

The unemployment agenda in mental health services: the therapists' perspective.

Jusna Khanom

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Abstract

In recent years public policy and research has placed unemployment at the forefront of designing and evaluating mental health services, which led to support for development of the service model, Increasing Access to Psychological Therapies (IAPT). Most of the research that has informed this shift has explored the relationship between mental health and unemployment from a positivist framework, which has provided a focus on describing the psychological symptoms that people experience as a result of unemployment. However, this research has been criticised for its limitation in ignoring the causes and the context of unemployment. The aim of the study was to explore the impact of the change in emphasis on unemployment for therapists practice, the ideas they draw on to inform their work, and how therapists manage any potential conflicts. A critical realist approach was used to explore these aims with seven therapists working in IAPT services. In drawing on a critical realist approach, the study was interested in exploring the relationship between a number of phenomena: materiality (e.g. the reality of the nature of available employment), institutional practices (e.g. government policies) and social discourses (e.g. therapists understanding of the causes of unemployment). The data from the interviews were analysed using thematic analysis. The first theme indicated that the service context raised a number of challenges for therapists; theme two described therapists opposition to the employment agenda; theme three explained how therapists managed conflicts between their personal and professional perspectives by using the employment agenda minimally and complying with the demands on an administrative level; and, finally, theme four described the approaches that therapists drew on to formulate client's difficulties with employment and its implications. The data was interpreted using psychoanalytic and critical ideas in order understanding how therapists' experienced and responded to the unemployment agenda of IAPT service (Layton, 2009). The data was analysed by drawing on mechanisms of splitting, denial and repression to explain societies and mental health services, compliance, acceptance and support for political discourses that disadvantage the most vulnerable within society (Layton, 2009). The implications of the findings are discussed for practice, research, training and policy.

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1.0 INTRODUCTION

The aim of the current chapter will be to critically examine some of the assumptions that underpin the unemployment literature, which in turn has informed mental health policies and therapeutic interventions (Blustein, Medvide & Wan, 2011). The chapter will start with an analysis of a definition that is widely used to describe unemployment, which will then be followed by a review of the current research that has explored the relationship between unemployment and mental health. An overview of the historical factors that have been pertinent to the construction of the current definition of unemployment and the direction of research will be provided, followed by an exploration of important political changes that have influenced the 'psy' discipline and mental health services to become involved with supporting people who experience difficulties with employment. The chapter will go on to examine current mental health policies and an analysis will be provided of the service model called Increasing Access to Psychological Therapies (IAPT), which partly gained support due to the argument put forward that increasing the availability of psychological therapies would either support people to seek employment or go back to work. The chapter concludes with an explanation of the rationale for the study and the research questions.

1.2 Literature review

A review of the literature was undertaken with the following aims:

- To clarify what is currently known about the relationship between unemployment and mental health.
- To examine the historical, social and political context that has influenced the positioning of people who experience difficulties with employment in the mental health literature.
- To understand the concepts and language that is commonly used in relation to this topic.
- To define the points of contention in the area.

A literature search was conducted using the databases PsychInfo, PsychArticles and CINAHL. Combinations of various search terms were used, including; unemployment, jobless, return to work, psychology, policies, psychological therapies and mental health. The searches identified thousands of articles, which were scanned based on the titles and abstracts. Searches using the above terms were also made on Google and Google Scholar in order to cross reference articles and to check for literature that may not have been generated during the database searches. The references that were provided in the literature were also used to find additional publications that were not identified during the online searches. Articles that focused on the physical health effects of unemployment were excluded, as this was not a focus for the current study. The literature search mainly focused on articles that were published within the last two decades as much of this literature reviewed the earlier work; however, earlier publications have been cited where relevant in order to set the context (for further information on the literature review, see appendix 1, for information about the experience of carrying out the literature review, see appendix 3, A, reflexive diary).

1.3 Defining unemployment

Before proceeding to explore the research that has examined the relationship between unemployment and mental health, it will be important to analyse the definition that has been offered for unemployment and to consider its implications for research. Throughout history, the definition of unemployment has gone through numerous changes and has been influenced by various social and political advances. Although there is currently no absolute agreement, the most widely used definition is taken from the International Labour Organization (ILO) website and defines unemployment as follows:

- i) "without work", i.e. "are not in paid employment or self-employment"
- ii) "currently available for work", i.e. "are available for paid employment or self-employment during the reference period"
- iii) "seeking work", i.e. "are taking specific steps in a specified reference period to seek paid employment or self-employment. The specific steps may include

registration at a public or private employment exchange; application to employers ... looking for land, building, machinery or equipment to establish own enterprise; arranging for financial resources; applying for permits and licences”.

This definition of unemployment follows the convention of offering statistics and measurement in order to define unemployment (Sugita & Kase, 2006), however, the definition presents a number of limitations. Firstly, it has led national statistics to severely underestimate the number of people who are unemployed, as this definition only includes people who are currently available to work and who have actively sought employment in the previous four weeks (Fryer & Stambe, 2014). By defining unemployment in this way, the implicit assumption being made is that, if people are not available or seeking work then they are demotivated to work. This definition constructs unemployment in a particular way. For example, by constructing unemployment as a lack of personal motivation it works to conceal the more recent changes that are increasingly being made to employment contracts, which has led to the traditional lines in defining the distinction between employment and unemployment becoming blurred (Reich, 2010). In recent years employment contracts have become progressively unstable, with more people facing the prospect of being employed on zero contract hours and seasonal or fixed term work, which has been linked to the outsourcing of jobs within the wider global community (Burchell, 1992; Daniel, 1990; Schalk, Heinen & Freese, 2001; Winefield et al., 2002). It is predicted that there will be a steady increase in the number of people working on non-traditional employment contracts and, by 2020, it is estimated that a quarter of the workforce will be affected by such changes (Judy & D’Amico, 1997). The consequences of which can be extremely stressful for people, leading to financial problems and unstable environments (Burchell, 1992; Murali & Oyeboode, 2004), and is associated with an increased risk of mental health problems (Shaw & Taplin, 2007).

The current definition and construction of unemployment has lent itself to the discourse of personal motivation and individual choice, therefore working to locate the causes of mental health problems within the individual rather than understanding and addressing the socio-political causes that have given rise to unemployment and the consequential distress that people experience. Therefore, research is often interested in explaining why people experience mental health problems as a result of unemployment and what can be done to help change the individual. The following sections go on to review these findings.

1.4 The relationship between mental health and unemployment

A joint survey that was carried out by the mental health charity Mind and The College of Social Work (2014) reported an increase in the number of people accessing mental health services over recent years. Their study revealed that the main reason for this was a rise in the number of people who were struggling with multiple social problems such as poor housing, unemployment and changes in benefits. Research that has examined the relationship between unemployment and mental health is vast and has led to the focus on specific components within the field (Eisenberg & Lazarsfeld, 1938; Taylor, 1909), with the area having gained new interest within the last 50 years (Maynard & Feldman, 2011).

1.4.1 Effects of unemployment on mental health

Research has linked the experiences of unemployment to over a hundred different psychological effects (Leana & Feldman, 1994), with most research drawing on psychiatric diagnoses to categorise this distress, which includes: functional psychoses, phobia, depression, generalised anxiety disorder, obsessive compulsive disorder (Meltzer et al., 1995), low self-esteem (Waters & Moore, 2002), higher suicide rates (Paul & Moser, 2009), increased medical consultations and medication consumption (Cullen & Hodgetts, 2001; Waddell & Burton, 2006), and the engagement with risky coping strategies to provide

relief from the daily stresses of life, such as alcohol and substance misuse (Dooley, Catalano & Hough, 1992; Murali & Oyeboode, 2004). Research has also indicated differences in the experience of unemployment based on factors such as gender (Robalino et al., 2013), ethnicity and finances (Woodward & Kawachi, 2000). Unemployment has also been linked to the breakdown of whole communities, such as the disintegration of family structures, which can then lead to an increase in rates of criminal activities, health problems and violence (Elder et al., 1995; Wilson 1996; Paul & Moser, 2009; Wilkinson, 1996).

1.4.2. Bi-directional relationship between mental health and unemployment

The benefits of employment for mental health have been widely researched and promoted in clinical research and health policies (Reine, Novo & Hammarström, 2008; Twamley, Jeste & Lehman, 2003). These benefits include material gains, such as income, and access to resources for example social roles, status and a sense of purpose (Dooley, Fielding & Levi, 1996; Fryer, 1986; Olesen et al., 2013).

There is much research that also highlights the effect of mental health on peoples' prospects of gaining and maintaining employment (Bartley, 1994; Dooley, Prause & Ham-Rowbottom, 2000; Heponiemi et al., 2007). Studies examining the long-term effects of mental health on employment have shown a relationship between diagnosed emotional states and higher levels of unemployment (Kokko, Pulkkinen & Puustinen, 2000; Montgomery et al., 1996; Whooley et al., 2002). The research indicates that the physical and social consequences of mental health difficulties can affect attendance and productivity at work and so lead to job loss (Kokko, Pulkkinen & Puustinen, 2000; Mastekassa, 1996; Price, Choi & Amiram, 2002). Therefore, people with mental health problems are often trapped in a cycle of unemployment (Perkins & Rinaldi, 2002).

1.4.3 Inequalities and mental health

A large body of research has explored the impact of social structural effects on people's experiences of psychological distress. The World Health Organisation (2004) reviewed the available evidence and found that the causes of mental health problems are linked to social, environmental and economic factors, such as lack of access to adequate food, shelter, education, employment and health. The unequal distribution of mental health problems is particularly evident in societies where there is an uneven access to resources, consequently, people who have less access to financial and social resources are more likely to experience multiple stressors leading to poorer mental health (Wilkinson & Pickett, 2007). Furthermore epidemiological evidence suggests that, in order to reduce the distress experienced by people from socially disadvantaged backgrounds, a focus is required on addressing socio-political factors such as poor housing, employment and family relationships (Foresight Mental Capital and Wellbeing Project, 2008).

The marked impact of the current recession has had a further effect on social inequalities, with youth unemployment being affected the most. A study carried out by The Prince's Trust Macquarie (2014, p.8) found that as a direct result of unemployment "... more than three quarters of a million young people believe they have nothing to live for...long-term unemployed young people are more than twice as likely as their peers to have been prescribed anti-depressants. One in three have contemplated suicide, while one in four have self-harmed". Research also indicates that youth unemployment has a long-term impact on people's lives, for example a higher likelihood of being unemployed throughout life and working in comparatively lower paid jobs (Bell & Blanchflower, 2011; Clark, Georgellis & Sanfeym, 2001; Gregg & Tominey, 2003; Lucas et al., 2004). Taking up short-term jobs can also affect young people's overall satisfaction with life (Baert, Cockx, Verhaest, 2013; Cockx & Picchio, 2013).

1.4.4. *Employment conditions and its impact on mental health*

Although involuntary job loss remains the most commonly studied area within the mental health field, over recent years, researchers have increasingly become interested in the impact of working conditions. The findings indicate that transitions to inadequate employment (Dooley, Prause & Ham-Rowbottom, 2000), insecure or temporary employment (Ferrie et al., 2001; Thomas, Benzeval & Stansfeld, 2005), perceived job insecurity (Ferrie et al., 2002) and income loss (Prause, Dooley & Huh, 2009), all increase the likelihood of people experiencing symptoms of emotional distress, particularly in relation to the psychiatric diagnoses of depression and anxiety.

1.5 The use of ecological perspectives to explain how psychology has theorised the relationship between unemployment and mental health

In order to understand the different approaches that research has drawn upon to make sense of the difficulties that people experience with employment, the following section will draw on Bronfenbrenner's (1979, 1986) human ecological approach. Kagan and Burton (2001) explain that ecological explanations have been used in the field of mental health in an attempt to look beyond the individual and to understand the social experiences that influence people's experiences. Kagan and Burton (2001) suggest that the use and application of ecological perspectives can enable the development of new and progressive insights into psychological distress and is useful in guiding action within therapy. This approach is rooted in the view that people have agency and thus have the ability to make an impact and modify their situation. It considers the context within which people live and operate and sees such contexts as multi-level, with each level providing an opportunity for inquiry and change. Each system is viewed as a social environment that can act as both supportive and oppressive of human action, and therefore as fluid and subject to change rather than stable and uninfluenced. Within this approach, there are five layers of systems: the first layer is seen as having the greatest influence on a person, while subsequent systems are seen as having a less direct impact. The most direct level of influence on people's experiences and views is the microsystem,

such as family, friends and employment (Bronfenbrenner, 1994). The next levels are the mesosystem, which is the link between direct impacts from family and friends, and the exosystem, which represents the indirect influences from an environment in which the person does not have direct involvement, such as a partner's workplace. An example of the link between the mesosystem and the exosystem is the consideration that the recession may not have affected a person directly in terms of their finances or life experiences, but their development will have changed as a result of shifts in the broader economic and societal influences. The last two levels are the macrosystem and the chronosystem. The macrosystem comprises of broad groupings, such as the cultural, economic and political spheres, while the chronosystem is both an individual's passage through time and their position within history. The present section will focus on understanding how people's experiences of employment have been theorised, predominantly within the microsystem and the macrosystem.

1.5.1 Microsystem: Theories to describe how employment difficulties can impact on emotional distress

Literature that has attempted to explain why unemployment can affect a person's emotional well-being has mainly focused on explaining the direct influences of employment on people's psychological experiences. Jahoda's Deprivation Theory (Jahoda, 1981) is one of the most widely cited models in the literature. The theory is based on Freud's work, which describes employment as representing our strongest link to reality. It explains that employment not only provides financial income, but also serves a number of other functions that play an important role for well-being: Jahoda called these the latent benefits of work. Through unemployment, these links are lost and are seen as the primary causes of distress. The model suggests that employment provides the following five latent benefits: "First, employment imposes a time structure on the waking day; second, employment implies regularly shared experiences and contacts with people outside the nuclear family; third, employment links individuals to goals and purposes that transcend their own; fourth, employment defines aspects of personal status and identity; and finally, employment enforces

activity” (Jahoda, 1981, p.188). These latent functions are thought to define the needs of humans, therefore, the greater the loss of access to the latent functions, the greater the impact it will have on a person’s well-being. Jahoda proposes that it is not the financial loss of unemployment that causes psychological distress, as lack of access to financial resources can also affect the employed, but the experience of losing the latent benefits of being part of an institution.

Jahoda’s (1981) model has attracted much critical debate amongst scholars who have argued that focus on the psychological impact of unemployment work to blame the person by locating problems within them rather than in systemic, social and economic inequalities, therefore working to also depoliticise the causes of unemployment (Miles, 1987). This has led to the description of the medicalisation of research into unemployment, which has resulted in health professionals seeking out individual characteristics that make the person prone to illness (Miles, 1987). Fryer (1986) also questions Jahoda’s focus on cost rather than benefits. Fryer proposed the Agency Restriction Theory as an alternative. This theory proposes that people are proactive and independent, in contrast to the deprivation model, which sees people as passive, reactive and dependent. In other words, “...agency theory tries to focus upon what people bring with them to a situation which is unfamiliar and problematical rather than upon what is taken away from them” (Fryer, 1986, p. 16). The model proposes that unemployment can restrict agency due to material poverty, diminished social power and stigma, and this can lead to mental health problems. Therefore, the model suggests that people work for the actual benefits of employment rather than the latent benefits, as suggested by Jahoda.

1.5.2 The Macrosystem: the understanding of employment difficulties from multiple contexts

The macrosystem is the basic framework that makes up a society at a particular point in history. This framework constitutes various routines, such as cultural and social expectations and economic and political ideologies (Bronfenbrenner, 1979). The patterns within the macrosystem are seen to have an influence on the person's values, experiences and views, such as experiences of employment, access to resources and experiences of coping on a day-to-day basis. The assumptions of the macrosystem will be explored in the current section by describing the impact of the broader social, political and economic environments on people's experiences of employment difficulties and how therapeutic interventions have been developed to support people to act on this system. Authors who broadly describe an analysis of emotional distress at the level of the macrosystem propose that, in order to address psychological distress, a shift is required from seeing mental health as individual pathology to engaging and addressing the socio-economic processes that maintain inequality (Stockdale et al., 2007). By working solely on the person, the alleviation of distress may be achieved, but only on a temporary basis, as it does not address the context that maintains persistent feelings of self-blame, sadness and hopelessness (Blustein, 2006; Waldegrave, 1990). Some also argue that in most Western countries, even if all people who experience difficulties with employment were highly motivated, there still would not be enough jobs available for those wanting them: "...since mass unemployment is intentionally produced, or at least maintained, by neoliberal administrations, mass unemployment could be said to be an inevitable consequence of neoliberal economic policies: there is a well-used acronym (NAIRU: Non Accelerating Inflation Rate of Unemployment) which refers to the level of unemployment (4-6 per cent) required to prevent inflation. When unemployment goes far below the NAIRU or stays there for long, the stock exchange tends to get the jitters" (Fryer & Stambe, 2014, p. 247). However, arguments that have centred on NAIRU have had little impact on influencing public policy: instead, the research that has been carried out from a positivist framework has been highly influential in persuading the government to invest in services to support people to find employment (Nel, 2010). Consequently, economic and public policies have been criticised for working to further marginalise and exacerbate the mental health of people who are already affected by social inequalities (World

Health Organisation, 2001).

Social structural explanations have particularly focused on the operation of power and oppression, which has resulted in unequal access to material resources (Prilliltensky, 2003). Whilst power itself has been defined in a number of ways and numerous attempts have been made to theorise it, Foucault's post-structuralist ideas have been particularly influential. Foucault's (1977) ideas of power developed in response to traditional essentialist models that saw power as something that is obtained by groups or individuals and is typically repressive of people. Foucault proposed that power is more pervasive and insidiously exercised and that it operates through social relationships and practices. Social practices are defined by various systems, such as political and economic relationships, which together have shaped and created certain discourses in order to privilege them to the status of 'truths'. Therefore, Foucault saw a close relationship between the production of discourses and the practice of social regulation. In capitalist societies, institutions such as the educational systems and mental health services define how people live their daily lives. They work in ways that "offer us position and status" (Burr, 2003, p. 75). Such labels are maintained through particular discourses, such as successful careers as "survival of the fittest" (Burr, 2003, p. 75), which go on to legitimise the opportunities and wealth of the more powerful by representing capitalism as an unbiased institution. This process also works to render alternative discourses less available, such as those that point to capitalistic systems as working to socially control and exploit people (Burr, 2003). Consequently, unemployment is often thought of as a result of personal weakness rather than one of larger socioeconomic forces (Goetz & Schmiede, 1996; Nel, 2010).

Brown et al., (2011) note that over the last few years, discursive frames of therapy have attempted to recognise the role of power in human distress. For example, narrative therapy (White & Epston, 1990) attempts to help people unravel and challenge the dominant discourses regarding issues such as race, gender and class in order to understand how they impact on people's experiences of psychological distress. This may also involve deconstructing assumptions held by psychological therapies: for example, ideas of personal responsibility and choices, which can lead people internalising their difficulties. Like Waldegrave (1990), Brown

et al. (2011) also argue that the deconstruction of dominant discourses can lead to temporary relief but is not likely to cause lasting outcomes due to the ongoing impact of social causes in maintaining people's distress; this can only be addressed by taking action on the social context.

Fouad and Bynner (2008) offer a model of how social action can be achieved by enabling therapists to encourage critical consciousness in their clinical work. Their model is based on a concept called critical consciousness, which incorporates Freire's ideas (1993)¹ of working with marginalised and oppressed communities and individuals to create social change that is enacted *by* and *with* people, rather than *for* them. It is the capacity to critically reflect upon the socio-political realities within which people live and which contribute to a person's oppressed condition: this is then understood and reacted to by the process of being internalised, both intellectually and emotionally, so that people can become free of self-blame (Diemer & Blustein, 2006). A critically conscious stance can go on to open up possibilities for people "...to develop advocacy groups, political action committees and other social justice-oriented organizations designed to change the structures that sustain pervasive unemployment" (Blustein et al., 2011, p. 7).

In drawing on Bronfenbrenner's (1979, 1986) ecological perspective to understand how psychological theories have theorised the relationship between unemployment and emotional well-being, the consideration of how the theories have focused on different ecological 'systems' has been brought into focus.

¹ Friere was a Brazilian educator, philosopher and a leading theorist in critical pedagogy and is popularly known for his influential writings in *Pedagogy of the Oppressed* (2000).

1.6 The consideration of historical factors and its influence on the current context of unemployment

Before taking a look at how psychology has theorised the relationship between mental health and unemployment, it will be important to provide a brief outline of the key historical factors that have influenced the emergence of current theories, interventions, the 'psy' discipline and mental health service models.

The work of locating and tracing the history of unemployment is a large and broad area (see Marx & Engels, 1975; Foucault, 1965; Parker, 2007). The focus of the current analysis will be to draw the reader's attention to how these historical changes have been influential in rendering certain discourses about unemployment more visible, and so taking on the status of 'truth' (Foucault, 1977), in doing so this section will start by drawing heavily on the work of Foucault (1965).

Foucault (1965) documents that during the seventeenth century the British government dealt with people who were unemployed through methods of segregation, control, punishment and incarceration by either placing them in correction houses or general hospitals. Foucault also noted that during this time there was no distinction between people who experienced psychological distress and those who were unemployed, instead they were all deemed to be lazy and unwilling to work. During each economic recession the number of people living in poverty increased and "... the houses of confinement regained, at least for a time, their initial economic significance" (Foucault, 1965, p.50). Therefore, during periods of unemployment, society was preserved from rebellion, as there was fear that the unrest from the lower classes may influence and disrupt the employed and wealthy in their contributions to economic productivity. In work houses, people were made to work and to contribute to the economy. However, Foucault goes on to state that the relationship between confinement and mandatory work was not a consequence of the economic conditions but a moral stance. At the time, people who were facing the consequences of unemployment and poverty were seen as those who had broken the moral codes of religion, and, therefore the hospitals and workhouses had the role of "...not only the aspect of a forced labor camp, but also that of a moral institution responsible for punishing, for correcting a certain moral "abeyance" which does not merit the tribunal of men, but cannot be corrected by the severity of

penance alone” (Foucault, 1965, p.59). However, the production by people in the workhouses created cheap production and competition for prices, which created unemployment and poverty outside the workhouses. The beginning of the nineteenth century saw the eventual closure of workhouses, however, these were replaced with prisons, where people were not made to work or to contribute to the economy instead the prisons functioned to keep people who were unemployed separate from the rest of society.

The nineteenth century brought a number of political and social changes, which further influenced how unemployment was viewed. At this time there was a growth of capitalism in Europe, which led to the rise of large privately owned businesses that replaced the agricultural industries that were previously organised locally (Parker, 2007). According to Marx (1990), this led to labour itself becoming a commodity, as people living in poverty were now free to sell their own capacity to work but were also required to do so, as people had sold their land to the industries. In other words, people were no longer selling the product of their labour but their capacity to work. Alongside this, the private owners of the new industries were increasingly focused on generating income to maintain their own businesses and employ workers. Consequently, competition in the marketplace grew, and this led people to become more convinced that to prosper was within the individual when, previously, productivity had been seen as a collective process that was achieved by members of the community. The implication of this was that the person was now regarded less as a member of a collective body, with power obtained from this membership, but more as an individual who had personal choices and who must take responsibility for decisions they made and be accountable for this (Parker, 2007). Along with this view of rationality came an expectation for personal choices to fall in line with societal norms, which included choices in how people lived their life and conducted themselves on a daily basis. Therefore, the characteristics of the individual could now be delineated from the choices they made and the motives behind this. Although these ideas had been around for a long time before this, the economic changes led to a greater focus on the individual and the emphasis that the individual was where productivity flourished (Rose, 1989).

