



**Interreg**   
2 Seas Mers Zeeën  
**PATH**  
European Regional Development Fund



**iHV** Institute of  
Health Visiting  
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# Project: Exploring workplace provision for new and expectant parents with existing or emerging mental health issues

## ARTICLE 1

Phase 1: Workplace factors that enhance or compromise parental mental health during pregnancy and the first postnatal year. A scoping review.



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**PUBLICATION DATE:**  
May 2021

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## 1. Abstract

For many people, the two most dominant life domains that determine their mental state are work and family. The transition to parenthood can be a particularly stressful time as parents adapt to the demands of looking after a baby and the changes in relationships, responsibilities and circumstances. The accompanying biopsychosocial changes may trigger exacerbations of pre-existing mental health problems or new symptoms of mental ill-health. As all men and women spend a significant amount of time in work, how employers treat new parents will influence their wellbeing, their ability to work effectively and their work-life balance. This scoping review, conducted in 2020, and guided by Arksey and O'Malley's framework, sought to identify workplace factors that enhance or compromise parental mental health especially in the 9 months before, and the 12 months after, the birth of a baby. A search of academic databases and grey literature led to the identification of 50 articles that met the search criteria. The articles were imported into NVIVO11 software and thematically analysed and substantiated with data and evidence from 57 surveys and reports. The majority of the articles/ reports were generic and focused on either the mental health needs, or caregiving responsibilities, of all employees. The needs identified and strategies recommended were blended together and tailored to the needs and circumstances of expectant and new parents. The findings are presented under two main themes: workplace culture and flexible working arrangements. The former highlights the need for a greater emphasis on emotional wellbeing in organisational infrastructure and managerial support. The latter includes flexibility in working hours, the working environment, annual leave, and arrangements to support employees before, during, and after, parental or sick leave. The findings were synthesised into 10 recommendations for employers.

## 2. Introduction

Everybody experiences challenges in life that can affect their mental health. For many people, the two most dominant life domains that determine their mental state are work and family (Michel et al, 2011). Challenges within, or conflict between, these two domains can lead to adverse personal health outcomes such as stress, anxiety, depression, hypertension and substance misuse (Nomaguchi & Milkie, 2020). In 2017/2018, 57% of all sick days taken in Great Britain were due to work-related stress, anxiety or depression (Health and Safety Executive (HSE), 2019). Absenteeism is not the only problem. Adverse outcomes for organisations and individuals include presenteeism (employees going to work but not being able to function effectively), leaveism (employees working whilst on holiday, sick leave or outside contracted hours) and increased turnover intentions (Chartered Institute of Personnel and Development (CIPD), 2019b; Michel et al, 2011).

It has been suggested that the prevailing competitive workplace culture that venerates long hours and constant availability conspires against the provision, acceptability and uptake of working arrangements that promote family and emotional wellbeing (Jones, 2019). According to the Modern Families Index 2019, 78% of working parents in the UK are putting in extra hours of work every week, despite evidence that longer hours are counterproductive and associated with increased likelihood of depression (Working Families & Bright Horizons, 2019). The UK Working Lives Survey 2019 found that 22% of respondents felt under excessive pressure and/or exhausted at work (CIPD, 2019a). This is particularly pertinent for parents with small children who may be struggling with sleep deprivation for at least the first 6 years of parenthood (Richter et al, 2019).

The majority of men and women spend a significant amount of their time in work. The employment rate for women aged 16+ in the UK was 72.4% for the period Oct – Dec 2019 with 40% of women employed part-time. The employment rate for men in the same period was 80.6% with 13% employed part-time (Devine & Foley, 2020). Three-quarters of women (75.1%) and 92.6% of men with dependent children were in work, April- June 2019 (Office of National Statistics - ONS, 2019). Having children adds to the challenges of achieving work-life balance. Nearly half (43.8%) of parents of 0-4 year olds made changes to their working arrangements for childcare reasons, with 3 in 10 mothers and 1 in 20 fathers reducing their working hours because of their parenting responsibilities (ONS, 2019). Over a third of parents of 0-4 year olds encountered obstacles in fulfilling their childcare responsibilities because of their work commitments. Obstacles included long working hours, unpredictable or difficult work schedules, having a demanding or exhausting job, or a long commute (ONS, 2019).

Children need time, care and attention in order to develop and thrive (HM Government, 2019), especially in the first 1001 days when the quality of the nurturing environment determines the structure and function of the infant's developing brain (WHO et al, 2018). Milkie et al. (2019) found that almost half of employed mothers and fathers felt as if their time with their children was not enough. The feelings of inadequacy were associated with parental sleep deprivation, frustration and psychological distress. Higher levels of work-family conflict undermine parenting

capacity through various mechanisms and increase the likelihood of compromised social, educational, behavioural and physical development of the child (Cooklin et al, 2014; Dinh et al, 2017; Moreira et al, 2019).

Work-family conflict (WFC) refers to the degree to which work performance hinders performance in the family domain. It is generally seen as time-based, strain-based and behaviour-based (Michel et al, 2011). Goode (1960), in his theory of role strain, proposed that individuals have finite resources of time and energy. These resources are often stretched to the limit by the multiple, and often unpredictable, demands of work and family and are especially resonant in the first postnatal year. It is not surprising therefore that a bi-directional relationship has been observed between work-family conflict (WFC) and parental psychological distress (Hokke et al, 2020; Westrupp et al, 2015). In a survey by Business in the Community (BITC) of parenthood, caring and work (n=10,225) only 37% of men and women with caring responsibilities felt that they had the right balance between work and care (BITC, 2019b). In a survey investigating work-life balance for millennial dads (n = 2002), over a third of fathers (37%) agreed that the struggle to balance work and parental responsibilities had a negative effect on their mental health (Daddilife & Deloitte, 2019).

One in four adults experience a mental health problem at some stage in their lifetime (Health Survey for England, 2014). One in six employees experience mental health symptoms at some point in their career (Deloitte, 2017). At least 25% of mothers and 10% of fathers experience psychological distress (stress, anxiety, depression) during pregnancy or the year after they have a baby (Howard et al, 2018; Leach et al, 2016; Paulson & Bazemore, 2010; Petersen et al, 2018). This may partially explain the statistic that twice as many women (19.8%) as men (10.9%), in full-time employment are likely to experience a mental health problem (Stanfield et al, 2016). Around 30-50% of mothers diagnosed with depression have multiple episodes over the first few years of their child's life (Vliegen et al, 2014). For some mothers, symptoms of depression may persist for eleven years (Netsi et al, 2018). It is likely that a significant number of working parents are coping with multiple challenges that adversely affect their mental health.

Many employees do not disclose their symptoms of mental ill-health to their line managers (MIND, 2019; Opinium, 2019). Many parents do not disclose their symptoms of mental ill-health to clinicians (Henderson & Redshaw, 2013). Non-disclosure prevents employees/parents accessing the help they need that will lead to wellbeing. Mental health exists on a continuum, so it is not just about identifying individuals with mental health problems, although there are benefits to employers of doing so. In 2015, retention in the workforce of individuals living with mental health problems contributed £226 billion gross value to UK GDP. This equated to 12.1% of the country's economic output (MHF & Unum, 2016). Workplaces that promote all aspects of mental health from prevention to early identification, and prompt referral to acceptable support, are likely to have a happy, motivated, productive workforce. Prevention and early identification must include recognition of the unique needs and stresses of parents and carers.

Not all parents find the transition back to work, or the challenge of balancing work and family commitments, inherently stressful (Nomaguchi & Milkie, 2020). This may be a result of personal motivation to reclaim professional identity, deploy work-based skills, regain control and re-connect with colleagues (Cooklin et al, 2015; Woolnough & Redshaw, 2016) or the benefits of supportive features of the work/ family environment. Many organisations have embraced a range of initiatives to improve employee wellbeing and support for working families. However, the UK ranked 28th out of 41 high and middle-income countries, in terms of family-friendly policies (Chzhen et al, 2019), and 24th out of 25 comparator countries in an analysis of work-life balance (CIPD Megatrends survey, 2019) which suggests that there is more that needs to be done.

The need to meld the initiatives that uphold mentally-healthy and family-friendly workplaces is enshrined in the European Pillar of Social Rights proclaimed by the European Parliament in 2017. One of the main principles of the pillar is to achieve fair working conditions. This includes the rights of parents or others with caring responsibilities to suitable leave, flexible working arrangements and access to care services (European Commission, 2017). Action needs to be taken to improve the content and visibility of both family-friendly and mentally-healthy workplace policies and to identify areas of overlap that might have a beneficial impact on the mental health of expectant and new parents. The purpose of this scoping review is explore the workplace factors that enhance or compromise parental mental health during pregnancy or the first postnatal year.

### 3. The 2 Seas PATH project

The PATH project (Perinatal mental Health) is part of the Interreg VA 2 Seas collaboration involving 13 organisations from the UK, the Netherlands, France and Belgium, and receives funding from The European Development Fund. The aim of the overall programme of work is for all the partners to contribute their collective expertise to raise awareness about the prevention and treatment of perinatal mental illness and improve services for women and their families. This is to be achieved through radical system change and the development of an inclusive, holistic, demand-driven infrastructure of support that is co-created with existing patients and new/expectant parents.

This PATH project, exploring workplace provision for parents with existing or emerging perinatal psychological distress, is led by The Institute of Health Visiting (iHV) in collaboration with Southampton City Council. The first phase of the project is the literature review described in this article. The second phase involves triangulation of the findings from the literature review with the views and experiences of key stakeholders: parents and employers. The findings from phase 2 are reported in a separate article.

### 4. Method

The review was guided by the framework proposed by Arksey and O'Malley (2005) as a method to 'map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types of sources of evidence to inform practice, policy-making and research' (Daudt et al, 2013 p.8). The framework is based on an iterative, six-stage process:

- identifying the research question;
- identifying relevant studies;
- study selection;
- charting the data;
- collating, summarising and reporting the results;
- an (optional) consultation exercise. This was undertaken and is reported in a separate article.

#### 4.1 Identifying the research question

Four questions have informed the review. The first two questions relate to the challenges of balancing work and home life, especially during the early phases of transition to parenthood, and what employers can do to help. The third and fourth questions seek to expose the specific features of the working environment that ease the transition back to work and enable parents to access the support they need to continue working if they experience symptoms of mental ill-health.

Research questions

- What are the specific challenges that parents face in the workplace when trying to balance the demands of work and home life during pregnancy and the first postnatal year?
- How can employers support the mental health of employees in the perinatal period or first 1001 days?
- What support do parents who have experienced Perinatal Mental Illness (PMI) need, to be able to return safely back to work?
- What standards/guidance or policies are available to support the return of parents who have experienced PMI to return back to work.

#### 4.2 Identifying relevant studies

The review sought to identify academic publications, reports, surveys and policy documents written in English and published between 2009 - 2019 as a result of interrogating the CINAHL, Medline, Web of Science and Google Scholar databases combining the following search terms:

Mothers; fathers; women; men; maternal; paternal; parental; work; return to work; wellbeing in the workplace; work-life balance; work-life conflict; family-work conflict; role strain; job stress; flexible working; employment; parental leave; pregnancy, antenatal, postnatal, perinatal, perinatal mental health; stress; depression, anxiety; perinatal mental illness; policy.

The search was supplemented by ancestry searching and citation analysis (Atkinson et al, 2014).

### 4.3 Charting the data

Details of the articles, including a summary of the methods used in each study and the results obtained, are presented in supplementary file 1 - see Appendix 1.

