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Managing mental health problems in the workplace: are small businesses different?

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Managing mental health problems in the workplace: are small businesses different?

Abstract

Purpose: This study addresses a gap in evidence on small employer experiences of managing mental health problems in the workplace. We gathered first-hand experiences of small business managers to empirically investigate how the small business context affects the management and support of mental health problems in the workplace, and the practice implications that arise.

Design/methodology/approach: Qualitative interviews, combining semi-structured and narrative approaches, with 21 small business managers with experience of managing employees with mental health difficulties. The 21 managers recounted a total of 45 employee cases, which were analysed thematically, using a case-based matrix. Study participants were drawn from small businesses within England and Scotland (UK). Interviews were conducted between November 2019 and February 2020.

Findings: Support aligned with current understanding of effective practice, yet was often informal, instinctive and flexible. Accommodating employees with mental health problems impacted the workload of managers and co-workers, and business operation and growth. Challenges and tensions reflected the difficult balancing act faced by managers in organisations of all sizes. However, the *intensity and immediacy* of cross-pressures was enhanced for small businesses, due to their smaller workforce and lack of dedicated HRM and occupational health expertise.

Practical implications: Guidance should address the navigation of day-to-day management and support for employees with mental health difficulties, including approaches to balancing the needs of the wider workforce and business operation. Access to HR and occupational health expertise is valuable. Financial subsidies may be of lesser concern to small businesses.

Originality/value: This study offers originality in focusing exclusively on small business managers with first-hand experience of supporting employees with mental health problems. Findings challenge the perception that small firms have unique experiences, whilst highlighting contextual features that exacerbate intensity and immediacy of impacts.

Keywords: mental health, small business, workplace accommodations, wellbeing, HRM, occupational health

Classification: Research Paper

Introduction

Mental health problems are a primary factor in workplace absence and reduced productivity (Centre for Mental Health, 2017; Follmer and Jones, 2018), and have been compounded by the Covid-19 pandemic (Bryan *et al*., 2022; Hampson *et al*., 2022). The term 'mental health' encompasses a wide range of concepts and understandings, and in the workplace context is discussed both in relation to preventive strategies to promote positive mental health across the workforce and intervention to support employees experiencing poor mental health or diagnosed mental health conditions (Kelloway et al., 2023). In this paper, we take a broad conceptualisation of mental health problems, but are focused on this latter concept of support for those experiencing mental distress of some kind.

The importance of support for employees experiencing mental health problems has received substantial attention in recent years. However, there remains a dearth of empirical evidence on how these issues are addressed within the context of small businesses (defined here as those with up to 50 employees) [1]. The differing capacities and resources of small businesses to address workplace health issues are increasingly acknowledged (Hogg *et al*., 2021; Martin and LaMontagne, 2018; NICE, 2022), with recognition that strategies and interventions based on the experiences of large organisations cannot simply be scaled down and diffused across organisations irrespective of size (McEnhill and Steadman, 2015; Rucker, 2017). However, extant research evidence on how managers experience and respond to employee mental health difficulties has been generated predominantly among larger employers, and studies that include small businesses within their samples rarely disaggregate findings according to business size. The study reported here addresses this notable evidence gap. We draw on in-depth qualitative interviews with 21 small business managers who had first-hand experience of supporting employees with mental health difficulties. Our study empirically addresses the questions of *whether*, and *in what ways*, the small business context affects the management and support of mental health problems in the workplace, and the practice implications that arise.

Small businesses provide almost one third of UK private sector employment (BEIS, 2021) and 80% of voluntary sector organisations are small businesses (NCVO, 2021). Survey evidence from the UK (Brohan *et al*., 2010; FSB, 2019) indicates that 20-40% of small businesses have employed at least one person with a mental health condition, a figure likely to be higher when non-disclosure of "invisible" conditions is taken into account. Looking

beyond the UK, evidence suggests that over half of Canadian small business owners have become aware of employees facing mental health issues in the period since the Covid-19 pandemic (Auger and Pohlmann, 2022).

Certain characteristics of small firms, including their more close-knit and informal workplace relations (Wapshott and Mallett, 2015), may confer an advantage in supporting employees with mental health problems, offering greater scope for flexibility and discretion in responses to ill health and absence management (Adams *et al*., 2015; Barnes *et al*., 2009; Tu *et al*., 2019). Indeed, small firms typically experience lower levels of sickness absenteeism (ONS, 2022; Statistics Canada, 2022), and have significantly lower prevalence of self-reported work-related stress, depression and anxiety (HSE, 2021). Yet, evidence suggests that retention of employees who do develop mental health problems is particularly challenging for small firms (Fukita *et al*., 2016; Salis *et al*., 2021). Auger and Pohlmann's (2022) survey of small employers found that, despite high levels of comfort in *talking about* mental health in the workplace (68% feeling "somewhat" or "very" comfortable), less than half this proportion (31%) felt well-prepared to *address* mental health issues as and when they arose.

