably to conceal these emotional responses, to continue to discharge their duties in a professional and competent way. Hence, they worry about what to say and do, but they persist by *picking our way* (EM04) and *juggl[ing]it* (WM05), essentially moving forward and continuing to behave in the expected way. Similarly, although they express unhappiness due to the lack of support that they perceive, they have to *Get on with it* (WM02) because that is what is expected by others and by themselves: *I'm a decent bloke and [...] I'll deal with it in a proper manner* (EM04).

Line managers undertake considerable emotional labour as they interact with, and endeavour to manage, employees with mental health issues in the workplace. Their accounts evidence the emotions that they experience while discharging their duties, and participants appear to consciously regulate the emotions that they themselves display to others in the workplace in line with clearly articulated expectations of how they believe they ought to behave. While their duties may provoke feelings of anxiety and unhappiness, they speak of the need to remain professional, calm and composed in their interactions with others. Here they draw on ideas related to the way that managers need to balance the needs of their employees with the requirements of their organisations and roles. Presenting themselves as calm and composed despite personal feelings of anxiety and unhappiness can be seen as emotional labour, as participants seem to control their emotional displays in line with the often-unspoken expectations, or 'feeling rules' that they perceive around them.

Prior studies indicate that repressing emotions in this way has the potential to provoke dissonance, stress and burnout (Delgado et al, 2017). These participants' emotive language does suggest that they experience a considerable emotional burden from the management of mental health issues, indicating that their emotion work takes a toll on them. But here, although their accounts undoubtedly evidence anxiety and stress, an additional sense of being abandoned can be detected – they feel unsupported by their organisations which are, for example, ...*pretty shocking at giving you any support* (WM05) because they are *paying lip service to [Mental health policies]* (WM07). Participants also seem to feel powerless to do anything about this, and they appear resigned to very little changing in the future in terms of organisational support. This finding indicates that managing their emotions in order to comply with perceived feeling rules in the context of workplace mental health issues can provoke feelings of organisational alienation in managers, in addition to stress and burnout. The implication is that over-reliance on unsupported line managers to manage workplace mental health issues may have detrimental consequences for those individuals and ultimately for their organisations.

A noticeable characteristic in the accounts of these participants is the way that they talk about the way that they have to *get on with it* (WM02) in the face of the challenges that they face. Here, they are perhaps trying to resolve the discomfort that they perceive between the way they are expected to behave, and the anxiety and unhappiness that they actually feel at being unprepared and unsupported. It is plausible that this talk can be seen as a way of coping. Perhaps expressing this *ma[ke] it up as we go along* (WM05) approach allows the participants to reassure themselves that they are doing as much as they possibly

can to live up to the required ideals of line management. As such, it may be a way of facing up to the challenges of the day-to-day management of mental health issues, while shielding themselves from the potentially negative impacts that this part of their job may have on them. It may also be a way of reducing the emotional burden that they feel.

6. CONCLUSIONS AND IMPLICATIONS

The study indicates that, for some managers, dealing with workplace mental health is a significant emotional burden. It suggests that managers feel the weight of expectation to manage those with mental health issues in an appropriate and professional way, but that they also experience anxiety and unhappiness because they feel unprepared and unsupported. Complying with unspoken but pervasive 'feeling rules' by concealing their real feelings can be exhausting and can give rise to feelings of alienation. Employers are often over-reliant on these individuals to manage workplace mental health issues, and the study suggests that they should recognise the potential emotional toll it can have. This is an important first step in the development of resources (e.g., training and counselling) to help and support these individuals. Moreover, employers should ensure that they demonstrate a commitment to the correct management of mental health issues and the support of those tasked with dealing with them, by putting in place the right policies and procedures.

When it comes to supporting line managers, there are several areas of focus which may be relevant. Firstly, many participants seemed to be anxious about what they should and should not do or say when dealing with workplace mental health issues. Providing training to help line managers to understand and recognise mental health issues, and to assist them in managing these issues in the workplace, would undoubtedly help them to build confidence in their abilities to deal with these issues appropriately. Secondly, firms should ensure that they are clear about their expectation of line managers in dealing with workplace mental health issues, particularly in terms of when it is desirable to seek additional input. This would help line managers to understand their responsibilities, but also to know when it may be appropriate to seek help. Finally, given the considerable emotional labour evident in the accounts of these participants while managing mental health issues, firms ought to be reflecting on how line managers themselves can be supported as they do this often-challenging work. This may include, for example, counselling, or peer support. This would help to ensure that managing workplace mental health issues does not itself become a source of stress, anxiety and burnout. Policymakers should focus on the

provision of resources to help employers to put in place the right interventions, and on signposting them towards the expert organisations that could assist them.