25 of the studies were from the USA, 7 from the UK, 7 from Australia, 2 from Norway, 1 from Canada, 1 from Denmark and 7 presenting data from multiple countries. 14 of the articles included information about employment, work-life balance and mental health of fathers. A much richer repository of data, information and recommendations emerged from the surveys, reports and policies produced by UK and European organisations. A list of the reports and surveys are presented in supplementary file 2 - See Appendix 2. All of these include data or recommendations relevant to the UK.

### 4.4 Collating, summarising and reporting the results

The selected articles were analysed using thematic analysis (Thomas & Harden 2008). An inductive approach was used to identify recurring themes pertaining to the experiences of work for parents with or without mental health issues and workplace characteristics that compromise or enhance employee mental health. The analysis involved using NVIVO11 software (QSR International, 2015) to facilitate line-by-line coding of the selected articles, followed by aggregation of the codes into a hierarchy of descriptive themes. The themes were combined with the findings from the surveys, reports and policy documents to inform the recommended actions that need to be taken to support the mental health of parents in the workplace.

## 5. Results of Literature Review

### 5.1 Thematic analysis of the literature

Two overarching themes emerged. The first was the need to change the culture of workplaces so that the workforce is seen as a group of unique and complex individuals with non-work interests, commitments, circumstances, and varying levels of resilience and mental health that change across the life course, rather than just as workers who are expected to contribute to the achievement of company objectives. The second theme relates to the range of flexible working arrangements advocated by pressure groups, parents and people with lived experience of mental ill-health that have the potential to improve the work-life balance of individuals responding to the vicissitudes of life, including mental ill-health and the transition to parenthood. Several sub-themes underpin the two main themes.

### 5.2 Main theme: Workplace culture

The 2019 Mental Health at Work report (n=4236) indicated that 39% of employees experienced mental ill-health at work (BITC, 2019a). This report highlighted the negative consequences of favouring productivity-related organisational priorities at the expense of employee wellbeing. Other reports have affirmed that employee wellbeing is inextricably linked to productivity and should be considered as a fundamental organisational asset (Bryson et al, 2014; CIPD, 2019a). A report by Deloitte (2017) estimated that proactive interventions that aspire to improve the mental health of everybody in the workplace, regardless of where they are on the mental health continuum, could result in a return on investment of up to £8.4 for every £1 spent.

Developing a workplace culture where 'health and wellbeing are centre stage and a high priority' therefore represents a sound investment of time and money for organisations and is a tangible indication of how organisations fulfil their duty of care to their workforce (Breathe, 2019 p.2). In a survey of employees and line managers, the three top priorities for improving wellbeing in the workplace were: a culture that 'normalises' mental ill-health and enables people to seek the help they need; a clear commitment from senior management to support wellbeing; and clear, accessible mental health policies implemented at all levels of the organisation (MHF & Unum, 2016). In semi-structured interviews with 42 Australian employers and employees, the key factors associated with health-promoting workplace cultures were 'respectful personal relationships, flexible work, supportive management and good communication' (Dickson-Swift et al, 2014). These factors are repeatedly highlighted in the articles, surveys and reports included in this review and are reflected in the nominated themes.

### **5.2.1 Subtheme 1: Visible and enacted organisational policies**

In the interests of inclusivity and diversity, there is an expectation that the needs of all vulnerable or marginalised groups will be catered for in workplace policies and strategies (All Party Parliamentary Group (APPG), 2019). This includes individuals with caring responsibilities or mental health issues and may involve everyone in the workforce to a greater or lesser degree at some point in their working life (Harvey, 2018). Care must be taken to avoid the pitfall of stigmatising identities by policies that only appear to be relevant to a subset of the workforce (Fox & Quinn, 2015). Policies need to be easy to access and publicly visible so that employees are aware of their options, and the support available, should they need them at any point in their career. Every employee should feel assured that their unique needs and circumstances, however they may change, or whatever they may be, will be catered for. Beyond providing for employees with specific requirements, health and wellbeing strategies should seek to integrate the promotion of health into every aspect of working life. Wellbeing strategies should address the needs of parents and individuals with mental health issues.

A survey by the Rewards and Employee Benefits Association (2019) found that the three most effective wellbeing strategies for improving productivity, and therefore supported by executive teams, were Employee Assistance Programmes (EAPs), on-site medical support, and mental health support. The most popular initiatives with employees were free fruit, discounted or free gym membership, and on-site medical support.

Some organisations have introduced a specified number of employee designated wellbeing/duvet days/ family absence days as a means of dissipating stress and reducing the need to take longer periods of sick leave. Other health and wellbeing strategies deployed by organisations include free access to health monitoring or parenting apps (e.g. Unmind, Okina, Moment health, Babylon healthcheck, Parent Cloud), free eye tests, occasional free breakfasts or lunches, health screening, on-site relaxation classes, information sessions, lunch-time walking groups, 'fitbit' challenges, opportunities to participate in altruistic activities (such as volunteering) and employee contributions to workplace design.

### **5.2.2 Subtheme 2: Supportive managers and co-workers**

Although policies and strategies establish priorities and parameters, it is the managers and workers that transmit the tone and culture of the workplace (MHF & Unum, 2016). Commitment to a positive, supportive workplace culture is required from top-level managers to ensure production and implementation of wellbeing strategies (Falletta et al, 2019; NICE, 2017). Managers at all levels need to lead by example and demonstrate their commitment to wellbeing through their words, actions and behaviour (APPG, 2019). For example, working reasonable hours, taking regular breaks, limiting out-of-hours communication, and taking holiday entitlements (Harvey, 2018). Open sharing of personal narratives from colleagues and managers about work, life and mental health can help to 'normalise' transient or long-term circumstances or health issues and create an atmosphere conducive to disclosure of difficulties and concerns (Harvey, 2018; MHF & Unum, 2016).

In the 2018 CIPD 'Health and Wellbeing at Work Survey', heavy workloads, relationships at work and management style were the top three causes of stress at work (Suff, 2018). Workplaces need to be psychologically safe environments where employees feel able to discuss their concerns amidst a culture of acceptance and empathy rather than one of judgement, resentment and discrimination (BITC, 2019). The knowledge and approachability of line managers and the attitudes and responses of co-workers are therefore important (Grice et al, 2011; Ledesma Ortega & Reio, 2016; Luci-Casademunt et al, 2018; Schwab-Reese et al, 2017).

In the BITC report on parenting and caring responsibilities, only 37% of men and 44% of women talked about their caring responsibilities with their manager (BITC, 2019b). This proportion increased to 55% in the 2020 Modern Families index (Working families & Bright Horizons, 2020). Approximately half (51%) of employees in the BITC report on mental health in the workplace felt able to talk about their mental health issues whilst at work (BITC, 2019a). In another survey (n= 2019), 41% of individuals who did not disclose their mental health issues to their manager cited 'shame' as the reason for not doing so (MHF & Unum, 2016). Hiding mental health issues has a further detrimental effect on mental health by exacerbating stress and loneliness and undermining confidence and productivity (Harvey, 2018). The Stevenson-Farmer Review of mental health at work estimated that at least half of the annual £33bn - £42bn cost of mental health to employers arose from compromised productivity as a

consequence of 'presenteeism' (employees working when they are not able to function at their best), possibly as a result of their reluctance to share how they feel. From the perspective of both individuals and organisations, it is cause for concern that nearly half of the workforce feels unable to discuss their caring responsibilities or mental health issues with their manager.

Line managers are the key point of contact for employees and need to be compassionate and knowledgeable about workplace policies, indications of psychological distress, and options of support. In order to deliver on these objectives line managers should be given adequate time, training and resources (MHF & Unum, 2016; NICE, 2017). Line managers should incorporate assessments of health and wellbeing into regular reviews (NICE, 2017). This should include being alert to aspects of work performance that may indicate deterioration in mental health or aspects of home life that may increase stress and ability to work effectively. Good practice in the management of work-related stress includes a review of six key areas of work design. These include demands, control, support, relationships, role and change (HSE, 2017).

'Wellbeing plans' and 'Wellbeing passports' could be used to clarify the factors that might affect an employee's performance at work so that potential sources of stress can be identified, 'reasonable adjustments' can be made and continuing compassionate provision can be assured (APPG, 2019; NICE, 2017). Burnett et al (2013) suggest the introduction of 'fatherhood' and 'motherhood' passports so that the parenting responsibilities of employees are recognised and accommodated. All employees should be made aware of the confidentiality and accessibility of in-house provision such as EAPs, counselling services and on-site GPs. In a survey of 2170 employees, only 5% of the 61% of respondents facing a mental health challenge contacted counselling or EAPs, suggesting that these services were not publicised, not available, not accessible or not acceptable (Harvey, 2018).

Mothers, fathers and individuals experiencing mental health issues may face discrimination at work because of the perceived taboo about talking about mental health (The Shaw Trust, 2018), the lack of understanding about the multiple demands of parenting or the impact of mental illness, or resentment from co-workers who have to cover episodes of parental/sick leave. Gendered expectations of men as the main wage earner, and women as responsible for childcare, influence how managers and co-workers treat parents (Ewald et al, 2020). Women may be viewed as less committed to work as soon as they become pregnant and may be exposed to 'unconscious benevolence' that subtly infers inability to function effectively at work because of their pregnant state or motherhood related 'baby brain' (Fox & Quinn, 2015).

Given the biopsychosocial changes associated with pregnancy and parenthood, it is possible that parents may need to negotiate workplace adjustments to manage daily activities and reduce exhaustion (Alstveit et al, 2011a). This should not be seen as a burdensome requirement. Men may experience discrimination and ridicule if they 'allow' fatherhood to interfere with the masculinised 'ideal worker' norm, characterised by long hours and continual availability (Berdahl & Moon, 2013; Humberd et al 2014: Women & Equalities Committee, 2018). This 'work devotion schema' can make it less likely that men will seek adaptations to their work schedule to accommodate family commitments (Birkett & Forbes, 2019; Bornstein, 2013). Regular team meetings can provide opportunities to explore co-worker concerns about additional workloads and promote acceptance of all aspects of diversity.

Social support is cited as one of the most powerful influences on employee health and wellbeing (CIPD, 2019; Liu et al, 2018) and has been demonstrated to exert positive effects on maternal mental health (Dagher et al, 2011; Grice et al, 2011; Ledesma Oretga & Reio, 2016; Schwab-Reese et al 2017). Organisations benefit from fostering positive supportive relationships in the workplace by encouraging social interaction through team-building activities, social excursions or informal get-togethers. Where there is discord or resentment in the workplace, interventions such as 'Civility, Respect, Engagement in the Workplace' (CREW) can help to improve co-worker relationships and perceptions of managerial support (Leiter et al, 2011).

Individuals struggling with mental health issues are most likely to share their concerns with a close colleague in the first instance (Harvey, 2018). Mentor/buddy/peer support schemes to link employees with comparable 'lived experience' can help to ease the transition back to work after a period of

absence. All staff should be encouraged to access in-house training on wellbeing/ mental health first aid in the workplace so that they know how to broach sensitive issues with colleagues, or recognise when they are struggling, and can signpost them to appropriate support. Managers should encourage staff to participate in staff engagement forums to share their views about how working practices can be improved (NICE, 2017).

Recruiting champions to spread and embed the content of policies in communal workspaces can increase awareness and uptake of resources and support, as well as foster the development and implementation of employee-led ideas to improve wellbeing. Designated champions across all organisational sectors and levels (who may be individuals with lived experience of parenting and/or mental ill-health) can also act as a point of contact for employees. The All Party Parliamentary Group for Women and Work (APPG, 2019) recommends the creation of virtual affinity networks led by employees who share a common characteristic, such as being a parent or recovering from a mental illness, to support each other and to collaborate to identify and overcome challenges encountered in the workplace. Intranet hubs can provide a central point for discussion and access to wellbeing resources.