Whilst we observe a growing number of workplace mental health guides targeted at small businesses [2], the lack of empirical research with small employers indicates that these guides are not informed by evidence of how small business are able to respond *in practice* when mental health problems arise among their staff. Systematic reviews of employer guidelines (Memish *et al*., 2017; Nexø *et al*., 2018) note that most are based on limited evidence and overlook the applicability to the smaller firm context. Memish *et al*. (2017) conclude their review by highlighting how recommendations are inappropriate for small-medium businesses who are often resource poor and lack the confidence and expertise to implement interventions. Similarly, Nexo *et al*.'s (2018) review concludes that most guidelines recommend interventions requiring significant resources and do not acknowledge the unfeasibility of these for smaller firms.

Empirical understanding of small employers' lived experience of managing employees with mental health difficulties is essential, in order to develop feasible and tailored strategies and guidance for small businesses. Our study therefore aimed to establish foundational qualitative evidence on the perspectives of small business managers who had direct experience of supporting employees with mental health problems. We sought to identify context-specific responses and challenges, to shed greater light on the particular ways in which the small

business environment both supported and constrained effective support of employees with mental health problems. We understand effective support in this context to correspond to approaches which meet and reconcile the needs of the employee and the employer for the achievement of work-related objectives, without detriment or further distress to either party. In most cases, we would perceive success in terms of job retention and restored/maintained job performance, although we recognise that in some cases the appropriate outcome for the individual may be a change of role or employer (Irvine, 2008; Sainsbury et al., 2008).

We begin by briefly reviewing extant qualitative literature on manager experiences of supporting employees with mental health problems. As noted, this evidence base predominantly comprises larger employer perspectives. We summarise this literature to provide a backdrop against which to compare our findings generated from within the small business context, and thus to assess the extent to which small firms constitute a distinctive environment, and the implications arising.

Literature review

The right to "reasonable adjustments" or "reasonable accommodations" for employees with long-term health conditions or disabilities (including mental health conditions) is inscribed into equality legislation in many countries (e.g. UK Equality Act 2010, Americans with Disabilities Act, Australian Equal Opportunity Act 2010) and is a strong recommendation of the World Health Organisation in accordance with international human rights principles (WHO, 2022). Studies of workplace accommodation for people experiencing mental health problems show that regular meetings with a supervisor, flexible work schedules, reduced hours, modified duties and additional training are frequently reported as useful and/or desired by employees (Corbière *et al*., 2014; McDowell and Fossey, 2015; van Hees *et al*., 2022; Wang *et al*., 2011). Many such adjustments are low-cost and in principle implementable by larger and smaller businesses. However, a common theme across extant qualitative studies is that managers experience tensions in simultaneously responding to the needs of the unwell employee alongside carrying out their broader managerial role. This broader role includes ensuring the needs of the wider workforce and business operations are met, and involves the manager reconciling personal, emotional or moral conflicts alongside maintaining their own psychological wellbeing (Bramwell *et al*., 2016; Kirsh *et al*., 2018; Ladegaard *et al*., 2019; Martin *et al*., 2018; Nielsen and Yarker, 2023). This has been referred to as a "difficult

balancing act" (Bramwell *et al*., 2016) or the navigation of "cross pressures" (Ladegaard *et al*., 2019).

Previous research has found that managers are conscious of the potential impact on co-workers, who – whilst initially supportive of the unwell employee – may become frustrated or resentful, losing empathy over time as their own workload increases (Bramwell *et al*., 2016; Jansson and Gunnarsson, 2018; Ladegaard *et al*., 2019; Martin *et al*., 2015; Porter *et al*., 2019). "Managing the workplace social climate" can be challenging (Kirsh *et al*., 2018, p. 552), especially if confidentiality precludes co-workers from being made aware of reasons underlying changes in behaviour or accommodations made for an individual (Martin *et al*., 2015). In accommodating employee absence whilst protecting co-workers from additional pressures, line managers may absorb extra workload themselves, placing their own wellbeing at risk (Kirsh *et al*., 2018; Ladegaard, 2019; Martin *et al*., 2018). Similar themes have arisen in research on managers' experience of supporting neurodiverse employees, where the emotional labour required from line managers is substantial, requiring "a myriad of hidden, complex, time consuming and often emotionally draining interactions" (Richards *et al*., 2019, p.1903).

It is important to acknowledge the positive aspects of managing employees with mental health problems. These include managers gaining awareness and skills that lead to more effective responses in future, and pride from seeing an employee grow and develop (Ladegaard *et al*., 2019; Lexén *et al*., 2016; Martin *et al*., 2018; Mizzoni and Kirsh, 2006). Moreover, not all employee cases result in negative impacts or require managerial input (Jansson and Gunnarsson, 2018; Peterson *et al*., 2017). However, a desire to be inclusive and embrace a diverse workforce can sit in tension with concerns about potential costs and productivity implications of hiring employees with mental health problems (Jansson and Gunnarsson, 2018).

As noted, extant studies rarely disaggregate findings according to business size. However, Bramwell (2014), studying manager experiences of supporting people with long-term conditions, highlighted particular concerns among smaller employers regarding disability and equality legislation that was perceived as "alright for the big boys" (p.167) but prohibitive or impractical for small firms. The larger proportional impact of one employee's absence in a small business was also noted, as were anxieties about employers' (in)ability to terminate employment should things not work out. Shankar *et al*. (2014) reported mixed employer

experiences of accommodating workers with mental health problems, but noted that all of those describing negative experiences were small employers with limited resources to invest in support. Small firms were also particularly concerned about what to do (or not do) for an employee in mental health crisis. Evaluation of a recent UK government-led scheme to support small employers in the recruitment and employment of disabled people (Crossfield *et al*., 2021) found that third-sector organisations were generally positive about their experiences. However, some small private companies were unable or unwilling to support employees who needed long-term ongoing support or who struggled to conform to workplace social norms and expectations, because they did not feel they had the capacity to support less "work-ready" employees.

