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Job Seeking after a Mental Health Condition: An
Exploratory Study of Applicants' Perspectives

Executive summary

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1. Dissertation Project Summary

This research aims to explore the perception of job search and recruitment processes experienced by individuals recovered from mental health condition (hereby MHC). The focus will be given to barriers faced by the individual, the enabling and constraining factors of the process, and the desired support from perspectives of people recovered from MHC.

2. Findings

2.1 Barriers to seeking employment faced by recovered individual

According to participants, there were three groups of barriers prevented them to obtain a job, affecting both their intrinsic motivation to seeking employment and the ongoing recruitment & selection (hereby R&S) process.

- **Indirect barriers:** Indirect barriers contains workplace stigma, perceived stigma and self-stigma.

Workplace stigma refers to general employer attitudes and perceptions that people with MHC are inferior to 'normal' applicants, thereby affecting their employability. These negative perceptions about employability results in the assessment of people with MHC as being incompetent, with low potential, who are unreliable, less efficient and effective, lazy, unable to handle pressure or work demands, and, thus, unemployable. In this respect, MHC acts as a 'threshold,' which can offset all advantages and prevents an individual finding a job.

Perceived stigma refers to an individual's belief about stigmatising views held by others against oneself or a certain group (Wright et al. 2011). Perceived stigma has negative effects on following two aspects:

- a) Leading to recurrence of MHC symptoms, such as anxiety and stress, and therefore, affecting working ability.
- b) Leading to strong emotional reactions of being placed in a disadvantaged position in the R&S process, and, consequently, individuals may not to even dare attempt to find employment.

Self-stigma derives from being incapable of self-acceptance (Lenhardt 2004), acting out as feeling ashamed, guilty and inferior about having MHC. Self-stigma is presented in following three different ways:

- a) Reducing participants' initiative in employment-seeking behaviours as to avoid others learning about the fact of them suffering from MHC.
 - b) Leading to self-assessment as incapable and lose confidence to go through the R&S process, and a refusal to start employment-seeking process.
 - c) Self-devaluation: leading to low self-confidence and self-doubt in terms of handling a job.
- **R&S procedural barriers:** R&S procedural barriers includes vacancy search, dilemma of declaring MHC, technological problem, and perceived unfairness of R&S process.

Vacancy search roots in the insufficient information regarding job stress/demands in the job description. Recovered individuals care more about stress/pressure level and work demand. However, currently, in practice, the information related to job demands /pressure in the job description was general and unhelpful. The uncertainty adds difficulty to measure an individual's fitness in order to find a 'right' position.

The dilemma of declaring MHC arisen from indirect barriers and the increasing self-direction in employment-seeking process. Individuals simultaneously hold following two opposed attitudes: on the one hand, individuals worry that declaring MHC will reduce their opportunity to get a job due to workplace stigma; on the other hand, as individuals are expected to take a leading role and take responsibility for their application, individuals feel uncomfortable, dishonest and guilty of concealing MHC. The contrary attitudes make individuals unable to decide whether to declare MHC, and, consequently, tend to avoid engaging in employment-seeking process.

Technological problems usually occur at the stage of completing the application form. Typical technological problem including user-unfriendly websites, confusing application system, account problem (e.g. password, email address), time constraint and automatic log out. With the stress and anxiety of starting over again, those technological problems can be fatal and end the application process.

Perceived unfairness of R&S process can lead to the exit decision of an ongoing application.

- **General barrier:** General barrier refers to unclear RTW routes after MHC, which leads to uncertainty and panic about seeking employment.

2.2 Enabling support to seeking employment

Revealed in participants' accounts, following three factors acted as enablers during their employment-seeking process.

- **Personal support network:** Personal support network includes friends, family, member of organisations/clubs, and mental health professionals. Personal support network has two functions: helping rebuilding self-confidence and providing access to a job.
- **HR practice support:** HR practice support refers to reasonable adjustments provided by organisations, usually operated by HR/recruiter. The most valuable HR practice support is customised interview, including the less formal interview (e.g. video telephone, café interview) and time & place adjustments.
- **Agency support:** Agency support can be obtained from both non-profit public agency and private agency (Roulstone et al. 2013). Current agency support is blamed for long waiting time, stereotyped service, uneven service quality and non-specialist operation (Gabriel & Liimatainen 2000; Beyer & Robinson 2010; Perkins et al. 2009).

2.3 Desired support from applicants' perspectives

From the perspective of people recovered from MHC, individuals desire for the following three supports.

- **Personalised vacancy search:** Personalised vacancy search refers to search the vacancy is consistent with the unique situation of an individual, including their MHC and background. Personalised vacancy search is built on a full understanding of individual and job requirements, the former includes individuals' personal backgrounds, what their MHCs are, how it affects them, the recovery process and possible future influence. For example, if an individual suffered from bipolar, agency is supposed to exclude vacancies that require working under high pressure and allows little flexibility. However, as well-trained advisers with an in-depth understanding of different MHCs is necessary to conduct personalised vacancy search, such support is expected to be achieved in the medium term (over 6 months).
- **Intermediary support:** As mentioned above, the dilemma of declaring MHC now acts as an R&S procedural barrier, individuals recovered from MHC desired for an intermediary to help communication between the organisation and applicant. This will be discussed in detail in the next section.
- **Technological support:** Individuals desired for technological support to carry on with their applications. Recovered individuals appealed for following technological support, which can be achieved through workshops, online lectures, or video instructions.
 - a) Support to help utilise the filter of vacancy-searching websites to increase efficiency.
 - b) Standby advisers to provide real time technological support, especially when filling application forms online.
 - c) Guidance for application systems and to develop an FAQ page to deal with frequent technological problems.

