

# Resilience at Work (pun intended)

Josh Cameron

Joanna Peschier

Helen Arnold-Jenkins



University of Brighton

Community  
University  
Partnership  
Programme



# Introductions

- Who we are.
- Who are you?



University of Brighton

Community  
University  
Partnership  
Programme



# Aims of Session (why the pun)

1. Share research which explored the relevance of the concept of resilience to understand the experiences and needs of employees recovering from mental health problems.
2. Consider what can be learnt about how resilience 'works' from the comparative case study research & implications for related contexts.

  
University of Brighton

Community  
University  
Partnership  
Programme



# Plan

- Joanna's story
- Research project
- Resilience and mental health recovery
- Understanding resilience as a dynamic outcome of interacting mechanisms related to people, their occupations and environments.



University of Brighton

Community  
University  
Partnership  
Programme





# Planning the Return

- Discuss with GP
- Meet with HR and decide date.
- Decide hours of work and days
- Stick to it
- Tell people of your intention
- Prepare yourself
- Call in to see colleagues
- Regular Exercise & Leisure before

# Planning the Return 2

- How much Responsibility?
- Gentle lead into work
- Simple Tasks...Revisit work
- Catching up on anything new
- Changes ?
- Memory loss could be important..re learn could be vital
- Enough time to achieve
- Regular breaks

# Fears I had to overcome

- What am I doing here?
- Why have I come back ?
- Fear of failing
- Fear of creating the wrong impressions
- Must impress people to see I am ok
- Fear that everybody is watching me
- Fear of letting everybody down.
- PANIC



University of Brighton

Community  
University  
Partnership  
Programme



# Colleagues

- Talk to your colleagues-go out of your way.
- Join in conversation
- Join in Office leisure activities
- Ask for help
- They don't know how to react or treat you so you have to make the first steps.
- “It's good to be back”
- Explain “ May have not such good days”

# Reviews with manager/self

- To see how you coped during the day. What went wrong, what was good.
- Look back at the positives and not too focus on the negatives. Learn from negatives. Be gentle on yourself..Don't aim too high in the beginning
- Analyse – What went wrong and why ? How did I react and why ? Answer your own questions honestly.

# Mental ill health & work (UK)

- 1 in 6 employees experiencing mental health conditions
- 70 million sick leave days per year
- £8.5 billion cost to employers
- Employees cost financial re job loss & future problems finding work
- *But also health & wellbeing costs*
- (Waddell and Burton 2006, Sainsbury Centre for Mental Health 2007)

University of Brighton

Community  
University  
Partnership  
Programme



# Job Retention Research

- Interviews with 14 users of a job retention project & 7 users of acute mental health services.
- Collaboration in design and analysis
- Participants reported a range of mental health diagnoses
- 13 women and 8 men. All were White British. All were employed.
- (Cameron et al 2009)



# Research Questions

- How do employed people who are recovering from mental health problems experience and perceive their work related needs?
- What are the experiences and perspectives of employed people recovering from mental health problems of support they have received or would like to have received to address their work related needs?
- What mechanisms can be identified which might help explain people's experiences and inform development of job retention interventions?



# The significance of work during mental health recovery.

- A powerful sense of the importance of work to the participants emerged for both acute & community groups.
- Work mattered [*as resource or threat*] in terms of their:
  - Health
  - Identity
  - Sense of purpose
  - Social relationships
  - Recovery.

# Relevance of Resilience

- “... a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development.” (Masten 2001)
- Need to recover from the adversities
- Need to sustain that recovery
  - Fear that might return to work only for problems to reoccur



# What were the adversities?



- For some the work tasks or work place



- The direct impacts of their mental health problem



- The impacts of being on sick leave.

# Adversity

- I felt so dreadful, my depression was so bad, I was really in a bad place mentally and physically as well ... I couldn't go back. ... I felt dreadfully guilty ... my line manager ... was so unsupportive and uncommunicative as well. (Alice).
- I hate not working [...] it's like an extra bit of me has been taken away, like my freedom. (Ben).