Data and methodology

To address the dearth of focused evidence on the small business sector, and to illuminate the practical realities of managing employee mental health problems at work, we purposively sampled small business managers who had first-hand experience of such situations, rather than exploring attitudes or hypothetical scenarios. Managers were recruited with the assistance of small business professional organisations and workplace mental health support providers. Information about the study was circulated via these organisations' newsletters, mailing lists and the researchers' attendance at in-person business networking events. Managers were invited to opt into the study on a voluntary basis, if they felt they had experiences relevant to the research focus. Reflecting the recruitment channels used (particularly the use of a workplace mental health support provider's client list), and the self-selecting participant group, it is important to note the relatively engaged character of this study sample. Several of the participating managers reported personal or close family experience of mental health problems, and around one-third of organisations had mental health or wellbeing as part of their substantive service remit.

Interviews were conducted between November 2019 and February 2020, with 21 individuals (17 female, 4 male) who held managerial roles within UK businesses of 50 or fewer employees. Fourteen were private sector companies and seven were in the charitable non-profit sector (no public sector organisations were included since, within the UK, none would fall within the category of small businesses). Businesses were located in England and Scotland. Around one-third were microbusinesses (1-9 employees). Sectors and workforce sizes are summarised in Table 1. The 21 managers described a total of 45 employee cases,

where they had managed an individual through mental health difficulties. The employees in the cases described had been recruited via competitive channels into mainstream employment roles, with the exception of one who was recruited via a scheme for individuals with long-term health problems.

The study adopted a broad definition of mental health problems, and was led by the perceptions and understanding of the managers who volunteered their experiences of supporting employees. According to the concepts and terminology used by managers, most cases concerned common mental health problems (e.g. anxiety, depression, stress), whilst a minority were rarer conditions such as bipolar or personality disorder, or involved substance use and addiction. Reflecting a broader concept of mental distress, some managers described cases involving domestic abuse, relationship breakdown, childhood trauma or bereavement.

TABLE 1 HERE

Interviews were conducted on a 1-1 basis by the first and second authors (13 and 8 interviews respectively) and took place either by telephone (n=17) or in person (n=4) according to participant preference. All interviews were audio-recorded, with permission, and lasted between 37-110 minutes (average 71 minutes). Interviews used a combination of narrative and semi-structured approaches (Scheibelhofer, 2008) to gather in-depth employee case examples alongside broader contextual information about the business and its overall approach to occupational health. Topics included: how the employee's mental health difficulties came to light, absences and absence management, sources of information and guidance accessed by managers, impacts on the workplace, resolution or outcome, and learning points for the future. Interviews were transcribed professionally, and accuracy checked by the first author.

The research had primarily practice-focused aims. Accordingly, our epistemological stance was pragmatism (Kelly and Cordeiro, 2020), seeking to identify actionable knowledge with potential to lead to practical change and improvement. Concurring with critiques of the concept of data saturation as applied to exploratory qualitative studies (O'Reilly and Parker, 2013; Braun and Clarke, 2021), we instead align with Malterud *et al.*'s (2016) concept of "information power" which was achieved through the richness of interview dialogue, the narrowly-focused study aims, and specificity of sampling.

Analysis combined thematic and case-based approaches (Spencer *et al*., 2014; Nadin and Cassell, 2004). Detailed case summaries were produced for each of the employees described by managers, using an Excel matrix in which each row represented an employee case and each column detailed key features of the case including: nature of mental health problem, awareness/disclosure, absences, adjustments, employment outcome, impacts, and managers' learning points. Thematic analysis applied to the 45 cases allowed a dual focus on *a priori* themes (e.g. absence management, workplace accommodations, impacts) and the identification of emergent themes (e.g. management cross-pressure, role of co-workers, capability and performance management). Throughout the analysis, in dialogue with the existing literature, we maintained a focus on identifying what was distinctive to the small business context.

Findings

In the subsections below, we present findings on the effects on employee performance, workplace adjustments and support, and our analysis of the multiple and interwoven impacts of employee mental health problems on managers, co-workers and business operations and growth. This is followed by a summary reflection on the challenges and tensions associated with these impacts, before moving on to a discussion of practical implications.

Effects on employee performance

Effects of mental health problems on employee performance related both to their physical absence from the workplace and to changes in capacity when present at work. Varied patterns of absence were observed among the employee cases described. Some had not taken any time off sick and had been able to carry out their work role alongside fluctuating mental health, using adjustments such as flexible hours and working from home. Others had had occasional, sporadic and/or long-term sickness absences.

