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Project: Exploring workplace provision for new and expectant parents with existing or emerging mental health issues

ARTICLE 2

Phase 2: How do employers respond to the needs of expectant and new parents who may be experiencing existent, or emerging, psychological distress?

Findings from interviews with parents and a focus group with employers



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1. Abstract

Everyone's mental health exists on a continuum that varies throughout their lives. Most adults spend a significant proportion of their life at work. If employers are to create a happy, healthy and productive workforce, they need to be aware of, and respond to, key transition points in the lives of their employees. Becoming a parent is a major life event that can make some parents more vulnerable to mental ill-health. The way that employers treat expectant and new parents can have a profound effect on parental mental wellbeing, their relationships with others, the future health and wellbeing of their infant, their ability to work effectively and their perception of work-life balance. A scoping review of the literature was previously undertaken to explore workplace factors that enhance or compromise parental mental health during pregnancy and the first postnatal year. The findings from this review were synthesised into 10 recommendations for employers and are presented in a separate article. According to Arksey and O'Malley, who developed the scoping review framework, findings from reviews can be validated and improved by consultation with relevant individuals. Interviews with parents were therefore undertaken to explore how their employers accommodated their transition to parenthood when they experienced pre-existing, or emergent, psychological distress. A focus group with employers was convened to review the workplace recommendations developed as a result of the literature review and to gather information about how organisations respond to the mental health needs of new and expectant parents. Results suggest that greater emphasis needs to be placed on ensuring that: company policies and provision embrace the unique circumstances of new and expectant parents; greater attention is given to how the content of policies is cascaded to managers and employees; and training for managers should include triggers, signs, symptoms and impact of perinatal psychological distress, enhanced communication skills and ways of providing positive, pro-active support for new and expectant parents in the workplace.

2. Introduction

The transition to parenthood can be a stressful time for parents as they adapt to changing responsibilities, relationships and circumstances. Many parents feel exhausted and overwhelmed. 25% of mothers and 10% of fathers experience some form of psychological distress (stress, anxiety or depression) either antenatally or in the 12 months after they have a baby (Howard et al, 2018; Leach et al, 2016; Paulson & Bazemore 2010; Petersen et al, 2018). At least 50% of parents experiencing psychological distress do not disclose how they feel to health professionals (Henderson & Redshaw, 2013). Most adults of working age, including new parents, spend a significant amount of time at work but are unlikely to talk to their manager about any mental health issues that they may be experiencing (BITC, 2016; MIND, 2019; Opinium, 2019). Without appropriate treatment and support, parents may continue to suffer in silence for several years after the birth of their child (Netsi et al, 2018; Vliegen et al, 2014). Parental psychological distress can adversely affect social, family and work relationships and may compromise the capacity of parents to enjoy, or participate fully, in work and family life (Hokke et al, 2020; Westrupp et al, 2015; Working Families & Bright Horizons, 2020).

The converse is also true. The combined challenges of looking after a new baby and coping with workplace demands and responsibilities can have a detrimental effect on parental wellbeing. Research has indicated that work-life conflict is one of the factors that precipitates or perpetuates parental psychological distress (Nomaguchi & Milkie, 2020). In a survey conducted by the organisation 'Pregnant then screwed' (PTS), 30% of mums who return to work experience a mental health issue, with 53% of returning mums linking episodes of depression to the way that they were treated at work (PTS & Gorvins, 2017).

Promoting parental wellbeing in the workplace is not only beneficial to parents but reaps measurable financial benefits for companies, the economy and society. According to the Health and Safety Executive (HSE), depression and anxiety accounted for 51% of all work-related ill-health in 2019 /20 and 55% of working days lost due to work-related ill-health (HSE, 2020). In addition, 'presenteeism' (employees working when they are not able to function at their best) costs UK employers 16-21 billion pounds every year (Stevenson & Farmer, 2017). Enabling technology has also led to an increase in 'leavism' (where the boundaries between work and non-work become blurred) with an associated increased risk of mental ill-health. The Modern Families Index (2019) found that 78% of working parents in the UK are putting in extra hours of work every week (Working Families & Bright Horizons, 2019). In a survey of millennial fathers, over a third of the respondents agreed that the struggle to balance work and parenting adversely affected their mental health (Daddilife & Deloitte, 2019). The negative impact on parental mental health is likely to add to the economic burden for society. It has been estimated that mothers with untreated perinatal

mental health issues cost the UK economy 8.1 billion pounds every year (Bauer et al, 2014).