### 5.3 Main Theme: Flexible Working Arrangements

Perry-Jenkins et al (2017) found that the availability of schedule flexibility was related to fewer depressive symptoms for mothers, whereas greater financial support for childcare costs was related to fewer depressive symptoms for fathers.

Flexible working was introduced in the UK in 2003 with the eligibility criteria progressively extended until 2014 so that all employees now have the right to request flexible working arrangements (Lewis et al, 2008). Flexible working arrangements (FWAs) are therefore an important component of achieving work-life balance for all employees. According to the UK Working Lives survey 2019, 54% of the respondents (n=5136) had worked flexibly in the previous year (CIPD, 2019a). There is still insufficient emphasis and transparency on the rights of every employee to negotiate flexible working. The government is committed to requiring that all job adverts and contracts indicate that FWAs are available (APPG, 2019; HM Government, 2019). This measure is likely to have a beneficial effect on employee mental health as it has been indicated that perceived availability of FWAs, in case of future need, is valued by employees (Chung & van der Horst, 2018; Ledesma Ortego & Reio, 2016). FWAs, as an acceptable working pattern, need to be embedded in the culture of organisations. Moen et al (2011) found that a 'Results Only Work Environment' (ROWE) intervention that made flexibility the norm, rather than the exception, had a beneficial impact on employee wellbeing.

FWAs relate to the timing and location of paid work and include flexitime (altering start and finish times), annualised hours, compressed hours, reduced hours, homeworking and job share (CIPD, 2019b). Informal flexibility, the ability to take time off when needed to deal with personal or family matters, is also highly valued by employees (CIPD, 2019b). The most common FWAs are part-time hours, flexitime, annualised hours and term-time working (CIPD, 2019c). Owing to the vast amount of literature that is available on this topic, the focus in this section will be the relationship between FWAs and parental mental health.

When mothers were asked in a working mums survey (n=2492) to recommend the key features of family-friendly working patterns, 88% wanted flexible hours for full-time jobs, 75% wanted more flexibility in school holidays, 75% wanted flexibility to take annual leave at short notice to look after sick children, 72% wanted to work from home, 70% wanted the option of part-time work and 64% wanted help with childcare (Workingmums 2018). A survey of working dads (n=2002) revealed that nearly two thirds (63%) had requested some form of FWA, with the most common request being a change in working hours. Nearly half of these requests were not successful and may be the reason why 39% of respondents changed their jobs in order to achieve better FWAs (Daddilife & Deloitte, 2019). Another UK study indicated that despite the existence of organisational FWA policies, fathers were prevented from taking advantage of them by managerial prejudice (Gatrell et al, 2014).

In an Australian longitudinal study of postpartum health, Cooklin et al (2011) found that access to FWAs reduced the likelihood of maternal postpartum anxiety and depression, although when adopted by fathers (in another study) seemed to increase the amount of stress they experienced (Perry-Jenkins et al, 2017). Giallo et al (2013) found that fathers who had less access to FWAs had five times the odds of reporting mental health issues in the first postpartum year compared to fathers with more access to FWAs.

The 2018 Modern Families Index found that the preferred type of flexible working arrangements was not available to 36% of parents. The 2019 index found that 86% of surveyed parents wanted to work flexibly but only 49% were able to do so (Working Families and Bright Horizons, 2019). By 2020, 55% of parents were able to take advantage of FWAs (Working Families and Bright Horizons, 2020). For those parents who had managed to negotiate flexible working, 2/3 of mothers and 1/3 of fathers felt that they were caught in a 'flexibility trap', fearful of changing roles in case they lost their FWAs (Working Families and Bright Horizons, 2019). Parents have also reported a 'flexibility stigma' whereby parents who request or adopt FWA feel discriminated against by their manager and co-workers (Daddilife & Deloitte, 2019; Gattrell et al, 2014; Williams et al, 2016; Working Mums, 2019). The stress experienced by some parents in negotiating FWAs to accommodate family commitments or mental ill-health can further compromise psychological wellbeing.

FWAs were originally introduced to enable parents to dovetail their work and family commitments and to spend more time with their children. In a survey of working mums and dads, flexible working was rated as more important than salary with the potential to create a happier, more motivated and productive workforce (Working Families and Bright Horizons, 2020). However, there is a downside to FWAs. Unrealistic expectations of employers and an 'always on' culture can blur the boundaries between home and work and compromise family relationships and wellbeing (Hokke et al, 2020). Nearly half (48%) of the parents in the Modern Families Index 2020 said that work intruded on their ability to spend time together as a family and 46% said that work prevented them from seeing their children often or all of the time (Working Families and Bright Horizons, 2020).

### **5.3.1 Subtheme 1: Work pressure, work intensity and work quality**

There are various aspects of work environments that have a detrimental effect on employee mental health (Shepherd-Banigan et al, 2016). Unpredictable or inflexible working arrangements, or too much work to do in the time available, are associated with increased symptoms of depression (Dagher et al, 2009; Goodman et al, 2009). Parents who have to work extra hours in order to complete their allocated tasks can find it difficult to 'switch off' and end up feeling stressed and unwell (Dagher et al, 2011; Grice et al, 2011). For 54% of parents in the Modern Families 2020 survey, this led to arguments with their children and for 57% this led to arguments with their partner (Working Families & Bright Horizons, 2020). In a European study of working conditions across 35 countries, although 81% of workers felt that they had achieved a good work-life balance, 69% of part-time parents and 71% of full-time parents disagreed that being in paid employment improved their relationships with their children (Eurofound, 2016). To reap the benefits of flexible working, employers need to take a strategic approach to job design to ensure that the tasks allocated can be completed in the time available and set clear parameters about expectations of engagement in non-work hours. Where out of hours availability is an integral component of the job, an intra-team rotation of one scheduled night off per week for each team member (negotiated on a weekly basis) may be helpful (Perlow, 2012). Some companies have extended FWA to include flexible leave arrangements. For example, Deloitte have introduced 'Time Out' - the option of an annual one-month block of unpaid leave. Employees do not have to give a reason to support their request but some take advantage of the offer to increase family time and ease the burden of childcare costs.

Other aspects of the work environment that impinge on mental wellbeing for both mothers and fathers include lower schedule autonomy (control over work tasks), low skill variety, low reward-for-effort, work role ambiguity, shift work, job insecurity and bullying (Cooklin et al, 2015; Goodman et al, 2009; Lewis et al, 2017; Marshall & Tracy 2009; Michel et al, 2011; Selix & Goyal, 2015; Shepherd-Banigan et al, 2016; Schwab-Reese et al, 2017; Theorell et al, 2015; Usdansky et al, 2012). Poor quality jobs adversely affect mental health at all stages of the life cycle (Butterworth et al, 2017) and contravene Article 23 of the United Nations Universal Declaration of Human Rights which states that 'everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.' The Taylor Review into modern working practices described 'good work' as work that is engaging, good for wellbeing, gives people a voice, treats them fairly and helps them to progress (Taylor et al, 2017). More detail is provided in a Department for Business, Innovation and Skills report (Bryson et al, 2014). In this report, the characteristics of work that improve employee wellbeing are summarised as: autonomy (control over work tasks); variety in job role; clarity over what is expected; opportunities to use and develop skills; supportive supervision; positive interpersonal contact with managers, co-worker and customers; participation in decision-making in relation to the

broader organisation; perception of fairness in the workplace; reasonable pay; physical security; job security and clear career prospects; and perception of significance of work to the organisation and society (Bryson et al, 2014).

### **5.3.2 Subtheme 2: Childcare arrangements**

Good quality childcare, a supportive employer and FWA were cited by mothers and fathers as the necessary conditions to enable them to return to work after parental leave (Easter & Newburn, 2014). Affordable, quality childcare is one of the four family-friendly policies that UNICEF recommends that all workplaces around the world should adopt (Chzen et al, 2019). Lack of affordable childcare is a significant contributory factor to maternal decisions to reduce their hours or leave the workforce after childbirth (Chung & van der Horst, 2018; Cooklin et al 2014). Many families rely on a 'patchwork of childcare' comprised of formal and informal provision (Chung & van der Horst, 2018 p.52). Several elements of childcare can increase parental stress. These include the quality of childcare, the increased likelihood of exposure to infectious illnesses, and childcare instability that includes the need for impromptu back-up arrangements when the carer or child is ill (Craig & Churchill, 2018). Some workplaces have attempted to ameliorate this stress by providing on-site nurseries, providing back-up emergency care (Working Families & Bright Horizons, 2020) or by offering a 'baby-at-work' programme. The latter is available in at least 200 companies in the USA (King, 2019).

### **5.3.3 Subtheme 3: Parental leave**

Both time and income are important for family wellbeing (Strazdins et al, 2016). Parents need time to adjust to their new roles. Sufficient income is needed to maintain a safe and nurturing environment. Uncertainty about reimbursement and duration of parental leave can compound the stress of becoming a parent (Juengst et al, 2019). A Mumsnet survey (2019) found that 82% of respondents were reluctant to ask potential employers about parental leave and pay for fear of not being given the job they were applying for. As there is such variation in parental leave allowances, relevant information needs to be easily accessible to prospective parents. Company policies and reimbursement schemes should be clearly specified on company websites and in individual contracts (APPG, 2019; Juengst et al, 2019).

In 2000, the International Labour Organization established a minimum standard of 14 weeks of paid maternal leave for working mothers, with a further recommendation to increase this amount to 18 weeks on a maximum wage replacement rate of at least two-thirds of regular wages. In the UK, mothers can take up to 52 weeks of maternity leave, 39 of which are paid, at varying percentages of total salary across the timeframe (Chung and van der Horst, 2018). Two weeks of maternity leave must be taken immediately after the baby is born.

Partners can take up to two weeks of paternity leave. This must be taken within 56 days of the baby's birth. The UK introduced shared parental leave (SPL) in April 2015. This allows mothers to transfer any amount of the remaining 50 weeks of their maternity leave to their partners from two weeks after the birth or adoption of a child. Interviews with 70 men and women entitled to SPL revealed a general consensus that SPL was poorly designed and difficult to understand (Birkett & Forbes, 2019). Many fathers want to spend more time with their children and feel that they are being discriminated against by current policy (Birkett & Forbes, 2019; Daddilife and Deloitte, 2019). There has been limited uptake of SPL and the government has proposed that partners should be afforded non-transferable parental leave of 3 months (Women and Equalities Committee 2016).

There is some agreement that mothers require at least 12 weeks to restore their energy levels and recover physically and mentally from childbirth, although full recovery may take up to 2 years (Heymann et al, 2017; Kornfeind & Sipsma 2018; Mandal, 2018; Woolhouse et al, 2012). A number of studies have shown that less than 12 weeks paid parental leave increases the odds of a mother experiencing symptoms of postnatal depression (Van Niel et al, 2020). Other studies have suggested that mothers who return to work within 6 months of the birth of their baby have poorer mental health than mothers who remain on maternity leave for longer than 6 months (Chatterji et al, 2013; Hewitt et al, 2017; Whitehouse et al, 2012). A Danish study examining routinely collected data for over 15,000 mothers found that increasing the length of post-birth paid maternity leave from 24 to 46 weeks decreased the likelihood of hospitalisation for depression, or being prescribed antidepressants, in the 3 years after childbirth, in low-resource families (Beuchert et al, 2016). In an American study, mothers suggested that the optimal duration of maternity leave was 6 months (Kornfeind & Sipsma, 2018). The optimal

time for return to work will vary according to the needs, preferences and circumstances of individual mothers and the level of financial, practical and emotional support that is available from a range of sources. Some mothers have to return to work for financial reasons before they are physically and mentally ready to do so. In an NCT online survey of over 1500 mothers returning to work, 10% of respondents said that they felt very ill, exhausted or tired and uncomfortable at the end of maternity leave. (NCT, 2009).