Effects on performance when present in the workplace included difficulties fulfilling duties, remembering tasks or meeting deadlines, and sometimes concealment of errors or uncompleted work. Indeed, concerns about performance and productivity were sometimes the way that mangers first became aware of an employee's mental health problems:

> *There was a member of the team* [whose] *work was deteriorating, and we couldn't understand why. So I called them into a meeting one day, with their line manager, just*

> *no warning, and I just called them in and I sat them down, and I said, 'This isn't a formal meeting, but we've noticed that your work is deteriorating, and we want to understand why.' And all this stuff came out around their mental health and they'd experienced childhood abuse, and it had sort of come to the fore, if you like … I think they'd locked it away for years and it had suddenly come out, and so they were struggling to deal with it*. (Manager 5: Consultancy, 30 employees)

Other effects on performance included conduct that was deemed inappropriate to the workplace (e.g. confrontational behaviour or sending inappropriate messages to colleagues out-of-hours), perceptions of persecution or paranoia, tearfulness and social withdrawal, and episodes of acute distress that sometimes involved sudden exit from the workplace in the middle of a working day:

> *I genuinely believe it was because her mental health wasn't right, but she started to feel as though the other staff members were getting at her … She was clearly struggling. Everybody could see that she was struggling, and her frame of mind was very negative, and it was like it came off her in waves in the team. It was affecting everybody in the team, and in the end she said something really inappropriate* [in front of] *the full team.* (Manager 7: Social Care, 33 employees)

> *It was mid-morning. She'd only been in for about an hour and she literally did a runner, out the office, and obviously that scared everyone and, you know, they were ringing and she was distressed when she went. So we got the call and we rang her partner, he was on his way, she wasn't answering her phone to us, but then she answered it to him and she was in a local park, so we called an ambulance, and then she went into hospital*. (Manager 21: Information and advice, 49 employees)

As we explore in the sections below, both absenteeism and presenteeism could have challenging impacts for managers and colleagues. However, although in this paper we focus on surfacing the tensions and difficulties faced by managers, we feel it important to note that not all cases were perceived as problematic. Factors that were felt to support the effective management of situations included open two-way communication, employee insight into their difficulties, employee willingness to consider/accept adjustments, and proactivity in managing symptoms.

Workplace adjustments and support

Managers had offered a range of adjustments and supports to employees with mental health problems (summarised in Table 2). In many ways, the adjustments offered echoed findings of the wider research evidence base. However, there were also ways in which the small business context appeared to shape responses. Regular individual support meetings (of varying degrees of formality), flexibility in hours (including time off to attend medical/therapeutic appointments) and reduced workload or amended duties were the most common adjustments described by managers:

> *I continue to have a fortnightly appointment in my calendar for me and them to sit down and just have a quick catch-up to see how their mental health is, just to keep tabs really. And they can talk to me at any time, but it's just so that we've got that time in the diary to sit down every fortnight to just have a quick sort of check-in to see how they're doing, if there's any issues that are coming up.* (Manager 5: Consultancy, 30 employees)

> *There's one person in the team who, at the moment, suffers quite badly with anxiety – does a brilliant job, really, really good, really committed to his work but the hours that he was working were too many, so we dropped the hours down a little bit and that's been helpful. And that's actually helped to retain that person … I didn't want to lose this person because they're very good, so we made that adjustment and, you know, keep an eye on what's happening there*. (Manager 20: Community Development, 12 employees)

Around half the organisations provided access to counselling services, either via an Employee Assistance Programme (EAP), health insurance package, or on a case-by-case basis [3].

TABLE 2 HERE

Although most managers had an awareness of their legal obligation to support employees with mental health (and other) disabilities, there was a sense that these duties were not the primary driver of their actions. Rather, organisations were built on fundamental values of support and compassion, which shaped their responses regardless of the legal framework. Managers recognised that, particularly in small businesses, their staff were an essential

resource whose wellbeing was paramount, as recruitment was difficult and they had often invested significant time in company-specific training and orientation. This meant they sometimes went above and beyond their legal duties in supporting employees through episodes of ill health or personal crisis. For example, there were instances of employees being granted exceptional amounts of paid or unpaid leave (outside of normal absence policies), informal handling of short-term absences (e.g. employee not required to produce a doctor's note), direct liaison with family members (partners or parents), and financial loans from company funds to address personal circumstances connected to mental health problems. These ad hoc and informal types of support may reflect the greater flexibility of responses available to small firms that have fewer established bureaucracies around absence management and occupational health intervention. For example, one manager described an employee's extended period of paid leave as follows:

> *I mean, we're a small business; we can call it what we like! We paid her, and we just said we wanted her to understand that it's much more important to us that she gets better, than anything else … I think we referred to it as compassionate leave internally. It was more, 'just take the time that you need'.* (Manager 16: Consultancy, 4 employees)

Notably, there were no cases where an employee had been redeployed as part of workplace adjustments. This may reflect the size and structures of small firms, where fewer opportunities exist to move an employee into an entirely different role or department. Whilst all organisations had been able to make some adjustments for employees where required, there were sometimes limits to what could be offered, and to the sustainability of accommodations in the longer-term, as we discuss further below.