Parents who do disclose mental health problems to their employer may face discrimination, disbelief and resentment in the workplace (Working Families & Bright Horizons, 2020). Requests from parents to alter their working arrangements to reduce stress and achieve a more acceptable work-life balance may be declined by managers or viewed negatively by co-workers (Daddilife & Deloitte, 2019; Gattrell et al, 2014; Working Families and Bright Horizons, 2019; Williams et al, 2016; Working Mums, 2019). Although many organisations are developing policies and cultures that accommodate the needs of parents and employees with mental health issues, they do not necessarily focus on the mental health of parents during pregnancy and the first postnatal year (the perinatal period). This is important, not only because this is a time when parents are at increased risk of experiencing mental ill-health, but also because the way parents feel can affect how they interact with, and care for, their baby. The first 1001 days of a child's life has been repeatedly highlighted as being of utmost importance because it is the time when responsive, nurturing care is needed to ensure optimal development of vital brain structures and physiological systems that, in turn, will influence the child health across the lifespan (WHO, 2018). Nearly half (48%) of the parents participating 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). The purpose of this study is to find out how employers respond to the needs of new and expectant parents who may be experiencing existing, or emergent, psychological distress.

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 Regional 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.

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 project comprised two phases as part of the PATH project: a scoping literature review, and consultations with parents and employers. The interviews were conducted by two members of the project team from Southampton City Council (GR, SS) and one member from iHV (RP). The focus group was moderated by two additional members of the project team from Southampton City Council (DS, GR). The transcribing and analysis of interview and focus group data were undertaken by a member of the iHV (CL). Members from Southampton City Council will use the findings from both phases of this project to inform the development of training and resources for employers. PATH partners in Belgium are using the findings from this study as the foundation for a further study investigating the views and experiences of Flemish parents and employers.

4. Method

A scoping literature review, guided by Arksey and O'Malley's framework, was undertaken in 2020 to explore the factors that influence the mental health of new and expectant parents in the workplace. This review is reported in a separate article. The findings from this review were synthesised into ten recommendations for employers. Arksey and O'Malley (2005) suggest that findings from scoping reviews can be enhanced by consultation with relevant individuals who have a vested interest in the area under examination. Interviews with parents were therefore undertaken to explore how their employers accommodated their transition to parenthood when they experienced pre-existing or emergent psychological distress. An employers' focus group was convened to review the workplace recommendations developed as a result of the literature review and to gather information about how organisations respond to the needs of new and expectant parents, especially when they are experiencing mental ill-health. The expectation was that the original ten recommendations for employers would then be amended in the light of the findings from these two consultation exercises.

4.1 Method for interviews with parents

Parents were recruited through social media channels including Linked In, Facebook and Twitter. A purposive sampling strategy was used to include parents of different genders and parenting experiences. A participant information sheet and consent form were prepared (supplementary file 1). Basic demographic data was

collected. A topic guide, informed by the findings from the literature review, was developed and used as the basis for the semi-structured interviews (supplementary file 2). Interviews were conducted by phone and took place in August and September 2020. The results were transcribed, transferred to an Excel spreadsheet, and thematically analysed.

4.2 Method for conducting the focus group with employers

The project team contacted known associates from existing networks. A purposive sampling strategy was used to recruit representatives from employing organisations from different sectors and with different numbers of employees. Preliminary information about the purpose of the meeting and an invitation to attend a Zoom meeting was sent by email to identified individuals who had agreed to take part (supplementary file 3). A topic guide containing the questions to be addressed (based on the recommendations from the literature review) during the session was prepared. The focus group took place in November 2020. A set of PowerPoint slides were developed to provide an overview of the session, the questions to be addressed, and further information for participants about the structure and format of the focus group. On arrival at the session, permission was sought from all participants to record the session. Two members of the project team (DS, GR) moderated the session. The meeting was recorded, transcribed and analysed.