Maternal leave of greater than 12 weeks is associated with an increased duration of breastfeeding, improvements in the quality and frequency of mother-infant interactions (Van Niel et al, 2020; Petts, 2019) and reductions in infant mortality (Heyman et al, 2011; Nandi et al, 2018). In light of the recommendations for exclusive breastfeeding for the first 6 months of life and the stress associated with expressing and storing breast milk whilst at work (Falletta et al, 2019; Ledesma Ortego & Reio, 2016), some countries support paid leave for at least the first 6 months postpartum (Lewis et al, 2017). If mothers do return to work whilst breastfeeding, employers are legally required to provide a place to rest for breastfeeding mothers. Providing a place and time to breastfeed at work is not a legal requirement, although the Equality Act 2010 implies that failure to make provision for women who are breastfeeding may be regarded as sex discrimination (Maternity Action, 2014). Mothers may experience increased anxiety about their capacity to breastfeed at work if appropriate facilities are not available or if they are concerned that breastfeeding breaks will not be accommodated by managers or co-workers (Ledesma Ortega & Reio, 2016).

Employment can have a beneficial effect on mental health. Some parents find that the routine and social environment of work generates confidence, a sense of purpose and financial security (Harkness & Skipp, 2013; Westrupp et al, 2015). Two American studies found a higher prevalence of depressive symptoms in unemployed compared to employed postpartum mothers (Gjerdingen et al, 2014; Lewis et al, 2017), although another study found that there was no difference in depressive symptoms between mothers who did and did not return to work (Schwab-Reese et al, 2017). In a survey of 1541 working mothers, the most common reasons for returning to work, after financial necessity (68%), were 'a desire for intellectual stimulus' (48%) and 'a desire for social contact with other adults' (35%) (National Childbirth Trust, 2009 p.7).

#### **5.3.4 Subtheme 4: Moments that matter: returning to work after parental leave**

'Moments that matter' is the term used by HR professionals to describe key transitions in the employee journey that are both memorable and meaningful (Heath & Heath, 2017). Returning to work after parental leave is a momentous occasion for many parents and often associated with a rollercoaster of emotions (Alstveit et al, 2011b; Parcsi & Curtin, 2013). When parents are also experiencing a mental health problem, the transition back to work can be more difficult or may take longer to achieve. Most of the literature relates to mothers because they usually take longer periods of parental leave and therefore reintegration into the workplace may be more daunting. The provision of sensitive, responsive support and recognition of maternal value in the workplace can help to assuage some of the anxiety and guilt that mothers may experience on their return to work (Grice et al, 2011; Parcsi & Curtin, 2013).

Poorly managed transitions can precipitate or exacerbate stress, anxiety and depression. The Equality and Human Rights Commission (2017) reported that 77% of mothers had a negative or discriminatory experience during pregnancy, maternity leave or when they returned to work. In a survey of 856 UK working mothers returning to work in 2018, 55% of mothers who didn't feel supported on their return to work left their jobs (Further Education News, 2018). People are an organisation's greatest asset. Retaining the existing workforce is less expensive and more beneficial than recruiting new staff. Yet many organisations fail to develop appropriate on-boarding programmes to ease the transition back to work after parental or sick leave, even though they might have excellent induction programmes for new recruits (HM Government, 2019).

Recommended strategies (Coulson et al, 2012; Collings et al, 2018; Falletta et al, 2019; Juengst et al, 2019; Ledesma Ortego & Reio, 2016; NCT, no date) to improve the transition back to work after parental leave include:

- A 'return to work' transition plan that is discussed before the employee leaves the workplace and subject to modification as a result of continuing communication between the line manager and employee during the period of leave

- Review of company policy and parent-friendly provision (eg on-site childcare, arrangements for breastfeeding mothers)
- Workplace risk assessment (for pregnant and breastfeeding mothers)
- Confirmation of last working day and expected date of return
- Discussion of anticipated requirements / adjustments / FWAs
- Invitations to access workshops, seminars and toolkits – parenting, wellbeing, resilience, common mental health problems.
- Discussion of cover during parental leave and handover plan to transfer work tasks at the beginning of leave and reclaim /negotiate new work tasks on return from leave
- Keeping in Touch (KIT) days during parental leave
- ‘Send off’ ceremony and ‘Welcome Back’ Pack
- Return to work checklist
- Phased return (e.g. starting back on a Wednesday and gradually increasing hours)
- Link returning parent with recently returned parent (buddy/mentor)
- Regular post-return reviews (parental capacity to work and mental health may vary over time. Managers need to be particularly vigilant for signs of distress 2-3 months after return to work).

## 6. Conclusions

Given the significant amount of time that the majority of parents spend at work, the workplace represents an opportunity to support parents, with or without mental health issues, as well as deploy mental health promoting initiatives that benefit the entire workforce (MHF & Unum, 2016). The benefits of doing so are reflected in reduced sickness absences, improved retention and productivity, a motivated and happier workforce, and a healthier economy (Deloitte, 2017; Oswald et al, 2015).

This literature review has indicated that there are multiple initiatives conducive to promoting the wellbeing of parents in the workplace. As wellbeing is a subjective phenomenon that is influenced by personal characteristics, social connections and the varying and unpredictable challenges of work and family life (Bryson et al,2014), many of the initiatives are relevant to all employees. Mental health and parenthood need to be seen as part of both life and work, not as disruptive inconveniences or embarrassing burdens (Collings et al, 2018; Working Families and Bright Horizons, 2020). This requires a change in workplace culture that values diversity in all its forms and seeks to promote nurturing, responsive and health-promoting environments where every employee feels that ‘their work and the benefits they receive contribute to their wellbeing’ (The Mental Health Foundation & Unum, 2016 p.3.).

Multiple reports have highlighted the benefits of a sensitive, compassionate responsive manager who is alert to the many aspects of both work and life (including parenting) that can impact on productivity and work-life balance. Changes in workplace culture need to be enacted in the form of policies, strategies and activities that include: a range of wellbeing initiatives; mechanisms to engage employees in sharing ideas and experiences; general training and information for the entire workforce; and specific training for line managers. Workplace wellbeing is also related to the quality of the physical environment (Cooper et al, 2009; Isham et al, 2019). All employees, but particularly those who are parents and /or experiencing mental ill-health, need to be assured that they can adapt working conditions and patterns to their unique and changing needs and circumstances without harassment, discrimination or feelings of guilt.

The findings of this scoping review have been converted into the following 10 recommendations for employers:

**Recommendation 1: Organisations should have company well-being policies that specifically address the mental health needs of new /expectant parents in the workplace.**

These should include:

- a. A mental health strategy
- b. A family- friendly strategy

Consideration of well-being / mental health should be included in all HR policies. There may be a separate or overarching company diversity and inclusion policy that seeks to support employees with diverse and changing needs through every stage of their lives.

All policies should be visible on company websites, induction packs, office literature and relevant sections of employment contracts (parental leave and flexible working arrangements).

Designated, and appropriately trained, well-being champions at all levels of the organisation (including at board level), should ensure that company well-being policies are developed, regularly reviewed and are visible, known and applied throughout the organisation, especially when there is pressure from other priorities.

**Recommendation 2: Organisations should set clear targets / key performance indicators, in collaboration with their employees, for monitoring and improving employee health and well-being.**

This should include staff surveys or other means of assessing employee health and well-being. The organisation should also publicise action taken in response to survey findings or any wellbeing issues raised by employees.

**Recommendation 3: Organisations should provide health promoting workplace spaces with the necessary adaptations, equipment, training and resources to respond to the unique needs and circumstances of new and expectant parents.**

This should include comfortable, accessible workplaces with adequate lighting, temperature control and break-out spaces. According to The Workplace (Health, Safety and Welfare) Regulations 1992 employers must provide suitable rest facilities for pregnant women or nursing mothers. Appropriate time and facilities, including a lockable space to guarantee privacy, must be available to allow breastfeeding mothers to express and store breastmilk.

**Recommendation 4: Organisations should provide opportunities for employees to monitor and improve their well-being at work.**

Whilst actions taken will depend on the nature of the business and the size of the organisation, initiatives might include weekly wellbeing tips (posted on intranets, workplace noticeboards or sent to all employees via email); on-site relaxation or exercise sessions; lunch-time walking groups or 'lunch and learn' sessions; on-the-hour flash walks; 'deskercise'; fitbit challenges; or access to on-line resources such as monitoring, health coaching or counselling apps.

Additional initiatives to demonstrate organisational commitment to workplace well-being might include 'walk and talk' weekly catch-ups; 'Well-being Wednesdays' (all employees encouraged to take an extra hour away from work to do something that enhances their well-being every Wednesday), 'Fitness Fridays' (employees encouraged to do something active on Fridays) or an extra day off awarded to all employees in mental health awareness week.

### **Recommendation 5: All managers should receive appropriate training to enable them to undertake regular reviews of employee well-being.**

This should involve consideration of mental and physical health, social, family and environmental circumstances and financial stability. Individual 'wellness action plans' could be introduced as part of employee induction programmes, and then maintained throughout employment, to help identify what individuals need to keep well at work, what causes them to become unwell, and the support they would like to receive from their manager to boost well-being, or provide support through recovery from a mental health problem.

Well-being passports could be used to document anything (personal/family circumstances, caregiving responsibilities, religion, workstyle, cognitive preferences, disability/ long-term conditions) that might affect performance at work and provide details of the 'reasonable adjustments' to working patterns agreed with the line manager.

In the context of a holistic approach that is preventative and proactive as well as reactive, line managers should undertake monthly 'check-ins' of employee well-being and remain alert to changes in personal/family circumstances that might compromise both well-being and performance at work. Managers must keep in mind that alterations in workplace performance may reflect changes in employee mental state arising from increased external demands on time and energy. This is particularly relevant for parents during pregnancy and the first postnatal year when they may be more vulnerable to mental health issues.

Line managers should receive training in how to:

- conduct legally required risk assessments to identify problems and solutions to workplace conditions that might compromise health and wellbeing, especially in response to pregnancy or changes in mental state;
- recognise triggers, signs, symptoms and impact of perinatal psychological distress;
- initiate conversations about sensitive topics;
- understand and initiate the adjustments that may be needed to respond to the challenges that some parents/ carers and/or individuals with mental health problems may face (such as sleep deprivation, childcare issues, domestic abuse, fatigue, relapse, drug side effects);
- signpost employees with caregiving responsibilities and/or mental health problems to relevant policies, processes and sources of support.

### **Recommendation 6: Organisations should demonstrate a commitment to promoting work-life balance.**

This should include specified working hours / patterns and clear and reasonable expectations of employees to respond to work demands outside of agreed work hours. Managers at all levels need to lead by example and demonstrate their commitment to well-being through their words, actions and behaviour. For example, working reasonable hours, taking regular breaks, limiting expectations of out-of-hours communication, and taking holiday entitlements.