Impacts on managers

Managers' own workload was often directly impacted by the reduced productivity of an unwell employee. In some cases, this was described as short-term and manageable, but sometimes the impact had been substantial. Small firms' limited ability to source or pay for cover – particularly at short notice – could mean that workload cascaded upwards to managers when employees were absent:

> *It means that the rest of us – even me, the knock on effect on me as Chief Exec – the knock on effect is my senior management team have to do the operational*

> *management team roles, who then have to drop down into the supervisors' roles, who are then doing the frontline role and I have to do the senior manager* [role]*, so I end up feeling the effects … Somehow I will be doing work that I shouldn't be doing, but I know I'm doing it because of that cascading effect*. (Manager 21: Information and advice, 49 employees)

In small businesses, the support role often fell to a single individual who was invariably carrying out multiple roles within the firm, already working close to capacity and often without specific Human Resource Management (HRM) or occupational health expertise. Thus, the practical and emotional load arising from balancing competing interests was felt acutely:

> *In a small business, I mean I've got this fancy executive director role but I'm anything from the cleaner, the family support worker, I can step into any role, designer, the web editor, you know! So you're conscious you're spinning a lot of plates really, probably with insufficient resources and then, of course, you're looking at your own personal reserves in terms of your own mental health.* (Manager 10: Healthcare, 20 employees)

Managers had invested significant time in supporting certain employees through mental health problems. This included time spent directly with the employee (be that in scheduled support meetings or in responding spontaneously to occasions of emotional need arising in the workplace), and time spent on planning to ensure the employee's needs could be accommodated and appropriately handled:

> *Because it's such a small business, and I've got my fingers everywhere being the manager, her issue would take up my whole time, and then I've still got the rest of the work to do, and trying to fit that into the work day, or at home, take it home.* (Manager 14: Healthcare, 20 employees)

This additional investment of time spent managing workplace situations could divert managerial resources away from other areas of the business, as detailed further below.

Impacts on co-workers

Managers perceived that co-workers were often supportive of colleagues who experienced mental health problems and were willing to accommodate periods of reduced productivity. However, cases were described where an employee's mental health difficulties had directly affected the workload of their colleagues, which over time became less tolerable. Mirroring impacts on managers, co-workers sometimes absorbed the workload of an employee who was absent or unable to carry out their usual duties due to mental health problems:

> *In a big organisation, potentially you can carry that. In a smaller organisation, it becomes very, very difficult to carry that, because the bulk of a load drops on very few people … The fact that this person's away, they're making mistakes, they're basically not functioning properly, then someone else has to pick that up.* (Manager 2: Healthcare, 20 employees)

> *It does have a real impact on the other team* [members] *because they're all of a sudden having to work extra shifts, or work longer shifts, or even working harder when they're in on site because they're having to effectively carry this person*. (Manager 18: Food production/retail, 50 employees)

In some cases, co-workers spent substantial amounts of time offering emotional support to an unwell colleague. This drew them away from their own duties, further reducing productivity and increasing work pressures. Managers were mindful that if co-workers' workload increased significantly, this might lead to them developing stress-related difficulties of their own. For this reason, some managers were conscious of limiting additional demands placed on co-workers, instead taking up the majority of the absent/unwell employee's workload themselves:

> *If somebody's off, there's no money to pay for a temp to come in and do the work, or get somebody from an agency to come in and do the work. The rest of the team carry the work … and the impact then on other staff* [who] *are trying to take on more and respond to more, means that then you're putting those staff under pressure, which will then affect their mental health.* (Manager 7: Social Care, 33 employees)

Some managers described how the mood and behaviour of the unwell employee could permeate the wider workplace, lowering morale and causing uncertainty, stress and distress

for other workers. These issues were more apparent in organisations where staff worked in close spatial proximity:

> *We're a very small team and you can really feel it in the office when she's not feeling great or she's not happy with something, so it does sometimes affect morale.* (Manager 1: Social Care, 30 employees)

If practical or emotional demands on co-workers persisted, their capacity to accommodate and empathise with the needs of the unwell employee could wane, despite initial goodwill. In describing the long-term effects on co-workers, managers used terms such as "*draining*", "*exhausting*" and "*demoralising*". Where co-workers became less tolerant of the behaviours, emotions or reduced productivity of the unwell employee, managers could be in a position of needing to smooth out "*ruptures*" and appease frustrations.

Impacts on business operations and growth

Workplace absence, alongside the diversion of managerial and co-worker resources to support employees with mental health problems, could affect small firms' capacity to maintain levels of service provision or productivity. Unpredictable absences were particularly challenging and, in some ways, more difficult to manage than long-term absences, where there was more scope to plan and adjust staff resource. Due to absences of employees with mental health problems, some firms experienced tangible and quantifiable effects on productivity or service quality. For example, some managers had become aware of client complaints or reductions in customer satisfaction, and two charitable organisations had cut areas of provision due to the employee's absence:

> *Because we're on an advice line platform, we know how many calls are coming through, we know how many calls are in the queue, we know how many people drop out. You can see a direct correlation between that. So there is real tangible evidence to prove that* [employee] *being off because of her depression means that there is client dissatisfaction.* (Manager 21: Information and advice, 49 employees)

> [Absences were] *having a proper impact on our ability to deliver, and certainly reputation as well … We run a number of regular and ongoing groups and activities, and actually, you know, just delivering them sporadically was having an impact.* (Manager 12: Community Development, 21 employees)

Where business operations were maintained, this tended to be through the enhanced efforts of managers and co-workers, who increased their workload and working hours.

