

MENTAL HEALTH WELL-BEING POLICY AND STRATEGY IN THE WORKPLACE IN THE UNITED KINGDOM (UK): LESSON TO BE LEARNED

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ABSTRACT

Mental health problems in the workplace impinge on extensive diversity of interest. Such wide repercussion can be seen in the loss, which the employees suffer because they are losing job due to high absenteeism and poor performance. Family dependent on employees also suffers once they are unemployed and need to care for them if the mental illness conditions exacerbated, while the employers may endure reduction in productivity due to employees' mental health issues. The World Health Organisation (WHO) has emphasized on the important role of the government and the employers in promoting mental health well-being at an early stage. In Malaysia, there is no specific law or policy toward mental health in the workplace, unlike the UK in the presence of the law and policy, the government has introduced Thriving at Work; an independent review, which focuses on how organizations can better support employees' mental health. This paper aims to discuss the policy and the framework of standards embedded under the said review in the UK. It also examines on how employers can address and prevent mental illness. This paper applies qualitative method. The data are collected from primary and secondary sources derived from Acts, cases, policy papers, reports and articles from law and non-law journals, and reviews.

This paper concludes that the policy and Thriving at Work introduced in the UK if emulated by companies and organizations in Malaysia not only can tackle mental illness in the workplace, indeed can be one of the preventive measures to such problems.

KEYWORDS: *Mental Health; Well-Being Policy; Framework of Standards; Thriving at Work; Workplace*

INTRODUCTION

Poor mental health in the workplace may affect not only the individual's performance, but also the organization by way of increase in the sickness absence, lack of concentration and low-level of tolerance among colleagues. In the UK, it is submitted that employee's mental health issue has caused greater cost to the employers [1]. Recently, as estimated by the survey made by the Labour Force Survey (LFS), the total number of cases on work-related stress, depression or anxiety in 2019-2020 was 828,000 in the UK, a prevalence rate of 2,440 per 100,000 workers [2]. It has been pointed out that among the main factors, which contributed to the mental health, problems in the workplace in the UK are stressful working environments, long working hours and shift work[2]. It is important to note that professional occupations such as healthcare workers, teaching professionals and public service professionals show higher levels of stress as compared to all other jobs [3] Sadly, the emergence of COVID-19 also had contributed to the work-related mental illness in the UK for 2019/2020[3].

As for Malaysia, it was reported in 2016 by the Health System Research that mental illness or health problem cause economic loss not only to the individual and business, but also to the country [4] Everyone may experience mental health issues in the workplace, without exception this includes teachers who were reported experiencing moderate stress levels[5]. Among the factors that can contribute to the worker's mental health issues are overworked, sleep problems and financial worries [6][8]. Mental health problems in the workplace can affect employees work performance, and failure to combat those issues as well as to support mental health needs may lead to various conflicts[7].

It is important to note that in the UK, the regulations and policies were developed to cover and manage mental health problems of the employees. It is not exaggerating to say that those policies and regulations in the UK have placed the country in the forefront and ahead of other Commonwealth countries, and indeed it aims for best practice and policy on tackling mental health issues in the workplace [8]. Perhaps, other Commonwealth countries including Malaysia can emulate and learn. It is important to note that a policy is claimed to act as guidelines for course of action; and if it is followed, it will provide answer when the law is unclear, even though some of the policies are not binding and do not carry the force of law[8]. Accordingly, this paper seeks to explain the policy and the framework of core standards in the UK pertaining to mental health in the workplace. This paper will also analyse several recommendations towards the policy in implementing the best practice for effective employment outcome.