Around this time, similar to Foucault's documentation of the seventeenth century, the government started to become increasingly concerned about people who may be unwilling or unable to work and the influence on others (Parker, 2007). This now paved an interest to understand people's characteristics and to predict behaviours in more defined ways. Parker (2007) goes on to state that the fear of individual defiance influencing and creating collective resistance led to the development of the field of mental health, the psychology profession, and it made the study of individual psychology possible. Therapeutic interventions now involved talking about individual choices and feelings and, in doing so, they rendered structural inequalities less important. In other words, psychology lent itself to support the capitalist ideology "... to give up on social change, and accept that the aim of changing the world was itself the product of psychological motivations like envy and resentment at the success of others" (Parker, 2007, p.4). Throughout the years the field of psychology has developed and expanded to include a number of different types of therapies and techniques, language and evaluation methods and in expanding the areas for therapeutic interventions. New problems have been constructed and interventions have been developed to address areas such as the work environment, identity and satisfaction with life (Rose, 1989). This led to the construction of new discourses around "...success and failure in jobs and careers, upon the costs and benefits of employment and unemployment conducted in the therapeutic rather than economic terms and the correlative extension of the therapist into the organisation of work, and the problems of work into the field of concerns of all therapeutic activity" (Rose, 1989, p. 247). The functions of these discourses were to produce compliance in people, which is required by employers and the government within the current labour market (Fryer & Stambe, 2014). However, Rose (1989) also notes that such discourses have been used in the field of psychology despite the lack of theory to inform the practice.

Further changes in the economy over the last 30 years have resulted in productivity no longer being regulated by the state but let to run itself. Consequently, the wealthy were able to accumulate a large amount of income with the expectation that everyone would benefit from this, including the less wealthy; this was not the case, instead it further created levels of inequality between the rich and the poor. However, studies that revealed a rise in the level

of income inequality caused by public policy went largely unrecognised and, instead of addressing the increasing gap between the rich and the poor, the government reacted by investing in services to support people into employment (Nel, 2010)².

1.7 Why unemployment has become a focus for mental health policies

The focus of this section will shift to briefly outlining some of the key historical events that have led professionals working within the mental health field to become involved with supporting people who experience difficulties with employment. The aim here will be to draw the reader's attention to how the unfolding of the government's interest in happiness and economic growth, particularly since the seventeenth century, has led the 'psy' profession to support and develop political agendas.

Furedi (2006) suggests that society's pursuit for happiness has been a key driving force for the integration of an unemployment agenda with mental health policies and therapeutic interventions. Although the pursuit of happiness is a concept which has been debated, redefined and sought after for decades, the nineteenth century saw the disintegration of the connection between people in communities and the increased focus on self-fulfilment, which resulted in people feeling a new sense of discontentment with life (Parker, 2007). Lasch (1979) explains that historically, religious doctrines and communities provided people with a sense of meaning and purpose, which informed the individual's moral grounding. However, as people became more disengaged from the notion of social integration, it diminished their experiences of belonging to a group and opportunities for intimate relationships, which provide people with the conditions necessary to feel secure and happy (Rogers & Pilgrim, 2014).

As the enthusiasm for religion diminished, people looked towards politics to provide them with a sense of purpose. However, Lasch (1979) proposes that despite their attempts, politicians have been unable to give meaning to public

² In critique of this point, there are some economists who see a small percentage of unemployment as a natural and to some degree a positive effect of having a free capitalist market (for a review and critique of these views, see Friedman, 2005; Spring, 1998).

life or moral guidance: therefore, in the pursuit of happiness and seeking 'peace of mind', people turned to psychological understandings to fill this void. Lasch (1979) suggests that finding happiness in a society that demands submission to social conventions, which are not grounded in moral conduct, encourages what he calls a form of 'self-absorption' to fulfil immediate needs or 'narcissism'. Politics has gone on to transform this collective grievance into personal problems, and in so doing, its focus has been on understanding this personal problem of unhappiness and explaining why personal growth and development have become so hard to accomplish (Furedi, 2006). The notion of cultivating people's happiness has been used by Layard (2006), who is a strong advocate of the idea that public policy should focus on making people within society happier, particularly because unhappy people make unproductive workers, which affects socio-economic efficiency (Rogers & Pilgrim, 2014). As interest in the happiness of societies grew, by focusing on modifying what people think, within the political field and subsequently the public spheres, it led to support for the development of the service model called Increasing Access to Psychological Therapies (IAPT) programme (Shaw & Taplin, 2007: see section 1.10 for more information about IAPT).

Shaw & Taplin's (2007) analysis of Layard's report (2006) indicated that one of its central arguments was that in order for the government to address the rising cost of mental health problems on the economy, psychological therapies should be made more available rather than tackling social inequalities. Although Layard's report acknowledged studies which indicated that people who have less access to material and social resources experience poorer mental health compared to those with greater access, it placed more emphasis on studies which showed that people's experiences of happiness is associated with their political views and their views of themselves and the world (Shaw & Taplin, 2007). This lent support to the argument that the increased funding in mental health services would provide people with better access to psychological therapies thus creating a happier nation. A number of scholars (Marzillier & Hall, 2009; Rapley, Moncrieff & Dillion, 2011) explain that both mental health services and psychological therapies (such as Cognitive Behavioural Therapy) have a long tradition of relying on medical models, which also focus on the individual's experience of distress at the expense of understanding the wider

political and social influences that can lead to personal experiences. Shaw and Taplin (2007) suggest that political support for psychological therapies that draw on medical models has led people to increasingly accept that happiness can be found within mental health services. However, as many psychological therapies do not help people to understand the causes of their distress, people's identities are increasingly being shaped by mental health professionals: consequently, people are also becoming more dependent on mental health services. Some scholars (Anderson, 2013; Newness, 2011; Shaw & Taplin, 2007) caution that psychological therapies are starting to replace and compensate for the lack of family and community support within societies, which has resulted from contemporary capitalist reforms.

1.8 A historical analysis of how the 'Psy' disciplines have become involved in supporting the government with addressing the nation's unemployment problems

The term 'Psy' disciplines was used in the writings and analysis of the lectures provided by Foucault (Foucault et al., 2003). In the documentation of his lectures, Foucault analysed the roles of various groups of professionals (i.e. psychotherapists, psychiatrists, psychiatric nurses and psychologists) in contributing to debates about the welfare of the state and the production of psychological 'subjects' (Rose, 1998). Foucault et al., (2003) noted that in the eighteenth and nineteenth centuries, the government looked to family systems to play a crucial role in disciplining and correcting people's morals and conduct. People who did not abide by the conventions of institutional settings, such as schools or places of employment, were sent to the family for rehabilitation in order to reintegrate them to the norms of society. If this did not work, they were sent to institutions (Foucault et al., 2003). Within these institutions, the discipline of psychiatry emerged in an effort to support the rehabilitative function of the family to curing 'madness'. Eventually, the task of rehabilitating people spread to a range of professional settings, including schools and the workplace (Binkley, 2011). The role of these institutions in reforming people was key to the government's goal of cultivating discipline into each person (Foucault, 1977; Rose, 1993) and it was also key to the birth of the 'psy' disciplines (Binkley,

2011). Rose (1985) suggested that governing people not only involves prescribing acceptable conduct but also requires the acceptance and adherence of the individual or subjects to these notions. Throughout the 20th century, in the 'psy' disciplines' attempts to support the government in its quest to regulate people's compliance to government reforms, the 'psy' complex started to form links with other institutional branches, such as pharmaceutical companies, businesses and economists (Rose, 1985). Their role was to act as the mediator between government networks and the public in order to shape people's characteristics through what they positioned as the truth, rationality and effectiveness.

During the First World War, the 'psy' disciplines went on to expand their sites of expertise by applying their knowledge to areas such as the treatment of shell shock and supporting school children and housewives in developing good moral behaviours (Rose, 1999). Following this, a large number of governmental programmes were developed to assess and rehabilitate the capacities of people as citizens, with the 'psy' disciplines playing a key role in elaborating arguments about the management of personal characteristics in order to achieve socially desirable goals. In other words, the 'psy' disciplines took an interest in resolving political concerns by developing services, programmes, theories and techniques and so making the suggestion that not only did the discipline have the capacity to aid the government in solving its problems, it also had the capacity to achieve benefits. Rose (1985) went on to state that in the twentieth century, during the rise of capitalism, the working person also became an interest for the government in order to increase production by labourers and to align this with the workers' desires, motivations and worries, and thus recruited the 'psy' profession to support them with the aims of regulating the workers and guarding against social unrest.

Following World War Two, further changes were made to the understanding of workers due to the government's interest in managing the problems of the war and optimising people's mental health in relation to their productivity. New relationships were developed between managers, industrialists, psychologists and politicians to promote the positive mental health of the worker. Production by the worker now came to be understood in terms of values, motivations and

relationships with colleagues and other people (Rose, 1985). Rose (1985) suggests that through this process, the 'psy' profession aligned themselves with the government by aiding them in transforming concerns about economic productivity, social unrest, law and order into the language of psychology, biology and leadership. The coordination of powerful institutions and the knowledge they produced now played an important role in establishing the legitimacy of the government's interests. This was established by the 'psy' disciplines describing the knowledge that they produced as holding the notion of 'truth' and so convincing the public that the regulation of people was not a political aim but lay within the field of knowledge and 'truth' (Rose, 1989). In doing so, they also positioned themselves as supporters of the public by depicting people's daily worries and offering to teach them techniques to help them to manage better on a daily basis (Rose, 1989).

Towards the end of the twentieth century, the government's plans for the management of public life were gradually replaced by new ideologies and strategies to advance capitalist ventures further, at the centre of which were economic policies. Neo-liberalism reinvented the 'psy' disciplines as the site of opportunities and self-governance, which centred on individualism (Binkley, 2011). This led the neo-liberal government to engage in a process of fragmenting the cohesion and social trust of society to one of individuality and dependency, in the hope of cultivating a spirit of competition (Binkley, 2011). Rose (1985) argues that the 'psy' profession has played a part in moulding people's more recent understanding of what constitutes liberty, autonomy, and choice. The notion of freedom today is intricately bound by the idea that people have the opportunities to make choices but that they are also required to make these decisions about their lives; however, this is within a system that also limits people's ability to make choices (Binkley, 2011). For example, in the government's policies and programs, it is suggested that every person has the freedom to make choices to gain employment; however, this takes the focus away from the limits placed on people's choices through the context of the recession, changes in the job market and the requirement of capitalism to maintain a certain percentage of unemployment (Waldegrave, 1990).

The 'psy' disciplines' involvement in supporting the government with regulating people's inner views in the interest of productivity enabled a particular construction of the difficulties that people experience with employment (Fryer & Stambe, 2014), which went on to provide fertile grounds for the government to lend support to the more recent IAPT programme, a service model that was put forward through the joint work of psychologists and economists. One of the main arguments put forward in order to secure government funding for the service model was the idea that therapy would support people with either gaining employment or going back to work by addressing people's intra-psychic deficits (Nel, 2010; Pilgrim & Carey, 2012) through cognitive behavioural therapy (Proudfoot et al., 1997; Wanberg et al., 2011). These key events between the 'psy' profession and the government have also been influential in enabling the government to regulate social security benefits on conditions such as an extensive range of job searches, training and work preparation in which people must engage. More crucially, these activities serve the aim of modifying people's attitudes, beliefs and personality through positive psychology (Friedli & Stearn, 2015). Friedli and Stearn (2015) went on to question the ethics and professional accountability of the use of psychology in supporting political interests regarding employment, particularly in relation to gaining people's consent to formulate their difficulties in a way that advantages neoliberal welfare reforms.

1.9 A further exploration of why psychology is not value free

The following section takes a further look at some of the arguments that have been put forward about why psychology is not free of values and its implication for therapeutic interventions.

Positivist traditions that have isolated knowledge into facts have typically not engaged in discussions about values and morals due to the problem of delineating such ideas from positivist data (Kendler, 1999). On the other hand, some authors state that psychologist are in an important position to use their clinical experience and academic knowledge to inform the government of the impact of their policies, particularly for those for whom these policies have a

negative effect and who are often from the least powerful positions in society (Kendler, 1993; Nel, 2010). Therefore, suggesting that positivist ideas are not compatible with the field of emotional distress. Rose (1989) takes this argument further by stating that how we understand ourselves is not neutral or inherent, but influenced by particular discourses that are aimed at managing people's views and experiences. In the past religion, the legal system, family and the community have been influential in how people understand themselves. In recent years, therapy has played a part in analysing thoughts, feelings and actions to unveil the inner functioning of the person, however, this in itself is organised in particular ways and managed by political discourses. For example, the government develops policies, which determine how people should conduct themselves. So, "When ministers, civil servants, official reports and the like ... construe industrial productivity in terms of the motivations and satisfactions of the worker ... the 'soul' of the citizen has entered directly into political discourse and the practice of government." (Rose, 1989, p. 2). In this way, the management of people is now an aim for all institutions, including psychological interventions.

In response to such arguments, over the last few years, psychologists have increasingly started to comment on and investigate the impact of various social policies, particularly those that have a negative impact on people who have less access to financial and social resources (Kendler, 1993). Waldegrave (2009) goes on to point out that those who work in the caring profession have an ethical responsibility to understand and make available the wealth of information they obtain from working with clients and this should be done in an inclusive and informed way. Waldegrave (2009, p.96) suggests that this could be achieved by:

"Therapists, researchers, and policy makers could work closely together...Therapists, for example, could write up the sorts of stories they see and hear in therapy for popular media outlets, and advocate for social change that will address the causes of problems they identify. They could also identify the failure of certain social and economic policies as the prime cause of pain and ill health to many low-income families, rather than ascribing cause to the failure of individuals and families, as many in society do. Researchers

could investigate the evidence, and policy makers could help construct policy responses to address problems in a sustainable way.”

The argument being put forward is that the field of psychological interventions and research is not value free but rather influenced by political and social discourses and also the personal values of the practitioner or researcher. Therefore, therapists who take up a positivist stance to their therapeutic work risk enduring the suffering of people and society by not contributing to debates about important social issues. Therapists could work with service users to encourage social action (Diemer & Blustein, 2006; Fouad & Bynner, 2008) and contribute to making various types of knowledge available to the public about the consequences of social policies (Kendler, 2002).

1.10 The development of Increasing Access to Psychological Therapies (IAPT)

As unemployment increasingly became a focus for the government, it placed the question of how to manage this cost at the centre of public policy and research (Meyers & Houssemand 2011; Silver & Miller, 2003). In response to this demand, policy makers and researchers specifically focused on the positive changes in the mental health of people who returned to work (Burchell, 1992; Prause & Dooley, 2001; Thomas, Benzeval & Stansfeld, 2005). Furthermore, through public policy, the government increased its focus on configuring and measuring the effectiveness of mental health services based on employment targets (IAPT NHS, 2011), which partly led to the support for the development of the landmark initiative, IAPT.

The IAPT program gained funding based on a number of arguments that were advanced. Two were of particular importance: the first concerned the joint work by economists and mental health researchers, who argued that the financial cost of increasing the access to psychological therapies would be covered through two central means: reducing absenteeism and returning people to work (Layard et al., 2007). There was also a proposal that financial savings would be made through other avenues, such as a reduced attendance to other NHS services, a decrease in

benefit claims and an increase in productivity. This argument was put forward in research articles (e.g., Layard et al., 2007) and also pamphlets, such as the Depression Report (Layard, 2006), which were made available to the public and politicians.

The economic argument was also bolstered by the current demand for therapy and the limited availability of it. Historically the lack of access to psychological therapies meant that there was a greater emphasis on severe and enduring mental health difficulties, with very few people experiencing common mental health problems being able to access psychological interventions. There was also a greater emphasis on a medical approach to diagnosing and treating people, as psychiatry was considered the norm and most effective. This created a consumer interest and a bigger market to access talking therapies. As research developed, policy makers, healthcare commissioners, providers and consumers took a greater interest in the treatment for common mental health problems (Pilgrim & Carey, 2012). This led to the National Institute of Clinical Excellence (NICE) in 2004, to review the available evidence base of psychological interventions. Subsequently, a number of clinical guidelines were published, which provided support for a small number of psychological therapies. Cognitive Behavioural Therapy (CBT) was recommended for common mental health difficulties (i.e. 'depression' and 'anxiety') (Turpin et al., 2009). Other therapies were also recommended, such as interpersonal psychotherapy and brief psychodynamic therapy; however, the evidence base for these therapies varied (Clarke & Turpin, 2008). The reviews also indicated that some people responded well to interventions called guided self-help and computerised CBT, also now known as low-intensity interventions. Consequently, NICE recommended a stepped-care approach to the delivery of therapies in IAPT services (Bennett-Levy, Richards & Farrand, 2010).

The arguments that were put forward by NICE recommendations and other documents such as the Depression Report led to the UK Government to invest in short-term, evidence based psychological therapies in 2005. This led to the development of two IAPT pilot sites, with both sites agreeing to use session-by-session outcome monitoring systems: this was to measure whether the evidence base could demonstrate similar outcomes in practice (Gillespie et al., 2002). Detailed monitoring of the clinical and financial activity of the two pilot

sites was integral to the programme. The figures produced went on to secure funding for the national roll out of IAPT. As IAPT developed, standardised outcome measures were introduced in 2009, this was to monitor recovery rates based on symptom reduction (McPherson, Evans & Richardson, 2009). The package of measures included the Work and Social Adjustment Scale, which was used to collect information about employment (IAPT NHS, 2011), and was imperative to the development of an evidence base within the unemployment literature (Clark et al., 2009), particularly, as NICE (2009) pointed out a current lack of evidence indicating the success of psychological interventions in supporting people with employment (Hashtroudi & Paterson, 2009).

The IAPT initiative has received much praise since the start, amongst its merits it has increased funding and, consequently, made some psychological therapies more available to many who previously could not access it or had to wait long periods of time on waiting lists (Mind, 2013; Richards & Suckling, 2008). IAPT has also provided an alternative to medical treatments, shifting the emphasis of service provision away from pharmacotherapy (Clarke & Turpin, 2008; Hague, 2008). However, the IAPT model has also faced much criticism since its inception, for example, Nel (2010) argues that psychologists who have aligned themselves with the political agenda of IAPT have accepted that the cause of unemployment is to do with the person rather than a result of economic and political policies. In doing so, psychologists are working to benefit the more powerful people in society to exploit the less powerful. CBT itself has been met with much critique over the years: for example, it has been criticised for being Eurocentric and oblivious to addressing issues of power, culture, social and political contexts (Boyle, 2011; Moloney & Kelly, 2004; Patel, 2003; Smail, 2001). This has led to the reemphasis on the need to provide the right psychological intervention not only for better outcomes but also to address the demand for cost-efficiency (Mind, 2013).

1.11 Changes in the economic context and its impact on the IAPT employment agenda

An analysis of the political context by Pilgrim and Carey (2012) indicated that as the interest in the IAPT program developed in 2006, it also gained strong support from the Labour government. Subsequent to this came the global financial crisis, which impacted on the UK economy in 2009. This created a different political economy, which had implications for the NHS. By 2010, there was pressure on the NHS to make financial savings set by the Government's austerity measures. During this time, the overt drive by IAPT to bring people back into employment started to disappear, particularly in areas where unemployment was rising (Pilgrim & Carey, 2012). Despite this, unemployment remains an influential agenda for the IAPT service model and mental health public policy. In addition, given that unemployment is a consistent concern and affects many people, even during economic prosperity (Blustein, Medvide & Wan, 2011), it is proposed that the current research will remain useful to those who are affected by unemployment beyond the current economic recession.

1.12 Research carried out on IAPT services

There is some emerging research evaluating and exploring different elements of IAPT services, which has drawn on various qualitative and quantitative methods, however, the literature search conducted for the current study revealed very few published research. The studies will be briefly outlined in order to delineate the areas that have been explored, the findings and gaps in research.

Once the initial IAPT pilot sites were implemented, the focus of research was on the evaluation of cost effectiveness in order to inform public policies. The literature search revealed one study that analysed data collected by the pilot sites, the results indicated that 55% of clients who attended at least three sessions, including an assessment session, reached what they defined as recovery; in addition, 5% embarked on either part- or full-time employment (Clark et al., 2009). These findings were instrumental in encouraging policy makers to spend further money on investing in IAPT services.

Radhakrishnan et al., (2013) calculated the actual cost of psychological interventions and compared it to the estimations made by the NICE guidelines. Overall, they found that the actual costs were in support of those originally proposed by the IAPT reports. Also using the available statistics obtained from IAPT sites, Turpin et al., (2009) made the case that clients should be offered more choice of interventions, and the New Ways of Working guidance (The British Psychological Society, 2010) was used to argue that a more flexible approach to service provision should be offered by IAPT services. One study focused on exploring the evidence-base claims made by the IAPT reports. McPherson, Evans and Richardson (2009) carried out a systematic review to re-examine the evidence base proposed by the NICE Depression guidelines, to delineate whether the studies used in these reports had an effect on recovery rates that were based on measures of quality of life and functioning rather than symptom reduction. Their findings revealed that a small number of studies included quality of life and functioning measures, the scores of which indicated that when recovery was measured based on the concepts of quality of life and functioning compared to symptom reduction, recovery rates were lower. They concluded that the IAPT reports were not consistent with the recovery evidence base.

Research in the field then developed into areas of service provision and therapists' experiences. Cairns (2014) also analysed the routine data collected from an IAPT site in order to understand why some client's were more likely to re-refer to the service. The results indicated that clients who had experienced difficult pasts, presented with multiple difficulties and were struggling with a number of social problems tended to re-refer to the service. The implication being that the IAPT service model of offering routine, structured and one-to-one sessions was not effective for all clients. Mander (2014) used a longitudinal observation design to measure the statistical outcomes of offering clients face-to-face assessment sessions, as opposed to telephone assessments, in order to explore whether this would have an impact on increasing clients' engagement with IAPT services. Their results indicated that the offer of an initial face-to-face session increased rates of attendance to at least one therapy session, and to more people completing a course of therapeutic intervention.

There is some qualitative research that has explored therapist's experiences of delivering therapy. Bassey and Melliush (2012) used template analysis in their research to explore therapists' views of whether their CBT practice met the needs of Black and Minority Ethnic (BME) communities and how their IAPT training contributed to this. Their results indicated that therapists did not see their training to have contributed to them developing cultural competencies, instead they drew on personal and professional experiences to inform their practice. In addition, Shepherd (2014) used interpretative phenomenological analysis to explore therapists' views on using family therapy in IAPT services. The findings revealed that some therapists integrated family therapy techniques when working within their main therapeutic model, while others questioned whether it would be useful to use such techniques; other barriers included issues related to supervision and training.