Whilst costs of long-term sickness absence (i.e. sick pay and implementing staff cover) were recognised as potentially significant impacts, such scenarios were apparently rare. As the following quote indicates, the critical issue was not the financial cost of paying absent employees but the impact of their absence on business operations:

> *The fact of the matter is, we can't afford, as a small business, for him to be signed off work … Cost-wise, okay, we don't pay anything other than statutory sick pay, but our projects would grind to a halt, our work would just be ridiculous to manage with one less staff member.* (Manager 3: Skilled manual, 3 employees)

In addition to reduced overall productivity, managers described missed or deferred opportunities for business growth. Some firms had placed planned business developments on hold and were less able to focus on strategic developments whilst managers took on additional workload or devoted time to supporting an unwell employee:

> *There's two things: so one is that I've spent time having to talk to her while she could have been working, but another one is I've had to do more work myself … which has meant I've not been able to work on what I needed to work on as much … I then didn't have time to go to networking events, to see my clients, to promote myself. I haven't had time.* (Manager 17: Digital marketing, 3 employees)

> *My role is also very much business development … and certainly over a kind of three, four-month period, when it started to become more and more obvious that she was struggling, I definitely stepped back a bit from pushing client engagements to sort of supporting at home, as it were, to try and strengthen that side … So you've got to divert your attention somewhere, and it's going to have to be away from the core things you're doing … We didn't lose any clients* [but] *we didn't chase some prospects as hard as we normally would.* (Manager 16: Consultancy, 4 employees)

Overall, it was notable that direct financial impacts of supporting employees with mental health problems did not emerge as a primary concern for this group of small business managers. Rather it was reduced productivity, the consequent increase in pressure on other

members of staff, and (in some cases) indirect financial impacts of delayed business growth and development that were emphasised.

Challenges and tensions in managing employee mental health problems in small businesses

Whilst the majority of managers had responded initially with an informal approach, driven by compassion and a wish to support their valued employees, the conflux of impacts described above could create significant challenges and tensions over the longer-term. Ultimately, managers needed to balance support for the employee with the wider needs of the organisation, including co-worker wellbeing and overall business operations:

> *There would be some scenarios that we would find it very difficult to be as flexible, because we just don't have the resources. And that's why I try to explain to people, look, whilst we are* [supportive]*, we are very small. We do what we can but, you know, do be aware that there will be limitations to what we can do.* (Manager 10: Healthcare, 20 employees)

> *When you're a small business it's really tough when somebody's experiencing mental health problems that are affecting their work. I don't think there's any easy answer to that, because they must be supported, and it's right that they're supported, but it's just really hard. It has a big impact on other colleagues and a big impact on the business reputation and growth.* (Manager 1: Social Care, 30 employees)

Some managers spoke about the need to balance their desire to recruit and support employees with mental health problems with the need to maintain effective business operations. Their ability to support was constrained by minimal HR capacity and ultimately a finite ability to offer unlimited support:

> *I think* [mental health] *is a very difficult issue and I think it's one that every company probably is going to have to deal with at some point, regardless of their size. And I think small businesses, in particular, just aren't set up for it … Bigger organisations will have HR teams and people that have got HR training. If you run a small business, you haven't got that kind of thing*. (Manager 5: Consultancy, 30 employees)

> *In terms of the spread of people with mental health needs across the organisation, you need to be able to balance it. So if we had everyone with the types of support needs that* [employee] *had, then we'd be in trouble really quickly and there's no way we'd fulfil the contract and we would have to be putting in paid backfill staff, and that would sink us*. (Manager 21: Information and advice, 49 employees)

In situations where an employee's mental health difficulties were prolonged and impacted their performance and workplace conduct, some managers found themselves in a position of uncertainty and dilemma about whether it was appropriate to introduce performance management or capability measures. Small business managers' lack of HRM expertise could leave them unsure as to what type of more formal intervention would be (ethically and legally) legitimate. In such cases, the services of an external HR provider had been a valuable resource where available. However, managers without access to HR specialists sometimes found that generic workplace mental health guidance was inapplicable to their organisational structure:

> *A lot of the advice just assumes that there are a series of people that do different things, whereas in a small business, there's usually one of you or there's a small team of you.* (Manager 6: Consultancy, 6 employees)

> *Our HR team is effectively one person and me, and so we don't really have the resource to constantly support them.* (Manager 18: Food production/retail, 50 employees)

In addition to concerns about acting appropriately in situations of capability or conduct procedures, managers were also mindful of the time demands and additional stress entailed in dealing with legal situations. In small businesses that lacked a dedicated HR department, this load might fall upon just one or two individuals and would further divert resource from core business functions:

> *The prospect of perhaps a tribunal going through is something I really don't need. It's a massive drain on our resources as a small business. We don't have a separate HR department. It would be me and my* [deputy] *dealing with all of that, and maybe it sounds a bit selfish about saying that, but it does have a really big impact on our time, when we could be focussing that time on our existing team, and growing the business*. (Manager 1: Social Care, 30 employees)

In summary, a tension existed for small business managers, between their desire to accommodate and support employees who experienced mental health problems, and the practical constraints that limited resources placed upon the organisation's ability to do so.

Discussion

This study addresses a specific gap in evidence about experiences of managing and supporting employees with mental health problems in small businesses. Whilst workplace health policy and guidance increasingly acknowledges the differing context and capacities of smaller firms, the consequences and implications of such differences have not yet received explicit research attention. In addressing this knowledge gap, our study findings simultaneously offer some challenge to the perception that small businesses have uniquely different experiences, whilst also highlighting certain areas where current support and guidance for managers may fall short for smaller firms.