5. Results of Parent interviews

5.1 Demographic characteristics of parents

Seven women and two men were interviewed with an age range of 29 – 44 years and dependent children ranging from 11 weeks – 3 years, with one respondent relating their experience of workplace provision during the antenatal period. Eight of the respondents were in full-time employment prior to becoming a parent and all, except one, changed their working conditions post-birth. One parent left their employment, two became self-employed, five negotiated part-time or reduced hours and for one parent (male) there was no change in their working conditions. Duration of employment with the employer at the time of requesting additional consideration of antenatal or parenting circumstances varied from less than 1 year to 17.5 years. Seven parents were employed in the public sector (health, education, social care, other Local Authority services); one was employed in the automotive industry; and one in events management. Six of the parents had a pre-existing long-term condition or mental health problem that could impact on their wellbeing at work.

5.2 Thematic analysis of the parent interviews

Theme 1: Awareness of policies or initiatives to support parents or employees with mental health issues.

The responses from the parent interviewees indicated variable awareness of company policies relating to pregnancy risk assessments, parental leave, pay, childcare vouchers, flexible working arrangements and health and wellbeing. Only one interviewee felt that they had access to comprehensive information about company policies and support from their HR department. One interviewee felt that the policies were used as a tick box exercise rather than as a framework for ensuring that employees get the support they need.

Several of the interviewees expressed concern that neither their line managers or HR were aware of policies or current relevant legislation, so they had to research their entitlements online and then negotiate how these would be applied to their personal circumstances. Mistakes were made in the determination of pay and entitlements. For four interviewees, this was a prolonged and/or stressful experience with insensitive, unhelpful managers or HR personnel that had a detrimental effect on their mental health.

Three interviewees left their job as a result of the way they were treated by the HR department, their line manager or their work colleagues during the time that they were expecting a child or after their child was born. For some interviewees, there seemed to be a disconnect between HR and line managers, as line managers did not seem to be aware of what they should be doing to support parents with, or without, mental health issues. Lack of communication between HR departments and line managers also led to inconsistencies between departments. Distressing experiences relating to negotiating parent-friendly working conditions were described by interviewees employed by both small organisations (with less than 50 employees) and large organisations such as Local Authorities, education providers and the NHS.

Theme 2: Perceptions of the working environment

Solitary working leads to feeling of social isolation that can exacerbate underlying mental health problems. Lack of regular, meaningful contact with a line manager can inhibit disclosure of mental health issues. Some interviewees did not want to disclose the extent of their mental ill-health to their line manager. Others suggested that their managers did not acknowledge the adverse impact of sustained, high pressure, stressful working environments, or specific traumatic, work-related incidents, on their mental state. In some cases, interviewees felt that there was an expectation that if everybody is exposed to the same stressful working conditions then everybody should be able to cope. In health, social care and education, the priority was responding to the needs of the recipients of education or care, and interviewees felt that the wellbeing of employees was perceived by employers as less important. One interviewee described pervasive mental ill-health in the workplace, including stressed-out managers who were struggling with their own issues. This made it difficult for the managers to respond with equanimity and sensitivity to requests from the people they were responsible for. For two interviewees, the need to cover work, when limited alternative cover was available, appeared to supersede the needs of individuals trying to cope with the physical, social and emotional upheaval associated with pregnancy and parenthood.

One interviewee was offered a less stressful position when she announced her pregnancy. Two interviewees described 'amazing', 'supportive' or 'great' line managers who allowed time off to attend antenatal appointments and always made extra time to discuss worries and anxieties. Two interviewees had to insist on completion of an antenatal risk assessment, with one being instructed to complete it themselves. Another interviewee felt that she was treated differently by the senior management team as soon as she announced that she was pregnant, with limitations imposed on her career development opportunities and progression. For two interviewees, unrealistic expectations and excessive workloads persisted both when they were expecting a baby, or after the baby had arrived.

Relationships with work colleagues and physical features of the working environment were also noted as having an impact on the mental health of interviewees. Four interviewees stated that the positive support provided by work colleagues, whether working from an office, or from home (due to the pandemic), made a huge difference to their ability to cope with work-based stress and adapt their working conditions to accommodate their antenatal or postnatal circumstances. For two interviewees, requests to work from home because of physical disabilities or childcare responsibilities were turned down. One interviewee felt that she couldn't take much-needed breaks in a 'busy, crazy' workplace because of the additional burden this would place on her co-workers. For one interviewee, the high turnover of staff reflected a workplace run by 'fear' and 'anger', and a general culture of criticism and negativity. Four interviewees described the work environment, in relation to the attitudes of both senior management and other colleagues, as judgemental, hostile or toxic.