  
University of Brighton

Community  
University  
Partnership  
Programme



# Key resilience mechanisms at work

- Self identity
- Experiences of ‘working’
- Reappraisal (particularly if above distorted)
- Changes to job/work environment
- Support and understanding

# Self identity

- Positive self identity has been identified as key internal resource promoting the resilience of people adversities (Skodol 2010)
- A self image of being a worker offers an alternative to a passive patient image (Millward & Lutte 2005)

# Self identity

- ... it's always been in the background that I will go... you know, I've never thought that I wouldn't go back to work. (Yvonne).
- it's quite empowering, it feels like I'm doing something positive and not just being a passive sort of like recipient of health care, really . (Penny).

  
University of Brighton

Community  
University  
Partnership  
Programme



# Experiences of working

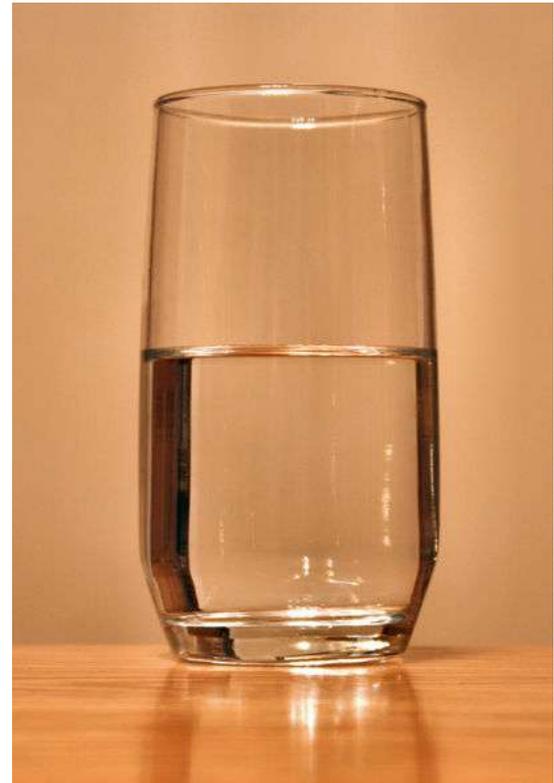
- “the natural course of one’s life has a forward lean toward engagement, purpose, and perseverance.” (Zautra et al 2010 p6)
- Highlights how ‘doing’ can contribute to resilience (cf play, leisure & learning in RT, Hart & Blincow 2007)
- Experience of work provided evidence of themselves as competent.

# Experiences of working

- “I would always need that structure of work. I think it kind of normalises me really ... I like the social aspect of it but I also like the structure of it.” (Mary).
- [...] that’s my favourite part of the job, I love soldering and that’s what I was brought in to do [...], because it’s making sure joints are done properly and everything and it’s good, it’s really good. (Gavin).

# Reappraisal

- Negative self interpretations of efficacy at work may undermine this – pointing to the potential value of reappraisal strategies (Seligman 2005).



# Reappraisal

- my perception is changing in terms of how I see that people see me. That's maybe part of coming out of depression, but ... it's also about ... thinking, 'actually, people do actually respect me and I think that people want me to be successful and can see that I can do things as well'. (Zoe).



University of Brighton

Community  
University  
Partnership  
Programme



# Changes to job/work environment

- Job task changes
- Changes to working relationships
- Broader issues – may be some work contexts where the pressure to maximise the productivity of the workforce upon the managers overrides notions of partnership
- Ecological aspects of resilience

# Changes to job/work environment

- I didn't quite know what my role was and [it] was absolutely chaotic... [the project worker] came and supported me to settle in. (Steve).
- I no longer have to try and push and work harder than everyone else. ... I just do what I can do. (Alice).
- I just reached the conclusion that ...I just wasn't going to have the confidence to carry on working there ... and my plan initially then was to have enough time to find another job. (Naomi).