Employees should be given the opportunity to negotiate temporary and permanent flexible working arrangements, unless there is a good business reason for not doing so. This might include term-time contracts, compressed hours, delayed start times, working from home or taking an hourly lunch break in three twenty-minute blocks.

Flexible leave arrangements to respond to personal/family commitments/circumstances might also be considered.

For example, some organisations have introduced:

- flexible annual leave or sick days to care for sick children or respond to childcare crises;
- additional annual leave allowance for families of a specified number of 'family absence' days / year.
- the option of an annual one-month block of unpaid leave to help with childcare during holidays;
- additional paid leave to deal with the repercussions of bereavement or domestic violence.

**Recommendation 7: Organisations should strive to create a culture of openness and compassion, where the uniqueness of individuals is respected, and variations in circumstances and well-being are considered as a normal part of life and proactively accommodated.**

Both physical and mental health exist on a continuum. It is likely that all employees will need to take time off at some point in their working lives to recover from mental or physical illness. There are steps that organisations can take to acknowledge particularly stressful periods in the lives of their employees in order to provide anticipatory support and prevent the negative repercussions of mental ill-health for both the employee and the organisation. Employers should take a positive, proactive approach to supporting parents in the workplace, especially during pregnancy and the first postnatal year as this represents a period of increased vulnerability to mental ill-health and a period in the child's life where their optimal health and development is strongly influenced by parental mental wellbeing.

Adaptive organisations that are perceived as parent-friendly are more likely to retain experienced employees, reduce the costs arising from absenteeism, presenteeism and recruiting new staff, and provide the foundations for a loyal, happier, motivated and more productive workforce.

As there may still be a stigma associated with mental illness, workplaces need to be psychologically safe environments where employees feel able to share their stresses and concerns amidst a culture of acceptance and empathy rather than one of judgement, resentment and discrimination.

Affinity networks/staff engagement forums should be developed to allow coalitions of like-minded individuals (parents, individuals with mental health issues, LGBT) to share ideas, experiences, tips and resources and make needs-led recommendations to improve working practices and environments.

One-to-one mentor/buddy/peer support schemes should be introduced to link employees with shared 'lived experience' in order to ease potentially stressful transitions such as changing teams, location, responsibilities, working patterns or returning to work after parental/sick leave.

Efforts should be made to organise timely and inclusive team/client meetings, team-building and social activities to enable employees constrained by parenting/caring responsibilities and/or mental health issues to attend.

**Recommendation 8: Employees at all levels of the organisation should have access to appropriate workshops or training in, for example, mental health first aid/ awareness, stress management/ resilience, becoming a parent/ carer.**

Mental health awareness/well-being should be included in all new starter induction programmes and should be discussed openly in company and team meetings.

**Recommendation 9: Information about the resources available (both within and outside the organisation); the key people to turn to for help and advice; and what to do in the event of a mental health emergency.**

Confidential in-house support services might include Employee Assistance Programmes, GP appointments, counselling sessions or on-line CBT.

**Recommendation 10: Procedures should be in place to ensure that employees who take parental or sick leave are supported before, during, and on their return, from leave.**

A plan should be devised at the onset of parental, carers or sick leave specifying how work tasks will be transferred, how the manager will maintain contact during the leave, how long the leave will last (if known), what support the organisation can provide during the leave taken and plans for return to work (Keep in Touch sessions, phased return). Prior to return, managers may use a 'Back to work' checklist and design a 'welcome back' pack for the returning individual.

All employees, but particularly those who are parents/carers and /or experiencing mental ill-health, need to be assured that they can adapt working conditions and patterns to their unique and changing needs and circumstances without harassment discrimination or feelings of guilt.

## APPENDIX 1 - Supplementary 1: Table of included studies

	Year	Article	Country	Study design	Recommendation
1	2009	Dagher RK, McGovern PM, Alexander BH, Dowd BE, Ukestad LK, McCaffrey DJ.	U.S.A	Prospective cohort study of 817 employed Minnesota women planning to return to work and interviewed in the hospital after giving birth and at 5 and 11 weeks post-birth. 638 women provide data at all three time points that provides the basis for this study. The purpose of the study was to explore the relationship between postnatal depressive symptoms (EPDS), psychological job demands and workplace characteristics.	Psychological job demands were associated with increase in depressive symptoms. Schedule autonomy and co-worker support had a positive association with perceived control over work and family. Perceived control was significantly negatively associated with depressive symptoms.
2	2009	Goodman WB, Crouter, AC, The Family Life Project.	U.S.A	A longitudinal study involving 414 employed mothers living in nonmetropolitan areas. Data was collected when the target child was 6, 15 and 24 months of age. The purpose of the study was to examine the associations between depressive symptoms in mothers over an 18 month period and workplace stress.	Non-flexible work arrangements and work pressure was associated with more depressive symptoms. For mothers who worked full-time experiences of work pressure resulted in increased negative work-family spillover. Recommendations to reduce depressive symptoms and work-family spillover include increasing informal support in the workplace, providing advanced information about proposed work schedules with opportunities to negotiate shifts and hours and improved access to flexible, informal and formal childcare arrangements.
3	2009	Marshall NL, Tracy AJ	U.S.A	Data extracted from longitudinal study of 1,364 randomly selected families from 10 sites across the U.S.A. The sample for analysis consisted of all women employed for at least 10 hours per week at 6 weeks postpartum (n=756). Interviews at 1, 6 and 15 months postpartum provide information on work and family characteristics and maternal depressive symptoms (CES-D)	Generally, mothers perceived work more positively than negatively and their children as enjoying good health. Mothers who experience poor job quality and children with poorer health are more likely to experience work-life conflict and symptoms of depression. A better experience for mothers could be achieved from greater control over their work including opportunities to work from home, alter their schedule on a daily basis when necessary and take sick leave that covers infant illness.
4	2011a	Alstveit M, Severinsson E, Karlsen B	Norway	Multistage focus group interviews with 5 midwives and 1 public health nurse to explore how these health professionals perceived their role in supporting employed women to balance work and family life.	Mothers were seen as having to negotiate 'another' state of normality as they adapted to the demands/ limitations of being pregnant or having a baby and conditions at work. Health professionals emphasised the importance of 'listening' to maternal concerns and providing information about the normality of symptoms and how to manage bodily changes by promoting self-care, responsible work-related adjustments, adaptations necessary to manage daily activities and avoiding exhaustion.

	Year	Article	Country	Study design	Recommendation
5	2011b	Alstveit M, Severinsson E, Karlsen B	Norway	Semi-structured interviews with 9 first-time mothers returning to work after maternity leave to explore their experiences of returning to work.	The main theme to emerge was the tension arising from trying to balance the demands of home and work. Some mothers had reduced hours on their initial return to work whilst others described heavy workloads and reduced flexibility. The need to conserve energy at work to make it possible to care for the baby at home was mentioned by some mothers whilst others said that being back at work gave them more energy to enable them to manage the demands of home life. Some mothers struggled with feelings of not being a good enough mother whilst others experienced frustration at not being able to participate fully in work commitments / meetings. Mothers felt both out of control but more efficient and more able to cope with uncertainty. Mothers wanted to be both responsible mothers and responsible employees. Reduction of working hours / status has the potential to affect maternal well-being. Mothers were sensitive to the attitudes / reactions of work colleagues and wary about not fulfilling the expectations of others.
6		Buehler C, O'Brien, M	U.S.A	Data was extracted from seven waves of the NICHD Study of Early Child Care and Youth Development to investigate the association between maternal part-time employment and maternal well-being, parenting and family functioning (n = 1364). Assessments took place when the child was 1,6,15, 36 and 54 months old and during 1st, 3rd and 5th grade years.	At 6,15 and 54 months, mothers employed part-time reported fewer depressive symptoms than unemployed mothers. There was no difference in depressive symptomatology between part-time and full-time mothers.
7	2011	Cooklin AR, Canterford L, Strazdins L, Nicholson JM	Australia	Data collected from employed mothers of infants less than 1 year of age participating in the Longitudinal Study of Australian children (n = 1300). The purpose of the study was to examine the relationship between the quality of jobs available to mothers and maternal mental health (K-6).	Odds of mothers reporting psychological distress was significantly higher for women reporting access to fewer of the favourable employment conditions (flexible work hours, paid family leave, job security, job control). Supportive partners, adequate social support and optimal employment conditions are protective against the development of depressive symptoms.

	Year	Article	Country	Study design	Recommendation
8	2011	Dagher RK, McGovern PM, Dowd BE, Lundberg U	U.S.A.	Utilised data from the Maternal Postpartum Health Study – a prospective cohort of 817 mothers who delivered in 3 community hospitals. Data collected at 5 weeks, 11 weeks and 6 months postpartum. The purpose of the study was to investigate the effects of total workload and other work-related factors on postpartum depression (EPDS) in the first 6 months after childbirth.	Worse depression scores were associated with higher total workload (paid and unpaid), lower job flexibility, lower social support, an infant with sleep problems, and breastfeeding.
9	2011	Grice MM, McGovern PM, Alexander BH, Ukestad L, Hellerstedt W	U.S.A.	Employed women intending to return to work recruited after hospitalisation for childbirth and followed up for 18 months (n=541). Assessment took place at baseline in hospital and at 5 and 11 weeks and 6,12 and 18 months postpartum. The purpose of the study was to examine the associations between work-family conflict and women’s health after childbirth.	Role stress theory (van Hooff et al, 2005) asserts that individuals have access to finite resources of time, energy and psychological resilience. If demand for these resources is too great, negative physical and mental health consequences may occur. Women juggling the transition back to work have increased demands on their time and resources so demands of the family might have a detrimental spillover effect on work and vice versa. The majority of mothers returned to work between 11 weeks and 6 months postpartum. Women who experienced high levels of job spillover into home, and medium and high home spillover into work, had poorer mental health. Availability of support from coworkers and supervisors, and to a lesser extent support from others outside the workplace, was associated with better mental health. Flexible work arrangements had a negative effect on mental health possibly as a result of mothers being able to work from home and then blurring the boundary between home and work or mothers being able to change their hours ending up working longer hours.
10	2011	Michel JS, Kotrba LM, Mitchelson JK, Clark MA, Baltes BB	Multiple	142 studies identified that met inclusion criteria. The purpose of the study was to identify antecedents of work-family conflict (WFC).	Workplace characteristics such as work role conflict, work role ambiguity, work role overload , work-time demands, work interest, organisational support, supervisor support, co-worker support predicted WFC Family role overload, family role conflict, family social support predicted family work conflict (FWC). Internal locus of control and negative affect / neuroticism affected both WFC and FWC.