Of course, this study has limitations. The research was restricted to twenty-two interviews. While the findings may potentially be relevant to other organisational settings, the sample size should be borne in mind when contemplating the generalisability of the findings. Although this size of sample is appropriate for a study of this kind, variance in the findings can be introduced by one or two participants. The research method of semi-structured interviews is also a potential limitation because it relies on self-reported data from participants which cannot easily be independently verified. Potential problems include selective memory, telescoping (where events are recalled as having occurred at a different time than they actually did), and attribution (where participants tend to attribute positive events to themselves but negative ones to others or to external forces). The possibility of social desirability effects, where participants are influenced in their responses by what they believe the researcher wants them to say, must also be acknowledged. There is also a risk that participants will decline to reveal details which they feel may present them in a poor light.

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Table 1: Research participants

Code	Job Title	Sector
WM 01*	Managing Director	Property development
WM 02*	HR Manager	Manufacturing
WM 03	HR Adviser	Logistics
WM 04	Finance Manager	Business services
WM 05	Managing Director	Business services
WM 06*	Health & Safety Officer	Business services
WM 07*	Head of Human Resources	Other services
WM 08*	Marketing Director	Manufacturing
WM 11	Practice Administrator	Veterinary practice
EM 02	Managing Director	Information services
EM 04*	Health & Safety Manager	Logistics
EM 06	Practice Manager	Veterinary practice
EM 08	Managing Director	Business services
EM 09*	Head of Human Resources	Other services
EM11	HR Manager	Construction

*Interviewed twice

Table 2: Data structure

First order concepts	Second order themes	Third order aggregate dimensions
<i>...we've got a huge responsibility to help people get through those times</i>	We need to be both supportive and professional when managing workplace mental health issues	Expectations of how we should be seen: supportive but maintaining a professional demeanour
<i>...we just want to be able to handle it professionally</i>		
<i>I have to be much more proactive and planned in my approach of supporting people</i>	It has been more difficult to manage these issues during the pandemic	
<i>...if you're remote, you've got to be much more attuned to how somebody is</i>		
<i>...we didn't really know what we were doing</i>	I am unsure about what I can and cannot do or say	Feeling inadequate and unprepared
<i>...people are worried about saying the wrong thing or knowing what they can say</i>		
<i>...we all just feel unprepared</i>	We're unprepared	
<i>... we're not feeling that confident</i>		
<i>I don't think we really do have policies and procedures</i>	The business does not prioritise this	Feeling unsupported
<i>It's further down the priority list</i>	They just let me get on with it	
<i>...they're pretty shocking at giving you any support</i>		
<i>...they heavily rely on myself to deal with these situations</i>		

APPENDIX A: DISCUSSION GUIDE

1. Attitudes towards mental health issues in the workplace

- What do you understand mental health issues in the workplace to include?
- What do you see as the role of an employer when it comes to mental health issues of an employee?
- How does your firm approach mental health in employees? Is this consistent across all parts of the firm? (e.g., different sites, functions).
- How would you characterise broad attitudes towards mental health and wellbeing in your firm?
- Do you think it is important to engage with mental health and wellbeing of employees? Why?
- Where do you think the responsibility for mental health and wellbeing of employees in an organisation such as yours lies?
- How, if at all, do you feel that attitudes towards mental health and wellbeing in your company have changed in recent years? Why do you think this is?

2. Impacts of mental health issues in the workplace

- Do you have experience of any mental health issues with employees?
- What kinds of mental health issues do you see/have you experienced in your business? How, if at all, do they vary across departments/functions? Why do you think that is? Has it changed over time? Why do you think that might be?
- In your experience, do mental health issues vary between younger and older employees? Female and males? Managers and non-managers? Those on different contracts? If so, why?
- Is it possible to say whether these issues are related to work itself or a combination of work and other factors in peoples' lives, including physical ill health?
- How have these issues impacted on your firm's operations, sales or performance? (Seek examples)
- Have the issues you have experienced impacted on other staff within the firm? (Seek examples)
- Does your firm track the impacts of mental health issues in the workplace? If so, what impacts do you measure? What does the data show?
- Apart from absence, what other impacts do you believe mental health issues have had in your business? How, if at all, do you track these impacts?
- How do you identify issues related to mental health in the workplace? How would you say they manifest themselves? What sorts of behaviour or behaviour changes do you see? What do you do when the issues are first identified?



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