RESULTS AND DISCUSSION

Mental Health Policy in the Workplace in the United Kingdom (UK)

Poor mental health had caused greater financial costs to the employers in the UK. Unsurprisingly, it stimulates the UK government to actively come out with regulations and policies, which require employers to manage well the mental health of an employee[8]. Indeed, the regulations and policies were developed to cover and manage mental illness in the workplace, as well as the outside work in primary care and specialist mental health services. The following discussion will explain mental health well-being related policies in the UK which are National Health Service (NHS) Five Year Forward View (FYFV) for Mental Health 2016, Thriving at Work: The Stevenson/Farmer Review 2017 and NHS Long Term Plan (LTP) 2019. Generally, mental health services provided by NHS have gained much achievement in which treatment options has been increased, access to treatment has been improved and mental health is being discussed more openly and positively than in the past years[9]. The investment on mental health services was also increased[10]. Furthermore, it has been pointed out that NHS policy and model on mental health have obtained international praise, by which the mental health programs in Australia and Norway were developed based on the said NHS model [11].

NHS Five Year Forward View for Mental Health (FYFV) (2016)

The FYFV, which was published in February 2016 was aimed to, among others, set out a vision for improving the mental health of working-age adults. Accordingly, FYFV has developed and supported new workplace incentives to promote employee's health and reduce sickness-related unemployment by providing access to the specialist occupational health services [12]. Under this policy, NHS played a greater role in supporting people to search for or remain in employment by increasing access to psychological therapies, and expanding access to Individual Placement and Support service (IPS) [13]. In order to promote such program, it is suggested that NHS staff involve in managing FYFV be given incentives for their health and well being [14].

Accordingly, the IPS assists people with mental health difficulties to join employment, which include the activities of job searching and placement in paid employment. Moreover, it provides time-unlimited in-work mental health support for both the employee and the employer by the Employment Specialist (ES); given within or outside the workplace[14]. The major issue to be discussed during the unlimited in-work support session includes any potential health issues in the workplace [15]. This can be done by incorporating the effective principles [21]. Not only IPS was found effective in term of cost [16], it is also helpful in supporting people with greater earning and better health advantage [17]. However, the ineffectiveness of IPS can be seen based on patients' unreadiness to work as they are worried about their welfare in the workplace[18].

Table 1: Evaluation from Former Clients of Network IPS

Client	Response
Client 1	“Finding work through IPS has proven that I can support my children by being a functioning mother.”
Client 2	“Finding work through IPS has reduced my anxiety and depression. I became independent with a good mental health condition.”

Source: Pippa Coutts (2018). Case study: Using Evidence to Change Mental Health Services.

Thriving at Work: The Stevenson/Farmer Review (2017)

Thriving at Work: The Stevenson/Farmer Review was published in 2017 with aim to transform mental health support in schools, workplaces, and in the community. It was commissioned by the UK Prime Minister and is an independent review that came out with suggestions and guidelines on how employers can give better support on the mental health of all people currently in the employment, including those with mental health problems or with poor well being, to remain in and thrive through work [18] The Review has uncovered that the the UK faces a significant mental health challenges at work, and that around 15 per cent of people at work in the UK have symptoms of a mental health condition, and it is very important for the employers to tackle those issues [18].

The main recommendation made directly to the regulators such as the Health Safety Executive (HSE), the government, public sector and the employers is to adapt “mental health core standards” in order to support the mental health of their staff. The core standards include the following duties [18]:

Produce, implement and communicate a “mental health at work” plan.

This can be done by outlining a specific approach to improve and protect the mental health of all employees.

Develop mental health awareness among employees.

This can be achieved by sharing information relating to mental health issues to the employees.

Encourage open conversations about mental health, and the available support when employees are struggling.

Provide employees with good working conditions, and ensure that they have healthy work-life balance and opportunities for development.

This can be done by ensuring fair pay, job security, good working conditions, education and training, staff consultation and representation that may lead toward the employee’s good mental health.

Promote effective people management through line managers and supervisors.

The managers and supervisors should have active conversations with the employees and should provide related training in order to identify the mental health issue in the workplace at an early stage.

Routinely monitor employee’s mental health and well-being.

For this purpose, relevant information of the employees including sickness absence data should always be analysed.

In supporting the implementation of these core standards, it is suggested that all relevant parties including professionals and industry groups, public sector, the government and employers play their effective roles [18]. This involves several recommendations to be applied and practiced by them, and as a result, the professionals and industry groups could provide guidance and support to enable employers to implement the mental health core standards. Such arrangement should include workplace mental health modules in their training program and assessments [18].