A few studies have explored service users experiences of IAPT services, all of which have been carried out by mental health charities. An evaluation of service user experiences of engaging in London IAPT services was carried out by the mental health charity Rethink (2011), using a mixed methods design including thematic analysis of focus group data and descriptive quantitative data from surveys, the results indicated a high level of satisfaction with IAPT services in the following areas; person-centred therapy, a welcoming service, positive endings to therapy and opportunities for service user involvement. However, in contrast to these findings, a survey carried out by the mental health charity Mind (2013) revealed dissatisfaction with waiting times, choice of treatments and a lack of offer for the referral to psychological therapies by GPs.

Since the inception of IAPT, a small number of studies have been carried out to explore different elements of IAPT services with the hope of contributing to policy and service development.

1.13 Rationale of the study and research questions

As IAPT partly gained support due to its proposition of supporting people with employment, apart from the focus on statistical evaluation (Clarke et al., 2009), currently no research has explored therapists' views and experiences of the integration of an employment agenda to their therapeutic work. It has been proposed within the current chapter that political and economic interests have been influential in shaping mental health services, psychological therapies and how people who experience difficulties with employment are viewed by society. Consequently, this will have an impact on how therapists view and understand the difficulties that people experience with employment and the unemployment agenda of the service. Therefore, it is arguably important to understand how therapists working in IAPT draw on available discourses and the impact of the IAPT service policies, on their understanding of the difficulties that people experience with employment and the impact of this for their practice. Given that there may be differences between therapists' own views and ideas about employment difficulties compared to the ideologies and policies of IAPT services, it will be important to understand how therapists manage any potential disparities between their personal views and the approach of IAPT services (for further information about the process of arriving at the study's research questions, see Appendix 3 A).

In undertaking a Critical Realist Analysis of the ideas that therapists draw on when talking about the employment difficulties with clients, a wider range of data can be made available in the mental health field, which may inform the profession and mental health services on how to further support the increasing number of people who face difficulties with employment (Nel, 2010). Furthermore, therapists working in IAPT services have been subject to criticism for not speaking up about whether the employment agenda raises any potential conflicts for their therapeutic work (Barrett, 2009). There are also widely documented debates and concerns about the approach that the IAPT initiative has taken to addressing the difficulties that people experience with employment (Batty & Cole, 2010; Boyle, 2011; Marzillier & Hall, 2009; Nel, 2010; Shaw & Taplin, 2007). Therefore the current research study provides an opportunity for therapist's views to be captured,

understood and to influence mental health policy and practice.

The current study aims to contribute to the existing body of literature that broadly explores the relationship between unemployment and mental health. More specifically, the present study aims to contribute to current knowledge by attempting to address the following questions:

- 1) What ideas do therapists draw on when working with clients who are experiencing difficulties with employment?
- 2) How does the service context influence therapists' views about unemployment?
- 3) How do therapists manage any potential conflicts that may arise between their personal views and the priorities of the service within which they work?

1.14 Summary

The chapter started with a critical appraisal of the widely used definition of unemployment within psychological literature. This critical appraisal has been expanded throughout the rest of the chapter by exploring how mental health interventions and policies have predominantly drawn on research that has focused on the direct influence of unemployment on people's psychological experiences. The central premise of the argument is that by focusing on the psychological impact of unemployment, it allows attention to be drawn to constructs such as personal responsibility and personal choice. However, the focus on modifying people's sense of personal responsibility, may work to reduce experiences of distress but this is likely to be temporary, as it does not address the context that maintains persistent feelings of despair and hopelessness (Blustein, 2006; Waldegrave, 1990). Despite such arguments, this work has remained largely neglected in the development of psychological practice instead mental health services have continued to place an increased emphasis on supporting the individual back into employment (Nel, 2010). The support and funding for the IAPT initiative extended this argument further, as the service model partially gained funding due to the proposition that therapy could support people either back into employment or to find work (Layard, 2006). The picture that has emerged about IAPT services is one of contrasting

ideas with some praising the initiative for having made therapy more accessible to a larger number of people (Clarke, 2008; Hague, 2008, Mind, 2013; Richards & Suckling, 2008). Alongside such accounts, clinicians and researchers have also criticised the IAPT model, arguing that it has led to a greater value being placed on therapeutic models that de-contextualise the understanding of distress (Boyle, 2011; Moloney & Kelly, 2004; Patel, 2003; Smail, 2001). Due to there being multiple ways in which the difficulties that people experience with employment can be understood, there is currently no research that has explored the ideas that mental health professionals draw on in their work. In addition, no research to date has explored therapists' views of working with the employment agenda and how therapists might manage conflicts that arise as a result of this service agenda. The current study aims to explore this issue with the hope that the findings can further contribute to ongoing debates in the field.

2.0 METHODOLOGY

The current chapter starts by outlining the approach used in the present study, the epistemological position utilised and reflexive discussions relative to the epistemological position of the research. This is followed by an explanation of what decisions were made in order to select a method for data analysis and data collection procedures. The chapter concludes with an exploration of ethical issues and a description of the approach used to analyse data and the transcription process.

2.1 Qualitative approach

Choosing a method for data collection is delineated from the type of research questions being asked in the study and the consideration of how these can best be answered (Braun & Clarke, 2012; Marshall, 1996). Qualitative research is interested in meaning and so attempts to explore, understand, and provide an explanation for the experiences and actions of participants (Willig, 2008). This is achieved by paying attention to the perspectives of the people being studied (Elliott et al., 1999). A qualitative approach was considered appropriate to use in the current study for a number of reasons, as outlined in the following sections.

2.1.1 Appropriate in exploring the research questions

The current research is interested in understanding therapists' views of providing therapy in the context of an employment agenda. In addition, the literature review indicates two main approaches to understanding unemployment: the first is focused on the influence of unemployment on people's psychological experiences and the second is geared towards exploring the causes and wider socio-economic contexts that give rise to unemployment. In response to the competing ways of understanding unemployment, the current research also aims to explore the ideas that therapists draw upon when working with clients and the implications of this on their therapeutic work. Due to the lack of previous research exploring these areas,

qualitative methods seemed more appropriate in addressing the study's discovery-orientated research questions (Barker, Pistrang & Elliott, 2002). In contrast a quantitative methodology would require the construction of specific research questions in order to test clearly defined hypothesis. Due to the lack of previous research in the area, the proposition of a defined hypothesis would risk it being meaningless at this stage and constrain the early investigation into the field (Barker, Pistrang & Elliott, 2002).

2.1.2. Providing greater complexity

A qualitative method allows for data to be analysed on a richer, deeper and more complex level, therefore lending itself for a greater appreciation of people's experiences (Hakim, 1987). In contrast, quantitative methods can provide an oversimplification of phenomena, which can reduce people and their experiences to numbers in order for findings to be replicated and generalised across broad groups of people (Paul & Moser, 2009; Pernice, 1996). It has been argued that such research is limited in discounting the context that can give rise to phenomena, therefore restricting the type of knowledge that can be made available (Waldegrave, 1990), which is also the main premise of the argument being made in this study about the dominant understandings of unemployment. Therefore, making the case for the current research to be carried out from the philosophical perspective of qualitative methods. Furthermore, therapists' views about the difficulties that people experience with employment are likely to be influenced by a range of personal, professional and societal views, and in order to capture this complexity, qualitative methods, which acknowledge the importance of multiple and subjective truths, rather than suggesting one ultimate truth regarding a phenomenon, are more appropriate (Berger & Luckermann, 1967).

2.2 Epistemology

The central tenet of the argument that has been proposed in the Introduction chapter of this study is that research and psychological theories that have focused on exploring the direct impact of unemployment on people's psychological experiences have been the most influential in the field of mental health. This is aligned with the positivist tradition of research and brings us to question the assumptions that are made when taking up certain epistemological positions. Epistemology is concerned with answering questions about the nature of knowledge and is commonly located as a branch of philosophy. Willig (2013, p. 2) defines epistemology as a process which "... attempts to provide answers to the questions, 'How, and what, can we know?' This involves thinking about the nature of knowledge itself, about its scope and about the validity and reliability of claims to knowledge". Positivism is one epistemological position: it emerged amid the rise of capitalism, when the focus on the individual flourished. This enabled the study of personal characteristics based on the choices people made and the motives behind them (Rose, 1989).

Nesbitt-Larking and Kinnvall (2012) provide a brief review of the emergence of positivism, which evolved in the work of Comte and Durkheim in the nineteenth century. The basis of positivism is in the natural sciences and it is underpinned by rationalist ideologies, which are designed to reveal and explain the phenomena that can be observed. This is grounded in the theory that society holds certain regularities, which can be measured through scientific means and so facts can be separated from the personal values or vested interests of the researcher and are impartial and value-free (Alvesson & Sköldberg, 2009; Morrow, 1994; Nesbitt-Larking & Kinnvall, 2012). However others argue that research can never be value-free (Fryer, 1992)³. Quantitative approaches, such as Randomised Controlled Trials (RCTs) enable findings to be replicated and generalised, but this is at the cost of understanding the contextual causes of people's experiences. However, Willig (2013) notes that positivism has moved on from its original roots and now most positivists accept the view that observations and descriptions of people are selective and partial. The point of contention is the extent to which objective knowledge or the truth about the world can be gained.

³ For further critique of the positivist tradition see Willig (2013, p. 4-7).

Qualitative methods of research developed at the same time as the positivist tradition and were also interested in understanding the changing context of the industrial world. Qualitative methods were a response to the criticism being made of positivist methodologies and today the field has developed into areas such as "...constructionism and critical theory, and structuralism" (Nesbitt-Larking & Kinnvall, 2012). One of the central distinctions between positivism and interpretism is the difference between explaining behaviour and understanding it. Therefore, qualitative research is less interested in identifying the relationship between causes and effects but is interested in how people understand and experience events (Willig, 2013). Situating knowledge in this way determines the limitations of the course of action that can be taken in research (Nesbitt-Larking & Kinnvall, 2012).

2.3 Epistemological Position

Critical realism assumes that language can reflect the meaning of a person's views of the world; however, "these constructions are theorised as being constrained by the possibilities and limitations inherent in the material world", and thus do not reflect reality (Sims-Schouten, Riley & Willig, 2008, p. 101). Furthermore, critical realists argue that the relativist position may lead to a political and moral relativism, from which social action is precluded. Therefore, a failure to go beyond what people speak about might mean that important issues like power and institutional practices cannot be fully researched (Nightingale & Cromby, 1999). Therefore, critical realists argue for the importance of going beyond the participant's language (Harper, 2012). This is achieved by acknowledging the broader context that an individual might not necessarily be aware of but that will have an influence on their views, such as political and historical influences, which frame and maintain people's views (Harper, 2012).

An exploration of the multiple contexts can also enable the researcher to acknowledge how they might influence research and can be drawn upon to support the ontological claims being made about a phenomenon. Ontology is concerned with what there is to know or the nature of the world. Ontological positions have been divided into 'realist' and 'relativist' understandings. A realist

ontology proposes that the world is made up of underlying, relatively enduring structures such as biochemical, economic or social structures that have a relationship with one another. For example, materialism makes the assumption that events take place due to underlying structures such as socio-economic relations. Consequently, material practices and power are seen as both separate but also dependent on discourses. Hook (2001) suggests that within this relationship, material power is negotiated and aided by discourses, these discourses then go on to defend the relationship of material powers. "Similarly, material arrangements of power enable certain speaking rights and privileges, just as they lend material substantiation to what is spoken in discourse" (Hook, 2001, p. 33). On the other hand, relativists reject this view of there being concrete structures which inform how the world is made up, but propose that there are many interpretations that can be made of it (Willig, 2008). The relativist position (Edwards, Ashmore & Potter, 1995) considers material practices to be produced by discourses and thereby to be secondary to discursive practices (Sims-Schouten, Riley & Willig, 2007).

A critical realist epistemological approach that is informed by a material realist ontology will be drawn upon in the current research. The assumption being made by adopting the material realist ontology is that powerful underlying structures exist, such as economic and political institutions, which can be observed and analysed. Critical epistemology acknowledges that the discourses produced by these institutions are culturally mediated and will have an effect on the language used by therapists in their work with clients. Furthermore, therapists' use of language will go on to either support or challenge and ultimately to shape clients' experiences of talking about unemployment in therapy. It will also have an impact in supporting or challenging the wider social discourses that clients draw on (for further information about my experience of choosing an epistemological position, see Appendix 3 B).

In drawing on a critical realist approach within the current study, I am informed by a number of writers who have proposed a range of material or 'extra-discursive' practices that act in relationship with discursive practices, such as Parker (1992), Willig (1999) and Rose (1999). Therefore, for an analysis of the

ideas upon which therapists draw upon when talking about employment with clients, I am concerned with materiality (e.g. the reality of the nature of available employment, a job or work, financial status), the power of institutional practices (e.g. government procedures and policies) and practices, such as a speaker's adherence to and understanding of dominant social accounts (e.g. therapists' understanding of the causes and site of intervention for employment difficulties).

2.4 Reflexivity

Qualitative researchers contribute to making the limitations of their research transparent through delineating how their own personal values and motivations influence the research being carried out (Nightingale & Cromby, 1999). Willig (2008) describes three types of reflexivity: personal reflexivity, epistemological reflexivity and critical language awareness.

Personal reflexivity is the researchers ability to reflect on the ways in which their own ideas, experiences, motivations and social identities may have influenced the research and its findings. Epistemological reflexivity requires a consideration of how the research questions may have limited what was found, it is also a process of reflecting on the assumptions that were made during the course of the study and the implications of these for the research and its findings. Critical language awareness refers to the influence of the language used by the researcher on participants' responses. Therefore, questions that construct reality in a particular way will influence to some degree the answers that will be given, as the participant will respond in relation to the constructions.

The idea of researcher reflexivity has been critiqued by Rose (1997) who explains that it can be difficult for researchers to fully identify and understand aspects of themselves which can influence the decisions that are made when carrying out research. Following on from this, I have found that being aware of the values and assumptions I hold, and understanding their influence on this study, has been more difficult at particular points of this research journey. However, I have attempted to maintain reflexivity throughout the research by keeping a reflective diary and by including reflexive sections throughout the report.

2.4.1 Personal Reflexivity

My interest in the integration of an employment agenda to mental health services developed while working in IAPT services prior to my current training. During this time, I started to increasingly question the political context of my clinical work and how personal values can influence the type of stance and interventions carried out by individual therapists. My curiosity developed further when clients themselves initiated sometimes very heated discussions about aspects of the service such as the employment outcome measures and how this impacted on their sense of someone accessing a mental health service.

In addition, as a Bangladeshi female, whose parents immigrated to Britain in the 1980s, I have heard many stories from relatives and friends of the family in regards to what it means to come from a minority group and to look for work in a different country. Through conversations with people from my own generation and based on my own experiences, I am also aware of the struggles that many people can face in their employment journey. Therefore, I approached this research with particular hopes, values, political and theoretical alignments, which undoubtedly will influenced my reading of the literature, decisions about what literature to include in this study, my interview schedule, participants responses to my questions and how I subsequently interpreted and analysed the data.

2.4.2 The use of supervision in developing the study's research questions

The aim of the present section is to provide a reflection on the development of the current study, the difficulties that were encountered and how they were reflected upon and overcome through supervision. There are many conversations in supervision that I could discuss; however, the focus of the current section will be on reflecting upon the development of the study's research questions. Defining my research questions was a crucial step in helping me to clarify and decide upon the methodological approach and epistemological stance that I wanted to take in the current research.

During the initial stages of developing my research, many aspects of the study went through numerous developments and changes. This was in response to various factors, such as further reading of relevant literature, discussions with various professionals and conversations in supervision. The initial research questions were developed based on my reading of literature that was consistent with my initial choice of epistemological position and research method, all of which changed as the research developed, this was in response to an evolving understanding of different epistemological positions (see Appendix 3 B for a further reflection on my experience of choosing an epistemological position). As these aspects of my research changed, it became important to also change the research questions in order to make them more relevant to the new positioning of the study. In supervision, I discussed and reflected on the literature that I had read in the area and its links to my own interest in carrying out the current research. This led to conversations about the main aspects that would be important for a preliminary study to explore. My interest in carrying out this research was to understand how therapists made sense of and worked with the employment agenda and the employment targets of IAPT services and how they managed any potential conflicts this gave rise to. In discussing these areas, conversations in supervision helped me to consider the importance of how the service context might play an important role in influencing therapists' views and practice. Therefore, we agreed that the focus of the current research would be on developing an understanding of these areas. Carroll (2007) states that within the collaborative space of supervision, the supervisee brings material of concern, which is discussed and reflected upon to enable engagement in a process of learning. In reflection of this definition, given that I had made many changes to the study by this point and had read a large amount of literature, I found myself feeling very confused about where to take the research. This conversation in supervision and the clarity it provided me with helped me to start organising my ideas and to think about how I was going to approach structuring my writing of the different chapters in an attempt to allow the different areas to flow together in a clear and concise manner.

2.4.3 Epistemological Reflexivity: assumptions made by the researcher and their implications on the research and its findings

My decision to carry out research in a potentially controversial area, my understanding of past literature and my data analysis within the current study have been influenced by a number of personal and external factors. Having embarked on a training course, which has exposed me to many critical ideas and theories, I became interested in approaches that focused on social action. My own understanding of social action has been influenced by the works of Freire (1993) and Prillettensky and Burchell (1992), who advocate for psychologists and therapists to work with clients in order to intervene at the level of the material structures that sustain unemployment. Therefore, my decision to choose a critical realist epistemological position has also influenced the positioning of my research questions, which draws on ideas of material realities and discourses rather than purely material realities, as would be proposed by a purely realist stance, or discourses, as advanced by a relativist stance. Therefore it is reasonable to assume that a different researcher would have approached the literature and the research questions with different views and perspectives, which would have resulted in the production of alternative conclusions.

2.5 Method

In selecting a method for data analysis, importance is placed on answering the research question and for it to compliment the chosen epistemology (Willig, 2008). Therefore, from a critical realist position, the research was interested in the potential implications of the ideas that therapists draw on when talking about unemployment with clients, while also acknowledging that such ideas would be underpinned by the experiences they have been exposed to, the structures within which therapists are operating, and wider social and economic discourses that have been made available to them. A number of approaches that were consistent with a critical realist epistemological stance were considered, including interpretative phenomenological analysis, grounded theory and thematic analysis.

After reviewing the literature, it was felt that Interpretative Phenomenological Analysis (IPA) would not be appropriate in answering the study's research question due to its focus on understanding the lived experiences of participants (Smith & Osborn, 2008). The focus of the current study was on investigating the broader influences that impacted on therapists work with clients who experienced difficulties with unemployment rather than focusing on interpreting how participants made sense of their experiences. Grounded Theory (GT) would not have been relevant due to its focus on developing a theory of the phenomena being investigated (Glaser & Strauss, 1967). The current study did not have a focus on developing a theory due to the lack of previous research in the area but was more interested in developing preliminary understandings. While most analytic approaches in qualitative research are tied to a particular epistemological framework, thematic analysis on the other hand can be use with a range of theoretical and epistemological positions. The main aim of thematic analysis is to analyse and make sense of reoccurring meanings shared by participants across the whole data set, in order to identify how a subject area is spoken about rather than focusing on meanings made within individual data sets (Braun & Clarke, 2012), this is achieved by "...identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail" (Braun & Clarke, 2006, p.6). This flexibility potentially lends itself to providing an in-depth and complex analysis of the data (Braun & Clarke, 2006). After reviewing the different methods of analysis, thematic analysis was chosen as the analytical method for this research as it provided a means to respond to participants' accounts, without accepting the pre-determined goals inherent in methods such as IPA and GT. However, it is acknowledged that there is a limitation in the extent to which this can be achieved, as the epistemological stance of the current research will inherently impose particular assumptions on the data. For example, critical realism assumes that powerful, underlying structures do exist, such as governmental systems, which can be measured and so the aim of the epistemological position is to understand how the discourses produced by these intuitions mediate and shape the language used by people (Willig, 2008).

There is some debate within the field about whether thematic analysis should be considered as a set of tools to be used within other qualitative methods rather than being seen as a method in itself, as the core skills of thematic analysis underlie all qualitative analytic methods (Boyatzis, 1998). However, Ritchie and Spencer (1994) argue that thematic analysis should be considered as a distinct approach to data analysis. In addition, it offers advantages when used in policy-orientated research, due to the accessibility of the method to readers.

2.5.1 Data collection: Semi-structured interviews

Interviews are considered as a means for participants to discuss their views directly and provide access to information that may not be available through other methods such as observations (Barker, Pistrang & Elliott, 2002). It is argued that structured interviews provide limited exploratory opportunities, while unstructured approaches do not acknowledge the researchers pre-determined assumptions that they bring to the research. Semi-structured interviews on the other hand provide a focus but also flexibility for participants to respond (Banister et al., 1994; Barker, Pistrang & Elliott, 2002). Based on these arguments, the decision was made to use semi-structured interviews in the current study. However, Willig (2008) cautions that there are a number of inherent problems in using semi-structured interviews, which should be kept in mind. As the method integrates formal elements of an interview process (e.g. the presence of an interview schedule and a predetermined time limit for the interview), which are combined with the informal approach to the conversation (e.g. the use of open-ended questions and the exploration of stories and meaning), which can potentially be misleading for the interviewee for example, resulting in the interviewees revealing more than they would have expected or feel comfortable with (see section 2.6 for an explanation of how ethical considerations were addressed in the study).

2.6 Procedure

2.6.1 Participant recruitment

The aim of recruitment was to access participants who would be able to provide a rich and diverse range of accounts (Marshall, 1996). Although the content of participants' interviews cannot be predicted, various steps were considered to increase the complexity of the data as follows:

- (i) Levels of experience: The recruitment approach sought to access therapists who had experience of working at various levels of seniority within IAPT. It was felt that this would provide a range of perspectives and, therefore, increase the depth and complexity of the data.
- (ii) Use of a range of therapies: Although CBT is often used as the main therapeutic modality by therapists in IAPT, other therapies are offered, such as systemic and psychodynamic therapies. Therefore, the aim of recruiting participants who drew on therapies other than CBT as their main therapeutic modality was to provide inclusivity of a range views from different positions.

2.6.2 Approach to recruitment

Decisions about what constitutes a reasonable number of participants to interview (in other words sample size) for a qualitative research have not been fully defined. Some researchers argue that the aim of data collection should be on reaching the point of theoretical saturation rather than a focus on the number of participants to interview (Fossey et al., 2002), while others argue that saturation can be achieved between six to twelve interviews (Guest, Bunce & Johnson, 2006). Recruitment for the current study was determined by theoretical considerations and pragmatic factors, as described in the following sections.

The aim was to recruit participants from London due to the large number of IAPT sites in this region and the accessibility of these locations for the interviewer. Thirty-one IAPT sites in London were contacted by e-mail and invited to take part in the study (see Appendix 2). The e-mail provided information about the aims of the study, why it was being conducted, what participant involvement would entail, potential benefits, confidentiality, ethical issues and the researcher's contact details. Attempts were also made to contact the managers of the sites by telephone; however, this proved extremely difficult and was abandoned after a number of unsuccessful attempts. Only one IAPT site responded to the e-mail communication and agreed to take part in the research. Before recruitment could take place, ethical approval was sought from the NHS Research and Development (R&D) department of the IAPT service. After which, all high intensity therapists working at that IAPT site were contacted via e-mail, which had been provided by the research lead of the service. E-mails contained an information leaflet and consent form (see Appendix 4 & 5). Therapists who wanted to find out more about the research or wanted to participate were invited to contact the researcher.

