

The choice to disclose (or not) mental ill-health in UK Higher Education Institutions: a duoethnography by two female academics

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## **Research article**

### **Abstract**

#### *Purpose*

We review how the mental ill-health of academic staff is regarded in Higher Education Institutes (HEIs) and explore the decision to disclose (or not) a mental health condition whilst working in this sector.

#### *Design*

The choice to disclose is explored by using duoethnography undertaken by two female academics working in this context who both experience mental ill-health. Both authors recorded their experiences, which were then shared with each other and analysed using thematic analysis.

#### *Findings*

The themes that emerged from our reflections comprise: a discussion of the connection between work-life identities and the impact of mental ill-health in the workplace; a consideration of the elements which influence our decision to disclose (or not) mental health diagnoses within HEI; and an examination of the potential additional burden of identity work for those who experience mental ill-health.

### *Originality*

The article contributes to this evidence base by exploring the choice to disclose a mental health diagnosis in HEIs. It investigates this highly personal decision and suggests that this choice depends on the context in which we are located and how we experience our different identities in the workplace. Furthermore, it highlights the importance for HEIs to develop positive employment practices to support academic staff with mental ill-health to disclose a mental health condition and to achieve a good workplace environment; whilst emphasising the need for more empirical work to explore the decision to disclose (or not) in this sector.

### Keywords:

Autoethnography, mental health, higher education, neoliberal academy, reflective practice.

Word count 8000

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## **Introduction**

We are two female academics working in different Higher Education Institutions (HEIs) in very different subject areas; we are both impacted by our experiences of mental ill-health in the workplace. We met at a conference and shared how we manage our mental ill-health in our respective working environments; this discussion led to an agreement to reflect on these issues which, in turn, generated a duoethnography which forms the basis of this article.

Central to the motivation to engage in this endeavour, is the evidence that mental ill-health impacts on the effective performance of individuals in the workplace (Stevenson and Farmer, 2017), consequently, its economic impact on the UK is significant (Deloitte Monitor, 2017). Stevenson and Farmer (2017) identify that over 300,000 people who experience mental distress leave their jobs each year as a result of poor mental health. Moreover, 7.7% of all sickness absence is mental health-related (Deloitte Monitor, 2017:7); but the public sector has a higher prevalence of reported mental health-related problems than the private sector, as well as more stress-related absences. Mental well-being in the HEI sector can be seriously compromised (Gill and Donaghue, 2016; Shaw 2014; The Times Higher Education (THE), 2018) with universities being “often toxic workplaces, marked by growing rates of stress, distress and physical and mental illness amongst those who work and study in them” (Gill and Donaghue, 2016:98). THE (2018) has repeatedly warned of the poor mental health that academics are experiencing as a result of overwork, stress and managerial systems that focus on bureaucratic and administrative processes.

Furthermore Gill (2014) notes that despite the growing interest in reflexivity, the experiences of academics who experience mental ill-health as a result of working conditions in the HEI environment have largely escaped critical attention to date; despite this, Gill and Donaghue (2016:98) note that this issue remains an “open secret” and acknowledge that it is receiving increasing attention in HE journals (Williams, Thomas, and Smith, 2017).

In this article, we describe a duoethnographic study in which we reflect on the impact of mental ill-health in the HEI environment. We consider: how mental ill-health is experienced by academics in HEI; how organisational culture impacts on the decision to disclose (or not) mental health conditions in HEIs; and how we want to be defined as people with a mental health diagnosis in our personal and professional domains. We contribute to the evidence base by exploring the need for a transparent discussion of the ‘lived experience’ of university lecturers in the HEI arena; and we deliberate about the potential consequences of disclosure by being identified within our institutions, and more broadly in society, as having mental ill-health. Additionally we highlight the personal risk assessment we undertook to manage this process and consider the personal and professional ethical dilemmas in disclosing our experiences in our respective HEIs. Finally this article contributes to the exploration and analysis of types of work-life narratives (Brown, Lewis and Oliver, 2019); in this case situated within the HEI context and related to mental ill-health (Beech, 2018).

### **The HEI Context and Culture: The Identity of the Academic**

This section sets out the current HEI context and the changes in culture which have led to the documented increase in stress in the academic workforce, and considers the shift in the neoliberal university towards increased surveillance and control (Frank, Gowar and Naef,

2019; Pettinger, 2019), reflecting on the influence of this environment on the identities which we develop as academics.