Meanwhile, employers are advocated to deal with several activities such as to produce, implement and communicate a “mental health at work” plan, develop mental health awareness among employees, encourage open conversations about mental health and the available support when employees are struggling, provide employees with good working conditions, promote effective people management, and routinely monitor employee’s mental health and well-being [18]. It should be noted that the Voluntary Reporting Framework 2018 surveys were conducted to support employers to voluntarily report on their employee’s mental health conditions [19]. In addition, HSE Management Standards were also introduced for the purpose of demonstrating good practice through a step-by-step risk assessment approach that can be applied by the employers [20].

In relation to the recommendations for the employers, it is emphasized that the type of interventions that employers should offer to prevent worker’s mental health problem is mainly to focus on giving early support and training [21]. Perhaps, focusing on worker’s mental health does not only contribute to the worker’s good performance, but will also extend positive impact to the company’s Return on Investment (ROI).

The following tables describe case studies cited from different sources, complete with the name of the organisations that employed the framework of core standards under the said Review, the mental health related issues arisen in their organisation, the approaches taken as well as the outcome of the programs employed. Accordingly, the organisations have developed their own practical guide for their business in response to the recommendations in the Thriving at Work: The Stevenson/Farmer Review 2017.

Table 2: Table 2: Unilever ROI Employer Case

Organisation / Issue	Approaches	Outcome
<p>Unilever (Reporting system of employee’s mental health issues).</p>	<p>Unilever introduced the Lamplighter program to provide health checks by focusing on three main areas: exercise, nutrition, and mental resilience by way of implementing agile working hours, organizing thrive well-being workshops and developing healthy work-life balance video.</p>	<p>The Occupational Illness Frequency Rate (OIFR) of Unilever employees has decreased from 0.78 to 0.58 ill health cases per million hours.</p>

Source: Deloitte (2020). Mental Health and Employers | Refreshing the Case for Investment.

Table 3: Anglian Water ROI Employer Case Study

Organisation / Issue	Approaches	Outcome
<p>Anglian Water</p> <p>The company has invested high cost for private medical cover estimated £2m per year.</p>	<p>Anglian Water used the Work Well Model to provide training to their employees which includes nutritional advice. The company also actively participated in Time to Talk Campaign and also “Well-being Roadshows”.</p>	<p>Staff absenteeism was reduced from 5.5 days to 4 days per employee and their productivity was increased. In addition, the cost for private medical cover were reduced too.</p>

Source: Deloitte (2020). Mental Health and Employers | Refreshing the Case for Investment.

Table 4: Mental Health First Aiders & Time to Talk Strateg

Organisation / Issue	Approaches	Outcome
<p>Thames Water</p> <p>Issues with Illness Absence.</p>	<p>Thames Water introduced Mental Health First Aiders whose role is to give aid to all occupational health related issues and also to non-related work stress. This includes Time to Talk strategy that collaborates with professionals.</p>	<p>Led to a more than 80% reduction of workplace illness, and several thousand employees being supported by Thames Water for non-work-related mental health issues.</p>

Source: Ian Hart (2018). How Thames Water Acted on Staff Well-Being.

It can be seen that the above case studies emphasized on mental health issues in the workplace, and the approaches taken by the employers in tackling the issues. In general, despite these recommendations, it is highlighted that most employers had yet to make active progress toward the standards; only 19% of organisations had achieved the first core standard [22]. Furthermore, although it is submitted that there have been positive changes affecting workplace mental health since 2017 due to the increase in employer’s participation in dealing with employee’s mental health problems, changes in working practices had caused challenges in maintaining a good employee’s mental health [23].

Therefore, in ensuring the effectiveness of Thriving at Work: The Stevenson/Farmer Review 2017, it is proposed that employers need to be focusing more on young professionals in giving mental health support since they are twice as likely to suffer from mental health issues [9]. Other than that, it is advised to include employee’s mental health conditions in their assessments, and to support the young professionals with mental health training [12].