Theme 3: Flexible Working arrangements

Four interviewees were not comfortable asking for flexible working arrangements (FWAs) and two were confident to ask for FWAs but were certain that their requests would be denied. The interviewees felt that inflexibility was related to the difficulties in covering shifts or positions with enhanced responsibilities or, in one case, was likely to be greeted with the response 'if we give it to you, we'll have to give it to everyone!' A request for FWAs from one employee was turned down and another was required to present a business case to her manager to justify her request to job share. The interviewee reported that this felt like a stressful experience in itself. Two interviewees had either successfully negotiated FWAs or were confident that they would be able to do so.

Theme 4: Parental leave and sick leave

Five interviewees experienced difficulties in negotiating parental or sick leave or appropriate work-based support in response to childcare dilemmas. This was attributed to insensitive managers who were not aware of their needs, entitlements or extenuating circumstances relating to pregnancy or parenthood. One organisation had a system whereby more than three absences from work due to sickness culminated in a disciplinary note being placed on your HR file. The interviewee had to negotiate for this policy not to be applied when she had to take additional sick leave due to a combination of circumstances arising from an underlying health issue, new parenthood, sleep deprivation and stress. The employee now endeavours to take annual leave instead of sick leave as she is concerned about what will be recorded on her HR file. Annual leave was also used when established childcare arrangements were not possible due to the restrictions imposed by the pandemic.

Managers varied in their response to support for employees before, during, or on return from, parental or sick leave. Some barely acknowledged that the employee had been away, enquired about how they were, or showed interest in how they were settling back into work. Only one interviewee thought that their manager was well-trained to support employee health and wellbeing in the workplace, with eight suggesting that their experiences indicated that their managers had not received any training. Managers were perceived as approachable and empathic if they gave the employee the impression that they were listening to what they had to say, were acknowledging their circumstances and experiences, and were willing to help.

Theme 5: Sharing good practice

The majority of interviewees struggled to describe examples of good practice relating to how their organisation promoted the emotional wellbeing of parents in the workplace. One interviewee reported the introduction of back to work interviews, FWAs and 'Keeping in Touch' days for employees taking maternity leave as promising developments that weren't available when she took maternity leave. Another interviewee reported on their organisation's provision of support for parents. This included a parent and carers network run by employees and an additional annual leave allowance for families of 10 'family absence' days / year. As it was more difficult for individuals working in small organisations to source information on their entitlements during the transition to parenthood, it was suggested that guides for people in different sectors and roles would be useful, including for those on night shifts or working for small independent businesses.

6. Results of Employer Focus Group

The employer focus group was made up of eight representatives from a higher education provider, a small childcare provider, two charities, a Local Authority and a housing provider. The main points raised by participants in the focus group discussion are summarised under the heading of the question that was presented to them.

6.1 Key points arising from focus group discussion

Question 1. How do you support parents in their health and wellbeing?

It was evident that a wide variation in level and type of support currently exists between different workplace settings. Some sectors appear to find implementation of wellbeing initiatives challenging, when also trying to balance the business needs of the organisation e.g. nursery/early years sector due to required child to staff ratios.

In one organisation, employee wellbeing was an integral component of all 1 to 1s between the employee and their line manager. Some organisations used wellbeing action plans to provide a framework for this discussion and specify any agreed arrangements or actions to be taken by either the employer or the employee.

Larger organisations provided an employee assistance programme and/or online resources for employees to enable them to consider ways of managing mental health problems or take action to promote their wellbeing.

Question 2. How do you ensure all expectant parents are aware of and able to access the financial packages in place for maternity, paternity, parental, adoption, and surrogacy leave?

Some of the organisations had maternity and paternity policies in place that were available on the company intranet. The documents that were available covered risk assessments, allowable time off (e.g. for antenatal appointments and classes), FWAs, pay and parental leave.

Question 3. Do you have designated peer support for employees who are expectant and new parents and / or employees with mental health issues?

Wellbeing champions trained in mental health awareness, reported by organisations of different sizes, were able to recognise signs of distress and signpost colleagues with additional mental health needs to appropriate resources. This was construed as a form of peer support, as wellbeing champions were recruited at all levels in the organisation. It was acknowledged that it was easier to open up to someone about how you are feeling and coping if you have a good relationship with them. Other focus groups participants agreed that peer support was a great idea but was not available in their organisation.