	Year	Article	Country	Study design	Recommendation
11	2011	Moen P, Kelly EL, Tranby E, Huang Q	U.S.A.	Longitudinal data from 659 white-collar employees comparing the impact of flexible working arrangements (ROWE) and conventional work arrangement on health outcomes. ROWE = Results only Work Environment	When flexibility became the standard way of working employees were more likely to sleep well, exercise more, go to the doctor and not the workplace when sick.
12	2012	Chatterji, P., Markowitz, S.,	U.S.A.	Analysis of a subset of data from the Early Childhood Longitudinal Study - birth cohort (nationally representative sample of children born in 2001). The data related to married mothers who worked during pregnancy and had returned to work by the time of the follow up interview at 9 months postpartum (n=3350). The purpose of the study was to examine the association between the duration of leave taken by mothers and fathers after childbirth and the mental health and overall well-being of new mothers.	Maternal and infant well-being are inextricably linked. Short maternal leave may have a detrimental effect on both maternal well-being and infant outcomes. The results indicated that taking more than 12 weeks of maternity leave and taking more than 8 weeks of paid leave was associated with reduction in depressive symptoms (including the likelihood of severe depression). There was an overall improvement in maternal health associated with 8 weeks paid leave.
13	2012	Coulson M., Skouteris H., Dissanayake C.	Australia	186 pregnant mothers who were intending to return to work were recruited to the study. Surveys were mailed to mothers in the third trimester, at 4 months postpartum and 6 weeks after mothers returned to work, or at 13 months postpartum for the non-returners. The purpose of the study was to investigate the factors that influence maternal return to work and maternal emotional well-being (EPDS).	Strongest predictor of return to work was difficult infant temperament. The amount of support received from the workplace following the birth of the child predicted whether women returned to work for the negotiated hours and whether they returned to work after the agreed length of maternity leave. Women with higher levels of depressive symptoms were less likely to return to work at the time they specified during pregnancy. The benefits of planning for return, staying in touch with line managers / work colleagues were highlighted.
14	2012	Uzdansky ML, Gordon RA, Wang X, Gluzman A.	U.S.A.	Data from the longitudinal NICHD study of Early Child Care and Youth Development (n= 1217 mother-infant dyads) was analysed to explore the relationship between maternal desire for postnatal employment, employment status, job quality and maternal depression (CES-D). Interviews were conducted at 1,6,15,24 and 36 months postbirth.	Mothers employed in high quality compared to low quality jobs reported fewer symptoms of depression, regardless of whether they wanted to return to employment or not. Unemployed mothers only had raised depressive symptoms if their preference was to be in paid work. High quality jobs may bolster maternal sense of competence leading to improved emotional well-being.

	Year	Article	Country	Study design	Recommendation
15	2013	Burnett SB, Gatrell CJ, Cooper CL, Sparrow P	U.K.	Audio-only teleconference focus groups (n=30) with 100 fathers employed in two organisations to explore the impact of flexibility on the well-being of fathers in employment.	Under the overarching theme of invisible father, 3 sub-themes emerged. 1. The attitude of line managers determined whether fathers were able to access flexible working arrangements and whether demands of parenthood were acknowledged and allowed for. 2. Gender disparity The majority experience of fathers was that their need to alter working patterns to accommodate childcare responsibilities was seen as less important than the needs of mothers to alter working patterns. 3. Peer relations. A view that fathers working flexibly to look after their children were less committed to their work (or were somehow skiving) undermined relationships with colleagues. Recommendation that organisations should instigate 'motherhood' and 'fatherhood' passports.
16	2013	Chatterji, P., Markowitz, S. & Brooks-Gunn, J	U.S.A.	Data from the National Institute of Child Health and Human Development Study on Early Child Care used to explore relationship between maternal employment and maternal mental health (CES-D), maternal general health, maternal sensitivity and parenting stress. Data collected by interviews/ assessment at 1,3 and 6 months postpartum (n = 1,198 mother-child pairs).	Maternal work hours measured when infants are 3 months old are positively associated with maternal depressive symptoms and parenting stress. Benefits of longer leave and shorter working hours may be more obvious for certain groups of mothers.
17	2013	Harkness S, Skipp A	U.K.	Combines findings from two British Household Panel Surveys (n=400) with qualitative research with lone mothers who had some experience of poor mental health (n=20). The purpose of the study was to explore how the relationship between work and depression (GHQ) among lone mothers had changed between the two surveys (one in the 90's and one in the 2000's).	For lone mothers, Paid work was associated with improved mental health in 2003 – 2008. A decade earlier, lone mothers both in and out of work faced increased risk of depression. Achieving a satisfactory work-life balance (ie being able to choose hours to suit) was more important to the lone mothers than financial gain.

	Year	Article	Country	Study design	Recommendation
18	2013	Parcsi L, Curtin M	Australia	Semi-structured interviews with 6 Occupational Therapists returning to work after a period of maternity leave following the birth of their first child.	Two main themes emerged: compromise and feeling valued. Compromise was described as a struggle between holding on and letting go. Feelings of anxiety and guilt about returning to work and handing over the care of their baby to someone else added to the stress of wanting to be seen as coping with their return to work by their peers and feeling competent in their professional role. Benefits of work were also acknowledged – social interaction, mental stimulation, adult conversation and respite from the demands and perceived boredom of being a stay-at-home mother. Work provided an opportunity to recharge and refresh so mothers were more able to enjoy the time that they spent with their babies. Work offered an opportunity to feel valued and make a contribution to society. Career progression became secondary to looking after the baby. Some mothers felt they did not have time, motivation or mental energy to devote to their career. Most important aspect of feeling valued in the workplace was support from their manager in offering flexibility in work schedules and understanding their needs and circumstances. Mothers wanted to be seen as coping by their co-workers and wanted to be able to meet their own and others' expectations of them in being able to balance demands of home and work.
19	2014	Cooklin AR, Lucas N, Strazdins L, Westrupp E, Giallo R, Canterford L, Nicholson JM	Australia	Secondary analysis of Longitudinal Study of Australian Children (n=3897). The purpose of the study was to ascertain the factors that contribute to high maternal separation anxiety.	A significantly higher proportion of women who were not using any child care services reported higher maternal separation anxiety (MSA) compared to those who used informal or formal childcare. MSA is a reflection of maternal personality, child temperament and socioeconomic circumstances. Women facing socioeconomic disadvantage with limited access to social, practical and emotional support were more likely to experience MSA. MSA determines employment behaviour with the mothers with highest levels delaying their return to work or leaving the labour force altogether. Back to work initiatives need to include consideration of availability of safe, stable, supportive, accessible, affordable childcare.

	Year	Article	Country	Study design	Recommendation
20	2014	Dagher RK, McGovern PM, Dowd BE	U.S.A.	Eligible employed women, eighteen years or older, were interviewed in person at three Minnesota hospitals while hospitalized for childbirth in 2001. Telephone interviews were conducted at six weeks (N = 716), twelve weeks (N = 661), six months (N = 625), and twelve months (N = 575) after delivery. The purpose of the study was to explore the relationship between leave duration and maternal physical and mental health (EPDS, SF-12)	The relationship between leave duration and depressive symptoms is u-shaped with symptoms progressively decreasing until 6 months postpartum.
21	2014	Easter A, Newburn M	U.K.	First time mothers (n=866) and fathers (n = 296) completed an online questionnaire when their baby was 8 months old. The purpose of the study was to explore factors influencing patterns and experiences of employment in the first postnatal year.	A majority of both women and men felt that it was possible to combine work and childcare providing that good quality childcare was available, they had a supportive employer and could negotiate flexible working arrangements. A substantial minority of mothers would have preferred to remain at home to look after their baby but often felt it was not a financially viable option. Few of the men had access to flexible working arrangements and most worked full-time.
22	2014	Gatrell CG, Burnett SB, Cooper CL, Sparrow P	U.K.	Teleconference focus groups with 100 fathers from two organisations in the UK to explore how fathers accessed and utilised the flexible working arrangements available at their workplace.	Fathers described a disparity between the organisational promise of flexible working and the reality of their own experience. Organisations had excellent flexible working policies but were not available to all fathers. Fathers wanted to prioritise time with children over time spent at work but lamented the fact that managers could not understand their need or grant their request to work flexibly.
23	2014	Gjerdigen D, McGovern P, Attanasio L, Johnson PJ, Kozhimannil KB	U.S.A.	Data came for two surveys in the 'Listening to Mothers series II' that surveyed a nationally representative sample of mothers at 7 and 13 months postpartum (n=700).The purpose of the survey was to explore the relationship between employment, social support and depressive symptoms (PHQ-2)	Employed mothers were less likely to report depressive symptoms than unemployed mothers. Postpartum employment and social support were independently associated with fewer depressive symptoms. 'Other' support vs partner support appeared to be a stronger predictor of positive maternal mental health regardless of employment status.

	Year	Article	Country	Study design	Recommendation
24	2014	Humberd B, Ladge JJ, Harrington B	U.S.A.	Interviews with 31 fathers in dual-career relationships to explore how men experience fatherhood in the context of their work.	3 main themes emerged – multiple images of fathering (provider, role model, partner, nurturer), work and personal context, responses to potential tensions. Although fathers felt that workplaces did not recognise their role as fathers unless they had a particularly supportive manager they also felt unable to change the status quo. Flexible arrangements were informal rather than formal, Strong cultural influences that inhibit conversations about fatherhood in the work place and expectations that nothing will change and fathers will still be able to fulfil the requirements of their job role.
25	2015	Cooklin AR, Giallo R, Strazdins L, Martin A, Leach LS, Nicholson JM	Australia	Data drawn from wave 1 of the Longitudinal Study of Australian Children (LSAC) Baby cohort when the index child was 3-12 months old (n=3243 fathers). The purpose of the study was to identify the work characteristics associated with work-family conflict and enrichment and paternal mental health.	Fathers who worked long hours, night shifts or had inflexible working patterns, less workplace autonomy or faced job insecurity reported more work-family conflict and greater psychological distress.
26	2015	Fox AB, Quinn DM	U.S.A.	Longitudinal design assessing relationship between anticipated and experienced stigma ( related to perception that pregnant women are a disadvantage in the workplace because they are less committed and increase workload for others) in the work place, workplace characteristics, intentions to return to work post-birth and maternal psychological well-being . Survey data was collected at 12 weeks and 33 weeks pregnancy and 6 months postpartum (n=142).	Anticipated stigma mediated the relationship between workplace support and psychological well-being. Higher earning women were less likely to experience stigma, experienced more job satisfaction and psychological well-being. Workplaces that were more supportive of work-family balance predicted better maternal psychological well-being. Less stigma led to more job satisfaction and less likelihood of leaving the job. Higher salaries, strong work-family balance culture in the workplace lead to fewer experiences of stigma and increased maternal psychological well-being. There are also individual variables that influence maternal intentions to return to work such as maternal preference to stay at home or partner salary.
27	2015	Shepherd-Banigan, M., Bell, J., Basu, A., Booth-LaForce, C., & Harris, J.	U.S.A.	Data from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development were used to examine the effects of workplace characteristics on depressive symptomatology (CES-D) in 570 women returning to work 6 months after childbirth.	Reducing stress in the workplace and allowing women to work form home may improve psychological well-being of mothers who are returning to work soon after childbirth. Changes in depressive symptoms did not appear to be associated with work intensity, work schedule and schedule flexibility.