Recruitment proved more difficult than anticipated. It was also important to maintain the confidentiality of participants and to ensure that individual contributions could not be identified in the write-up of the research: therefore, there was a need to recruit participants from more than one NHS site. Due to the researcher's own experience of working in IAPT, the researcher had a number of existing professional contacts with therapists working in different locations. The therapists were contacted by email and were provided with the same information as above, which led to the recruitment of three further participants.

2.6.3 Participants recruited

Five therapists (including the pilot interviewee) were recruited from the NHS site, a further three therapists, who worked in two different NHS IAPT sites across London, responded to emails that were sent to the researcher's professional contacts. All therapists interviewed in the current study had different training backgrounds, four clinical psychologists were recruited, one counselling psychologist, one integrative counsellor and three nurses, who all had additional training in CBT, see table 1 for participants' details. Although participants had different training backgrounds, which is reflected in their titles, all participants referred to themselves as high intensity therapists; consequently, instead of referring to participants in relation to their core training backgrounds, participants' description of themselves as therapists will be used throughout the write-up of this study.

With the participants' consent, the data from the first interview was used to pilot the interview schedule. The data from the pilot interview was not included in the final data analysis. In total, eight participants were recruited from three IAPT sites across London. Due to the opportunity sampling method employed for this study, there were limitations to the data produced. The aim of the recruitment process was to interview therapists who used a range of therapeutic modalities and had varying levels of positions in IAPT. However, CBT was cited as the main approach of all therapists recruited, with one therapist stating the additional use of Interpersonal Therapy (IPT), two therapists had trained in psychodynamic therapies in the past and an additional therapist had a past qualification in behavioural therapy. Therapists working at a range of seniority levels in IAPT were recruited with three participants occupying a managerial role. It is possible that the degree of homogeneity of therapists' theoretical orientation could have had the impact of limiting the exploration of different views and ideas within the field about the integration of an employment agenda with therapeutic work, the impact of the service context on their work and how they managed any potential conflicts. Therefore it is acknowledged that the recruitment of therapist who used approaches other than CBT as their main theoretical approach could have led to a richer analysis of the study's research questions.

Table 1: Profile of participants

Participant identification	Gender	Age	Current Role	Number of years qualified	Current therapeutic modality	Past qualifications
Pilot interview	Male	35	Clinical psychologist/ High intensity therapists	6	CBT	Clinical psychologist
P1	Female	31	Clinical psychologist/ High intensity therapists	5	CBT	Clinical psychologist
P2	Female	36	Clinical psychologist/ Service manager in IAPT	8	CBT, Interpersonal Therapy	Clinical psychologist
P3	Female	34	Counselling psychologist/ High intensity therapists	4	CBT	Counselling psychologist
P4	Male	42	High intensity therapists	11	CBT	Integrative counselling, psychodynamic therapy
P5	Male	41	High intensity therapists	15	CBT	Nurse, psychodynamic therapy
P6	Female	53	Service manager in IAPT	20	CBT	Nurse, behavioural therapy
P7	Female	56	Clinical Tutor in Cognitive Behavioural Therapy/Service manager in IAPT	12	CBT	Nurse

2.6.4 Inclusion and exclusion criteria

The main inclusion criteria were for participants to have at least a year's experience of working as high intensity therapists in IAPT services. It was felt important for therapist to have some experience of working in this new service configuration. There were no requirements for therapists to be working in IAPT services at the time of recruitment. It was decided that low-intensity therapists would not be recruited for the current study due to the comparably different service they offer.

2.6.5 Data Collection: the interview schedule

Following an initial review of the literature an interview schedule was developed. The main aim of the schedule was to explore the ideas that therapist drew on when working with clients who experienced difficulties with employment and how they managed any potential dilemmas. It must be noted that although all attempts were made to stick to the interview schedule, minor additions and changes were made in response to the participants' answers, and to make the conversation flow better.

2.6.5.1 Pilot Interview

A draft of the interview schedule was piloted at a London based NHS site with a therapist who agreed to be interviewed and provide feedback on the schedule. The purpose of the pilot interview was two fold: firstly it was to receive feedback on whether the interview questions were clear and whether there were areas or questions that were not covered. Secondly, it was to provide an opportunity for the researcher to practice carrying out interviews.

2.6.5.2 Reflection on the experience of carrying out the pilot interview

Ortlipp (2008) suggests that a reflexive approach to carrying out qualitative research provides clarity about the decisions made during different stages. In keeping a reflexive diary, researchers are encouraged to acknowledge and explore their assumptions, the choices that they have made and the experiences of carrying out the research (Ahern, 1999; Morrow, 2005).

Therefore, I will now go on to describe my experience of carrying out the pilot interview, the influence of the feedback in helping me to reflect on the assumptions that I was making when developing the interview schedule and how I used the feedback in helping me to modify the interview questions. I have also provided further extracts from my reflexive diary in Appendix 3.

As the interview unfolded, I became aware of the tensions felt by the participant as a result of my questions. This led me to think about the extent to which I had become immersed in my initial literature review and the influence of this on my interview schedule. At the end of the interview, I was eager to find out from the participant his experience of the questions. After a brief conversation about the research topic, the participant confirmed my own feelings that the questions were leading towards a more critical perspective. He mentioned that this had the impact of limiting an exploration of his own ideas and views in the area. In revisiting my literature search, I became more aware of the importance of epistemological stances and their implications for the knowledge made available to participants and I started to wonder about ways in which different ideas could be shared and discussed during the interviews. The feedback led me to change my interview schedule in negotiation with my thesis supervisor and I also started to wonder how I could take this feedback forward in my data analysis. Feedback from subsequent participants indicated that the research schedule enabled them to draw on a range of ideas to discuss their own views and ideas regarding unemployment (see Appendix 3 C for a further reflection on the revised interview schedule).

Sampson (2004) queries, if feedback from the pilot interview results in changes to the research, whether the participant should be interviewed again using the amended interview schedule, or alternatively, the data gathered from the pilot interview be incorporated into the data analysis of the new research questions or whether it should be discarded. It was not possible to interview the participant again, as he mentioned at the end of the interview that he would be starting a new job. The decision was made not to include the data from the pilot interview in the final data analysis: this was due to the feedback from the participant that his answers were constrained by the questions and so did not allow for a full exploration of his own accounts. Also, as the interview questions were revised, it was felt that the data did not fully answer the questions in the new interview schedule.

2.6.6 Data Collection: *The interview procedure*

The time and date of the interviews were arranged with participants after they agreed to take part in the study. All interviews were carried out in a quiet clinic room at the participant's place of work.

At the start of the interview, participants were provided with a brief overview of the study and an explanation of the structure of the interview. The researcher also explained participants rights to confidentiality, consent, withdraw and the use of a digital recorder. Participants were given the opportunity to ask questions both before and after the interview. Written consent was obtained before proceeding with the interview (see appendix 5).

2.7 Ethical considerations

Attention was paid to a number of ethical issues prior to interviews being conducted. Ethical approval for the study was first obtained from the University of East London Ethics Committee (see appendix 7). NHS R&D ethical approval was also sought for the IAPT site that agreed to take part in the study (see appendix 8).

All participants were fully informed about the nature and purpose of the study and issues of confidentiality and consent were explained both prior to the date of the meeting and immediately before the interview. It was also acknowledged that during the course of the interview participants might have felt that their practice was under scrutiny and feared the potential exposure of poor practice. However, literature has also noted that given the complexities and challenges of talking about therapists' own practice, participants may find it a relief to share their experiences and have it acknowledged (Koizumi, 1992).

Participants were informed that they could withdraw from the study at anytime. Consideration was given to the possibility that participants might experience distress as a result of the interviews, due to personal experiences of the issues being discussed. In the event of this, participants would be reminded their right

to terminate the interview at any time, to take breaks or reschedule. In addition, if required, contact details for further support would be provided.

All participants were given an information leaflet at least two weeks before the interview took place. The information leaflet explained that there are limits to confidentiality and if participants revealed information that may be of concern (for example, ethical or legal implications of their practice) confidentiality would be broken. The information sheet also made it clear that the final research might be made available through publication and shared with the service they work for, and so it may be possible that their contributions are identifiable by the service they work for. The information leaflet also explained that any names discussed and information that might identify participants, other people and services would be made anonymous.

2.8 Data analysis

2.8.1 Thematic analysis: the approach

Braun and Clark's (2006) thematic analysis guidelines were chosen to analyse the data from the current study. Braun and Clark (2006) highlight the need to be transparent about the approach taken when analysing data: therefore, the following sections attempt to provide clarity about the choices that were made during each stage.

Thematic analysis can differ based on whether it is approached from a deductive or inductive perspective. Deductive approaches are led by the researcher's theoretical interests and so are overtly analyst driven, providing in depth analysis of a number of expressions within the data and a less detailed analysis of the overall data. It examines the ideas and assumptions that inform how participants make sense of a subject matter (Braun & Clarke, 2012). Inductive approaches are more driven by the data, linking themes strongly to the data itself rather than to a pre-existing theoretical frame (Braun & Clarke, 2012). It is recommended that the choice of approach should be based on the research questions (Braun & Clarke, 2006). Joffe (2012) adds that the use of a dual deductive-inductive approach can enable

researchers to address the data from a position that is open to new ideas and concepts and also grounded in an awareness of the existing literature, avoiding the replication of previous research and facilitating the generation of new understandings of the topic. A deductive-inductive approach was used in the current study: deductive at the level of design and deductive-inductive at the level of analysis. The design of the study was informed by critical ideas which advocate that there are multiple ways of constructing unemployment which will go on to make different actions possible. Consequently, the use of critical theories influenced the themes generated from the data. However, where there is little or no literature available, themes were generated on a deductive basis.

It is also suggested (Boyatzis, 1998) that a researcher must decide the level to which they want to analyse their themes, this is at a semantic or also known as explicit level, or at a latent or otherwise called interpretative level. At the semantic level, themes are identified based on what participants say in an interview, so analysis is carried out on the surface meanings. At the latent level, the analysis aims to interpret and theorise the meaning of the data by exploring hidden views and concepts. The approach to data analysis for the current study aimed at being broad and inclusive in order to understand the implications that drawing on certain ideas has for therapists in their work with clients, rather than theorising the meaning of their accounts: therefore, data was analysed at a semantic level.

2.8.2 Thematic analysis: the plan

As with all analytic methods, it is important for the researcher to clearly define how they intend to carry out the analysis of the data in order to clarify the assumptions being made at this stage (Braun and Clark, 2006). Following on from this, details of the procedure used within this study have been provided below, which follows the six-phase approach defined by Braun and Clarke (2006):

(i) Familiarisation with the data

The transcription of all interviews was carried out by the researcher. This also provided the opportunity to gain a general sense of what was being discussed in each interview (Bird, 2005). During this process, initial notes were made

about ideas and themes. The transcripts were then read a number of times, and further notes were made each time.

(ii) Generating initial codes

Segments of the text containing features of interest were highlighted in order to start generating initial codes. The analysis was both inductively and deductively driven: therefore, the codes that were developed were closely linked to the literature review that had been undertaken as well as the content of the text.

Some items were coded a number of times. Coding was conducted on the computer program Word, in the margins of the transcripts. Codes and the associated data extracts from the transcripts were copied onto an Excel database according to the initial codes.

(iii) Searching for themes

All codes were re-read and organised into potential themes both within and across the transcripts. The use of detailed mind maps helped to aid this process. The original transcripts were regularly referenced throughout this process to help ensure that the codes captured the overall meaning of what participants had communicated. An initial thematic map was then generated (Appendix 12). This provided a visual representation of the themes across participants' accounts and helped to further develop the final thematic map (Appendix 13). Braun and Clarke (2006) comment that there is debate about what constitutes a theme: for example, whether this is determined by an issue recurring a number of times across the data or how much time is spent talking about the issue during the interviews. They go on to say that individual researchers must make their own judgments about the approach; however, in developing themes, it is important that attention is paid to answering the research questions. The approach that was taken in the current study was based on an issue recurring a number of times across the data. This was because it was predicted that therapists' views, when speaking about unemployment, would be informed by a number of ideas and so potentially generating a diverse number of accounts, therefore, it was felt that reoccurring ideas would capture themes across the data and be more representative of the whole data set.

(iv) Reviewing themes

The original themes were re-defined, which involved reading all the extracts in each theme to decide whether they formed a consistent pattern and whether it reflected what participants had communicated. A final thematic map was then developed (Appendix 13).

(v) Defining and naming themes

At this stage, the themes were reviewed and points of interest were identified in order to develop a narrative, this informs the process of naming the themes and sub-themes.

(vi) Producing the report

In the write-up of the research, an attempt has been made to explain the story that the data analysis tells in relation to the study's research questions, this has been supplemented with data extracts to support the themes that were developed by the researcher.

2.9 Transcription

There are a number of transcription styles available, some of which were developed in order to fulfil the particular requirements of different analytic approaches. Since thematic analysis can be used with a number of methods, Braun and Clarke (2013) explain that there is no one particular way of transcribing data, although this will be informed by the researcher's methodology. They distinguish between two types of transcriptions: orthographic and paralinguistic styles. Orthographic styles involve transcribing the spoken words of participants. While the paralinguistic style also has a focus on transcribing what participants say, it is also interested in how participants communicate, and is more commonly used in analytic methods such as conversational analysis. The epistemological position of the current research drew on critical realism: therefore, the interest of the researcher was in analysing what participants were saying and less on how language was used to construct ideas (which may be of more interest to those drawing on a social constructionist epistemology). Therefore, the decision was made to use the orthographic style. The process of transcribing involves the interpretation of the data, as when spoken

words are converted into written language, decisions are made about what elements of the conversation to keep and how to produce the data (Willig, 2008). Braun and Clark (2013) state that there is no specific way of carrying out orthographic transcriptions. They do, however, specify that the transcript should aim to retain the information needed for analysis by accurately representing all spoken information and all non-verbal material. It should also accurately represent the original account in order to preserve the meaning of what participants have said by paying attention to how punctuations can change the meaning of a sentence. Based on these recommendations, all verbal and non-verbal material (such as pauses and laughter) were transcribed by the researcher, as it was felt this was important in capturing what participants' had communicated. While transcribing, attention was also paid to the potential problems with using punctuation; however, a decision was made to include some punctuations in order to try to retain the original meaning of participants' communication and for the readability of the transcripts (see Appendix 10 for the transcript notations and Appendix 11 for an extract of a transcript).

3. ANALYSIS

This chapter presents a thematic analysis of the interviews that were carried out with therapists on their views and experiences of integrating an employment agenda with their therapeutic work. A deductive-inductive approach was used to analyse the data from the current study. This chapter will provide an explanation of each theme and sub-theme that has been derived from the data. Each sub-theme has been illustrated with the use of excerpts from the transcripts and where possible links are made with the existing literature. It must be noted that in the excerpts presented, brief interjections and questions asked by the interviewer during the interviews were transcribed for data analysis purposes but have been omitted in the write-up of the study in order for the extracts to be read clearly. Some information has been omitted from quotes in order to keep the quotes relevant and brief. In addition, information that could potentially identify clients has been omitted in order to maintain client confidentiality.

Before proceeding to describe the analysis, it is important to draw the reader's attention to a few points. Firstly, readers will note that there is a difference in the terminologies used between the participants and the researcher in the writing of this report. Almost all participants used the term 'patient' and diagnostic categories during the interviews: this reflects an alignment to a medicalised model of distress (see, for example, Rapley, Moncrieff & Dillon, 2011; Rogers & Pilgrim, 2003; Szasz, 2007), which does not reflect the researcher's position. In addition, although themes and sub-themes have been separated for the purpose of reporting the data, it must be noted that each theme and sub-theme is inevitably interlinked: for example, theme one, 'Challenges of the Service Context', had some impact on subsequent themes.

3.1 Overview of themes and sub-themes

The researcher's analysis of the data produced four themes and eleven sub-themes, as represented in Table 2 (to view the themes and sub-themes as illustrated in a thematic map, see Appendix 13).

Table 2: Themes and sub-themes

Themes	Sub-themes
THEME ONE: Challenges of the service context	<i>A) Loss of ability to make decisions</i> <i>B) One model of therapy cannot meet the needs of all clients</i> <i>C) Difficulties in sharing ideas with the team</i>
THEME TWO: Therapists' stance in relation to the employment agenda	<i>A) At odds with therapists' values</i> <i>B) Employment reports are idealistic</i> <i>C) One approach to unemployment does not work for everyone</i> <i>D) Unemployment as one part of the overall problem</i>
THEME THREE: Managing conflict between personal and professional perspectives	<i>A) Minimal impact</i> <i>B) Complying with the service demands on an administrative level</i>
THEME FOUR: The ideas that are drawn upon to formulate clients difficulties with employment	<i>A) The dilemma of exclusively focussing on client's personal characteristics and circumstances in therapy</i> <i>B) Personal responsibility</i>

3.2 THEME ONE: Challenges of the service context

A predominant theme discussed by all participants was the challenges associated with working within a service structure that was heavily aimed at meeting targets in order to increase efficiency. Participants felt that the service targets were prioritised above providing a service to clients that fully met their mental health needs. Participants spoke about how the focus on targets raised a number of dilemmas for their practice. The challenges have been conceptualised into three sub-themes: loss of ability to make decisions in therapy, one model of therapy cannot meet the needs of all clients, and difficulties in sharing ideas with the team.

3.2.1 Sub-themes

A) Loss of ability to make decisions

All participants spoke extensively of how the emphasis on meeting targets led to a loss of autonomy in making decisions in therapy. Participants particularly felt that they were unable to make theoretically informed decisions to extend the number of sessions being offered to clients in order to provide the best care they could. This is captured in the following data extracts:

P6: ...they've been referred to me to help with their PTSD and here I am helping them sort out their finance and their housing and trying to make them feel safe before we can then start the work on the PTSD but the number of sessions I have is limited so I'm always aware that that clock's ticking as well ... where I think it has affected but I think it's more at a service level rather than an individual therapy but obviously it filters down (.) is (pause) as with any big initiatives the the focus has has now become on numbers and erm (pause) getting (.) patients through therapy and that's led to lots of bad practice I think, so we have (.) erm (.) trainees who are only allowed to see patients for a certain number of sessions when (.) actually it's indicated that they should be seen for a lot

more (.) as soon as their measures go below a certain caseness they're being pressurised to discharge them where again (.) the evidence is relapse prevention that they should they should have more to to to sort of come back in erm I think there's a bit of an emphasis away from quality onto quantity and I think that's a shame. (70-249).

All participants praised the IAPT initiative for having increased access to psychological therapies; however, the reality was that the quality of service people were getting less in terms of a good quality service, and this left them, as therapists, with a sense of dissatisfaction. In the following extract, Participant One describes how the limitations imposed by the service context have changed the nature of conversations within therapy:

P1: I think it stopped us from being being able to erm (pause) think about (pause) building his life (pause) more deeply, more broadly and for me to sort of support him with that so over a longer period of time erm he he lived in in (pause) quite a lot of poverty really and so I think I didn't really get the chance to talk about (.) building up his financial situation to then allow him to do the things he desperately wanted to do (269-274).

A number of participants made reference to their feelings of discomfort and unhappiness at not being able to offer therapy according to the recommendations made by the NICE guidelines: this was due to the guidelines and targets of the service in which they worked:

P1: Emotionally I still remain conflicted about (laughs) the fact that we're not offering NICE guidelines. I've never been happy with that (87-88).

Participant Two spoke about managing the challenges of meeting targets by keeping therapy focused and separating out the different needs that clients present with, referring those with social needs to other services:

P2: I think I maybe got caught up more, if that's the right expression, in these other areas that ends up being a bit more case management and I try to sort out someone's benefits, whereas now I think we're much more stricter on what we can and can't do in therapy and supporting people to access (pause) places that can support them rather than doing it ourselves. I think that's due to the targets and the pressures to see more people and have to do more focused therapy than to manage big (.) waiting lists and caseloads (430-440).

A pervasive theme threaded throughout participants' accounts was their sense of dissatisfaction with their lack of autonomy. The following participant, who had a considerable amount of experience in the mental health field, reflected on his experience of meeting the demands of a service structure that was heavily driven by targets:

P4: at the beginning with the patient work they all became like one big patient (.) and it was really difficult to separate out wh which each one presented (pause) and erm (pause) and all the sessions seemed to be the same (.) I started to lose erm empathy (.) I started to lose concern or (pause) positive regard it was about (.) the conveyor belt, it was about throughput, it was about targets, it became like a paper exercise (.) each patient became a paper exercise (pause) and erm then I started (pause) to go into my own internal supervisor (pause) which is to look at what my countertransference is and I saw the frustrations that I had which also matched (.) in session what the patient was experiencing (.) I think sometimes with me their frustrations with me that how I'm not delivering sometimes (.) and this (.) this (.) could go on (pause) it varies from day to day (clears throat) and it's contrasted with an

over-compensation as well, like too much care, too much empathy and it's almost like it's come from a a place of guilt (375-390).

B) One model of therapy cannot meet the needs of all clients

Most participants spoke about the limitations of working in a service structure that promoted the use of protocol-driven work. They particularly emphasised that the expectation to strictly adhere to protocols in delivering therapy resulted in them not being able to draw on other therapeutic models to meet the complex needs of clients. The following participants explain how the service structure and administrative databases also lend themselves to protocol driven-work, which (related to the above sub-theme: targets aimed at efficiency over quality) provides therapists with little flexibility to make therapeutic decisions informed by their training and clinical judgments:

P3: more often than not I was seeing clients who had relational problems or what you might call personality disorder traits ... and I tended to see those clients because I found them just much more, it suited my style of working which is less (.) you know work sheety like yeah formulation everything has to be driven by formulation ... they don't fit everyone and also they don't fit what a lot of people bring ... they've been assessed (.) I read the assessment and I think 'oh, they've got panic disorder' ... but then you meet them and actually that's rubbish and that is not what they want to talk about at all and you know they're coming because they are very anxious and stressed to do with family problems (pause) erm (pause) which is not a (.) you know I can't tick I can't (.) tick a diagnosis box for that (195-234).

P4: I was trained at the (name of training institution) to really just follow the protocol rigidly, so even if the patient was to bring in something that was (.) outside of their diagnosis (pause) and something that was really life, concerning them like their benefits or or (pause) or something that happened at home that was unrelated to (pause) erm what the next protocol step is, such as in (.) PTSD work when we do reliving (pause) the session (pause), session three, four we're doing reliving now but they've got something very pressing to talk about we (pause) we were training not to break away from that, which is to follow the protocol rigidly (pause) other (pause) otherwise you're just reprimanded at supervision, so so that bit I did not like and I (pause) I found it in conflict with the humanistic part of me, which is being patient-centred (pause) – patient is the focus rather than the diagnosis is the focus (83-97).

In the excerpt below, Participant Six reflects on how mental health policies, media coverage and funding for research have all played a part in drumming up a great enthusiasm for CBT, which has led to a misperception about the model:

P6: CBT is sort of because it's become so much in the limelight it's now seen as the the the therapy for all and everything and (.) erm which sets it up for more criticism as well and I've never (.) believed that CBT is the is the panacea for all problems (194-198).