Question 4. How do you engage with staff pre- and post-birth?

One employer sends out a risk assessment to the manager for self-completion by the employee when they announce they are pregnant or if an employee returns to work within six months of having a baby. In another organisation, the line manager is encouraged to complete the risk assessment questionnaire with the employee.

One organisation required line managers to discuss parental needs and working arrangements twice in the antenatal period and again on return from parental leave.

Other focus group participants agreed that it was the manager's responsibility to keep in touch with employees during parental leave, although sometimes this was mediated by the HR department who contacted employees and asked if they had any questions or required any further information prior to their return to work.

Question 5. What challenges do you face in providing suitable space, equipment or adaptations for expectant and new parents to support their wellbeing? E.g. space for breastfeeding, storing breast milk, space to rest for pregnant women.

One organisation had a sensory room for people to enjoy relaxing lights, music, beanbags etc. A fridge was also available. The room had a lockable door and portable screening to provide additional privacy if needed. The facilities were available for any employee needing a calming environment.

Although comments were made about the legal requirement to provide a space for pregnant women to rest and lie down, this was not always possible for small organisations. Other organisations, distributed over several locations, adapted existing facilities in response to specific requests from employees.

Question 6. How do you address flexibility when promoting work-life balance, and managing realistic expectations with parents?

For some organisations, FWAs were available to all employees although this meant that the specific needs of parents were not necessarily considered and addressed. It was harder to accommodate specific requests from parents (including emergency FWAs due to changes in childcare arrangements) in smaller organisations or organisations with fixed commitments that require full-time cover by appropriately qualified personnel. This meant that, for some organisations, granting FWAs was a sensitive issue because it was not possible to accommodate all requests. Some organisations did include FWAs as a negotiable option in company maternity leave policies. Some organisations invite employees to suggest how they can ensure that the needs of the business are met in their application for FWAs. This is based on the supposition that employees are experts in their own role and are more likely to be able to suggest workable solutions to accommodate their FWAs request.

Question 7. How can you create a culture of openness and compassion in your organisation?

A couple of organisations had committed to the 'Time to Change' pledge by developing campaigns to encourage employees, including corporate directors and senior managers, to share their experiences of mental ill-health ('I am the 1 in 4') and to keep mental health on the organisational agenda by encouraging blogs, support networks, and accessible and relevant policies and information. Encompassed within the organisational commitment to inclusivity was an acknowledgement of the mental health needs of different groups of staff and the need to provide safe physical and psychological workplace spaces and relationships conducive to disclosing sensitive information. Affinity networks for groups of like-minded individuals to share ideas, resources and challenges, and campaign for equitable status and support were being developed in some organisations.

Comments were also made that mental health in the workplace has become a more pressing issue with the increase in both home working and the prevalence of mental health issues, as a result of the restrictions imposed by the COVID-19 pandemic. Companies are providing guidance for employees who have been furloughed, as well as information about resources and benefits available, and setting up a safe home working environment for those who are employed. This includes risk assessments for employees at risk of exposure to the Coronavirus. Extra effort is being made to keep in touch with isolated employees. For example, sending a personalised letter rather than a group email and scheduling informal virtual meetings for a coffee and a chat. One organisation has noticed an increase in the use of the employee assistance programme and counselling services.

Question 8. What training do you offer to all levels of your employees around wellbeing and mental health?

Is Perinatal mental health covered specifically?

Some organisations encouraged managers to undertake Solent MIND online mental health awareness training. Some organisations provided e-learning for suicide prevention. Focus group participants were not aware of any training that specifically focused on the needs / mental health of parents during pregnancy or the year after the birth of the baby.

Question 9. How do you promote wellbeing initiatives within your organisation, and outside the organisation, to employees?

Focus group participants reflected on the wellbeing initiatives that were provided as well as the mechanisms for promoting their existence. One organisation had a dedicated mental health page on the company intranet containing details of resources, policies, procedures and initiatives.

Question 10. What policies and procedures do you have in place to support parents who are returning to work from maternity/paternity/parental leave or from sickness and how do you ensure all employees are aware of these policies?

Most organisations had maternity and paternity leave policies. None of the participants thought that specific post parental leave return to work interviews or welcome back packs were included in the support provided to parents when they return from parental leave.