Firstly, it was notable that the most commonly offered workplace accommodations in the cases described, such as regular 1-1 support meetings, adjustments to hours, and flexible approaches to work scheduling and location, reflect previous research findings on what is helpful and frequently implemented (Irvine, 2008; McDowell and Fossey, 2015; Nielsen and Yarker, 2023; Zafar *et al*., 2019). This suggests that small firms are not necessarily constrained in their capacity to respond in supportive ways that are aligned with current understanding of effective practice. Moreover, there was some evidence of more informal and personal approaches, for example contact with family members, discretionary financial support and informal handling of short- and long-term absences, suggesting that small firms may in some ways have an advantage in greater flexibility of response. However, the lack of instances of complete redeployment may reflect a constraint posed by the size and structure of smaller firms.

Disability equality legislation was not a primary driver for managers in the present study, when implementing adjustments and support for employees with mental health problems. Notably, research for the Equality and Human Rights Commission (Winterbotham *et al*., 2015) found 44% of UK small and medium employers were unaware of the Equality Act 2010 and less than half of microbusinesses said they provided reasonable adjustments. It is possible that this reflects the instinctive nature of supportive adjustments within smaller workplaces; managers may not perceive their actions as "reasonable adjustments" formally

construed. At the same time, small employers are particularly likely to be found liable at tribunal for failing to thoroughly consider the scope for reasonable adjustments (Lockwood *et al*., 2014). There is thus perhaps a paradox at play, in that – while ostensibly laudable – small firms' instinctive and informal actions might benefit from more explicit framing, to ensure that systematic and thorough consideration is given to the range of supports that might be put in place.

Secondly, our findings suggest that the managerial challenges and tensions faced by small business managers are also not entirely distinctive or unique, and reflect the "difficult balancing act of often contradictory and incompatible demands and pressures" (Bramwell *et al*., 2016, p. 245) observed in prior studies. Rather, it is the *intensity and immediacy* of these cross-pressures that might differ for small businesses, due to their smaller workforce and corresponding limits on human resource capacity. An obvious but perhaps underemphasised fact is that, in the smallest businesses, the absence or reduced productivity of just one member of staff may equate to ten or twenty per cent of the workforce, a substantial proportional impact that rapidly cascades outwards and upwards to co-workers and managers. Close social and spatial proximity of small workplaces mean that the practical and socioemotional impact of supporting mentally unwell colleagues is intensified. This is compounded by a lack of access to dedicated HRM and occupational health expertise.

In the smallest firms, our study found that the weight of responsibility loaded onto a single individual who simultaneously provided practical and emotional support, accommodated increased workload (whilst maintaining their own operational role) and responded to resultant practical, social and emotional effects on co-workers. This led to the manager juggling and balancing multiple roles and demands, a challenge that exists for managers in organisations of any size but, we suggest, is felt more acutely in small businesses. Managers described a conflux of overlapping impacts on co-workers, business operations and themselves. Critical challenges arose where adjustments became unsustainable in the longer term, because the effect of the employee's reduced productivity or workplace behaviour was becoming increasingly difficult for managers and co-workers to accommodate. For small businesses, the speed with which adjustments and accommodations begin to become unsustainable might be faster than in larger firms. With limited scope to bring in additional staff resource and more immediate impacts on business productivity, we infer that small firms' ability to

support and accommodate in the longer term may be more limited than for larger organisations, given their finite capacity to "carry" unwell employees.

Practical implications

A key observation is that, in the smallest firms, a single individual was often fulfilling multiple roles around formal and informal management and support. As such, occupational health guidance for line managers that emphasises intervention from compound tiers of departmental management neglects the situation for many small businesses, where the line manager may be the *only* manager. A recent scoping review (Corbière *et al*., 2020) identified no fewer than 11 potential stakeholders in return-to-work from mental health related absence, each with multiple actions to complete at different stages of the process. Our findings suggest that the persistent reference to HR departments, occupational health services and higher tiers of management (to which matters can be escalated), is one way in which current guidance falls short for small businesses.

As a complement to widely available guidance on strategies for prevention and promotion of mental "wellbeing" at work, our findings also indicate a need for tailored guidance for small businesses that tackles the more complex, and potentially contentious, issue of day-to-day management and support for employees with manifest mental health conditions. There is a need for guidance that goes beyond the description of workplace adjustments and incorporates information on how to (ethically and legally) approach situations where performance and capability need to be broached. Access to specialist occupational health and HRM expertise is valued by managers when addressing the needs of employees with mental health problems (Kirsh *et al*., 2018), but both are less readily available to small organisations. Better access to affordable external HRM and occupational health expertise would benefit small firms (de Oliviera *et al*., 2020), particularly in guiding their response in cases where performance and capability issues arise (Gignac *et al*., 2021). Improving access to occupational health support through supply chains with larger organisations has been proposed as one potential solution (FSB, 2019).