C) Difficulties in sharing ideas with the team

From participants' responses, it seemed that the focus on meeting targets (related to 3.2 Theme One: Challenges of the Service Context) resulted in their work being increasingly regulated, which had the impact of closing down opportunities for participants to raise and discuss their concerns with the wider team. The following participant describes her worry about raising and discussing points of contention or questioning aspects of the service during team meetings, for fear that her concerns would not be discussed and thought about but instead

that she would be seen as the problem for raising such concerns:

P3: I don't feel able to be like, yeah don't you think, cause I'm worried they are going to be like, no I really don't (name of interviewee) and the fact you have said that makes me (.) quite concerned about you cause that is what I anticipate (1233-1242).

Similar apprehensions had also been noted by the following participant, who had extensive experience of working as a senior therapist in the NHS and supervising students carrying out the IAPT CBT training:

P7: maybe being a bit more (pause) erm confident in (pause) you know (pause) not not whether it's about speaking out or not being afraid to just say well actually that's you know this is (pause) I'm not going to discharge this person because they haven't come (pause) to (.) an appointment because actually they've got PTSD and they don't speak English and they're you know there's this, this and this (793-798).

Earlier in the interview, the same participant reflected on the privileges that her experience and seniority within the service afforded her. The participant also noted that as a part-time member of the team, she was less affected by the everyday demands and emotional impact of working within the service context, which made it easier to speak out:

P7: I would (.) do as a clinician is actually just (.) raise the (pause) issue (pause) that actually if I'm seeing somebody with PTSD and they've got comorbidity (pause) actually (.) you know (.) there's there's there's flexibility in the guidance – nobody ever said that somebody should be discharged at twelve sessions if they've got (.) severe PTSD with (.) OCD for example so erm but I suppose that comes with experience erm and also because I'm only working part-time as a clinician so (.) I'm probably not as as erm embedded into into services as erm some other people would be (159-167).

3.3 THEME TWO: Therapists' stance in relation to the employment agenda

I noted a wide spread consensus among all participants that the initial emphasis of addressing employment with clients in the therapeutic context had changed over the years (which is aligned with the findings in my literature review in Chapter One, 1.11, changes in the economic context and its impact on the IAPT employment agenda). In discussing their views and experiences, all participants expressed very negative reactions to the initial and also current agenda. These views were representative of participants who worked at varying levels of seniority within IAPT services, those who worked at different IAPT sites in London and also therapists who provided training to the IAPT courses. Participants' responses have been conceptualised into four sub-themes: at odds with therapists' values, employment reports are idealistic, one approach to unemployment does not work for everyone, and unemployment as one part of the overall problem.

3.3.1 Sub-themes

A) At odds with therapists' values

Participants who had experience of working in various mental health services explained that their therapy with clients has always been embedded with working towards various social targets, as described in the following extract:

P4: the drug service (pause) because it's it's funded it's funded there is a a huge criminal justice element (.) focus to treatment it's about reducing crime, reducing crime and (.) that was the flavour of the month but before that it was harm harm reduction, harm reduction about reducing hepatitis C and HIV spread (.) and now with (.) mental health it's about getting people back into work and reducing benefits (596-601).

However, most participants felt that the inclusion of an employment agenda to their therapeutic work was at opposing ends to the values that informed their work with clients. Participant One described her feelings towards the agenda.

P1: I felt there was too much emphasis on getting people into work and that's not my culture as a therapist's that's not my motivation at all I'm a bit repulsed (pause) by the idea of of seeing people for therapy just to get them back into work (358-361).

Participant Three conveyed her concern that people's difficulties with employment were being conceptualised using a medicalised model of distress, leading to unemployment being seen as a symptom that needed to be reduced or eliminated, rather than paying attention to the causes of distress (Miles, 1987):

P3: with the agenda of getting people back into work or stopping people from being ill because they're ill as opposed to (.) actually just having a normal response to difficult life events you know (.) I think that's (.) totally (.) messed up and and I do think that's something that we are all starting to buy into (.) I've got this problem, my doctor prescribed me some CBT so I went and had it (claps hands) and it didn't make my problem better (laughs) because actually my problem was more complicated than this (.) part needs to be fixed (435- 445).

Participant Four relayed his worry about incorporating an employment agenda to his therapeutic work, which carries the risk that clients will feel that there are multiple hidden agendas to seeking therapy at the service and this, ultimately, does not fit with the therapeutic model he draws on:

P4: I'll be seen as working as an offshoot of the benefits office (.) so I wouldn't be seen as a therapist how can I get genuine (.) get a genuine conversation with the patient if she thinks I'm working in collusion with the benefits office (629-632).

B) Employment reports are idealistic

In addition to participant's personal responses to the employment agenda, they felt that on a practical level the agenda had not been fully developed or informed by the available research and the reality of what was being offered to clients by mental health services. Most participants described the reports as being idealistic in their expectation that short-term therapy could fully support people with their employment difficulties:

P2: I think that there is slight unrealistic belief that you can (pause) get in for treatment for depression, anxiety and then they go back to work (.) quite quickly (laughs) I don't think it works quite as smoothly as that erm so that's kinda what I hold in mind that maybe that's the ideal (pause) but then we're working more with the reality and it's trying to (pause) balance the two (278-284).

P5: I think (.) in its original form the whole thing about (.) getting people back to work (.) through giving them erm (pause) a brief dose of CBT for their depression or anxiety, I think it's a bit (.) idealistic I'm not saying that its intentions aren't good cause I think they are (179-183).

Participant Five later went on to elaborate on this point, noting his scepticism about the intentions of the report by expressing that they were less about understanding and addressing the complex needs that clients present with, but more about portraying a desirable message to the public:

P5: ultimately and I think the thing that bothers me is it's not really about the wellbeing of of the person, it's about making the government look good and that we'll sort of fall for that and think oh yeah they're doing a wonderful job (.) when actually they're (pause) perhaps not really doing anything for the that person, they're just being used as a statistic so I think that's what bothers me (783-788).

C) One approach to unemployment does not work for everyone

Another sub-theme that was delineated from the data was the position participants took in their view that the employment reports had taken a reductionist perspective towards unemployment. They felt that there were a multitude of reasons why people might experience difficulties with employment; however, the service structure did not provide the flexibility to allow therapists to meet the different concerns that people present with. This was particularly relevant in relation to the number of sessions clients were being offered (which relates to theme one, sub-theme A, loss of ability to make decisions in therapy). The following participants describe the comparatively different needs of people who experience multiple social disadvantages, relative to those experiencing difficulties in their jobs:

P5: it's a bit simplistic because ... if somebody's a a lawyer and they get an anxiety disorder and everything else in their life is fine and ... they take some time off work because of that and then and then they have some CBT and then they get better ... that's great but if you've been (.) if you've never worked and you're forty and (.) you've (.) had you know a series of dysfunctional relationships and you're living in (.) you know near poverty or actual poverty (.) erm to expect and you're your amongst many other things you might be depressed, to expect somebody to have you know (pause) fifteen sessions of CBT and then go out and get a job (.) I don't think it's very realistic (199-210).

Participant One used a case example to describe both her and the client's frustration in trying to manage the dilemma of working with multiple difficulties in the context of a limited number of sessions:

P1: he was so resistant to the idea of of finishing and quite rightly because he was going through a real journey and it was taking a long time and this journey was slowed down by the fact that he didn't have employment prospects ready for him to move away from beginning in this place of of (pause) erm of sort of financial

destitute and social isolation into a work environment which is really what he really wants to do that's his goal and it would ... so every time I try to (pause) erm talk about the idea of okay why don't we stretch out our sessions to try and in my head I'm thinking (pause) I can't offer him this many sessions, I need to offer the time to someone else, my waiting list is growing erm and so maybe if I offer him more spaced out sessions then erm I'll be able to offer him something (pause) erm but with less demand on the service (pause) but erm so that but he didn't want to so I've just ended up (laughs) (pause) it actually caused a bit of a rupture in therapy ... so I had to repair that erm really and I'm still seeing him although he's a lot better now cause he's started to do voluntary work ... paradoxically by trying to end it sooner to sort of (pause) manage that dilemma of waiting times I've ended up having to end up extend it (laughs) to negotiate the rupture yeah (177-208).

Participant One went on to describe the dissatisfaction that clients can experience in engaging with services that do not meet their specific needs, and the impact of this on working against the targets defined by the service.

D) Unemployment as one part of the overall problem

A number of participants indicated that their dissatisfaction with the reports was further impacted by the way unemployment had been positioned as a standalone difficulty, which had been separated and prioritised over the more pressing concerns that clients themselves wished to discuss in therapy. Participants went on to express that they saw unemployment as only one part of a more comprehensive understanding of people's experiences:

P7: I would have always asked those questions anyway in terms of (pause) you know if they're working how many hours are they working and stuff but also what their goals are in relation to (pause) work, home life (pause) you know family, closeness to family erm and seeing whether whether their whether (.) their erm depression or anxiety disorder or problem is actually impacting on (pause) those domains and then maybe setting some goals from there (526-532).

P3: I always ask people what they do like do you have a job? Oh yeah always I wana know like equally equally I always ask people you know who do you live with? Do you live on your own what do you do what's an average day? What do you do in your spare time? Have you got any friends? Like cause you wana build up a picture of (.) their life and and all the aspects of that and (pause) by any major omission you're gonna be asking yourself well why why is that? You know do you not work because (.) you don't want to or you don't need to? Or do you not work because (.) there's some other barrier there (973-984).

Some participants went on to explain that the approach to supporting clients with complex needs, including employment difficulties, could not be met by therapy alone, but that some clients required more support in terms of ongoing support and input from other services:

P2: I mean I think peer support is on the increase and that's brilliant peer support groups, there is something when therapy ends to help maintain changes ... it's about (pause) making their life (.) more fulfilling ... erm it's not just about the problem, it's about (pause) different areas of their life that they want to improve, getting ongoing support erm whether it's for socially or for work (loud inhale) it's tricky though because there is (.) limited funding and it is very idealistic ... I think some do have the support already in place and can move on and (pause) one episode of therapy is enough, I think others (.) need more (.) ongoing support (354-368).

3.4 THEME THREE: Managing conflict between personal and professional perspectives

The previous theme focused on therapists' views on the employment agenda, partly because this was informed by the studies research questions, but also all therapists spoke in depth about their thoughts and reactions. Therefore, during the interview process, and also during the analysis of the data, I developed a deeper curiosity about how therapists responded to such dilemmas. Two sub-themes were identified: minimal impact and complying with the service demands on an administrative level.

3.4.1 Sub- themes

A) Minimal impact

Participants described managing conflicts that the IAPT employment agenda raised for them by applying the agenda minimally to their therapeutic work. The following participant specifically referred to discounting the target of supporting a certain number of clients into employment. This was due to the mismatch of the agenda with the values that she drew on in her therapeutic work:

P6: it hasn't influenced me in the slightest no I think like I said I thought (pause) erm great it gives me more people to refer people to... for me personally I haven't allowed it to be at the forefront of my work, I know the percentage the targets to get people off benefits and back into employment are there but that's not my interest or where my values lie (353-359).

Participant One spoke about working with the services employment agenda in her therapeutic work by using language and concepts that were more aligned with her views of therapy:

P1: I was meant to be having conversations with them about goals that included work and (pause) the way I (pause) negotiated that with myself was to (pause) just ask them about meaningful occupation so for me I don't use the word work really you know, talk about daily structure (373-377).

B) Complying with the service demands on an administrative level

A number of participants spoke about managing the conflicts raised by the expectation to follow protocol-driven work when working with clients who were experiencing complicated mental health difficulties (related to theme one, sub-theme B: one model of therapy cannot meet the needs of all clients) by broadly complying with the service demands. Participants described recording information on administrative databases according to the service requirements, but adapting protocols and what was expected of them in therapeutic sessions according to their clinical judgment:

P3: Or is there anything you could try different or anything you could do differently? Is there some way you could think differently? I don't really think about it in that way but yeah that is the stuff we would be doing erm (.) which you know I I can talk about it like when I write my notes I my notes will look (.) very much in line with I think the notes of other people er in terms of I I use the right catchphrases (293-303).

All participants communicated that making the decision to adapt protocols was not an easy one and, consequently, it raised many dilemmas for them, including a lack of supervisory support for their clinical work, as explained in the following excerpt:

P4: but because I broke protocol (.) erm (pause) I was unable to bring that sort of conversation to supervision because I broke protocol: therefore I had to handle it on my own and I used my (.) my my colleagues to brainstorm ideas rather than taking to official super supervision because I could get reprimanded for it (164-171).

3.5 THEME FOUR: The ideas that are drawn upon to formulate clients difficulties with employment

The aim of the current research was to explore the various ideas that therapists drew on to help them make sense of people's experiences of unemployment, how they used these ideas in their therapeutic work and the potential impact of this for clients. Based on the researcher's interpretation of the data, participants answered the questions presented to them by discussing the ideas they drew on when formulating the impact of employment difficulties on people's lives. Very few participants discussed any broader ideas, beyond their therapeutic work, that informed their understanding of why people experience difficulties with employment (see Appendix 3 C for a reflection of my experience of this). Before proceeding to describe this theme, it must be noted that despite the immense pressure under which participants were working and the limitations placed on them, as the researcher, I was continuously struck by their commitment and enthusiasm in helping their clients to get the most out of therapy and their determination in continuously trying to think about ways to better support them. Therefore, the following sub-themes are not a criticism of participants themselves but a reflection on the historical and contextual issues that have influenced their work. The two sub-themes that were identified have been called 'The dilemma of exclusively focussing on client's personal

characteristics and circumstances in therapy' and 'personal responsibility'.

3.5.1 Sub-themes

A) The dilemma of exclusively focussing on client's personal characteristics and circumstances in therapy

All of the participants who were interviewed were, at the time, using CBT as their main model of intervention, however, all participants had experience and training in using other frameworks, including various psychodynamic, systemic and humanistic models. Although participants talked about using a range of ideas to inform their therapeutic work, all models were based on models that decontextualised peoples experiences of mental health and unemployment. In addition, most participants spoke about predominantly using the CBT model to inform their ideas when talking about employment with clients. Participant Five described using the idea of pleasure and mastery to guide his thinking and conversations in his work with clients:

P5: what they really need to do is is get some (.) pleasure and mastery back into their lives and and that could be had through doing some (.) meaningful job then I would (.) say that to them but it's (.) erm (pause) I wouldn't I wouldn't normally kind of force people (552-556).

The following participant described using CBT principles to formulate clients' difficulties with employment in the context of the clients' overarching presentation:

P7: I've always just thought about it in relation ta (pause) formulating it formulating it within the context of their current problem and if that's something that they're identifying erm then I will (pause) work with them on that so you know if that's about somebody with social anxiety who is (pause) erm (pause) unable to fill in application forms because they're worried what other

people think about their handwriting then that might be a goal that we would have in terms of their treatment erm (pause) and I'm trying to think I suppose if people have problems (pause) at work yeah no it's it's more really is more in the more in the context of being sort of how I would formulate their problems with them (642-655).

Some participants spoke about the difficulty with working with therapeutic approaches, which position employment outside of its wider context:

P1: if that's (pause) financial situation is making you (pause) not have the opportunities that you'd like to have (pause) that would then you know I've got people basically saying that they can't afford to do BA I can't I can't go out to see my friends because I don't have any money and you're like oh fuck excuse my language, shit that's really shit and erm (pause) so in that case the reality is is the brutal reality is yep we need to sort out your financial situation so it becomes a very explicit conversation about that (457-469).

The following participant described the experience of drawing on approaches that decontextualised client's distress on therapists sense of not being able to fully support clients with their difficulties or not knowing how to do so:

P2: clinicians sometimes get a bit of heart sink from people who aren't in work and have been out of work a long time or (pause) been looking and not being successful cause its particularly if someone is depressed it feeds into that same march you're kinda (.) not sure how far you're going to get (pause) without them having making some steps in terms of getting employment but but they can then make those steps while they're still depressed (608-615).

When participants were asked whether they drew on any other ideas to understand unemployment, a small number of people briefly acknowledged a socio-political understanding of unemployment. However, on further questioning it seemed that participants did not want to elaborate on these points. It also appeared that most participants kept these ideas separate from their therapeutic work, while others spoke about acknowledging the socio-political causes of unemployment through a process of acknowledgement, normalisation and validation. Participant Two describes using the process of acknowledgement to enable her to have conversations with clients about finding employment during a time of economic recession. The participant also makes reference to the difficulty in using this idea when it is not supported by the wider service structure:

P2: when (.) we were in the recession and there were less jobs erm I think it was very tricky and wasn't (.) acknowledging that (.) it was difficult to find work which which it still can be ... it feels like it's shifted a little bit but we maybe more more about acknowledging that it it can be challenging given some of their difficulties just to kinda validate that a bit (450-465).

The following participant described using the process of normalisation in the context of the recession to enable her to talk about employment with clients and to manage the conflicts that working with the employment agenda raised for her (see theme two, sub-theme A, at odds with therapists' values):

P1: it's so normalised by the recession and yeah it's given them permission definitely (473-474).

B) Personal responsibility

Linked to the above sub-theme, which describes participants' experiences of drawing on therapeutic approaches that focus on the client's personal characteristics, the idea of personal responsibility followed. All participants explained that their therapeutic work was based on ideas of enabling clients to change their circumstances by taking personal responsibility and choosing to change, as described in the following excerpt:

P5: in terms of (pause) sort of motivation I suppose that that's just adapting a kind of (pause) standard (.) CBT (.) kind of skill to you know motivation and goals (pause) that sort of thing is all quite (pause) CBT so (pause) it's not that different (340-344).

The following participant describes not aligning to the medical model of psychological distress, which is defined by clients having an inactive role in therapy. The participant goes on to conceptualise personal responsibility as an active ingredient for therapy:

P3: treatment has this idea that you know you (pause) you know you supply it (pause) whereas for a therapy to work the person has to engage you know they have to be up for the idea of personal responsibility of change (1407-1411).

It is acknowledged that the current theme is limited in its breadth. This was not only due to participants' limited responses to speaking about any broader ideas they drew upon to understand the causes of unemployment, but also because there was a large degree of homogeneity in participants' accounts.

4.0 DISCUSSION

The chapter aims to summarise and critically discuss the findings outlined in the previous sections. It will start with a review of the data in relation to answering the study's research questions, followed by a discussion of the implications of the findings for policy, practice and training. The limitations of the study are discussed, the quality of the research is evaluated and suggestions are made for further research. Finally, a review of the data collection process and data analysis is provided and conclusions are drawn.

4.1 Answering the research questions

The aim of the present study was to contribute to the existing body of literature that has explored the ideas that therapists drew upon to understand the difficulties that clients experience with employment, the influence of the service context on therapists' views and how therapists managed any potential conflicts. Rather than describe each theme and sub-theme, what follows is a discussion of the analysis in relation to the research questions.

The introduction chapter explored the historical, social and political context of unemployment and its influence on research in the field of mental health. Through their work, researchers have supported the idea that unemployment is a result of personal weakness. In doing so, they have rendered alternative discourses, such as the influence of larger socioeconomic forces less available. The chapter also highlighted how this research has been pertinent in supporting the development of the IAPT service model. In the following section, an attempt will be made to use psychoanalytic ideas to make sense of the underlying processes that might have influenced therapists' responses during the interviews. This will be important because the data analysis was limited, as there was a degree of homogeneity in participants' responses and, at times, it seemed that therapists were also reluctant to explore some of the questions that were presented to them. For example, when therapists were asked to talk about the ideas they drew on when working with clients who experienced difficulties with employment, they all responded by

confining their answers to how they would formulate clients' difficulties with employment. In order to explore these limitations, an attempt will be made to understand how therapists experienced and responded to the institutional practices that were explored in Chapter One and the impact of this on their therapeutic work (Layton, 2009). In addition, Gabriel (2005) argues that current theories that explain how organisations function tend to centre on ideas of rationality and order; however, the reality of most organisations is that they are uncertain and unstable. Psychoanalytic theories can provide an understanding of the emotional and symbolic experiences of workers in the context of uncertainty and change so that organisations can be supported to achieve their aims (Gabriel & Carr, 2002). Therefore, psychoanalytic ideas were used in the current study to understand how the unconscious processes of social, political and organisational systems can impact on therapists' experiences of working with the employment agenda.

4.1.1 RESEARCH QUESTION ONE: What ideas do therapists draw on when working with clients who are experiencing difficulties with employment?

As mentioned previously, therapists responded to questions that asked them to talk about the ideas that they drew upon to inform their understanding of unemployment by restricting their answers to how they would formulate clients' difficulties. In describing their work, therapists focused predominantly on the influence of the microsystem, or the most direct level of influence on people's experiences (Bronfenbrenner, 1994). Consistent with previous research (see Myhr et al., 2007; Nel, 2010; Pilgrim & Carey, 2012; Proudfoot et al., 1997; Safran et al., 1990), therapists' approaches were broadly based on helping clients to reflect on their experiences and their understanding of personal responsibility. When working with clients who were experiencing difficulties with employment, therapists defined personal responsibility as an active element of therapy that was closely associated with the clients' therapeutic goals. It therefore required clients to be willing to engage with the concept of personal responsibility in order for therapy to be useful. The focus on personal responsibility also appeared to warrant the transformation of what could be considered a social, political and economic factor into

something tangible and of relevance for therapeutic sessions. To a large extent, this was expected, as all therapists who were interviewed described using CBT as their main therapeutic approach. However, the concept of personal responsibility in CBT is not simple or linear, as experiences of inflated responsibility for adverse consequences are also seen as a response that can contribute to symptoms within certain diagnostic conditions, such as obsessive-compulsive disorder (Rachman, 2002; Salkovskis, Forrester & Richards, 1998). Although there is much debate in the field about approaches to working with people who experience difficulties with employment (see, Boyle, 2011; Moloney & Kelly, 2004), the current study was novel in capturing therapists' experiences of predominantly focusing on the direct impact of employment for clients.

The analysis indicated that therapists found it difficult to exclusively focus on the microsystem when discussing people's experiences of employment. The reality of people's circumstances, such as their financial difficulties or the limited jobs available as a result of the recession, could often raise conflicts in the extent to which people could engage in therapeutic techniques that focused predominantly on intrapsychic elements. Therapists overcame this predicament by making subtle reference to the socio-political causes of unemployment, which was predominantly achieved through acknowledgement, validation or normalisation. These are processes that are widely used in CBT, as well as other therapeutic approaches, and are used to enable the attunement to a client's emotions by de-pathologising their experiences or attempts at coping (Bennett-Levy et al., 2001; Meichenbaum, 1993; Rector & Beck, 2001). In the introduction chapter, it was also argued that the implication of therapists' tendency to focus predominately on the microsystem to talk about people's experiences of employment was that it had the potential to blame clients for their difficulties (Diemer & Blustein, 2006; Miles, 1987). It appeared that the shift between intrapsychic elements and processes such as acknowledgement also enabled therapists to manage this predicament.