7. Discussion

Interviews with parents and a focus group with employers were organised to gain the views of key stakeholders regarding the relevance and implementability of the recommendations derived from a scoping review of the literature. The recommendations highlighted what employers can do to promote the emotional wellbeing of expectant and new parents in the workplace. The interviews and focus group provide additional insight into what parents want and what companies feel is realistic to offer. Synthesising the views from parents and employers identified areas of both agreement and discrepancy and examples of both excellent and inadequate policies and support in the workplace. This discussion focusses on three main aspects of the work environment that expose potential areas of dissonance between what employers believe is happening and the lived experience of parents in the workplace. These are: company policies; culture of the workplace; and initiatives to promote employee wellbeing.

7.1 Company policies

Although the employers indicated that they do have policies pertaining to parental leave, from the limited discussion in the employer focus group, it would appear that some had more comprehensive policies than others. Variable awareness by parent interviewees of the policies and entitlements that were relevant to their circumstances suggests that company policies may not always be accessible, available or compatible with current government legislation. If the policies did exist, managers did not always seem to be aware of them. Parents reported that sick leave policies were not generally adjusted to accommodate pregnancy or parent-related health issues; risk assessments were not always conducted in a timely and appropriate manner; and workplace environments were not always adapted to respond the needs of pregnant or breastfeeding mothers. The majority of company representatives attending the focus group stated that FWAs were available to the entire workforce. Four parent interviewees felt that these were not proactively offered or realistically explored by their employer. The stress of trying to negotiate, and not being able to achieve, parent-friendly, mentally-healthy, working conditions caused three of the parents to resign.

7.2 Culture of the workplace

According to a survey of employees, management style, relationships at work and heavy workloads are the top three causes of stress at work (CIPD, 2018). Parent interviewee perceptions of the attitudes and behaviour of managers and colleagues varied from empathic, amazing, supportive and approachable, to insensitive, judgemental, hostile and toxic. Parent interviewees reported stressful, fast-paced working environments with the expectation of working outside contracted hours that led to stressed out-managers and pervasive mental ill-health in the workplace. This exacerbated employee demand for sensitive consideration and help with their psychological distress which, given the numbers who needed help, then became overwhelming and impossible to manage by both managers and employees. It is disappointing to note that organisations responsible for the provision of compassionate, nurturing care (such as health, education and social services) were often those that were overwhelmed by competing demands and appeared to prioritise the needs of their client group, at the expense of protecting the wellbeing of their employees.

Some of the company representatives and parent interviewees reported evidence of a culture of openness and compassion, with employees at all levels of the organisation sharing personal stories of mental ill-health and supportive managers and colleagues taking an interest in parental wellbeing and helping parents to cope.

7.3 Initiatives to promote employee wellbeing

Employee wellbeing is a significant company asset. The cost of investment in wellbeing initiatives outweighs the cost deficit arising from the absenteeism and presenteeism associated with mental ill-health (Stevenson & Farmer, 2017). Company representatives and parents reported a range of wellbeing initiatives deployed in their organisation such as online resources, employee assistance programmes, access to counselling, the appointment of wellbeing champions, the development of affinity networks, parent-friendly leave policies, training for staff, wellbeing action plans and the integration of wellbeing into manager-employee 1 to 1s. It was evident that some participants in both the interviews and the focus group did not know whether these initiatives were available in their organisation. All of these initiatives are referenced in the employer recommendations that emerged from the scoping review.

Although some company representatives indicated that all managers were expected to attend training in mental health awareness, this training may not provide the skills and knowledge required to provide tailored support to parents. Only one parent interviewee thought that their manager had received any training to support health and wellbeing in the workplace. Some parent interviewees expressed their appreciation that apparently untrained managers seemed to genuinely care about their issues and circumstances and wanted to help. As well as addressing the common triggers, signs and symptoms of parental psychological distress during pregnancy and the first postnatal year and the common challenges of early parenthood, perinatal mental health awareness training for employers needs to include empathic communication skills and suggestions on ways to provide a supportive working environment.

8. Strengths and Limitations

The purpose of qualitative interviews is not to produce generalisable findings but to gain a more in-depth understanding of the phenomenon of interest. For this reason it is desirable to conduct interviews with a heterogenous group of parents with varied experience of different working environments. Greater insights may have been obtained from a larger sample. This was not possible due to the limitations of time. It is also likely that parents who have had a negative workplace experience are more likely to respond to a social media invitation than parents who felt that they were treated well, so there are sparse examples of optimal support.