	Year	Article	Country	Study design	Recommendation
28	2015	Westrupp EM, Strazdins L, Martin A, Cooklin A, Zubrick SR, Nicholson JM.	Australia	Data extracted from 5 waves of the baby (B) cohort of the Longitudinal Study of Australian Children. 4 overlapping samples of mothers (n=1,027 – 2,449) re-entering work between child ages 0-1 years and 8-9 years were asked questions on four occasions about work family conflict and depressive symptoms (K-6). Sociodemographic details and work circumstances were also collected. The purpose of the study was to explore the relationship between work family conflict and maternal psychological distress.	Work family conflict and maternal psychological distress influence each other over time. Benefits to mothers of engagement in the paid workforce include financial security, social capital, social support and skill development. Interventions need to include the development of family friendly work environments and conditions, prompt identification and treatment of MHPs and the promotion of resilience and coping strategies. Low SEP, single-parent or stepfamily structure, and longer maternal work hours were the strongest correlates of WFC over time, and single-parent or stepfamily structure, poor child health, and lower maternal job quality were the strongest correlates of psychological distress over time.
29	2016	Beuchert LV, Humlum MK, Vejlin R	Denmark	Examination of existing routinely collected national data 60 days before and 60 days after changes in maternity leave benefits that increased the average post-birth leave from 24 weeks of full compensation to 46 weeks of full compensation ( n = 15494 births). The purpose of the study was to examine the relationship between length of maternity leave and maternal, child and family outcomes.	Following the change in legislation mothers, on average, extended their maternity leave by 32 days. Mothers with less education are more likely to benefit from the increase in maternity leave with significant reduction in being hospitalised with depression or receiving antidepressants compared to low-income mothers who had less maternity leave (before the reforms). Any beneficial effects from increasing maternity leave are higher for low resource mothers.
30	2016	Ledesma Ortega, C. C., & Reio, T. G.	U.S.A.	Integrative review identifying themes and summarising findings from 12 studies (all from the U.S.A.) that Human Resource professionals can use to help ease the transition back to work for mothers with postnatal depression.	Stress points are before mother returns to work and after she has started work. HR professionals can develop a return to work transition plan. This can include facilitating co-worker support by helping mothers to connect with others (eg designated mentors) in the workplace and training supervisors and managers about what to expect, and how to help, mothers with postnatal depression (eg employee assistance programmes). Supervisors, managers can also be appraised of the benefits of allowing mothers some control over their work schedule. Mothers also need to be informed of their rights with regard to paid / unpaid leave and transitioning back with fewer hours or days.

	Year	Article	Country	Study design	Recommendation
31	2017	Heyman J, Sptague AR, Nandi A, Earle A, Batra P, Schickedanz, Chung PJ, Raub A	multiple	Review of the impact of paid parental leave on health and economic outcomes	Longer period of maternal leave increases breastfeeding rates and immunisation uptake and reduces infant mortality. Maternal, paternal and shared parental leave has a range of benefits including greater shared caregiving, improved mental health and reduced intimate partner violence.
32	2017	Lewis, B. A., Billing, L., Schuver, K., Gjerdingen, D., Avery, M., & Marcus, B. H.	U.S.A	Post hoc analysis of data from a RCT examining efficacy of exercise intervention for preventing postnatal depression for mothers with personal or family history of depression (n=124) Employment status and symptoms of depression (EPDS) assessed at 7 months postpartum. The purpose of the study was to examine the relationship between postnatal employment status and depression (EPDS) in women at risk of depression.	Both full-time and part-time employment at 7 months postpartum was associated with less depressive symptoms compared to unemployed mothers. Comments made that although employment seems to contribute to better mental health in mothers at risk of depression, the beneficial effects of employment depend on workplace characteristics. Favourable characteristics include job control, perceived job security, flexible start and finish times, provision of family-related leave. Negative characteristics include total workload, higher psychological demands, lower schedule autonomy and lower perceived control over work and family.
33	2017	Perry-Jenkins, M., Smith, J. Z., Wadsworth, L. P., & Halpern, H. P.	U.S.A	Longitudinal study. Data collected from both parents (who planned to return to full-time work) at the point of postpartum return to work, again at 6 months and 1 year postpartum (n=125). The purpose of the study was to explore relationships between workplace policies, parental leave and symptoms of depression and anxiety.	Ability to adapt work schedule to family demands was related to fewer depressive symptoms and less anxiety for mothers. This was largely mediated at the discretion of supervisors / managers. Child care benefits were related to less depressive and anxiety symptoms in fathers. Paternal scheduling benefits appeared to increase anxiety in fathers. Longer maternal leave also predicted reduced anxiety in fathers.

	Year	Article	Country	Study design	Recommendation
34	2017	Schwab-Reese L. M., Ramirez M., Ashida S., Peek-Asa C.	U.S.A	Longitudinal cohort study recruiting women immediately after birth with follow up questionnaires completed at 3 and 6 months postpartum (n = 97). Purpose of the study was to investigate the relationships between psychosocial employment characteristics and maternal mental health (DASS-21)	<p>‘There were no significant differences in the odds of experiencing symptoms of anxiety, depression, or stress between mothers who did and did not return to work.’ (P.115)</p> <p>‘Characteristics of the maternal employment environment, including psychological job demands, job control, and the workplace social environment may influence mental health among employed mothers during the postpartum period.’ (p.115)</p> <p>‘maternal anxiety symptoms may be improved if coworkers, supervisors, and the overall organization are perceived as caring about the mother.’ (p.116)</p> <p>Improving the psychosocial work environment for mothers returning to work can have knock-on beneficial effects for employers and co-workers due to reduced absenteeism and need to cover work tasks.</p>
35	2018	Chung, H., & van der Horst, M.	U.K.	Examined data from UK household panel survey ‘Understanding Society’ 2009 – 2014 (n=40,000 households). Logistic regression models were used to examine whether access to, and use of. Flexitime and teleworking increases likelihood of mothers remaining in employment after childbirth	<p>Factors that can influence the working patterns of mothers include family situation, existence of a partner, gender attitudes of both partners, and human capital such as income, education and occupational levels. Family policy contexts (maternity pay, flexible working ) and the availability of formal and informal childcare influence maternal decisions regarding return to work. Many mothers significantly reduce their working hours or leave the labour market after childbirth. Flexitime and teleworking can help mothers sustain their employment status after childbirth ( ie maintain the same number of hours).</p>

	Year	Article	Country	Study design	Recommendation
36	2018	Collings D, Freeney Y, van der Werff L	U.K and Ireland	The first phase involved a survey of 300 women on parental leave as they approached their return to work. The second phase involved interviews with top performing mothers returning to work, her line manager and HR lead from 28 organisations.	<p>Recommendations</p> <p>Organisations need to foster a culture that interprets parental leave as a brief interlude rather than a major disruption.</p> <p>Phased returns should include regular check-in days during maternity leave and gradual increase in working hours on return to work.</p> <p>An open dialogue should be maintained between the parent and line manager during parental leave following an agreed format and medium for communication.</p> <p>A specific plan should be made for handovers at the beginning and end of parental leave.</p> <p>Line managers need to check parental needs and priorities and explore adaptations to work schedules if needed. This should include scheduling of meetings to accommodate childcare commitments.</p> <p>Mentoring programmes/ informal buddy schemes should be established to link parents returning to work after parental leave with other parents who have been through the same experience.</p>
37	2018	Kornfeind KR, Sipsma HL	U.S.A.	Cross-sectional study using follow up data from the Listening to Mothers III study in a New Mothers Speak Out survey.(n= 177).The purpose of the analysis was to ascertain the relationship between depressive symptoms (PHQ2) and duration of paid or unpaid maternity leave taken by mothers returning to full-time work after the birth of their child.	Among mothers who returned to work within 12 weeks, each additional week of maternity leave was associated with a 42% lower odds of experiencing postnatal depressive symptoms. No association was found between duration of maternity leave and depressive symptoms among mothers who had more than 12 weeks maternity leave. Optimal leave duration reported by mothers averaged 6 months.
38	2018	Lucia-Casademunt, A. M., García-Cabrera, A. M., Padilla-Angulo, L., & Cuéllar-Molina, D.	Europe	Two sub-samples of 664 female employees and 749 male employees with children under the age of one from 27 European countries participating in the 6th European Working Conditions Survey. Purpose of the study was to explore the relationship between perceived work-life balance, supervisor support and perceived well-being (WHO-5 Well-being Index).	Work-life balance and supervisory support positively influenced the well-being of women and men after childbirth, especially if the employing organisation did not have clearly defined policies supporting work-life balance.

	Year	Article	Country	Study design	Recommendation
39	2018	Liu C. H., Phan J., Yasui M., Doan S.	U.S.A.	Examined data from the 2009 – 2011 New York City Pregnancy Risk Assessment Monitoring System (n=3010). The purpose of the study was to examine racial differences in 3 postnatal depression (PND) symptoms and variations in the predictors of PND including the relationship between employment and PND in a subsample of mothers ( n=180).	Maternal employment was associated with an increased likelihood of PND for white and Asian / Pacific Islands mothers compared to non-employed non-white mothers. African American and Hispanic mothers endorsed a higher number of stressors compared to whites and Asians / Pacific Islanders, but were also more effective at mobilising social support. The size, quality and composition of social support networks was considered to be an important buffer against stress. Maternal attitudes to work also influence depressive symptoms.
40	2018	Mandal, B	U.S.A.	Analysis of data from the Early Childhood Longitudinal study – Birth cohort I. The purpose of the study was to examine the relationship between paid maternity leave and maternal mental health in women returning to work after childbirth when they had worked full-time pre-birth ( n = 3850)	Less than 12 weeks leave after childbirth has a negative effect on maternal mental health. Paid leave and longer duration of paid leave is associated with better mental health outcomes
41	2018	Nandi A, Jahagirdar D, Dimitris MC, Labrecque JA, Strumpf EC, Kaufman JS, Vincent I, Atabay E, Harper S, Earle A, Heymann SJ	multiple	Systematic review of peer reviewed literature on relationship between paid parental leave and socioeconomic and health outcomes ( 85 papers selected relevant to parental leave policies).	Extensions of paid leave to between 6 and 12 months resulted in increased uptake of parental leave and longer durations of parental leave. There was little evidence of negative impact on employment of extending duration of paid leave . The same benefits do not accrue from unpaid leave. At a population level, increases in paid parental leave were consistently associated with better infant and child health. Paid paternal leave has induced fathers to take time off following the birth of their child.
42	2018	Petts RJ	U.S.A.	Mothers who had worked prior to having their child were interviewed shortly after their child’s birth and 1 year later as part of the Fragile Families and Wellbeing study ( n = 1726). The purpose of the study was to examine the relationship between length of maternity leave and maternal depression, parenting stress and parenting practices.	Less than 1 month of time off work was associated with increased parenting stress and increased risk of depression. Mothers who took more than 6 months off after childbirth were more likely to engage in developmental activities with their child.

	Year	Article	Country	Study design	Recommendation
43	2019	Birkett H, Forbes S	U.K.	Interviews with 70 men and women entitled to shared parental leave to explore why take-up of shared parental leave (SPL) is low in the UK.	Shared parental leave was introduced in April 2015. Key findings: Level of pay is often much less than father earns so family would have to take financial hit if they took SPL. Many organisations enhance maternity or paternity pay but not SPL. Cultural expectations of the man being the breadwinner and the mother being the main care of children favoured the mother taking the maximum amount of maternity leave. Rather than sharing SPL with her partner. Also a view that mothers deserved to take the bulk of the leave in order to recover from childbirth and establish and maintain breastfeeding. Respondents also agreed that SPL was poorly designed and difficult to understand. Uptake of SPL by men relies on mothers donating a share of their maternity leave to them. If either partner is unemployed they are not eligible for SPL. Attitudes of co-workers were also a barrier to the uptake of SPL by some fathers although others said that they started a trend and more fathers then took SPL. Take up of SPL was related to socioeconomic background; education and informational skills; ethnic background and parity. Many fathers want to be more involved in child care in the first year of their child's life and feel that they are being discriminated against by current parental leave arrangements.
44	2019	Chow A, Dharma C, Chen E, Mandhane PJ, Turvey SE, Elliott SJ, Becker AB, Subbarao P, Sears MR, Kozyrsky AL	Canada	Pregnant women participating in the Canadian Healthy Infant Longitudinal Development study recruited from 4 regions were surveyed at 27 and 36 weeks gestation and at 6,12,18 and 24 months postpartum. (n = 3307). The purpose of the study was to determine the relationship between sociodemographic factors (such as time since immigration, education and employment) and depression (CES-D) and perceived stress (PSS).	Being employed at 1 year postpartum and work- related exhaustion at 1 year was associated with increased likelihood of persistent depression. Immigrants who had been in the country between 5 and 10 years were more likely to experience stress and persistent depression than immigrants who had lived in Canada for less than 5 years or more than 10. Women with low levels of stress were less likely to be depressed suggesting this might be a modifiable risk factor. 'Provision of stress intervention strategies such as social support, exercise, and meditation, especially in the early stage of pregnancy, may attenuate risk for future maternal depression and stress. Targeting interventions toward women 5 years after immigration, lower-income women, and those experiencing work exhaustion may be particularly beneficial.' (p. S203)