# Support & understanding

- Financial support mattered re sick pay and whether it supported recovery and phased return.
- Support to negotiate, liaise and promote employer's understanding (re one group this missing)
- Resilience need not mean expecting individuals to do it on their own (Abelev 2009)

# Support and Understanding

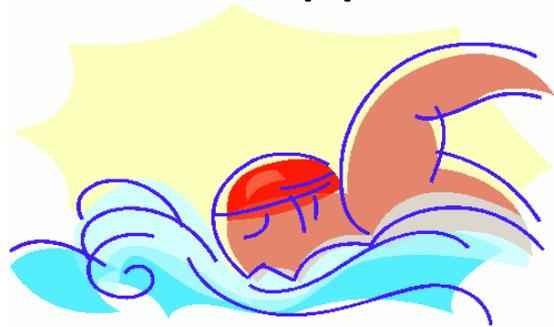
- Sometimes you think you're alone, you're experiencing a unique experience but then you come up and meet up, you find 'ah' you all face the same problem. It sort of makes you less bothered... (Steve).
- I'd like to [return part time initially] but the financial aspect might make it a bit tricky. (Mark).
- I needed a lot of support from [Retain worker 1] to get back into work (Anna).

# Beyond the individual...

- If all the focus is on internal resources of workers then opportunities to consider work task related factors and interpersonal factors may be overlooked.
- ‘Resilience is an emergent property of a hierarchically organized set of protective systems that cumulatively buffer the effects of adversity and can therefore rarely, if ever, be regarded as an intrinsic property of individuals.’ (Roisman, Padrón et al. 2002: 1216)

# The danger of 'sink or swim'

- Of the 7 users of acute mental health services who were interviewed just one had a return to work trajectory that looked to be robust and promising positive outcomes in the near future.
- The explanation for this was related primarily to his skills and capacity to manage the liaison with his workplace, to reflect on past experience and reappraise potentially negative experiences
- Thus this individual appeared resilient and the others were not.



# Throwing a resilient lifeline



- The comparative case study group offers an explanation which is not dependent on resilient mechanisms residing primarily within individuals
- In this group the processes which helped were provided/fostered/initiated by the job retention project
- Through that they were supported to develop internal capacity
- They were also supported to develop external supports in their workplace

# Resilience as support

- ‘Adequate provision of health resources necessary to achieve good outcomes in spite of serious threats to adaptation or development.’ (Ungar 2005: 429)



# Reviewing Resilience

- Not just individual trait
- *Resilience arises from factors around a person as well as within*
- Not an alternative to support
- *Services should aim to foster and be resilient themselves*
- Not just for children
- *Resilience is about bouncing back/up from adversity – this can happen in adults and for whole communities.*



University of Brighton

Community  
University  
Partnership  
Programme



# Recovery and Resilience

- Where *recovery* is the individual's journey following crisis or adversity ...



- *Resilience* is a constellation of internal and external factors that can support and sustain that recovery.



# Recovery & Resilience

- “Whereas resilient recovery focuses on aspects of healing of wounds, sustainability calls attention to outcomes relevant to preserving valuable engagements in life’s tasks at work, in play, and in social relations.”  
(Zautra et al 2010 p6)



University of Brighton

Community  
University  
Partnership  
Programme



# Internal & External Resilience Interactions

- In resilience research there is a long standing division in accounts which identify resilience or resilient mechanisms within individuals and others which locate at least some mechanisms as arising from an interaction of the individual and their environment.



# Self fulfilling prophecy

- There is a risk in interpreting experiences of recovery from adversity that individual explanations are over emphasised and the potential for external supportive mechanisms neglected.
- This can arise particularly where external supportive mechanisms are absent or underdeveloped











Contact: [j.cameron@brighton.ac.uk](mailto:j.cameron@brighton.ac.uk)