Our findings indicate that financial impacts of sickness absence are of relatively lesser concern to small employers, and that adjustments are typically low-cost. As such, policy recommendations to increase government subsidy of statutory sick pay (Molyneux, 2021) or to incentivise hiring through National Insurance exemptions (FSB, 2019) may be of limited

effectiveness in addressing the primary day-to-day management challenges faced by small business employers. Rather, it is the balancing of competing psychosocial needs and workloads of the overall workforce which are of greater concern when an employee's mental health problems become long-term; effective interventions in this regard may include coaching for small business managers and workplace mediation. Finally, in highlighting the practical and emotional load borne by managers in smaller firms, our findings confirm the importance of support for manager wellbeing in small businesses (Martin *et al*., 2020).

Limitations and future research

The major strength of this study was its specific and detailed focus on *first-hand* experiences of small business managers, as opposed to scoping attitudes or perceptions towards employees with mental health problems. However, our study captured the experiences of a relatively engaged group of employers, several of whom had professional backgrounds in mental health and wellbeing. Future qualitative research should seek to gather perspectives of small businesses who are less predisposed or equipped to offer support and accommodation to employees who develop mental health problems. The absence of corresponding employee accounts is also a limitation of the present data. Future research designs that gathered dyadic (employer-employee) or whole workplace case studies, using longitudinal methods where possible, would be of great value to this field of enquiry.

Additionally, the present study was conducted in a context where workplace mental health is high on policy and practice agendas, legal frameworks exist to protect the rights of employees with mental health problems, and concepts of workplace wellbeing have been adopted into everyday discourse. Our findings may not reflect the experiences of small business managers in other geographical and socio-political contexts where the structure of employment relations, workplace health and safety legislation, diversity and equality law, and the broader discourse of mental health differ from the UK position. Future research could gather qualitative comparative evidence on the experiences of small businesses across a wider global context, perhaps shedding light on the role of legislative and socio-cultural approaches to workplace mental health support.

Conclusion

Attention to the experience of managing employee mental health problems in small businesses is essential to improving the quality of support and guidance offered to managers,

and in turn employees, within this sector. In this study, we analysed how the distinctive context and characteristics of small workplaces shaped and constrained managerial responses. To our knowledge, our study remains unique in focusing specifically, and in qualitative depth, on small business managers with first-hand experience of supporting employees with mental health problems. Whilst the managerial responses and challenges revealed by this study suggest that the broad dimensions of experience are perhaps universal, we suggest that they may be more intense and immediate in the small business context, due to the close social relations, limited human resources, juggling of multiple roles, and limited access to specialist HRM and occupational health expertise that characterise these firms. As recognised in recent UK public health guidance (NICE, 2022), there is a need for further research into the specific needs of small businesses regarding both preventive and responsive approaches to supporting mental health in the workplace. The present study has made a foundational contribution to answering this call.

Notes

[1] Business size was defined using the EU classification for small businesses as being those with up to 50 employees. We also refer to the subcategory of microbusiness (up to 10 employees). See: https://eur-lex.europa.eu/EN/legal-content/glossary/small-and-medium-sized-enterprises.html

[2] For examples, see: https://www.mentalhealthatwork.org.uk/toolkit/mental-health-for-small-workplaces/ and https://www.worksafe.vic.gov.au/workwell-toolkit-small-business

[3] The proportion of organisations offering EAP provision is notably higher than typically reported in survey research with small businesses (McEnhill and Steadman, 2015; Tu *et al*., 2019), and is reflective of the study's recruitment channels.

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TABLE 1: Sample overview

Participant ID	Gender	Sector	Industry	Employees
Manager 1	Female	Private	Social Care	30
Manager 2	Male	Private	Healthcare	20
Manager 3	Female	Private	Skilled manual	3
Manager 4	Female	Private	Manufacturing/sales	49
Manager 5	Female	Private	Consultancy	30
Manager 6	Female	Private	Consultancy	6
Manager 7	Female	Charity	Social Care	33
Manager 8	Female	Charity	Social Care	7
Manager 9	Female	Private	Healthcare	32
Manager 10	Female	Charity	Healthcare	20
Manager 11	Female	Private	Law	50
Manager 12	Male	Charity	Community development	21
Manager 13	Female	Charity	Community development	9
Manager 14	Female	Private	Healthcare	20
Manager 15	Female	Private	Construction	54*
Manager 16	Male	Private	Consultancy	4
Manager 17	Female	Private	Digital marketing	3
Manager 18	Male	Private	Food production/ retail	50
Manager 19	Female	Private	Animal care	10
Manager 20	Female	Charity	Community development	12
Manager 21	Female	Charity	Information and advice	49

* This business had fewer than 50 employees at the time of the employee mental health cases described

TABLE 2: Types of adjustments and support offered to employees

Workplace adjustments
Phased return to work, including reduced hours and/or reduced duties Flexible hours and opportunity to work from home (sometimes within a general flexible/remote working policy) Time off (or flexibility in hours) to attend medical and psychotherapeutic appointments Time during the working day to work on psychological self-help and training
Monitoring and identifying needs
Regular 1-1 meetings, to review workload and check wellbeing Wellness Action Plans/Individual Support Plans Paying for occupational health assessments
Additional support
Funded counselling/therapy, via an Employee Assistance Programme, employer's health insurance or a local provider Support to access and purchase self-help materials Coaching, mentoring and career planning Personal or discretionary actions e.g. sending flowers, taking the employee out for lunch, providing a loan from company funds