The purpose of focus groups is to produce data and insights from the interaction between group members (Dos Santos Marques et al, 2020). Participation in the 'Zoom' focus group appeared to limit opportunities for involvement and discussion. Representatives who were perhaps less certain about their company policies, or how they were translated into practice, may have found it more difficult to contribute to a discussion, especially when those who were more confident were more likely to speak first and possibly dominate the feedback and set the tone of the discussion. As the majority of the representatives were from the companies' HR departments, they were able to provide an overview of the policies that exist but cannot vouchsafe for how those policies are translated into practice. This seems to be one of the issues identified by parent interviewees.

9. Conclusions

The experiences of parent interviewees confirm that becoming a parent represents a major upheaval in social, work and family life, is often associated with unexpected challenges, and can impose significant demands on parental time, resilience, resources and energy. Most parents are in work when they discover that they are expecting a baby and will return to work within the first two years of their child's life. How parents are treated by their employers can therefore make a significant difference to how parents feel, and cope, with parenting and work. Although there is growing awareness about the need for companies to develop family-friendly and mental health policies, it would appear that insufficient attention is given to combining these two approaches to ensure that appropriate support is given to new / expectant parents with or without existing or emerging mental health needs.

It is imperative that maternity, paternity or sick leave are treated as brief interludes in working capacity, rather than a major disruption to the workforce (Freeney et al, 2018).

The findings from both the parents' interviews and the employers' focus group suggest that the proposed recommendations (Table 1) are appropriate and needed, and will help to emphasise the importance of workplace, policies, practice and culture that acknowledge the challenges that expectant and new parents face when juggling the demands of work and home life. (A more detailed description of the recommendations is available in supplementary file 4). Specific attention needs to be given to the implementation of policies and how their content is cascaded to managers and employees. Training for managers should include enhanced communication skills;

how to recognise and respond to the predisposing factors, signs, symptoms and impact of perinatal psychological distress; and ways of providing positive, proactive support for parents in the workplace.

It is encouraging that there are many organisations campaigning to change the culture of workplaces to reduce the stigma associated with mental ill-health and extol the benefits of making employee wellbeing a company priority. For example, ‘This Can Happen’ is empowering organisations all over the world to create workplace environments that foster positive mental health. ‘MAD world’ is another international organisation aiming to ensure that every employer has the information, insights and contacts they need to ‘Make A Difference’ to workplace culture, mental health and wellbeing. It is important not to lose sight of the importance of treating the transition to parenthood as a ‘moment that matters.’ Employers not only have a responsibility to create a positive work experience for parents, but also have an obligation to be part of the ‘village’ that is needed ‘to raise a child’ by enabling parents to provide sensitive, responsive childcare and enjoy some quality time with their families.

Table 1: Summary of recommendations for employers to support and promote the emotional wellbeing of new / expectant parents in the workplace.

| | |
|--------------------|---|
| Recommendation 1: | Organisations should have company wellbeing policies that specifically address the mental health needs of parents. This should be a specific component of policies that all companies should have, that address the mental wellbeing of all employees |
| Recommendation 2: | Organisations should set clear targets / key performance indicators, in collaboration with their employees, for monitoring and improving employee health and wellbeing. |
| 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. |
| Recommendation 4: | Organisations should provide opportunities for employees to monitor and improve their wellbeing at work. |
| Recommendation 5: | All managers should receive appropriate training to equip them to undertake regular reviews of employee wellbeing and know how to respond to the mental health needs of new and expectant parents in the workplace. |
| Recommendation 6: | Organisations should demonstrate a commitment to promoting work-life balance. |
| Recommendation 7: | Organisations should promote a culture of openness, equality, inclusion and compassion, where the uniqueness of individuals is respected, deliberate efforts are made to reduce stigma and discrimination, and variations in circumstances and wellbeing are considered as a normal part of life and proactively accommodated. |
| 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. |
| Recommendation 9: | Information should be available and accessible to all expectant and new parent employees who are concerned about their own mental health, or the mental health of a colleague, including: 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 or domestic abuse emergency (for example, disclosure of suicidal thoughts or the appearance of the perpetrator at the workplace). |
| 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. |

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