The analysis also suggested that therapists were faced with a number of dilemmas when drawing on the socio-political context of unemployment in their work. Therapists explained that they felt more confident to make reference to

socio-political contexts when the wider service was also acknowledging it. This was partly in response to concerns that IAPT services were creating less space to acknowledge wider socio-political contexts, as people's difficulties with employment were being increasingly viewed in terms of symptoms and illness and therefore converted into medicalised language. Concerns about the medicalisation of people's everyday experiences have been raised in previous research, for example, Miles (1987) cautions that not only can the medicalisation of employment problems serve to normalise people's distress, but it can also diminish the social causes of unemployment. In normalising distress, it encourages the view that unemployment is an impending reality for many people who are vulnerable to stressors, and therefore creates a reluctance to address the socio-political causes of the problems. Other therapists explained that despite using various processes to make reference to the socio-political context of unemployment, they still struggled to find ways of initiating conversations about employment with clients who did not raise this as a problem themselves.

Therapists' experience of the dilemmas they faced when focusing their intervention on the level of the microsystem can be understood by exploring the unconscious processes of social and political interests. Peltz (2005) explains that political changes over the last thirty years have led to a form of free market culture, which is partly a consequence of the failure of the government to contain the worries and anxieties of the most vulnerable people in society. To succeed in this system requires people to become overly responsible and self-reliant in order to defend against dependency, which is increasingly viewed as a shameful need. In order for politicians and the NHS to promote and encourage the public to view unemployment as the result of personal responsibility, there has been a need to split the characteristics and capabilities of the clients who experience difficulties with employment by identifying the socio-political context as the norm and right, whereas people as the location of the problem (Friedli & Stearn, 2015; Halton, 1994). Halton (1994) suggests that people as well as whole institutions can engage in defences such as denial and splitting in order to manage realities that are too threatening or painful to acknowledge. Although some institutional defences can be healthy, as they can enable people to develop through such conflicts, others can fragment an institution's relation to

reality. When fragmentation occurs, it can hinder the organisation's ability to achieve its goals, for example to support people with their difficulties with employment. However, the data analysis indicated that despite pressure from the wider system to confine their work to explanations within the microsystem, therapists were continuing to seek ways to integrate wider socio-political ideas into their work. The integration of the split-off ideas into a more integrated whole was mainly in response to feedback received from clients themselves and therapists' own approaches to their therapeutic interventions.

All therapists spoke in detail about their views and experiences of working with the employment agenda, which provided novel insight into the areas of the agenda that they found particularly difficult or incompatible with their values. In keeping with previous research (Pilgrim & Carey, 2012) therapists explained that following the recession, there was now less emphasis on meeting the targets of the employment agenda; however, all participants continued to express negative views about the agenda in its current form. The more experienced therapists described that their therapeutic work has always involved working towards social targets. Similar to previous literature (Rose, 1985), the social targets have mainly focused on reducing risk and harm for clients and the public. They communicated that the IAPT approach to employment did not necessarily benefit all clients, and consequently therapists were in strong opposition to the employment agenda in its current form.

Therapists voiced the opinion that the employment agenda was idealistic in its approach, as it had not been fully developed by taking into consideration the short-term nature of their work. They also expressed that the agenda did not consider the complexity that mental health problems could have in unsettling many aspects of people's life, which could often make it difficult for people to go straight back into employment after an intervention. They explained that clients who presented with complex difficulties often required long-term input from services. This is in keeping with previous research, which indicates that people who experience multiple stressors are more likely to experience poorer mental health (Wilkinson & Pickett, 2007). Some therapists also expressed that clients who presented with complex difficulties

required social approaches to support, which in the past had been provided by the voluntary sector; however, due to financial cuts, such services were now less available. Consequently, therapists felt an increased pressure to find ways of meeting the needs of this client group in a service context that was imposing increasing constraints on the types of models upon which therapists could draw on and the number of sessions they could offer.

The analysis was novel in capturing therapists' disappointment with the reductionist approach that the employment agenda had taken. They explained that talking about employment had always been an important and routine part of their work, even before the introduction of the agenda in IAPT services. However, therapists felt that it was important that such concerns were discussed in the context of the clients' therapeutic goals. Therapists did not agree with the way unemployment had been positioned as a categorical and separate problem, which had been prioritised over the more pressing concerns upon which clients themselves often wanted to focus. Contrary to the employment agenda, therapists viewed unemployment as one part of a more comprehensive understanding of people's difficulties.

Some therapists were concerned about the impact of the employment agenda on the transparency of their therapeutic work, and the impact of this in clients feeling misled or coerced into discussing their difficulties with employment. Friedli and Stearn (2015) have also questioned the ethics and professional accountability of not obtaining clients' consent to formulate their difficulties in a way that advantages neoliberal welfare reforms. Consequently, therapists felt that the employment agenda did not fit with their values in their therapeutic work.

It was previously argued that the increased regulation of therapists' work has been an attempt to recruit and encourage therapists to split the multiple causes of unemployment and to jointly reproduce discourses of personal responsibility. It is also being argued here that the positivist framework upon which the IAPT service model has drawn on, through the development of manualised interventions and its approach to working with employment, has lent support to political discourses that have a focus on self-reliance and individual

responsibility. This has been achieved, for example, by utilising medical discourses, which hold the notion of ‘truth’ and therefore provide people with the sense that political and therapeutic discourses hold the answer to social problems (Shaw & Taplin, 2007). Furthermore, positivist traditions also work to convert knowledge into facts, and in doing so, it is argued that the facts can be separated from discussions about values and morals (Kendler, 1999). By IAPT services drawing on notions such as ‘truth’ and ‘facts’, idealistic and reductionist ways of working with clients have been supported. Consequently, therapists as well as clients have been further encouraged to split the understanding of problems with employment by locating the causes of unemployment within people. However, it seemed that in practice, therapists encountered numerous problems with predominantly working in such ways (for a discussion of why services may continue to engage in tasks despite wide opposition, see section 4.1.3). Like many authors (i.e. Blustein, 2006; Fouad & Bynner, 2008; Prilliltensky, 2003; Stockdal et al., 2007; Waldegrave, 1990), Layton (2009) also encourages therapists to be continually aware of situations where they are being asked to collude with damaging discourses and to consider how they can bring this to the conscious awareness of other people and organisations.

4.1.2 RESEARCH QUESTION TWO: How does the service context influence therapists’ views about unemployment?

The research question aimed to explore how the wider service context might have contributed to therapists’ overall experience of working with the employment agenda. All therapists praised the IAPT initiative for increasing the availability of psychological therapies. However, similar to previous findings (MIND, 2013), therapists expressed a deep concern about the way in which IAPT services were pursuing service targets, which had now resulted in clients receiving a poorer quality of service.

The analysis indicated that due to the service’s focus on targets, therapists experienced a loss of autonomy in their clinical work. A previous study carried out with therapists working in IAPT services (Steel et al., 2015) suggested that a high workload and lack of autonomy within their roles led to

emotional exhaustion, with implications for their therapeutic work with clients and decreased job satisfaction. The study explored the findings based on therapists' coping styles; the current research provides further information about what caused therapists to experience a loss of autonomy and their experiences of it. The analysis suggested that the protocol-driven nature of therapists' work resulted in them being unable to use their clinical judgment to draw on different models in order to meet the complex needs of clients. Consistent with previous debates in the field (Hall & Marzillier, 2009; Moloney & Kelly, 2004), all therapists felt that CBT itself could not meet the needs of all clients. However, there was also a sense that the media and political priorities had played a crucial role in promoting CBT as the answer to all mental health problems, which was not supported by the evidence base. The data analysis also implied that the lack of autonomy to draw on different models was further restricted by the service's administrative databases, which drew heavily on diagnostic categories and lent itself to ensuring that therapists were delivering protocol-driven work. For example, therapists explained that due to the computer databases relying on diagnostic categories, there was little space to work with clients whose problems could not be categorised in such ways, such as relational problems. Therapists' concern about the challenges of working towards numerous targets has been widely documented since the introduction of new public management (NPM) initiatives to the NHS in the 1980s, which has been criticised for its focus on efficiency, accountability, performance and technology over the judgments of public sector professionals (O'Neill, 2002).

Another issue that was emphasised by therapists was that the service's attention to targets had impacted on their inability to offer the number of sessions that were recommended in the NICE guidelines. Consequently, therapists described that the emphasis on meeting targets had changed conversations within therapy. They explained that the short-term nature of their work meant that they were no longer able to talk about their clients' difficulties in any particular depth or take a holistic approach to working with all the difficulties that clients presented with; instead, there was a focus on concentrating their intervention on a particular area of the client's concern. A report published by the Centre for Economic Performance (2012) also

indicated that in the UK, the biggest disparity in health inequalities lies within mental health services. This was particularly related to 'under-treatment' and has led to calls for the provision and access of mental health services to match those of physical health services.

Therapists in the current study felt that a more flexible approach was required in order to meet the needs of all clients. Such findings are consistent with the results of a previous study carried out in IAPT services, which suggested that clients who experienced more complicated difficulties in relation to their past, current psychological presentations and their environment tended to refer to IAPT services more often. The findings proposed that the weekly therapeutic structure offered by IAPT services was not useful to all clients (Cairns, 2014). The analysis from the current study expanded on these findings by contributing therapists' experience of working with numerous targets. Therapists explained that the lack of autonomy in their work left them with a deep sense of dissatisfaction and some also spoke about it having the effect of leaving them feeling alienated from their client work. Gabriel (1999) observed that feelings of dissatisfaction and alienation are common in the workplace and are experienced by staff working at all levels. However, the analysis from the current study added that the lack of autonomy led therapists to lose empathy and concern for their clients, which left them with a general sense of guilt. Some therapists spoke about trying to find ways of resolving these feelings, while others described carrying them around on a daily basis.

Concerns about the impact of the experience of staff working in the NHS on patient care have recently become a central focus, particularly in response to the Francis Report (2013), a public inquiry into the failings of the Mid Staffordshire NHS Foundation Trust. Over the years, psychoanalytic theories have played an important role in helping managers and leads to make sense of the increasing demands that are placed on the NHS and their impact for staff. Psychoanalytic authors (Layton, 2009; Menzies-Lyth, 1960; Risq, 2012) describe how institutions such as the health care system play a crucial role not only in carrying out the fundamental task of providing the nation's health care, but also in containing fundamental human anxieties (Layton, 2009). People as

well as other institutions (such as political systems) can often seek relief from their anxieties about issues such as employment by projecting them into the NHS to manage. For a service to contain the anxieties projected into it, the organisation needs to be in a depressive mode. This encompasses both the understanding of the primary task of the service and the ability to maintain an awareness of the anxieties that are projected into the container, rather than defensively blocking them out of awareness (Obholzer, 2004). In IAPT services, this would involve not only supporting people with their mental health problems but also openly reflecting on the impact of political reforms on people's wellbeing and on the targets of the service. Obholzer (2004) states that a great deal of what goes on in mental health services is not about the dramatic rescue of clients and society, but about acknowledging experiences of the relative powerlessness of organisations. However, the current position of many health services is quite different; the new style of management in the NHS is a top-down model. This model provides managers with more power, and through the repression of therapists' anxieties and also the real worries about their work, it has enabled the role of care to be displaced out of the political and management system and left to front-line staff and therapists to manage. Front-line workers, therefore, have become more vulnerable than ever to being caught up in an unconscious social projective system in which the capacity to do heroic things is placed within them and they are expected to perform (Obholzer, 2004). Within the current study, this created high levels of anxiety for therapists, which led to experiences of loss and displeasure and consequently had implications for their work with clients.

The regulation of therapists' work also had the impact of closing down opportunities for therapists to critically reflect on elements of their work with management. More specifically, therapists described a sense of fear about raising or discussing points of contention or questioning aspects of the service during team meetings. This was due to concerns about being seen as problematic members of the team for raising concerns about their work. The findings are consistent with previous research carried out in IAPT services, which has argued that as the focus has turned to an idealised form of 'cure' rather than 'care', it has had a vast impact on therapists' ability to discuss their views with the teams within which they worked (Lewis, 2012). However, within

the current study, it seemed that therapists working in more senior roles found that their position within the hierarchy allowed them the privilege to voice their concerns. Bollas (1992) explains that due to pressure to meet targets, individuals and groups can engage in what he calls an unconscious "fascist state of mind" where an idea, aim or goal is established and sustained through the elimination of all opposition. Consequently, this management style, which enables managers and NHS leads to turn a blind eye to the consequences of their actions, gives an overall impression that the service is meeting its aims. However, in the long term, the consequences can be detrimental for staff and for the overall functioning of the organisation (Obholzer, 2004). Therefore, to address the growing demand for therapy at a time of ongoing budget cuts, services will need to foster a culture in which therapists feel able to contribute to discussions about service development. This will also be paramount in addressing therapists' dissatisfaction with their work.

4.1.3 RESEARCH QUESTION THREE: How do therapists manage any potential conflicts that may arise between their personal views and the priorities of the service within which they work?

The data analysis indicated a large degree of homogeneity in therapists' responses to this research question. This may have been due to the combined impact of therapists' experiences of working in IAPT services, as described above (i.e. lack of autonomy, inability to discuss their concerns with management and the services focus on targets), which might have left them feeling that there were limited resources that they could draw on to manage conflicts between their personal views and the priorities of the service. Similarly, previous research carried out in IAPT services has argued that the securitisation of therapists' work had a vast impact on therapists' overall morale and their ability to manage the dilemmas that arose in response to service provision (Lewis, 2012).

In the present study, given their opposition to the employment agenda in its current form, therapists responded to the expectation of working with this agenda by using it minimally and only when necessary. Some spoke about

focusing on more pertinent areas of their therapeutic work, such as working towards what the client wanted to focus on in therapy, and paying less attention targets, such as getting a certain number of people back into employment. Others spoke about using the employment agenda by changing the emphasis and talking about ideas that were more aligned with their own values, such as meaningful occupation as defined by the client. The findings are broadly consistent with previous studies that have explored the predicament of managing the expectation to use medical diagnosis and providing appropriate care, particularly in the context of the American health insurance system. For example, a Canadian study carried out by Strong et al., (2012) found that counsellors managed the conflicts raised by using the Diagnostic and Statistical Manual (DSM) in their therapeutic work by only using diagnosis when it added something useful to the therapeutic conversation. This was in an attempt to stay true to their theoretical orientation.

Therapists also discussed broadly complying with the service demands by recording information on administrative databases according to the service requirements, but using their clinical judgment to guide conversations in therapy. The data widely correspond to a previous study, carried out in America, that suggested a common acknowledgement by psychologists to adapt diagnoses on administration systems for a number of reasons, such as protection of client confidentiality, future employment prospects and medical insurance (Murphy, DeBernardo & Shoemaker, 1998). Other research has explored the ethical, legal and professional dilemma of intentionally misdiagnosing clients for insurance purposes (Braun & Cox, 2005). However, therapists in the current study expressed deep apprehension about making such adaptations to their work. Due to feeling unable to talk about and negotiate their concerns with management (see section 4.1.2), therapists also felt a general sense of worry about discussing any work that was not aligned with the service's priorities in supervision. This was due to the worry of being reprimanded for the refusal to comply with the service demands. However, therapists explained that they were able to receive support for their clinical work through peer supervision from their

colleagues.

Fotaki and Hyde's (2015) work on 'organisational blind spots' can be used to explain why organisations may persevere with tasks that are unfavourable or unrealistic in their expectation. They explain that defence mechanisms such as splitting and idealisation can partly lead organisations to develop social defences or 'blind spots', which can operate at an individual or systemic level and are often maintained by strategies used by managers, policies and social discourses. In order for organisations to maintain a policy or an agenda as the idealised 'good object' within a highly pressured environment and opposition from staff, it requires an intrapsychic splitting of information that is not consistent with the aims of the organisation. Therefore, despite therapists' opposition to the employment agenda in its current form and their active rejection of it in their work, managers and NHS leads have engaged in a process of repressing this information. Furthermore, organisational members split-off uncomfortable emotions that can arise from unsuccessful experiences, which are then projected into other people, for example by increasing the regulation and scrutiny of the work carried out by front-line staff, as experienced by therapists in the current study. This enables organisations to continue their commitment to unrealistic routines and agendas. Further feedback and responses from staff result in even more splitting and blame (Fotaki & Hyde, 2015; Gallagher, 2014; Jarrett, 2004).

The process of splitting feelings, experiences and ideas is characteristic of what is known as the paranoid-schizoid position, the aim of which is to alleviate the distress caused by internal conflicts (Halton, 1994). Klein (1946) explains that a healthier position is the integration of the split-off experiences, emotions and ideas into a more elaborate reality as a whole; this is also known as the depressive position. Brown and Starkey (2000) suggest that the depressive position can be achieved by engaging in reflexive questioning with staff at every level of the organisation. Within IAPT services, this might involve creating a safe and open space within team meetings for therapists as well as managers to discuss and reflect on their concerns about aspects of the service.

4.2 Implications and opportunities for policy and practice

Based on the findings from the current study, a number of recommendations are made:

- The IAPT initiative has faced continual criticism for not offering clients a choice of interventions (MIND, 2013). The choices of psychological therapies that are offered by mental health services are based on recommendations made by NICE guidelines. NICE, as an organisation, has the responsibility to assess the available evidence base of psychological therapies. The debate in the field is underpinned by how to measure the evidence base of psychological therapies. Currently NICE guidelines use Randomised Controlled Trials (RCTs) to measure the effectiveness of therapies, which has been met with wide criticism. Turpin et al., (2009) argue that although RCTs are able to contribute to the understanding of treatment efficiency and how services are configured, they are limited in providing a comprehensive understanding on their own. They recommend that more practice-based evidence is required in order to improve the quality of services. Therefore, it is recommended that along with RCTs, NICE should continue to invest in broadening its criteria for its evidence base by including qualitative means of measuring the effectiveness of therapies and the support being provided to clients who experience difficulties with employment (MIND, 2013). However, the danger is that whilst this debate continues, the needs of many of the recipients of mental health services remain unmet: therefore, it is recommended that the research that has been advanced in the field should be used to broaden current service provision and the evidence base.
- Therapists in the current study criticised public policy for making the suggestion that one approach to unemployment would be suitable to meet the different needs of all clients. Therapists explained that people who experienced on-going difficulties with finding employment often experienced multiple problems (e.g. housing and debt) and therefore required more sessions. In order to meet the needs of all clients who access IAPT services, importance should be placed on providing

therapists with flexibility to extend the number of sessions offered to clients. This will require changes across all areas of public policy in order to influence funding and service targets.

- Partnerships between statutory and different voluntary sector organisations should be further developed in order to inform and share good practice on how to work with people who experience difficulties with employment. For example, the future development of the partnership between IAPT and employment agencies could include sharing information about community projects. They could also work together to develop schemes that engage clients in community interventions such as social action (Fouad & Bynner, 2008). This could lead to a wider approach to supporting clients who experience difficulties with employment and the work could also be used to develop further evidence-based interventions in the field.
- Although the current focus of mental health service has shifted to one that is underpinned by efficiency, the findings from the current study indicate that this has been at the cost of therapists feeling dissatisfied with their work, suffering a lack of autonomy and burn-out, therefore perpetuating the criticism that mental health services have historically faced in excluding clients, particularly people who have less access to material resources (Fernando, 2011; Smail, 2011). In order to meet the needs of therapists and provide an equitable service to clients, again, change would be required at every level of policy in order to support managers in IAPT to provide therapists with more autonomy and flexibility to meet the complex needs of clients.
- The increased focus on regulating therapy has led to therapists feeling unable to share their views of the service within which they work. An independent review that was carried out to inform NHS practice (Francis, 2015) identified problems with staff speaking out as a pervasive issue in the NHS. The report made recommendations to address this problem at every level of the NHS and proposed a Freedom to Speak Up Guardian in every trust, a National Independent Officer to guide local Guardians and support schemes for staff. The current study suggests that such principles could be extended and implemented at a service level: for example, during team meetings, managers could engage therapists to

discuss their concerns. Areas of contention and dilemmas that cannot be solved on a service level could possibly be raised at a policy level.

4.3 Implications and opportunities for training

- Therapists' experience of finding it difficult to work with some clients who experience multiple levels of inequality should be addressed through high intensity training for IAPT to include a wider approach to understanding people's experiences with employment. It is argued in this study that this should include a socio-political understanding of unemployment. In addition, policies informing the configuration of IAPT services should facilitate the use of different models through the service's administration systems and the management culture.
- Furthermore, the findings of the studies in the field could be used to develop training packages for other courses in mental health, such as the clinical psychology training. This may help psychologists to become more aware of the influence that different epistemological positions can have on research, therapeutic interventions and service models.
- Research in the field indicates a need to consider and include social inequalities when assessing, formulating and working with clients (Gilbert, 2009). The current study argues that community psychology principles could be used to adapt CBT practice. Developments in this field could also be used to contribute to the evidence base of CBT (Gilbert, 2009).

4.4 Limitations of the study

The limitations of the current study will be discussed in the following sections.

- Chosen method of analysis: the use of thematic analysis involved a number of inherent limitations. For example, Joffe and Yardley (2004, p.66) argue that this method "abstracts issues from the way that they appear in life, organising material according to the researcher's sense of

how it connects, rather than the inter-relationship of themes in the participant's mind or lifeworld". It also risks diminishing the context which the speaker provides (Mishler, 1986). Reflecting on these points, as would be expected, therapists' responses in talking about employment were not homogeneous: their ideas were influenced by a range of factors, such as their training background and work experiences, their own personal experiences and their epistemological position. These factors all influenced the stories that the participants were trying to communicate in their interviews. However, this information was not captured by the themes presented: rather, the commonality amongst the data was captured.

- Sampling strategy: A significant limitation of the sampling strategy was that participants working outside of London were not recruited for this research. Therefore, it is not known whether the results of the current study are representative of the views of therapists working in locations outside of London. The sample size for the research could also be viewed as limiting the support for the themes identified. However, Guest, Bunce and Johnson (2006, p.78) describe the challenges with defining a specific number of participants to interview for a study. In their research, they documented that after six interviews, they had achieved enough data to support "meaningful themes and useful interpretations".
- Opportunity sample: It is important to reflect on why participants agree to take part in the research project, as this can provide information about the therapists' contexts. Based on the feedback given by participants at the end of the interviews, some said they wanted a space to talk about their dilemmas and wanted their opinions to be captured, while others described the research as being important to the development of IAPT. The ways in which these motivations influenced participants' accounts were evident throughout the interviews. For example, all participants tended to steer the interviews to talk about their views and opinions about the wider IAPT context, despite this not being particularly relevant to the questions they were being asked. This highlights the importance of querying what the views of therapists who did not agree to take part in the research might have been.

- **Generalisability:** Qualitative research is based on the idea of gaining a deeper understanding of a complex phenomenon rather than making claims that are generalisable (Willig, 2008). Although the findings of the research are specific to those who offered them and claims are not being made about the findings reflecting the views and experiences of other therapists working in IAPT, there were clear commonalities in participants' responses in the current study, which could be used to inform policies and further research.

4.5 Reviewing the quality of the research

The criteria to assess the quality of qualitative research encompass much debate about the extent to which the method of assessing quantitative research can be extended to qualitative research (Ritchie & Lewis, 2003). However, some authors (Elliott, Fisher, & Rennie, 1999) argue that the quality of research can be delineated from the extent to which it answers the research questions. There is also some argument in the field about how to evaluate qualitative research. For example, Willig (2008) suggests that different criteria are available to evaluate qualitative research and the selection must be consistent with the epistemological framework chosen. On the other hand, Spencer and Richie (2012, p. 229) propose three guiding principles that can be applied to all qualitative research: "the contribution of the research, the credibility it holds and the rigour of its conduct". These principles have been used to assess the quality of the current research.