3. Recommendations for Future Action

In line with the findings and discussion above, I proposed two bundles of recommendation, including four sub-recommendations, as displays in the following figure.

Bundles of recommendation	Recommendation	Superintendent	Time	Cost	Total cost
Extending current service to a support framework	Develop a new phase of emotional therapy and encouragement	Line manager	Short term	£425 + VAT	£483(min) - £639(max) /per month
	Extend current service in education and learning in three different directions	Technology assistant team & All consultants	N/A (different steps achieve in different time periods)	£0+£34+£10p-£50p/h + £0 -£60 per month	
	Develop a new phase of job experience to enable	External relation	Medium term	£0 (Governme	

	short-term working	assistant		nt funds)	
Developing an intermediary role	Develop an intermediary role to help communication	All consultants	Short & medium term	N/A	N/A

Figure 1 Recommendation

3.1 Extending current service to establish a support framework

I propose MHScot to adopt a three-phase approach to extend current services to a support framework center on rebuilding self-confidence to enable engaging in the employment-seeking process.



Figure 2 Support framework

3.1.1 Emotional therapy and encouragement

The first new phase I proposed is emotional therapy and encouragement (e.g. talking therapy), focusing on reducing negative thoughts and emotions (e.g. feeling guilty). I suggest that agency should treat this as the fundamental of rebuilding self-confidence, and therefore, should be operated before individual stepping into the employment-seeking process.

Regarding possible shortage of human resources, I propose MHScot cooperate with universities, providing training and using students in related majors (e.g. psychology) as voluntary workers. A starting point is to collaborate with the University of Edinburgh, as contact between two parties is already exists. MHScot is suggested to contact UoE (the University of Edinburgh) School of Philosophy, Psychology & Language Sciences to look for voluntary student workers.

As for training, MHScot's line manager is advised to operate a training plan by sending voluntary student workers to attend training courses, to ensure their qualification to conduct therapy. For example, APT provides 3-day advanced therapy skill training, costing £425 + VAT per person (APT 2017).

3.1.2 Education and training

MHScot's current support including CBT learning to rebuild self-confidence gather at the second phase of support framework—education and training. I proposed three directions to enhance current support.

- a) **Utilizing web-based technologies to improve service-user experience.** I propose

MHScot's technology assistant team to utilise web-based technologies such as Flash, Java, and XHTML to ensure immersive and interactive learning experience. There are massive free online-course available, which can be used for training purpose and technological practice guide. For example, Ranken Technical College provides free online lectures (Ranken Technical College 2017).

- b) **Providing R&S procedural-related support.** I propose MHScot to develop a support service package to provide R&S procedural-related support target at different R&S stages: personalised vacancy search, online application assistance, guidance and real-time support regarding technological issues, interview preparation, and skill development, post-interview support (e.g. feedback seeking, failure management). This can be achieved by sending MHScot's consultants to attend recruitment training courses, for instance, National Open College offers an online recruitment consultant course which costs £34 per person (National Open College 2017).
- c) **Developing a guidebook to present clear RTW routes following MHC.** I propose a long-term (more than 1 year) recommendation to create a guidebook for recovered individuals, covering following six core modules:
- ✧ Mental health professional supports
 - ✧ Holistic recovery model and related support services
 - ✧ Effects of MHC on individual's employability and motivation
 - ✧ Agency supports and its accessibility, benefit, cost, effectiveness etc
 - ✧ R&S practice suggestions
 - ✧ Regulatory supports in practice

3.1.3 Job experience

Another new phase that I have proposed is job experience, aiming at increasing self-confidence through achievements in real work settings (e.g. job taster). Regarding the preparation of job experience program, MHScot's is advised to approach potential collaborative organisations and build partnerships through its network. Afterwards, MHScot is advised to refer individuals to cooperating organisations for short-term work in the form of internships, voluntary work, part-time jobs, or even contractual full-time jobs. Regarding the cost, MHScot is advised to apply for governmental funds such as Access to Work, which provides up to £42,100 annually to help run those programs (GOV.UK 2017).

3.2 Developing an intermediary role

I propose MHScot to develop an intermediary role to provide intervention in the R&S process. The purpose is to help with communication between the organisation and applicants.

In the first place, MHScot is advised to provide support to help analyse the advantage and disadvantage of declaring MHC at the stage of recruitment. Next, for those choose to declare MHC, with applicants' authorisation, agency consultants are proposed to

approach employers (e.g. HR, recruiter) to communicate with MHC issues through face-to-face/visual meetings, phone calls, or emails before the interview. Additionally, after declaring MHC to employers, MHScot's consultants are advised to help applicants to contact the organisation and seek for R&S procedural reasonable adjustments, such as the customised interview.

To establish an intermediary role, I propose MHScot to adopt a pilot – promotion approach (Velleman & Mackellar 2014): operating this service with organisations holds open attitudes toward MHC as pilot services (e.g. psycho-therapy) in short-term; In medium and term, adjusting and promoting it gradually based on the results and feedback of the pilot services.

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