

State of the Art Review



Workplace mental health: implications for team working

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SOTA Review No 58: July 2023

This review considers empirical evidence on the effects of workplace mental health issues on team working, and concludes that, given the empirical links between effective team working and organisation-level outcomes, this is an under-researched area that merits further attention. Studies have explored the attitudes and experiences of co-workers towards a colleague with mental health issues, and found that stigma associated with these issues can provoke prejudice and discrimination towards colleagues. Research has also addressed workplace relationships between those with mental health issues and their co-workers, and found tensions and feelings of alienation and ostracism, often related to co-worker suspicion of work-related adjustments made for those requiring them. It is not yet known what effect this has (if any) on team performance. In the light of the well-documented growth in mental health issues, and the productivity impacts of poor workplace mental health, increasing understanding around how team functioning and performance may be affected by the mental health issues of team members could provide insight to inform policy and practice in this area.

Background

The increase in mental health issues in recent years is well documented (World Health Organisation, 2023). As well as having significant implications for the individuals experiencing them, mental health concerns are associated with lower workplace productivity (Hennekam et al, 2021). However, the mechanisms through which workplace mental health impacts on productivity are poorly understood (de Oliveira et al, 2023).

As well as being associated with employee outcomes (e.g., improved motivation and reduced absenteeism), team working has long been associated with organisation-level outcomes. Studies have empirically established a link between teamwork effectiveness and both operational (e.g., productivity) and financial (e.g., profitability) outcomes at the organisational level (Delarue et al, 2008). Employees with mental health issues commonly report, amongst other things, difficulties getting along with others, social

isolation, and exposure to stigma; but the few studies that have addressed occupational functioning under these circumstances have focused on the individual-level experiences of managers and sufferers, rather than on co-worker, team or organisation-level effects (Peters and Brown, 2009; O'Donnell et al, 2017). While a burgeoning literature on teamwork in the past two decades has explored a range of emergent states and processes in team working (Dinh et al, 2020), with a strong focus on health interventions and teamworking effectiveness, evidence on the impacts on team functioning of a member experiencing mental ill-health is sparse.

Cohesion and team commitment are positively associated with team performance, driven by reciprocal support from team members (Neininger et al, 2010). On this account, cohesive teams may perform better than the sum of the individual performers. However, the opposite may be true when a team member is unable to fully contribute, and cohesion and team commitment are compromised. This review considers the available evidence on team dynamics and functioning in the face of mental health issues of team members, identifies evidence gaps and suggests foci for future research in this area to address gaps in knowledge.

Overview of evidence

A team's cognitive, affective, and motivational states evolve over time, are linked to psychological safety (the shared belief that a team is safe for interpersonal risk-taking), and impact on team performance (Dinh et al, 2020). Yet, this is an area of research which is still in its infancy. There is a substantive literature on general interventions to improve team working outcomes, which is beyond the scope of this review (for reviews see Buljac-Samardzic et al, 2010; 2020). While a small number of studies make reference to the impact of mental health-related interventions on team members (e.g., Blake et al, 2020), the team-level outcomes of team members' mental health issues have not yet been explored. This is a significant gap in the literature, given the recent growth in mental health issues and the importance of team functioning for organisational success.

Mental health issues in the context of workplace teams have not been entirely neglected in prior studies. Two strands of research can be discerned in extant literature that addresses workplace mental health at the team level. The first explores the attitudes of co-workers towards colleagues with mental health issues (Table 1). Research in this area suggests that stigma associated with mental health issues by co-workers can lead to prejudice and discrimination against individuals with mental health problems. This can be because co-workers view colleagues experiencing mental health issues as more dangerous, less competent and more unpredictable than those with other health problems (Stone and Colella, 1996; Corrigan et al, 2005). Co-workers may also resent workplace adjustments made for these individuals (Rusinova et al, 2011) or perceive such adjustments to be unfair or to impact negatively on their own workload (Peters and Brown, 2009). Even co-workers who are notionally in favour of work opportunities for those with mental health issues express reluctance to actually work alongside them (Shahwan et al, 2022).

The second strand of prior research considers working relationships between those experiencing mental health issues and their colleagues, and points both to the tensions that can arise and to the potential ameliorating effects of co-worker support (Table 2). Workplace tensions are more common for those with invisible disabilities (such as mental health issues) than for those with visible health problems (Teindl et al, 2018). This can discourage people from disclosing their mental health condition, because they fear being

ostracised (Dewa, 2014) and this is particularly true for those who have previously experienced discrimination. Where allowances or adjustments are not made for mental health issues, those experiencing them can struggle to pace their work with that of others, and to interact with them (Danielsson et al, 2017), yet when allowances are made this can provoke biased treatment from co-workers (Quinane et al, 2021). Nevertheless, research has found that support from co-workers can encourage disclosure, reduce stigma and improve job effectiveness (Follmer et al, 2020).

Both strands of prior research focus primarily on the experiences and attitudes of those experiencing mental health issues and of their co-workers, but neither has yet considered what this means for overall team functioning or performance.