As the influence of neoliberalism increasingly impacts on our workplaces in the global community (Pettinger, 2019), HEIs are assuming the mantle of the neoliberal accoutrements which exist in the global social, economic and political environment (Frank, Gowar and Naef, 2019). This is manifested in changes to culture such as progressively more careful management of academics, restricting their freedom and control in work (Frank, Gowar and Naef, 2019); Gill (2014) remarks on the marketization and instrumentalization of knowledge that she calls a new form of “academic capitalism”. Alongside this, the academic workforce is characterised by increasing levels of precarity and poor occupational rights (Higher Education Statistics Agency, (HESA), 2019) as exemplified by UK data which reveals that 33% of academic staff were employed on fixed-term contracts in 2017/18 with over 28,000 of an academic workforce of nearly 212,000 on zero-hour contracts in the same year (HESA, 2019).

Gill (2010) suggests that the nature of academia changes as we work in an “academia without walls” (2010:237), which arises as innovative information and communication technologies render work increasingly portable. Moreover, Gill (2014) notes that structural shift in the nature of the HEI economy creates greater and more diverse demands on academics’ time; Gill (2010) refers to this as the “hidden injuries of the neoliberal university”. Additionally Shore (2008:81) notes that the increasing focus of an audit culture means that all forms of work “must be ranked and assessed against bureaucratic benchmarks and economic targets”, impacting directly on academics’ mental health.

The increasing influence of neoliberalism on the academic sector has led to a need to understand the changing identities of academics (Peach, Kate and Jones 2011); a subject matter founded within a rich tradition of study which investigates how social and work identities are crafted within a neo-liberal work culture (Thomas and Davies 2005; Brown 2015; Brown *et al* 2019). Firstly, this literature posits that personal identities are socially and dialogically constructed and are shaped by domestic, social and work domains (Ybema *et al* 2009). Moreover, in the context of HE, the importance of this discussion is identified in the work of Shumate and Fulk (2014) who investigate boundary work and explore the impact of virtual workspaces on identities in the home; and furthermore highlight the role conflict that engenders from inhabiting multiple roles simultaneously. In this article we refer to the renegotiation of boundaries as identity work (Seveningsson and Alvesson, 2003).

The second relevant area of identity work that is explored, and to which we contribute in this article, is that of work identities and mental ill-health. Dann *et al* (2019) and Billot (2010:709) highlight the centrality of identity work to understanding the lives of those who work in the HEI sector, specifically those who experience mental ill-health. Both authors suggest identities are dynamically constructed within the academic working context that increasingly disconnects academics as institutions adopt more economic objectives. We explore the importance of boundary and identity work as we engage in the ‘academic identity project’ (Winkler, 2013) drawing on the work of Brown *et al* (2019) and Beech (2018), discussed later in the article.

In order to expand this discussion, we generate duoethnographic accounts to reflect on our place in the university context as two female academics who experience mental health issues in the HEI sector. We consider the following questions:

1. How does mental ill-health manifest itself in our professional lives as academics in UK HEIs?
2. What personal and cultural factors within HEIs, the profession and wider society influenced the personal decision we made to disclose or not our mental health condition?
3. How do we understand and relate to our mental health condition in our different environments: firstly, as academics in HEIs; and secondly as partners / parents / friends within our home, friendship, and social domains?

## **Methodology**

Autoethnography is a form of research practice that enables people or groups of people to reflect on their situations through the process of writing and reflexivity (Denzin, 2017).

Autoethnography builds on the epistemology of critical social theory that emphasises the importance of knowledge in changing and improving situations (Denzin, 2017); linking to the activism and change that both authors aim to achieve as they write this article. Moreover, political change is at the centre of autoethnography as it connects “the autobiographical and personal to the cultural, social, and political” (Ellis, 2004:xix). It utilises a process of evocative narrative story-telling, combined with a dialogic investigation, which leads to an analysis of how the author’s experiences are interpreted in the context of social beliefs and practices (Adams, Holman Jones, and Ellis, 2015:21).

Autoethnography is political (Denzin, 2017) and strives for social justice (Adams, Holman Jones, and Ellis, 2015) inviting moral and ethical debate through the process of reflexivity (Adams, Holman Jones, and Ellis, 2015; Denzin, 2017). This is at the centre of our duoethnographic reflection on our place in the neoliberal university; a specific form of autoethnography that we use in this article (Norris and Sawyer, 2012). Duoethnography is a collaborative research methodology (Norris and Sawyer, 2012) in which two or more researchers juxtapose their life histories in order to provide multiple understandings of a social phenomenon as the authors engage in dialogic narrative, often achieved through collaborative writing. Writers engage in *dialogic analysis* leading to the development “of theory making from subjective ideas, linking to both praxis and theory” (ibid: 12).