4.5.1. Contribution

This describes the extent to which the findings of the study can advance knowledge in the area.

The research sought to contribute to the existing body of literature and debates in the field that broadly explores the relationship between unemployment and mental health. The study has specifically explored therapists' views and

experiences of the integration of an employment agenda to their therapeutic work. It is hoped that the analysis of the data will contribute to literature which seeks to understand therapists' experiences of working with an employment agenda, how mental health organisations operate under financial and political pressure and the impact of this on therapists' experiences of working in such services and on their client work. Furthermore, the research has the intention to influence institutional practices and service provision in order to generate further debates, specifically in relation to the integration of an employment agenda to mental health services and organisational practices which can negatively impact on therapists' experiences of working in mental health services, and to enable a wider range of therapies to be made available in order to support the growing number of people who experience difficulties with employment.

4.5.2 Credibility

Credibility is the extent to which the findings of the research are justifiable and it refers to the transparency that is offered in order to be able to logically trace how conclusions were made. Two main processes are offered to assess this: methodological validity refers to the rigour of the research process, which involves describing how the data was categorised and interpreted in order to arrive at conclusions: interpretive validity concerns the conviction to which conclusions can be made. The two criteria were addressed by adopting a thorough transcription process (see Chapter Two, section 2.8, Transcription) in order to represent the views of therapists as closely as possible to what they communicated during their interviews. Numerous extracts were presented to describe and support the justification of each theme and sub-theme. In addition, the assumptions being made during the analysis of the data were clearly defined in the methodology chapter (see Section 2.7, Data Analysis). Triangulation has also been suggested as a process to validate the findings of a study: this involves a number of people reading the analysis in order to come to an agreement about the findings. However, given the critical realist approach adopted in this study, assessing inter-rater reliability was not relevant, as this position

holds the assumption that there are multiple ways of interpreting data. However, a draft of the analysis chapter and the relevant appendices were shared with the supervisor of this research.

4.5.3. Rigour

Rigour or the methodological validity of a study can be assessed in considering the following areas:

4.5.3.1. Reflexivity

Reflexivity in qualitative research relates to an exploration of how the researcher's own values, perspectives, interests and motives influenced the research process and the knowledge produced (Nightingale & Cromby, 1999; Willig, 2008), which is also central to ethical practice (Darlaston-Jones, 2007). In order to provide as much transparency as possible, reflexive sections have been included throughout each chapter of the current study.

4.5.3.2 Audibility

Audibility is also known as the audit trail and refers to describing how decisions were arrived at throughout each stage of the research. Within the methodology chapter of this study, an explanation was provided about why a qualitative approach was chosen, the epistemological position adopted and the approach used to analyse the data. The discussion chapter provides an analysis of the conclusions that were arrived at and the reasons for this.

4.5.3.3 Defensibility

This involves offering a clear justification for why a particular sampling strategy and method were chosen and how they met the aims of the research. This has been outlined in both the methodology and discussion sections of this report. In addition, an explanation has been provided as to how these areas have been considered from the chosen epistemological stance and met ethical guidelines.

4.6 Suggestions for further research

A limitation of this study is its focus on therapists' accounts of what ideas they draw on when talking to clients who experience difficulties with employment. Future research could focus on recording and transcribing therapeutic conversations between therapists and clients. This would enable access to information about what happens in actual sessions rather than participants' accounts of them. A conversational analysis (Sacks, 1995) of data may enable a detailed elaboration of conversational sequences and strategies (Schegloff, 1998) used by therapists and clients to talk about employment difficulties. It might also be useful to interview therapists and clients to explore their experiences of the conversations. This would allow for a more comprehensive account, which explores conversations about employment difficulties at different levels, the actual interaction, the therapist's perspective and the client's perspective. Participants in the current study indicated that they predominantly drew on therapeutic models that focused on clients' personal characteristics to talk about the difficulties that they experienced with employment. Future research could focus on exploring what clients thought of this approach, whether it met their needs, what might be adapted to make the conversations more helpful to them and their experiences of therapy. It might also be useful to examine transcripts from team meetings and supervision sessions to further explore the ideas that are drawn on to talk about employment difficulties and the function of the ideas.

Given that therapists appeared to rely on employment agencies in order to meet the practical needs of clients who experience difficulties with employment, it might also be useful to undertake research with professionals in these fields. Research could investigate what ideas professionals draw on to support clients with their employment difficulties, how clients experience these ideas, what they make possible or close down in their employment journey, and also what they would like to add or change about the interventions.

Participants' responses indicated that therapists might find it more difficult to work with clients who have less access to financial resources. It might be beneficial for future research to explore how therapists approach conversations with clients from socially deprived backgrounds, what it is about these conversations that leads therapists to find it more difficult to support clients, and the clients' experiences and views of these conversations.

4.7 Reflexivity

Qualitative research places an importance on the reflexive process of the researcher.⁴ Reflective sections have been added throughout the study, and the following section considers further aspects of the three central process of reflexive practice: personal reflexivity, epistemological reflexivity and critical language awareness, as described by Willig (1999).

4.7.1 Personal Reflexivity

- My identity as a UEL researcher: the training I have embarked on in undertaking this course has exposed me to many critical ideas and theories, possibly more than other clinical psychology training courses. During the start of some interviews, participants commented on this and engaged me in conversations about my training. A few participants also sought my opinions about CBT, given the strong debate about the model within the field. I wondered whether the

⁴ For a definition of reflexivity, please refer to chapter two (2.3 Reflexivity)

participants who agreed to take part in this research were those who were keener than others to express their views and what the views of those who did not agree to take part in the research might have been. It is also reasonable to assume that my training would have influenced the conversations that took place in the interviews and I wondered what stories would have been told if I had drawn on other psychological theories and ideas.

- The influence of drawing on critical ideas: The feedback I received after carrying out the initial pilot interview help me to reflect on the impact of drawing on critical ideas on the research process. The feedback provided made the suggestion that some of my questions were leading towards more critical ideas and consequently had the impact of closing down conversations that drew on other ideas. The feedback helped me to develop the questions further with the aim of getting the most out of the interviews and also, as would be expected of all research, for the interview to be a useful process for the participants. However, along with holding the feedback from the pilot interview in my mind, and my awareness of the more positivist approaches that the participants I was interviewing drew on, I found myself at times holding back in taking up certain opportunities to ask further questions or push participants to talk about certain ideas. For example, when participants were asked about what ideas they drew on to talk about employment difficulties with clients, all therapists responded by exclusively talking about how they would formulate a clients difficulties, although I went on to rephrase the question to see if I could generate further discussions on this topic, I was aware of not asking too many follow-up questions due to my worry of leaving participants feeling uncomfortable. Therefore, this could have possibly had the impact of limiting the saturation of my data.
- The influence of the research on me: As a trainee who is attempting to develop an identity as a practicing psychologist, my research has helped me to think more deeply about the impact of wider social and political factors on the everyday experiences of distress. It has also provided me with wider knowledge about how such ideas might be incorporated into a psychological approach without being transformed into an individual problem. In addition, I have developed a better understanding of the

dilemmas that might arise in adopting a particular position, and the importance of engaging in dialogue with people in order to continually question my own professional and personal stance and to understand the different positions adopted by other people.

4.7.2 Epistemological reflexivity

- My approach to the research: I approached this research from a critical stance, which perhaps can be seen as being inconsistent with the approach used to develop IAPT services. However, I felt that this position would provide opportunities to develop ideas and contribute to the debates in the field.
- My role in the interpretation of the data: Another implication of drawing on a critical realist framework was my role in imposing my own understanding on participants' accounts when interpreting the data (see section 4.2, Answering the Research Questions). Although this process of interpretation is valid to thematic analysis (Willig, 2008), I wondered whether participants fully understood that a more critical framework involved looking for deeper interpretation of their communication. I decided not to engage in participant validation due to the constraints that were placed on the time in which the research had to be completed. However, I explained to participants that a summary of the results would be forwarded to them once the research had been completed. In addition, the participant information sheet communicated the aims of the research and the method that would be used in analysing the data. While therapists were aware of the nature of my research, I am aware that parts of the study might be taken as being quite critical of therapists and, consequently, constructing them as part of the problem. However, I tried to address this in the research by focusing the analysis on the social structural elements of their communication rather than their work as therapists.

4.7.3 Critical language awareness

In this section, I have tried to reflect on the impact of the language I drew on in shaping participants' responses.

- My use of particular language: When analysing the data, I became aware of my use of language in positioning people who worked for IAPT services, NICE guidelines and the commissioners as a group of people working towards the same aims, which might have had both positive and negative implications. Similarly, in focusing on people experiencing difficulties with employment, I might have contributed to the homogenisation of people's experiences. My interpretation of participants' data and the subsequent presentation of their accounts in the writing of this research might also have influenced the responses of the reader.

4.8 Conclusion

Current mental health guidelines suggest that more research is required to understand the relationship between unemployment and mental health in order to inform current policies and service provision (Goldie et al., 2013; Mclean et al., 2005). There is also a lack of qualitative research that explores the deeper relationship between unemployment and mental health and considers the impact of inequalities such as poverty (Mclean et al., 2005). The findings from the current study aimed to contribute to knowledge and discussions in these areas. The research was carried out using a qualitative approach in order to explore the ideas that therapists drew on to inform their work with clients who experienced difficulties with employment, their views of working with the employment agenda in IAPT services and how they managed any potential conflicts between their personal and professional views. The literature review revealed no studies that had explored the ideas that therapists drew on in their work with clients and the impact of this for their therapeutic work, particularly of therapists who were working within services that explicitly integrated monitoring and measuring therapeutic outcomes based on employment status. The findings from this

research suggest that through its use of protocol-driven therapeutic work and the administration system, the IAPT model lends itself almost exclusively to therapeutic models that decontextualise the difficulties that people experience with employment and, more broadly, mental health problems. Such therapeutic models draw on medical discourses, such as RCTs and evidenced-based treatments, and consequently have led to questions about the effectiveness of treatment and cost-effectiveness at the expense of asking about the causes of distress (Banton et al., 1985). This has also had an impact on the governance of therapists' work in order to achieve compliance to the organisations' aims, such as the employment agenda (Parker, 2007). The response from therapists is one of dissatisfaction and continually seeking ways to gain autonomy in their therapeutic work to meet the complex needs of the clients they work with. Therapists also largely rejected the request to integrate an employment agenda into their therapeutic work, as it did not fit with their own personal, theoretical and philosophical views about the aims of engaging clients in therapeutic work. They managed the dilemma between the requirement to include an employment agenda to their therapeutic work and their personal views by using the agenda minimally and adhering to the demands on an administrative level. It is clear that the rising cost of mental health problems in the UK needs to be addressed, but the focus on addressing the consequences of distress rather than the causes places a continuously increasing demand on services and the practitioners working within these services (WHO, 2004; Offord, 2000). It is suggested in this study that if services are to address cost, then a pluralistic approach to interventions should be taken and, as community interventions have shown to be effective in supporting client's to address the causes of mental health problems (Holland, 1988), such approaches should be considered as a treatment option, particularly for people who have less access to financial and social resources.

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APPENDIX

APPENDIX 1: LITERATURE SEARCH STRATEGY

A. LITERATURE SOURCES:

To access books and journal that drew on critical ideas to understand unemployment, it was necessary to look beyond the literature on psychological theory and practice. For this reason, a multi-pronged search strategy was employed as follows:

1. Searches using Google, to identify relevant books, journals and policy documents.
2. Searches of the academic literature relevant to this topic, using the following databases: Google Scholar, to access literature from multiple and relevant disciplines. PsycInfo, PsycArticles and CINAHL (via EBSCO) to collate literature on the most popular areas of research in the field, psychological perspectives, theories and contributions to understanding this topic.
3. Searches through the reference lists of key documents to identify further relevant articles that may have been missed when using the above search strategies.

B. PROCESS OF LITERATURE REVIEW:

I initially approached the literature search broadly with the aim to understand the overall context of unemployment in the UK. The broad literature searches were undertaken using Google and Google scholar in June and July 2014⁵.

This search enabled me to gain a general understanding of the arguments in the field. Based on this reading I was able to start defining the more specific area that I was interested in exploring. Having decided to take a critical approach to my research, I carried out literature searches on critical ideas to the understanding of

⁵ Please note: A structured literature review was carried out rather than a systematic review consequently an attempt was made to carry out a thorough but not exhaustive literature search. This was due to time constraints in which the research had to be completed. For each topic area, the databases were searched using a combination of the various possible search terms until few new relevant papers were generated.

unemployment. Searching the databases pulled up a small number of relevant articles, so again, I broadened out my literature search to Google, Google Scholar and scanning the reference list of articles I had already attained, which helped me to access a larger number of relevant articles and books. I had also decided that I wanted to carry out my research in IAPT, therefore I carried out a focused literature search on IAPT and mental health policies regarding unemployment. I had also decided that I wanted to carry out interviews with therapists and so I was interested to read literature that had explored how therapist talked about carrying out therapy. I carried out a focused literature search in this area. All focused literature searches were undertaken during July and September 2014.

C. PERIOD COVERED BY THE SEARCH:

The literature search mainly focused on articles that were published within the last two decades as much of this literature reviewed the earlier work however earlier publications have been cited where relevant in order to set the context.

1. General search – mental health and unemployment

Possible search terms: (“mental health” OR “mental health care” OR OR “mental health services” OR “psychology” OR “wellbeing” OR “therapy” OR “psychological therapies” AND (“unemployment” OR “employment*” OR “return to work”)

2. Focus search – critical ideas that inform how mental health professionals understand unemployment

Possible search terms: (“Mental health” OR “mental health care” OR OR “mental health services” OR “psychology” OR “wellbeing” OR “therapy” OR “psychological therapies” AND (“unemployment” OR “employment*” OR “return to work”) AND (“critical ideas” OR “critical theories” OR “social structural critique”)

3. Focused search – Mental health policies regarding unemployment

Possible search terms: (“Mental health” OR “mental health care” OR OR “mental health services” OR “psychology” OR “wellbeing” OR “therapy” OR “psychological therapies” AND (“unemployment” OR “employment” OR “return to work”) AND (“mental health policies” OR “government policies”)

3. Focused search – IAPT

Possible search terms: (“Increasing access to psychological therapies”

AND (“unemployment” OR “employment” OR “return to work” OR “experience”)

4. Focused search – research concerning how mental health professionals talk about their work

Possible search terms: (“Mental health professionals” OR “mental health workers” OR “psychologists”) AND (“interviews” OR “understanding of their work” OR “values”)

1. General search – mental health and unemployment

PsycINFO and PsycARTICLES, CINAHL Plus (via EBSCO)

Search Number	Search criteria/words	Number of articles
S1	mental health and unemployment	2,289
S2	mental health care and unemployment	119
S3	mental health services and unemployment	561
S4	psychology and unemployment	2,722
S5	wellbeing and unemployment	720
S6	therapy and unemployment	660
S7	psychological therapies and unemployment	7
S8	mental health and employment	9,634
S9	mental health care and employment	485
S10	mental health services and employment	2,947
S11	psychology and employment	20,661
S12	wellbeing and employment	426
S13	therapy and employment	20,661
S14	psychological therapies and employment	52
S15	mental health and return to work	574
S16	mental health care and return to work	17
S17	mental health services and return to work	116
S18	psychology and return to work	790
S19	wellbeing and return to work	113

S20	therapy and return to work	1,084
S30	psychological therapies and return to work	5

Due to time limitations in which the research had to be carried out, 122 abstracts were read, following which 69 papers were regarded to be relevant to the current research. Those that were excluded were done so for a number of reasons including: they did not have a psychological focus instead they focused on other professional fields, focus on physical health, focus on migration experiences, focused on employment schemes, focused on organisational psychological approaches etc.

A further search of Google, Google Scholar and the reference lists of key documents identify a further 6 books that were of interest to the study, relevant chapters of books were read.

2. Focus search – critical ideas that inform how mental health professionals understand unemployment

PycINFO and PsycARTICLES, CINAHL Plus (via EBSCO)

Search Number	Search criteria/words	Number of articles
S31	mental health and unemployment and critical ideas	6,174
S32	mental health care and unemployment and critical ideas	6,470
S33	mental health services and unemployment and critical ideas	6,707
S34	psychology and unemployment and critical ideas	2,972
S35	wellbeing and unemployment and critical ideas	3,142
S36	therapy and unemployment and critical ideas	1,019
S37	psychological therapies and unemployment and critical ideas	2,848
S38	mental health and employment and critical ideas	23,853
S39	mental health care and employment and critical ideas	26,775

S40	mental health services and employment and critical ideas	27,386
S41	psychology and employment and critical ideas	2
S42	wellbeing and employment and critical ideas	1,027
S43	therapy and employment and critical ideas	6,172
S44	psychological therapies and employment and critical ideas	15,724
S45	mental health and return to work and critical ideas	19,092
S46	mental health care and return to work and critical ideas	19,833
S47	mental health services and return to work and critical ideas	19,768
S48	psychology and return to work and critical ideas	20,847
S49	wellbeing and return to work and critical ideas	4,931
S50	therapy and return to work and critical ideas	15,518
S51	psychological therapies and return to work and critical ideas	18,605
S52	mental health and unemployment and critical theories	6,307
S53	mental health care and unemployment and critical theories	6,598
S55	mental health services and unemployment and critical theories	6,836
S57	psychology and unemployment and critical theories	5
S58	wellbeing and unemployment and critical theories	792
S59	therapy and unemployment and critical theories	1,196
S60	psychological therapies and unemployment and critical theories	2,976
S61	mental health and employment and critical theories	4
S62	mental health care and employment and critical theories	1
S63	mental health services and employment and critical theories	1
S64	psychology and employment and critical theories	24
S65	wellbeing and employment and critical theories	3
S66	therapy and employment and critical theories	4
S67	psychological therapies and employment and critical theories	10,072
S68	mental health and return to work and critical theories	19,879
S69	mental health care and return to work and critical theories	20,472
S70	mental health services and return to work and critical	20,502

	theories	
S71	psychology and return to work and critical theories	2
S72	wellbeing and return to work and critical theories	18,072
S73	therapy and return to work and critical theories	16,761
S74	psychological therapies and return to work and critical theories	17,633
S75	mental health and unemployment and critical theories	8,484
S76	mental health care and unemployment and critical theories	9,191
S77	mental health services and unemployment and critical theories	9,255
S78	psychology and unemployment and critical theories	7,097
S79	wellbeing and unemployment and critical theories	7,185
S80	therapy and unemployment and critical theories	6,565
S81	psychological therapies and unemployment and critical theories	7,465
S82	mental health and employment and social structural critique	12,471
S83	mental health care and employment and social structural critique	13,004
S84	mental health services and employment and social structural critique	12,675
S85	psychology and employment and social structural critique	14,184
S86	wellbeing and employment and social structural critique	7,185
S87	therapy and employment and social structural critique	6,565
S88	psychological therapies and employment and social structural critique	6,961
S89	mental health and return to work and social structural critique	15,043
S90	mental health care and return to work and social structural critique	15,268
S91	mental health services and return to work and social structural critique	15,189
S92	psychology and return to work and social structural critique	17,151
S93	wellbeing and return to work and social structural critique	14,152
S94	therapy and return to work and social structural critique	13,811

S95	psychological therapies and return to work and social structural	14,598
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The title of this search was scanned for relevance. 65 articles were found to be relevant to the current study. Reasons for not keeping titles included: a focus on psychiatric services/forensic services, articles did not have a critical focus, they did not focus on mental health, focus on health, focus on the evaluation of the implementation of unemployment schemes ect

Duplicates of articles that were identified in previous searches were discarded, which left 51 remaining titles. The abstracts of the 51 articles and book chapters were read. It was decided that 7 articles and chapters in books were relevant to the current study. Those discarded were mainly because the articles did not have a critical focus.

A further search of Google, Google Scholar and the reference lists of key documents identify a further 21 book titles and articles that were of interest to the study, relevant chapters of books were read.

3. Focused search – Mental health policies regarding unemployment

PycINFO and PsycARTICLES, CINAHL Plus (via EBSCO)

Search Number	Search criteria/words	Number of articles
S96	mental health and unemployment and mental health policies	63
S97	mental health care and unemployment and mental health policies	7
S98	mental health services and unemployment and mental health policies	15
S99	psychology and unemployment and mental health policies	15
S100	wellbeing and unemployment and mental health policies	6
S101	therapy and unemployment and mental health policies	6,492

S102	psychological therapies and unemployment and mental health policies	7,171
S103	mental health and employment and mental health policies	214
S104	mental health care and employment and mental health policies	35
S105	mental health services and employment and mental health policies	116
S106	psychology and employment and mental health policies	39
S107	wellbeing and employment and mental health policies	19
S108	therapy and employment and mental health policies	13
S109	psychological therapies and employment and mental health policies	33,477
S110	mental health and return to work and mental health policies	6
S111	mental health care and return to work and mental health policies	1
S112	mental health services and return to work and mental health policies	2
S113	psychology and return to work and mental health policies	3
S114	wellbeing and return to work and mental health policies	28,057
S115	therapy and return to work and mental health policies	1
S116	psychological therapies and return to work and mental health policies	27,065
S117	mental health and unemployment and government policies	1
S118	mental health care and unemployment and government policies	2
S119	mental health services and unemployment and government policies	2
S120	psychology and unemployment and government policies	1
S121	wellbeing and unemployment and government policies	0
S122	therapy and unemployment and government policies	0
S123	psychological therapies and unemployment and government policies	0
S124	mental health and employment and government policies	136
S125	mental health care and employment and government policies	12
S126	mental health services and employment and government policies	56

	policies	
S127	psychology and employment and government policies	233
S128	wellbeing and employment and government policies	76
S129	therapy and employment and government policies	27
S130	psychological therapies and employment and government policies	1
S131	mental health and return to work and government policies	3
S132	mental health care and return to work and government policies	0
S133	mental health services and return to work and government policies	1
S134	psychology and return to work and government policies	5
S135	wellbeing and return to work and government policies	0
S136	therapy and return to work and government policies	0
S137	psychological therapies and return to work and government policies	0

The titles were read and those that were considered irrelevant to the current study were done so for a number of reasons including: they focused on a learning disability populations, the focus was not on unemployment/employment/return to work, a focus on severe and enduring mental health problems ect.

I decided that 37 papers would be of interest to the study. Duplicates of articles identified in previous searches were discarded, leaving 28 papers, the abstracts of which were read, following which a further 10 articles were discarded. Articles that were considered to be less relevant to the current study were: articles that focused on non UK government policies, articles focused on professional groups other than psychological therapists ect.

A further search of Google, Google Scholar and the reference lists of key documents identify a further 4 articles that were of interest to the study.

3. Focused search – IAPT

PycINFO and PsycARTICLES, CINAHL Plus (via EBSCO)

Search Number	Search criteria/words	Number of articles
S138	Increasing access to psychological therapies	19
S139	Increasing access to psychological therapies and unemployment	0
S140	Increasing access to psychological therapies and employment	0
S141	Increasing access to psychological therapies and return to work	0
S142	Increasing access to psychological therapies and experience	1454

Titles were scanned for appropriateness. Decisions about which articles to keep were based on various factors, including: they did not have a focus on unemployment or return to work. It was decided that 7 articles were relevant to the study.

