

Annex A: Methodology

A.1 Research design

This research project consisted of:

- A review of the academic and grey literature and existing government policy
- New analysis of the Labour Force Survey
- A survey and focus group with members of Money and Mental Health's Research Community who have lived experience of mental health problems which necessitated time off work.
- A policy development roundtable with representatives from mental health charities, financial services organisations, regulators and employers.

Further details on each component of the research are provided below.

This mixed methods approach, combining statistics which provide a sense of the scale of sickness absence related to mental health and detailed qualitative work exploring how the financial implications of sickness absence can feed back into mental health problems, allowed us to develop a thorough understanding of people's experiences. This also helped us to uncover distinct opportunities for intervention.

We are grateful to the professionals who engaged with us through the policy development process, including those who attended our roundtable in July 2018.

A.2 Literature review

Researchers completed a review of the existing literature on people's experiences of mental health problems and sickness absence. This included an initial desk-based review of the existing legal and policy context governing employer's sick pay obligations, and ongoing debates about mental health at work. Articles for review were identified using a snowball search strategy, searching key terms relating to mental health problems, sickness absence, sick pay and welfare benefits.

A.3 Labour Force Survey analysis

The original data analysis presented in this report is based on the Labour Force Survey, the largest regular social survey in the United Kingdom, conducted by the Office For National Statistics and the Northern Ireland Statistics and Research Agency. Approximately 38,000 households are interviewed every quarter, with an additional sample of households from Northern Ireland, which are weighted to provide a nationally representative sample of the UK population. This research draws on one wave of the Labour Force Survey, collected between October and December 2017 (the most recent available when this analysis was undertaken). For some individuals specific pieces of data may be missing – they may have refused to answer a specific question for example. In this study, we do not attempt to impute these missing values

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but rely on the data available, given the sizeable data set.

Full citation of these datasets has been provided in endnotes where possible and is also copied below.

Northern Ireland Statistics and Research Agency, Central Survey Unit, Office for National Statistics, Social Survey Division. (2018). Quarterly Labour Force Survey, October - December, 2017. [data collection]. UK Data Service. SN: 8326, http://doi.org/10.5255/UKDA-SN-8326-1

Our analysis began by creating a dichotomous variable to identify people who report currently experiencing a mental health problem. This variable was derived from question HEAL using answers 12 (depression, bad nerves or anxiety) and 15 (mental illnesses or suffer from phobias, panics or other nervous disorders). This creates a highly conservative variable, capturing only those who experience a mental health problem lasting 12 months or longer. We expect that the population identified by this variable will be substantially smaller than the total number of people experiencing mental health problems, but provides a robust initial estimate.

We explored the extent to which this group experiencing mental health problems find this affects their ability to work, using variables LIMITK and LIMITA. We also analysed whether people are more likely to leave work as a result of mental, rather than physical, health problems, where they left their last job due to health reasons (identified through REDYL13, code 6). We compared this prevalence to that of people who only experienced physical health problems using another derived variable, capturing all those who reported a long-term health condition, but not a mental health problem.

Data were weighted using the weights provided by the Labour Force Survey team. As questions relating to health are only asked to those in the ILO labour force population, aged 16-64, the sample for our analysis was also restricted to this age group. As we were interested in those who are currently out of work due to health problems, our sample was not restricted to those currently in employment. The sample contains just over 5,000 people experiencing a mental health problem.

A.4 Research Community survey

Money and Mental Health collected data through an online survey of our Research Community, a group of 5,000 volunteers with personal experience of living with a mental health problem, or of supporting someone who does. Research Community members with lived experience of mental health problems were surveyed online between 11 May 2018 and 29 June 2018. Surveys were distributed by email, and through the secure online portal to Money and Mental Health's Research Community.

622 people with lived experience of mental health problems participated in our initial survey, of whom 470 were employees who had needed time off work for a mental health problem in the last five years. A mix of closed and open survey questions asked participants about their

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experiences of both times they took time off work for a mental health problem, and when they continued to attend despite being too unwell to do so. Those who had taken a period of long-term absence (longer than one month) for a mental health problem were asked a range of questions about the financial impacts of this absence, how they managed financially during this time, and how this influenced their decisions around returning to work and their mental health.

Where statistics from this survey are quoted in this report, we also provide sample size and a description of the base. This survey also contained a number of qualitative questions which were analysed thematically and used to develop the topic guide for our focus groups and to illustrate the report.

A separate survey was also conducted to generate further information related to the experiences of people who needed time off due to a mental health problem while they were self-employed. The sample for this part of the work (partly data isolated from our main survey, partly generated through a secondary survey to boost sample size) was 75 people. While the sample size was not sufficiently large to allow us to present statistics from this survey, qualitative analysis of open questions informed our understanding of the experiences of self-employed people.

A.5 Focus group

An online focus group was held on 13 June 2018 to test evidence from the desk-based research and survey, and to draw out potential solutions. The seven participants all self-identified as experiencing mental health problems and having spent time off work with a mental health problem. The focus group was carried out online to maximise accessibility and protect participant anonymity. All focus group participants were offered a £30 Amazon voucher as a thank you gift for taking part.

The focus group explored factors involved in taking time off, what income people received while they were not working, how they managed their finances and met existing commitments, how they decided to return to work and what role financial considerations played in this decision.

A transcript of the focus group was thematically coded. Emerging themes were used to formulate an understanding that was checked with other members of the research team and external experts, and cross-checked with data from both surveys and the literature.

A.6 Policy development roundtable

A policy development roundtable was held on 2 July 2018 bringing together experts from across financial services, mental health charities, employers, and other research organisations to test our initial findings and explore possible policy recommendations. This discussion informed our policy recommendations, helping to ensure our ideas were grounded in experience and practical. We are grateful for participants' generosity of spirit in sharing ideas for innovative solutions.

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