On the part of the government, the formation of a mental health online information portal, campaign and activities in promoting best practice to the employers is highly recommended. Furthermore, tax relief can also be given to employers who invest in programs dealing with the mental health of their employees. Crucially, the government needs to consider legislative change to ensure employers give concern and take active actions in dealing with their employee's mental health conditions [16].

In relation to the recommendations to the government, the UK government had fulfilled them in many ways. This can be seen during the House of Common's debate held on 17 January 2019 [17] in response to the campaign "Where's Your Head At?" organized by Mental Health First Aid (MHFA). Among the suggestions was the amendment to the Health and Safety Act to impose responsibility on the employers to place mental health first aides in every workplace[18]

NHS Long Term Plan (LTP) (2019)

LTP emphasises that stable employment is a major factor in maintaining good mental health. It cited mental health as one of the main reasons for sickness absence. Accordingly, employers have a key role to play in supporting their staff to stay well at work. LTP's aim is to increase the number of people gaining mental health support [14][41]. One of the approaches sets under LTP is Improving Access to Psychological Therapies (IAPT) [18].

IAPT therapist provides advice and interventions to help employee with mental health difficulties to retain employment, to enter sustainable new employment, and even to return to employment after absenting from work in which the availability of IAPT services applied greatly in the UK . In order to ensure the effectiveness of the advice and intervention, all IAPT clinicians should have completed an IAPT training program and should be accredited by relevant professional bodies [10] Hence, IAPT may contribute well to the worker's mental health by providing the effective therapies workforce [13]. The services provided under IAPT should be established on evidenced-based psychological therapies in which the therapies given by the accredited therapist are designed with scheduled and positive prospect outcomes [18].

Consequently, the major contribution toward the effectiveness of IAPT comes from the clinicians. However, among the issue that should be catered is burnout among them, which may lead to the ineffectiveness of the IAPT [18]. Other than that, the attitude of the patient not attending the session may contribute to the ineffective outcome of IAPT[11].

Mental Health Policy in the Workplace in Malaysia

As mentioned previously, unlike the UK, Malaysia currently has no specific policy on workers' mental health. However, the available policy that generally discussed on mental health in Malaysia can be found under The National Mental Health Policy 1998 (Revised 2012), The Malaysian Mental Health Framework and the National Operational Plan of Action for Comprehensive Integrated Community Mental Health Services (CMHS), 2002, Ministry of Health Strategic Plan 2016-2020 and Ministry of Health Strategic Framework Medical Program 2021-2025.

The National Mental Health Policy (NMHP) 1998 (Revised 2012)

The NMHP was introduced in 1998 and was revised in 2012. This policy is to focus on the development of mental health in general without specifically emphasising on mental health issues in the workplace[14].

The Malaysian Mental Health Framework and the National Operational Plan of Action for Comprehensive Integrated Community Mental Health Services (CMHS) 2002

CMHS was developed in 2002 as a blueprint for the planning and implementation of the mental health services in Malaysia. It describes a comprehensive range of services and care for all age groups from mental health promotion, prevention of mental disorders, treatment and rehabilitation of the mentally ill at the hospital, primary care and community levels.

Ministry of Health Strategic Plan 2016 - 2020.

In general, the Plan comprises of 4 thrusts, which among others aims to strengthen the delivery of healthcare services, emphasising on primary health care, strengthening health system governance and organisational capacity, empowering individual, family and community in health matters and increasing collaboration with public sector, private sector and Non-governmental Organisations (NGOs).

Ministry of Health Strategic Framework Medical Program 2021–2025

The Framework is introduced as a guideline in offering a good healthcare services which deals with services in hospitals, in relation to equipments, health services, capacity, human resources, technology used and also quality.

Based on the above-mentioned policies, Malaysia does not specifically deal with the issue of worker's mental health in the workplace, but only sets out issues relating to psychiatry areas[10]. Based on the growing trends of mental health issues in the workplace, it is suggested that Malaysia's mental health policy must be reviewed and should include the introduction of policy, which deals with worker's mental health in the workplace [8]. Furthermore, it is seen that the activities organized by the relevant authorities mostly are related to general mental health issue. For instance, the Ministry of Health itself has introduced Let's Talk campaign, which was confined only to educate and to build the awareness among the public on the importance of mental health.