## References

- Abelev M (2009) Advancing Out of Poverty : Social Class Worldview and Its Relation to resilience, *Journal of Adolescent Research* 24: 114
- Aumann K, & Hart A (2009). *Helping Children with Complex Needs Bounce Back*. Londo: Jessica Kingsley Publishers.
- Cameron, J., Walker, C, Haslam, H, and The Retain Support Group (2009). Working Well: how the Retain project has supported workers in Brighton with mental health problems. Brighton, University of Brighton. Available at: <http://www.brighton.ac.uk/sohp/research/resources/reports.php?PageId=720>
- Fonagy, P. (1994). "Mental representations from an inter-generational cognitive science perspective." *Infant Mental Health Journal* **15(1): 57-68**.
- Frost, N., M. Robinson, et al. (2005). "Social workers in multidisciplinary teams: issues and dilemmas for professional practice." *Child & Family Social Work* **10(3): 187-196**.
- Hart, A., D. Blicow, et al. (2007). *Resilient Therapy with children and families*. London: Brunner Routledge.
- Masten, A. S. (2001). "Ordinary magic: Resilience processes in development." *American Psychologist* **56(3): 227-238**.
- Millward, L. J., A. Lutte, et al. (2005). "Depression and the perpetuation of an incapacitated identity as an inhibitor of return to work." *Journal of Psychiatric and Mental Health Nursing* 12(5): 565-573.
- Reich J, Zautra A, Hall J (Eds) (2010). *Handbook of Adult Resilience*. London: The Guildford Press.
- Robinson, M. and D. Cottrell (2005). "Health professionals in multi-disciplinary and multi-agency teams: changing professional practice." *Journal of Interprofessional Care* **19(6): 547-560**.
- Roisman, G. I., E. Padrón, et al. (2002). "Earned-secure attachment status in retrospect and prospect " *Child Development* **73(4): 1204-1219**.
- Rutter, M. (1999). "Resilience concepts and findings: Implications for family therapy." *Journal of Family Therapy* **21: 119-144**.
- Seligman, M (2005) *Handbook of positive psychology*. New York: Oxford University Press
- Skodol, A (2010). The resilient personality. . In: JW Reich, AJ Zautra, JS Hall eds. *Handbook of Adult Resilience*. New York: The Guildford Press.
- Ungar, M. (2005). "Pathways to resilience among children in child welfare, corrections, mental health and educational settings: Navigation and negotiation." *Child and Youth Care Forum* **34(6): 423-444**.
- Wenger E, McDermott R, & Snyder WM (2002). *Cultivating Communities of Practice*. Boston:HBS Press.
- Zautra AJ, Hall JS, Murray KE (2010) Resilience: a new definition of health for people and communities. In: JW Reich, AJ Zautra, JS Hall eds. *Handbook of Adult Resilience*. New York: The Guildford Press.

# Images of Resilience

- Physical, natural & or social world?
- Solitary or community?
- Innate or developed?
- Heroes only?
- Whose responsibility?
- Response to or buffer against adversity?





Partnership  
Programme





University of Brighton

Community  
University  
Partnership  
Programme



## Resilient Therapy – Magic Box (Adapted for Adult Mental Health)

POTIONS	BASICS	BELONGING	LEARNING & Work	COPING	CORE SELF
REMEDIES	Good enough housing;	Find somewhere to belong;	Make work & learning as successful as possible;	Understanding boundaries and keeping within them;	Instil a sense of hope;
		Help understand place in the world; and that others may face similar situations			
	Enough money to live;	Tap into good influences; (eg peer support)	Engage mentors	Being brave;	Promote understanding of others
				Identifying & solving problems; (reduce self blame and guilt)	
	Being safe;	Keep relationships going; (eg educate/support partners/carers/family)	Map out career or life plan;	Putting on rose-tinted glasses; Reframing/reappraising	Help the person to know her/himself;
	Access & transport;	The more healthy relationships the better;			
		Take what you can relationships where there is some hope;			
	Healthy diet;	Get together people the person can count on;	Help self organisation	Fostering their interests;	Help the person take responsibility for her/himself;
	Exercise and fresh air;	Responsibilities & obligations;		Calming down & self-soothing;	Self advocacy
		Focus on good times and places;	Highlight achievements;	Support reflection <i>Not to feel overwhelmed by illness</i>	Foster talents;
Enough sleep;	Make sense of where the person has come from;	Remember tomorrow is another day;			
Leisure and work occupations	Predict a good experience of someone or something new;	Develop life skills;	Lean on others when necessary;	There are tried and tested approaches for specific problems, use them;	
	Make friends and mix		Have a laugh;		

### NOBLE TRUTHS

<b>ACCEPTING</b> <i>Interpersonal skills Empathy</i>	<b>CONSERVING</b> <i>Interpersonal skills Trust</i>	<b>COMMITMENT</b> <i>Ongoing support issues</i>	<b>ENLISTING</b> <i>Self (eg not passive), Family, Friends, MH profs GP</i>
---	--	--	--