	Year	Article	Country	Study design	Recommendation
45	2019	Chzen Y, Gromada A, Rees G	OECD countries	Report looking at family friendly policies in 41 OECD countries using 4 country-level indicators: duration of paid maternity leave, duration of parental leave reserved for fathers; share of children below 3 in childcare centres and compulsory school age in childcare or preschool centres.	15 of the 41 countries have ratified the Maternity Protection Convention (2000) of the International Labour Organisation that recommends that countries provide maternity benefits for 14 weeks and take other measures to protect maternal working conditions. Based on 2016 information, Estonia offered mothers the best deal offering the full rate equivalent of 85 weeks in paid maternity and parental leave. Australia, Ireland, New Zealand and Switzerland offered the shortest paid leave with no agreed national provision in the U.S.A. The average duration of paid maternity leave for the OECD was 18 weeks.
46	2019	Falletta L, Abbruzzese S, Fischbein R, Shura R, Eng A, Alemagno S	U.S.A.	Retrospective cross-sectional survey to examine relationships between factors affecting maternal self-rated health within the first month of re-entry to work after childbirth (n = 249)	Over half of the respondents reported feeling depressed and over two-thirds reported feeling anxious several days or more during their first month back at work. Those with longest maternity leave ( 17 weeks+) reported better health than those with least maternity leave (less than 6 weeks). Employers need to offer mother-friendly options that include comfortable, accessible places to express and store breastmilk, flexible work schedules including opportunities to re-enter at reduced hours and consideration of physical and emotional needs arising from the aftermath of childbirth and the demands of parenthood.
47	2019	Juengst SB, Royston A, Huang I, Wright B	U.S.A.	Cross-sectional nationwide survey evaluating the experiences of physician mothers returning to work after childbirth (n=844)	Most respondents wanted more paid leave and clarification of organisational leave policies. Childcare availability was an issue. Having to make up time taken for leave and lack of schedule flexibility created additional stress. Discrimination in the workplace influenced maternal well-being and career progression. Lack of access to lactation facilities and time for pumping was also a common negative experience.

	Year	Article	Country	Study design	Recommendation
48	2020	Hokke S, Bennetts SK, Crawford S, Leach L, Hackworth NJ, Strazdins L, Nguyen C, Nicholson JM, Cooklin AR	Australia	An on-line survey of employed Australian parents with at least one child under the age of 18 years (n = 4268). The purpose of the study was to explore how the strategies that parents use to manage work-life balance are associated with parental work-family conflict, psychological distress, occupational fatigue and burnout.	Combining work with family care can be incompatible due to competing demands of time, energy and attention. Work-family conflict is reported by 1:3 Australian parents and is adversely associated with work performance, parent and child mental health and family functioning. Family friendly policies are needed including flexible work arrangements (control over work hours, pattern and location) flexible leave arrangements and informal work accommodations for family that involves being able to change work times and hours at short notice in case of infant sickness or unexpected family commitments. Results of the study suggest that Australian parents use both formal family-friendly flexible work arrangements and informal strategies. Similar proportions of mothers and fathers use flexi-time, flexi-place and paid leave arrangements as well as informal work arrangements. Increased schedule control, and flexible working reduced emotional exhaustion, burn-out and fatigue. These arrangements did not necessarily reduce work family conflict as increased flexibility may equate to increased availability and a blurring of home-work boundaries. Flexible leave arrangements appeared to be associated with higher work-family conflict and poorer health for mothers and fathers.
49	2020	Ewald A, Gilbert E, Huppatz K	multiple	Themes relevant to flexible working arrangement for fathers were extracted from 121 articles published between 2008 - 2019	The four top level themes identified were gender norms and ideals, a failure of policy, incompatible workplace norms and expectations, and social class and flexibility. Overarching all of these themes was a theme of the invisible and stigmatised father in the workplace.
50	2020	Van Niel MS, Bhatia R, Riano NS, De Fario L, Catapano-Friedman L, Ravven S, Weissman B, Nzodom C, Alexander A, Budde K, Mangurian C	multiple	26 studies selected from a review of 280 articles and reports published between 1996 and 2019 to summarise the evidence regarding the impact of family leave policies on physical and mental health.	Paid maternal leave of less than 12 weeks is associated with a greater incidence of depression. In an Australian cross-sectional survey, women who took more than 13 weeks of paid leave had a 76% lesser chance of experiencing psychological distress than mothers without paid leave. In a longitudinal study, mothers taking longer maternity leave after their first child were less likely to be depressed in later life. Paid maternal leave has a beneficial impact on maternal physical health. Breastfeeding rates also improve in response to paid maternal leave. Paid parental leave decreases infant hospitalisation and mortality and increases immunisation uptake. Paid parental leave either has no effect or positive effect on company productivity.

## APPENDIX 2 - Supplementary 2: Reports and surveys relevant to employment, parenting and mental health in the U.K.

Year	Organisation	Report
2009	NCT	The experiences of women returning to work after maternity leave in the UK; a summary of survey results (n = 1542 mothers)
2011	OECD	Sick on the Job? Mental health Myths and Realities about Mental Health and Work
2014	Engage for Success	Wellbeing and employee engagement
2014	Department for Business Innovation and Skills	The fourth work-life balance employer survey 2013 ( n = 2,011 interviews with senior contact from employing organisations randomly selected from GB business register)
2014	Department for Business Innovation and Skills	Does Worker Well-being Affect Workplace Performance?
2014	OECD	Mental Health and Work: United Kingdom
2014	NCT Authors: Easter & Newburn	Working it Out: New Parents Experiences of Returning to Work. ( n = 866 mothers and 296 fathers)
2015	Eurofound	Third European company survey – overview report: workplace practices- patterns, performance and well-being.(n = telephone interviews with 24,251 employers and 6,860 employees)
2015	HM Treasury	Fixing the Foundations: Creating a More Prosperous Nation
2015	NICE	Workplace policy and management practices to improve the health and wellbeing of employees
2015	Employers for Childcare	Striking the Balance: The impact becoming a parent has on employment, working life and career
2016	Eurofound	Sixth European Working Conditions Survey Overview Report ( n = approx. 44,000 workers in 35 countries)
2016	Women and Equalities Committee	Pregnancy and Maternity Discrimination
2016	Women and Equalities Committee	Gender Pay Gap Enquiry
2016	Business in the Community	National Employee Mental Well-being survey
2016	Business in the Community	Mental Health at Work Report 2016 (n = 3036 respondents to a UK Gov panel survey and 16246 respondents to a public open survey)
2016	Business in the Community	Mental Health toolkit for employers
2016	The Mental Health Foundation & Unum	Added value: Mental health as a workplace asset.
2017	NICE (NICE guideline on mental wellbeing at work (PH22) is in the process of being updated)	Healthy workplaces: improving employee mental and physical health and well-being
2017	NICE	Quality standards: Healthy workplaces: improving employee mental and physical health and well-being

Year	Organisation	Report
2017	Royal College of Psychiatrists	Employment and Mental Health
2017	Deloitte	At a tipping point: workplace mental health and well-being
2017	Department for Business, Energy and Industrial Strategy	'Good Work': The Taylor Review of Modern Working Practices
2017	Department for Work and Pensions & Department of Health and Social Care	Thriving at Work: the Stevenson/ Farmer review of mental health and employers (n = 200 employers)
2017	Unum	What Next for Health at Work?
2018	The Fatherhood Institute	Cash or Carry? Fathers Combining Work and Care in the UK
2018	The Shaw Trust	Mental Health at Work: Still the Last Taboo
2018	Chartered Institute of Personnel and Development and Simply Health Author: Suff	Health and Well-being at Work: Survey report
2018	Accenture	Supporting Mental Health in the Workplace: the Role of Technology.
2018	Accenture	It's not 1 in 4 it's all of us: Why Mental Health Touches Everyone. ( n = 2170 working men and women)
2018	Workingmums	Workingmums annual survey ( n=2492)
2018	Institute for Fiscal Studies	The Rise and Rise of Women's employment in the UK
2018	Eurofound	Striking a balance: reconciling work and life in the EU
2018	European Commission	Paternity and Parental Leave Policies Across the European Union
2018	Government Equalities Office	Rapid evidence assessment: parents' decisions about returning to work and child caring responsibilities. Research review
2018	City Mental Health Alliance	Thriving at Work Guide
2018	Women and Equalities Committee	Fathers and the Workplace
2018	Business in the Community	Mental health at work 2018 report: Seizing the momentum. ( n = 4626 full or part-time employees)
2019	UNICEF	Are the world's richest countries family friendly? Policy in the OECD and EU
2019	The Equality and Human Rights Commission	Is Britain Fairer? The state of equality and human rights 2018.
2019	Government Equalities Office	Women's progression in the workplace
2019	Government Equalities Office	Family friendly working policies and practices: Motivations, influences and impacts for employers
2019	Working Mums	Working Mums and Working Dads annual survey 2019 ( N = 2716 men and women))

Year	Organisation	Report
2019	Vitality	Britain's Healthiest Workplaces awards annual survey 2019
2019	MIND	Workplace Wellbeing Index 2017/18: Key insights
2019	Breathe	Sick Report 2019 ( n = 1,003 employees)
2019a	Business in the Community	Mental Health at Work 2019: Time to Take Ownership ( n = 4236 men and women in full and part-time work participating in a youGov panel survey).
2019b	Business in the Community	Equal Lives: Parenthood and Caring in the Workplace (n = 9 focus groups in London and Manchester, 6 in-depth interviews with line managers and a case study of a large UK organisation followed by a survey completed by 10,225 participants )
2019	Reward and Employee Benefits Association	Employee Wellbeing Research 2019 ( n = 250 well-being, HR and employee benefits specialists working across a range of organisations)
2019	Opinium	Opening the Conversation: Mental Well-being at Work (n = 2009 workers based in the UK)
2019	Daddilife & Deloitte	The Millennial Dad at Work ( n = 2002 working fathers)
2019a	Chartered Institute of Personnel and Development	UK Working Lives Survey 2019 : The CIPD Job Quality Index ( n=5136 workers)
2019b	Chartered Institute of Personnel and Development and Simply Health	Health and Well-being at Work Survey Report ( n = 1,078 organisations with reference to 3.2 million employees)
2019c	Chartered Institute of Personnel and Development	Flexible Working in the UK.
2019d	Chartered Institute of Personnel and Development (2019b)	Megatrends: Flexible Working
2019	All Party Parliamentary Group : Women and Work	Inclusivity and intersectionality: toolkit and annual report 2019
2019	HM Government	Good Work Plan: Proposals to support families. Consultation.
2019	Working Families & Bright Horizons	Modern Families Index 2019 (n =2750 working parents)
2020	Working Families & Bright Horizons	Modern Families Index 2020 ( n = 3090 working parents and carers who have at least one child under 18)
2020	The Carnegie Trust & The RSA Future Work Centre	Can Good Work Solve the Productivity Puzzle?

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