Table 1: Attitudes of co-workers towards colleagues with mental health issues

Authors	Methodology	Focus	Key finding
Stone and Colella (1996)	Conceptual model	Factors affecting the treatment of disabled people in organisations.	Co-workers more likely to view mental illness as more dangerous or threatening than physical illness, possibly because mental issues are seen as likely to make behaviour more unpredictable.
Russinova et al (2011)	Qualitative (responses to open-ended survey questions)	Prejudice towards co-workers with mental health issues.	Direct, indirect and perceived discrimination of co-workers impacts on the integration of people with mental health problems into the workplace, including lack of confidence in those with mental health issues, resentment of workplace accommodations and marginalization.
van Beukering et al (2022)	Systematic literature review	How health related stigma acts as a barrier to workplace participation and wellbeing.	Co-workers often judge those with mental health issues as incompetent, and lacking in cognitive capacity and ability to deal with stress & pressure.
Corrigan et al (2005)	Literature review	Stigma of mental illness and strategies to address it.	Those with mental health problems often seen by co-workers as unstable, incompetent dangerous or unpredictable by colleagues, which can deter employers from hiring them.
Peters and Brown (2009)	Quantitative (survey)	Co-worker reaction to workplace adjustments for employees with mental health issues.	Co-workers attitudes towards adjustments are related to the perceived fairness of the adjustments, and the perceived directness of the impact on the co-workers themselves.
Shahwan et al (2022)	Qualitative (semi-structured interviews)	Barriers to hiring and working with people with mental health issues.	Co-workers found to support the notion that individuals with mental health issues should be given the opportunity to work, while also expressing reluctance to actually working alongside them, in a 'variation of the NIMBY (Not In My Back Yard) phenomenon'.

Table 2: Workplace relationships between individuals with mental health issues and co-workers

Authors	Methodology	Focus	Key finding
Teindl et al (2018)	Qualitative (in-depth interviews)	Evidence related to differing employment experiences of people with visible and invisible disabilities.	Tensions and strains associated with co-worker relations are common for those with invisible disabilities, including mental health issues.
Hastuti and Timmings (2021)	Literature review	Antecedents of, and implications of, disclosure of mental health conditions in the workplace.	Feelings of alienation in mental health sufferers themselves have been linked to non-disclosure of their condition, while feelings of wellbeing and support have been found in those who have disclosed their condition to co-workers.
Dewa (2014)	Quantitative (survey, telephone and online)	Hesitancy to disclose mental health issues in the workplace.	Workers fear negative repercussions (ostracism) of disclosure from co-workers and supervisors. Employers must support the worker and also manage co-worker behaviour.
Follmer et al (2020)	Literature review	Impact of disclosure of a concealable identity such as mental health sufferer in the workplace.	Disclosure can reduce stigma, increase co-worker support, reduce stress and improve job effectiveness. Perceived support from co-workers and managers is key to disclosure of mental illness in those suffering it. Previous experience of discrimination due to their condition discourages disclosure.
Quinane et al (2021)	Qualitative (in-depth interviews)	Tensions related to management of workplace mental health issues.	Workplace adjustments for mental health issues can provoke suspicion in, and biased treatment from, co-workers.
Danielsson et al (2017)	Qualitative (in-depth interviews)	Work instability (a mismatch between an individual's functional and/or cognitive abilities and job demands, which can threaten continuing employment if not resolved) related to common mental disorders.	Work instability can impact on the ability of an individual to pace their work with others with whom they work (a loss of flow), and to interact with others with whom they work.

Summary

Research in the area of mental health and team working has so far highlighted the stigma and prejudice that employees with mental health issues can experience in their interactions with co-workers, and the negative impact that this can have on their working relationships. However, it does not yet extend to an exploration of the effects that these issues may have on broader team-level experiences or outputs. Given the significant impact these may have on organisation-level outcomes, this raises several key questions which may inform future research.

1. How does poor mental health of a team member influence broader team perceptions of their team wellbeing and performance? Future studies could focus on the ways in which the relational issues experienced by those with mental health issues influence team member perceptions of psychological safety at work. They could also explore the ways in which these challenges play out in day-to-day team working, to shed light on the impacts of workplace mental health on team dynamics, motivation and outputs.
2. How do the mental health issues of a team member impact upon the key productivity metrics of absenteeism, presenteeism and turnover in their broader team or co-workers? Exploring this may increase understanding around the mechanisms underlying mental health issue impacts in a team member. Prior studies have established a link between effective team working and employee absenteeism and turnover. Assessing the role that mental health issues of team members may have in this would extend this body of work.
3. How could, or should, employers address stigma related to mental health issues? Given evidence of stigma and discrimination in co-workers, and prior research in a non-team context suggesting that anti-stigma training can lower stigmatising attitudes (Michaels et al, 2014), research to identify the most effective workplace interventions to address prejudice related to workplace mental health issues might be fruitful.
4. How could team working be organised to address and/or ameliorate workplace mental health issues? Exploring how job design and work organisation within teams could improve working relationships in teams affected by mental health-related issues might provide a focus for future scholarship in this area.

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