Despite the above limitation relating to the availability of mental health policy in the workplace, Malaysia has taken several active approaches that were applied by several local bodies and authorities such as The National Institute of Occupational Safety and Health (NIOSH), which came out with 'Psychological First Aid' Module (Manual on Mental Health and Psycho-social Response to Disaster in Community). It was introduced in collaboration with the Ministry of Health in developing a comprehensive plan to help employers and workers to address mental health problems in the workplace.

Referred Cases in Dealing with the Importance of Mental Health Policy in an Organisation: the UK's Experience

In relation to the above-mentioned policies available in the UK, the best practice should be applied in all organisations, failure of which might result to legal actions filed by the employees. Several decided cases had shown the importance of implementing the policies. In *Johnstone v Bloomsbury Health Authority*[18], it was ruled by the Court of Appeal that employers are under a duty to ensure the good physical and mental health of their workers.

Similarly, in *Barber v Somerset County Council*[21] it was held that an employer should always offer assistance to employee who suffers from stresses of his workload that would result him becoming stressed and depressed.

Furthermore, as a consequence of not putting a care on the well-being of the mental of the employees, employers are considered breaching their duty of care as decided in *Brown v London Borough of Richmond upon Thames*[18]

Meanwhile, in *Melville v Home Office* [14] it was held that the failure of the employer to implement its own system regarding prison care team is a breach of duty to take care of the health of the employee. The occupational health schemes should be implemented effectively. In this case, Melville was a health care worker at a prison who suffered nightmares and flashbacks, which ultimately developed into a stress, related illness. Further, in *Walker v Northumberland County Council* [56], the employer was held liable as he failed to provide a safe system of work that should also cater the risk of psychiatric illness in which, the employee had repeatedly demanded for assistance.

CONCLUSION

It is irrefutable that the effectiveness of mental health work policy is capable to contribute to the positive outcome of the employee's performance and is able to reduce the cost of the organization. Accordingly, managing employee's mental health does not only improve their productivity, but also boost their morale and sustain their loyalty. In the UK, the policy introduced does not only cater for the current working people, but also support people having mental health problem with job placement. Accordingly, in ensuring the effective implementation of the policy, all parties including the professionals and industry groups, public services, the government and the employer must play their role productively. In relation to the policies available in the UK, the best practice should be applied in all organisations failure of which might result to legal actions being taken against the employer by the employees.

As regards to the UK's NHS Policy and Model which include IPS and IAPT that support new workplace incentives to promote employee's health, reduce sickness-related unemployment, and to manage mental health conditions whilst at work, these can be emulated and implemented well in Malaysia. Nevertheless, support system such as the availability of the clinical staff or psychiatrist, and the readiness of both employer and employee to join the model must be considered. Therefore, the number of health clinics which specifically deal with mental health patients need to be increased. In line with this model, online counselling services should be introduced in providing mental health advice to the employees.

Additionally, if organisations in Malaysia emulate the Thriving at Work that was

introduced in the UK, not only it will reduce the problems, but also will play a role as one of the preventive measures toward mental health issue in the workplace. However, most importantly all related parties must play an active role in accordance with the Thriving at Work recommendations. As a starting point in promoting the well-being of mental health in the workplace, Malaysia needs to organize mental health campaigns to emphasize on the importance of good mental health in the workplace, in addition to introducing relevant policies and legislations. Employers can actively implement mental health programs to give support to their employees. The existing program like NIOSH's Total Wellness and Health Promotion Program as stated earlier that provides a customized and systematic plan for the industry to help strengthen non-communicable disease prevention efforts, including mental illness, need to be supported by employers. Accordingly, learning from the experience of the UK, Malaysia should consider mental health issue in the workplace as one of its safety and health strategy. As the relevant policy is introduced, the related authorities and employers must implement it for the best interest of all.

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