A further search of Google, Google Scholar and the reference lists of key documents identify a further 11 articles that were of interest to the study.

4. Focused search – mental health practitioners understandings of unemployment

PycINFO and PsycARTICLES, CINAHL Plus (via EBSCO)

Search Number	Search criteria/words	Number of articles
S139	Mental health professionals and interviews	1,693
S140	Mental health professionals and understanding of their work	116

S141	Mental health professionals and values	1,084
S142	mental health workers and interviews	422
S143	mental health workers and understanding of their work	54
S144	mental health workers and values	230
S145	psychologists and interviews	5,039
S146	psychologists and understanding of their work	835
S147	psychologists and values	8,240

The titles were scanned for relevance. The articles and book titles that were regarded to be irrelevant to the current study were done so for various reasons, including: focus on physical health, focus on organizational psychology, focus on child services, focus on neuropsychology ect. It was decided that 41 papers and books were relevant to the study. Duplicates of articles and book titles that were identified in previous searches were discarded, leaving 35 titles.

Of the remaining 35 titles, the abstracts of the articles were read and a further 7 papers were considered inappropriate to the current study, this was for a number of reasons including: the journal articles lacked details (i.e. limited information was provided about epistemology and methodology), the stance of some books were less relevant to the study.

A further search of Google, Google Scholar and the reference lists of key documents identify a further 25 articles that were of interest to the study.

APPENDIX 2: IAPT SITES CONTACTED BY EMAIL AND PHONE TO TAKE PART IN THE RESEARCH

The list has been compiled according to the website Greater London Authorities on London Gov.Uk website, which is a government commissioned and regulated website.

Borough	Name of IAPT site
Barking and Dagenham	Barking and Dagenham Increasing Access to Psychological Therapies
Barnet	Surrey and Borders IAPT services
Bexley	IAPT Mind in Bexley
Brent	Brent IAPT
Bromley	Bromley Working for Wellbeing
Camden	Camden and Islington Icope
Croydon	SLaM: Improving Access to Psychological Therapies
Ealing	Ealing IAPT
Enfield	Enfield IAPT
Greenwich	Greenwich Time to Talk
Hackney	Talking therapy in City and Hackney
Haringey and Enfield	Let's Talk IAPT

Hammersmith and Fulham	Back on Track
Haringey	Haringey East IAPT Team Haringey West IAPT Team
Harrow	Harrow IAPT
Hillington	Hillington Talking Therapies
Hounslow	Hounslow IAPT
Islington	Camden and Islington Icope
Kensington and Chelsea	Kensington and Chelsea Psychological Services (IAPT)
Lambeth	Lambeth Psychological Therapies Service (Lambeth IAPT)
Lewisham	SLaM: Improving Access to Psychological Therapies
Newham	Newham Talking Therapies
Redbridge	Redbridge Improving Access to Psychological Therapies (IAPT)
Richmond Upon Thames	Richmond Wellbeing Service, Talking therapies and Specialist Support
South Kensington & Chelsea	South Kensington & Chelsea Mental Health Centre
Southwark	SLaM: Improving Access to Psychological Therapies
Sutton and Merton	Sutton and Merton IAPT
Tower Hamlets	Turning Point
Wandsworth IAPT	Wandsworth IAPT
Waltham Forest	Waltham Forest IAPT
Westminster	Westminster IAPT North Westminster IAPT South

APPENDIX 3: REFLEXIVE DIARY

Throughout this study, I wrote notes in my reflexive journal in order to help me to reflect on and make sense of different elements of the study. The notes were referred to throughout the write up of the study. The following are examples:

A. Initial stages of the Literature Search

A vast number of articles have been generated from carrying out a preliminary literature search. From having read a number of these articles, it is becoming clear that most of the literature that has explored the relationship between mental health and unemployment has been carried out using quantitative methodologies, qualitative research seems to be more sparse and also difficult to get hold of. A number of authors have been contacted directly to see if I can get hold of the qualitative papers they have written, however this is proving quite difficult, I am still waiting for responses.

It seems that a large portion of the articles that have a quantitative focus have not acknowledged the wider political and social context of unemployment. I am aware that thinking about the wider social and political causes of a phenomena is not necessarily within the remit of 'pure' positivist approach, however this has left me feeling curious about what has led to psychological research to take this stance to researching unemployment. It has also left me further wondering about the impact of the positivist research in the field for therapists practice and how they manage and work with any wider personal views and ideas they have about unemployment.

B. Epistemological stance

In my reading of different epistemological stances, I wondered about whether I fully adhered to any particular stance or whether I actually drew on one stance more in certain contexts compared to others and in response to conversations I was having with people. For example, in my clinical practice on my placements, I was aware of needing to use a more discursive stance when working with some clients, particularly people who had experiences of powerlessness. But yet with other clients who experienced similar difficulties I was aware that it was more important to take a more critical realist stance by acknowledging the

material realities of people's circumstances. I found myself thinking that this reflected my own approach to the current research, although I had taken a critical realist approach in this research, I was aware that this would probably be swayed at a later point in my life due to various conversations I have with people and the reading of further literature. I was also influenced by the importance of answering the research questions of the study and therefore this also influenced my decision to use a critical realist approach. In addition I started to wonder whether through further reading I would eventually find a stance that suited my way of thinking better or whether this was a dilemma that I would need to constantly negotiate depending on the context I am in.

C. Interview with participant 4

The feedback from participants about the interview schedule so far, had been that it felt appropriate in helping them to discuss their views about the topic of the study. Despite this, I am continually struck by participants' lack of discussion of their own views and ideas about unemployment. I wondered whether there were other reasons why this may have been the case, apart from the implications of drawing on more positivist ideas, I wondered whether the reputation of being a UEL trainee had influenced therapists from not wanting to get into this discussion or whether it was something that they hadn't considered or needed to think about given their own experiences of employment. Despite this there was a continual sense by all participants that they were in opposition to employment being positioned the way it had in mental health policies however it seemed that through my questions I could not fully understand what informed their views on this.

APPENDIX 4: INFORMATION LEAFLET

UNIVERSITY OF EAST LONDON

School of Psychology

Stratford Campus

Water Lane

London E15 4LZ

Information Sheet

The Principal Investigator

Jusna Khanom

Contact Details: Email - U1236133@uel.ac.uk

Project Title

The unemployment agenda in mental health services: the therapists' perspective.

Why am I being given this information sheet?

The purpose of this letter is to provide you with information to help you decide whether you wish to participate in this research study. The study is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London.

Why am I conducting this research?

To date little research has looked at understanding the impact that political priorities have on the type of discussions that are made available within the therapeutic context. Therefore this study will explore the discourses that therapists draw upon to help them to work with political agendas, specifically employment difficulties, and the kind of language such discourses make available for therapists to use in therapy and the implications of this on therapy.

What are the possible benefits of taking part?

Currently there is a wide body of literature investigating the impact of unemployment on mental health however there is little research aimed at understanding how

therapists are able to negotiate working with political agendas, relevant to unemployment, and the effects of this. Therefore the current research aims to contribute to the knowledge in this area and hopefully in the further development of IAPT services. The research will also provide participants with the opportunity to share their experiences and views of understanding, disseminating and working with political agendas (regarding unemployment) and its impact on the psychological therapy they deliver.

What will I have to do if I take part?

You will be asked to take part in an interview, during which you will be asked to sign a consent form and you will be asked a series of questions.

Where will the interview take place?

The interviews will be carried out at your place of work and will last roughly 45 – 60 minutes. The interview will be recorded using an audio recorder and then transcribed by the researcher for analysis.

Will my responses be kept confidential?

Yes, your confidentiality will be maintained through the following processes: The only personal data that will be requested from you is your professional title and the length of your employment at the service. This information and the content of the interviews will be kept confidential at all times. Any names discussed and information that may identify you or other people will be altered in transcripts, thesis extracts and any resulting publications. Consent forms and audio recordings will be kept in a locked environment and transcripts will be stored on an encrypted memory stick. The information sheets and consent forms will be stored separately from the transcripts. The researcher will transcribe all interviews. Only the researcher, supervisors and examiners will have access to transcripts. All audio recordings will be destroyed once the final thesis has been examined, it is anticipated that this will be within two years from the date of the interview. The anonymised transcripts may be kept for a period of ten years after the interview, for the purpose of any publications.

However there are limits to confidentiality, if you reveal information that may be of concern, confidentiality will be broken in consultation with the researchers

supervisors. It is anticipated that the researcher will discuss this with you before confidentiality is broken.

Can I withdraw once the interview has started?

Yes, you are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Should you withdraw, I will ask you whether your response thus far can be used, if not, they will be destroyed.

How do I make a complaint if I am unhappy with how the study was conducted?

If you are concerned about any part of the study or would like to make a complaint please contact the study's supervisor or the ethics committee (details are provided below). On contact information about the formal complaints procedure will be made available.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor,

Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Tel: 020 8223 4174. Email: t.patel@uel.ac.uk)

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Tel: 020 8223 4493. Email: m.finn@uel.ac.uk)

Thank you for your time.

APPENDIX 5: CONSENT FORM

UNIVERSITY OF EAST LONDON

CONSENT FORM

Title of Project: The unemployment agenda in mental health services: the therapists' perspective

Name of Researcher: Jusna Khanom (Email - U1236133@uel.ac.uk)

Please tick box

1. I confirm that I have read the information sheet dated April 2014 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. ☐
4. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature

APPENDIX 6: INTERVIEW SCHEDULE

Background Information:

Number of years since qualification:

Theoretical stance:

1) I would like to hear your thoughts on whether you think the way you carry out therapy has changed over the years and what has influenced this?

2) I would like to hear your thoughts on whether changes in government policies, over the years, have changed the way you work with clients?

Prompts:

If yes: What kind of influence has it had on your work?

- Have some policies influenced your thinking more than others?
- Do you think this can influence what you talk about in therapy? If yes: What kind of impact do you think this has had in your therapeutic work?
- What ideas do you draw on to help you to integrate the changes in governmental policies to your therapeutic work with clients? Research, theories, past training, own values, personal experience.

If no: Why do you think this might be? Is this to do with the way you see your therapeutic work or your values?

2) Has working/not working with governmental policies raised any conflict for you?

Prompts:

If yes: Has it raised any conflicts in terms of how you would like to carry out therapy?

- What ideas have you drawn upon to help you manage such conflicts?
Research, theories, past training, own values, personal experience.

If no: Why do you think this might be? Is this to do with the way you think about governmental policies and your therapeutic work?

3) As you will be aware, one of the main driving forces for the development of IAPT was the proposal made by Layard, which discussed the impact that therapy would have on economic productivity. Since the introduction of IAPT the emphasis of this has changed align with the economic recession. Overall, have the governmental

guidance's related to employment had any influence on the way you work with service users?

Prompts:

If yes: Have you noticed changes in the emphasis of this policy over time?

- Over time, have you noticed any changes in the way you work with service users align with how much emphasis is placed on employment?

If no: Can you tell me more about why there has been little influence from these policies on your therapeutic work?

4) What ideas do you draw on to help you talk about employment with service users? (political, values, training?)

Prompt:

- Are there any other broader ideas that you draw on to help you?

5) Has talking about employment made anything more possible for you in your work?

Prompts:

- Has it influenced in opening up new types of conversations for service users? If so, can you tell me more?

6) Has talking about employment made anything less possible for you in your work?

Prompts:

- Has it had an influence in closing down other topics of conversations for service users?

APPENDIX 7: UEL ETHICAL APPROVAL

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.

UEL
University of
East London
www.uel.ac.uk

School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,



Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee


Stratford Campus, Water Lane, Stratford, London E15 4LZ
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology



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If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



APPENDIX 8: NHS RESEARCH AND DEVELOPMENT ETHICAL APPROVAL



Research Support Service
[Redacted]
[Redacted]
[Redacted]
11 August 2014

Miss Jusna Khanom
University of East London,
Clinical Psychology Department
Walter Lane
London
E15 4LZ

I am pleased to confirm that the following study has now received R&D approval, and you may now start your research in the trust(s) identified below:

Study Title: An exploration of how political priorities can influence the type of discussions that are made available in therapy within Increasing Access to Psychological Therapies (IAPT) services. R&D reference: [Redacted] REC reference: N/A		
This NHS Permission is based on the University of East London, Research Ethics favourable opinion given on 24 April 2014 .		
Name of the trust	Name of current PI/IC	Date of permission issue(d)
[Redacted]	Miss Jusna Khanom	11 August 2014
If any information on this document is altered after the date of issue, this document will be deemed INVALID		

Specific Conditions of Permission (If applicable)
If any information on this document is altered after the date of issue, this document will be deemed INVALID

Yours sincerely,

Research Operations Manager

Cc: Professor Neville Punched n.punched@uel.ac.uk [Redacted]
[Redacted]

R&D approval letter, REC reference: N/A, [Redacted]

Page 1 of 2

APPENDIX 9: CHANGE OF THESIS TITLE



Jusna KHANOM
65 CROMWELL ROAD
FOREST GATE
LONDON
E7 8PA

Date: 02/03/2015

Student number: 1236133

Dear Jusna Khanom

Notification of a Change of Thesis Title:

I am pleased to inform you that the School Research Degree Sub-Committee has approved the change of thesis title. Both the old and new thesis titles are set out below:

Old thesis title: An exploration agenda of how political priorities can influence the type of discussions that are made available in therapy: what ideas do therapists draw on when working with service users who are experiencing employment difficulties in IAPT services and what kind of discussions does it make possible to have in therapy.

New thesis title: The unemployment agenda in mental health services: the therapists' prospective.

Your registration period remains unchanged. Please contact me if you have any further queries with regards to this matter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth Gannon', is placed over a light blue rectangular background.

Dr Kenneth Gannon
School Research Degrees Leader
Direct line: 020 8223 4576
Email: k.n.gannon@uel.ac.uk

APPENDIX 10: TRANSCRIPTION NOTATIONS

The following transcription notations were also used in an attempt to fully capture participants' communication, as recommended by Braun and Clarke (2013, p. 163-169):

(.)	Short pause. A pause of a second or less.
((pause))	Longer pause. A pause of a few seconds or longer.
((laughs))	The speaker laughs during a turn in the conversation.
((both laugh))	Both speakers laugh.
((coughs))	An indication that the speaker is coughing during a turn in the conversation.
((claps hands))	The speaker makes the gesture of clapping their hands during a turn in the conversation.
((in overlap))	This is to signify an overlap in speech.
((inaudible))	The speech is completely inaudible.
()	To signify a best guess when the speech is inaudible.

APPENDIX 11: DATA ANALYSIS: CODING

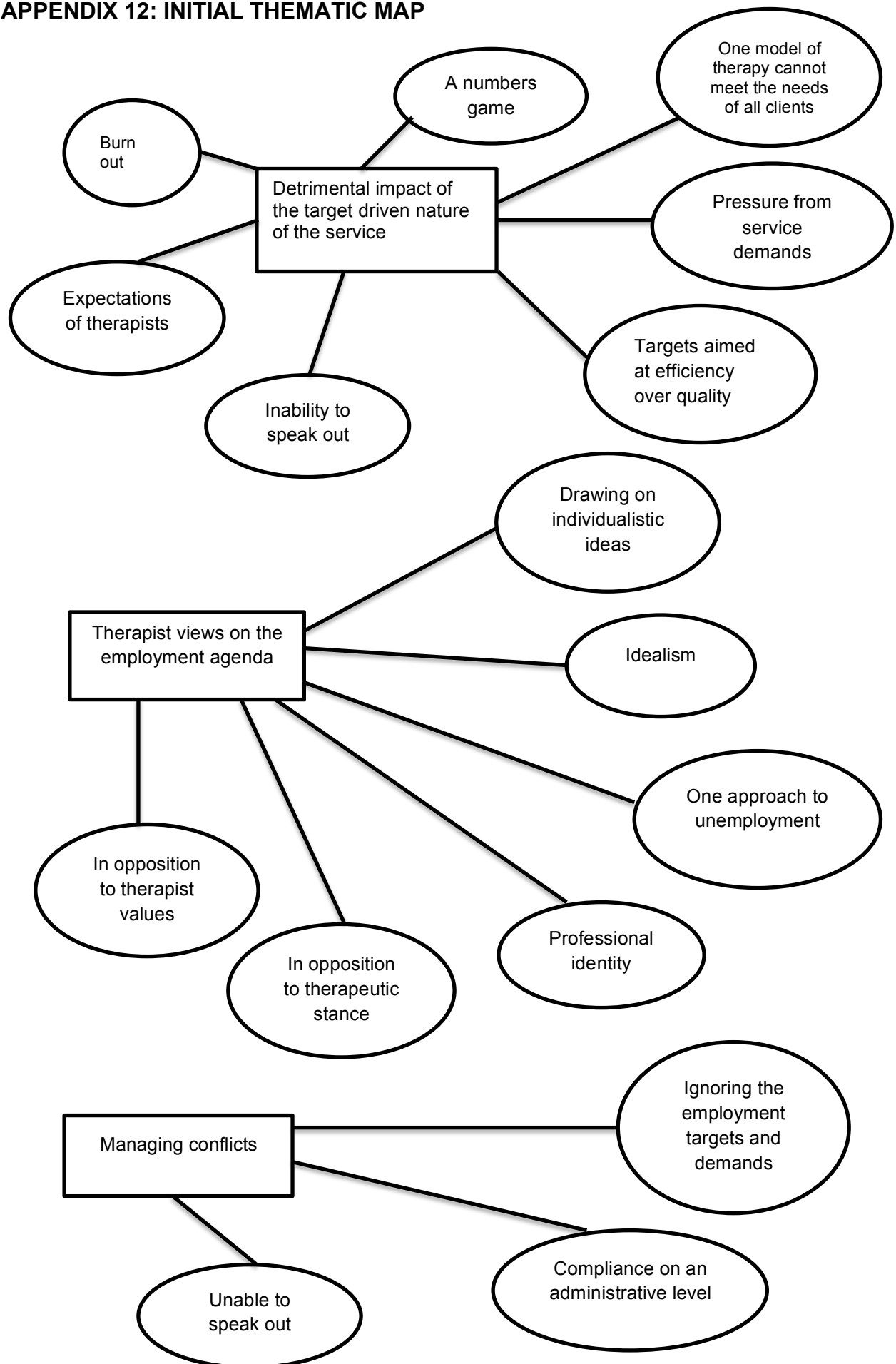
Interviewer identification: JK

Participant identification: P

356	P1:	yeah just enough to be able to complain erm erm it obviously his	IAPT reports have been
357		reports been really important in funding IAPT so I'm really grateful for	important for making therapy
358		that but when I started working there I felt there was too much	more available
359		emphasis on getting people into work and that's not my culture as a	Initially there was a lot of
360		therapist's that's not my motivation at all I'm a bit repulsed (pause) by	emphasis on getting people
361		the idea of of seeing people for therapy just to get them back into work	back into work
362		and I think that's (pause) I think whilst his you know his message about	Not what motivates therapists
363		reducing distress I think he had to sell it (.) to the government (.) as this	How sell reducing distress in
364		is worthwhile financially because within it people need to work and I	order for the government to
365		find that kinda repulsive (pause) erm (pause) so when we, when I first	invest in MH services
366		started in this job erm four/five years ago it was (pause) you know and	
367		we still do employment questionnaires and erm you know make sure	Employment questionnaires
368		that you encode whether people are at (.) at work when they start or	
369		not at work when they finish with you or not and I felt a bit of pressure	Pressure on therapists to
370		to kinda (pause) tick the box that they're at least seeking work (pause)	support clients to at least seek
371		at the end of therapy if that was even slightly the case erm (pause)	work
372		even if they weren't in back in work (pause) erm and I fought a little bit	Meant to be having
373		although I never talked to anyone about this, that I was meant to be	conversations about
374		having conversations with them about goals that included work and	employment goals
375		(pause) the way I (pause) negotiated that with myself was to (pause)	Resolve conflict by asking
376		just ask them about meaningful occupation so for me I don't use the	about meaningful occupation
377		word work really you know, talk about daily structure and you know	Finding a middle ground
378		what do you value and what would be a meaningful way to occupy your	Finding language that fits with
379		life and how and then separately you know how's your financial	own motivation
380		situation, is that causing you worries and things like that so (pause) so	Talking about client's own
381		that's that was more of an emphasis, it's not mentioned so much now it	values and what's meaningful
382		and you're you're right the recession has (pause) erm (pause) given I	to them
383		think permission not to talk about work in that way or at least talk in a	R- idea of choices being
384		different way with clients and acknowledge that erm erm you know its	available to clients
385		maybe more about voluntary work or building skills and we have	Resolve by separating daily
			structure from financial
			situation
			Recession has changed the
			conversation about
			employment

352	services now (pause) which I don't think we had to begin with which are	Recession allowed for a more flexible approach to unemployment
353	much more about how you help someone with their CV how can we	
354	help someone back into some voluntary work at the very least (pause)	
355	erm so (pause) actually with less pressure about in my mind, less	Less pressure to address employment due to the recession
356	pressure about getting people back into work I'm probably having more	
357	conversations about it (pause) I feel less resistant (laughs) to the idea	Able to talk about employment more now as feel less pressure and so feel less resistant
358	and less pushed into (pause) that's why (pause) I can do therapy	
359	JK: and I just kind of wonder whether	
360	P1: (in overlap) hmm	
361	JK: if I can go back to the idea about, you were saying that you felt quite	
362	repulsed about	
363	(both laugh)	
364	P1: that's quite strong isn't it (pause) yeah	
365	JK: that's absolutely fine and and I just kinda wonder what what were your	
366	views about what made you feel so repulsed about it	
367	P1: yeah (pause) my interest in psychology like I remember when I was	
368	twelve being interested in psychology and people and how they worked	
369	and (pause) and noticing them interacting and wondering what was	
370	going on there and never ever in my mind from that point onwards	Interest in psychology not included asking about employment
371	(pause) until now had I ever thought about people in terms of getting	
372	well to work, be able to work and I'm someone you know comes from a	
373	family where erm working is you know is what we do and despite that I	Never thought about the intention of therapy being about supporting people into employment
374	never connected the two together and for me to think of (pause) that	
375	Lord Layard's paper, his report (pause) implies if not explicitly says that	
376	that that because I can't remember the details but the you know this is	
377	the way, therapy is the way to get people back into work I don't want	
378	the two things to (.) be next to each other (pause) because I think that's	
379	placing a valued (pause) judgment on that people should and must	Talking about employment places a valued judgment on people that they should and must work, which has nothing to do with therapy
380	work which I kind of think they do but I don't think that's got anything to	
381	do with therapy for me therapy is just about reducing people's distress	
382	and helping them function better and that for me is the essence of it	
383	and to, for it to have anything (pause) therapy to have relationship to	
384	anything else (.) erm especially something financial and monetary just	Feel financial, monetary, gross and consumerists
385	feels a bit gross and a bit consumerists	

APPENDIX 12: INITIAL THEMATIC MAP



APPENDIX 13: FINAL THEMATIC MAP