Duoethnography is a form of research method specifically applicable to reflecting on values and ethics in health and social care; for example, Grant and Radcliffe (2015) explored the nature of mental health nursing education in a system that propounds the use of technical rational processes. Like them, we emphasise the need to locate discussions of lived experience within their socio-political and historical context.

We wrote reflections about our lives as academics for a duration of six months which we shared regularly with each other. This enabled us to reflect on our own perspectives of working in different disciplines and different universities. JF is a qualified and registered social worker working as an academic in a faculty which encompasses health, medicine, education and social care; and likewise, RG is an academic, who works in organisational studies in a business school. We both identify as people who experience mental distress, although RG has to date not disclosed her identity in her University sector; these alternative perspectives about our lived experience identities, enable us to reflect on our experiences in rich and complex ways.



We drew upon thematic data analysis (Braun and Clarke, 2006) to inductively develop key themes from our reflections. Braun and Clarke (2006: 87) highlight that thematic analysis involves a six-phase process which includes familiarisation with the data, followed by a process of searching for and defining themes, which are then confirmed through further iterative analysis of the data. Braun and Clarke (2006: 83) acknowledge that thematic analysis is often flexible, encompassing an approach that can be both ‘inductive’ and ‘data-driven’. We adapted this process and explored the content of our reflections through an iterative cycle that consisted of writing and reading our accounts alongside engaging with the literature. This iterative cycle enabled us to contextualise our reflections in the wider social context, a very important component of writing duoethnography (Adams, Holman Jones, and Ellis, 2015); consequently it led us to organise our data into three broad themes, as discussed in the Findings.

### *Ethical considerations*

We did not apply for ethical approval for this duoethnographic study because we had full control over the data we produced and knew how it would be used. However, there are many ethical issues to grapple with when using duoethnography, and as part of our research governance process we conducted a risk assessment<sup>1</sup> to consider the issues experienced in writing such self-exploratory and exposing research and to consider the impact on us both from publishing these accounts.

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<sup>1</sup> Copies of Risk Assessment available via corresponding author

We consciously focused on several factors involved in writing a lived experience narrative, because the process of writing about personal, difficult experiences has the potential to generate emotional distress; therefore as we developed this article, we both offered support to one another. Support began at the pre-writing stage and continued during the writing and publication process with open discussions and review of the implications of this project and content of the article for both the second author who has not disclosed within her professional arena and who might be 'outed'; and for the first author who has not disclosed in her personal circle. We also considered the strength and suitability of our individual support networks both while writing and once published.

A central part of our ongoing discussion was to explicitly review self-care and care of each other over what we might choose to disclose (i.e. from our diaries) or not; coupled with the right at any point in the writing process and pre-publication to withdraw any personal material from the article. We agreed that we could withdraw from the process of publication at any point and, accordingly, each took personal responsibility for sign off of personally generated content. We instigated pauses in the writing process due to other factors such as additional work to protect our own work / life balance. Moreover the agreements that we developed were both tacit and overt; they were created during our many conversations and were a central part of the development of this article. We have both valued these, and found they provided clear boundaries and safety for both of us.

Additionally, a significant concern encountered when using this research method, is that although we, as writers of duoethnography, may be in control of our own data, but that the people with whom we converse, who form a part of our reflections, are not. Therefore, in

accordance with ethical practice, we ensured that the characteristics of the people reported in our accounts were changed, in order to preserve their anonymity and the confidentiality of the discussion.

## **The Reflection**

We organised our reflections around three broad themes: our lived experiences of mental ill-health and its influence on our working identities in our respective HEIs; whether we had made a decision to disclose our mental health condition either at work or in our personal settings; and the impact of disclosure on our personal and professional identities. We present the Findings by moving between the data from our reflections and the subject matter in the literature; this allows us to relate our stories in a way that preserves the journey we undertook in connecting “the autobiographical and personal to the cultural, social, and political” (Ellis, 2004: xix).

### *The experiences of mental ill-health*

In this section we draw out two specific themes that form the focus on our reflection: firstly, we describe the manner in which we *experience* mental ill-health in the workplace and the *impact* it has on our working lives; secondly, we consider how colleagues respond to covert and overt presentation of mental distress in the workplace. Alongside this discussion, we address the coping mechanisms we have developed; and as part of this, the legal adjustments that we can expect to receive from our employers as a consequence of identifying lived experiences of disability in the workplace.

From our experiences, we both concur that mental distress can cause acute and severe disability in the occupational arena; it is a hidden disability that is often misunderstood and characterised as weakness or frailty or performance issues in occupational health. Moreover, this understanding underpins much of our discussion in this first part of the Findings. JF identifies how mental health symptoms impacted on her in the workplace.

*That perception of stress. ... What has gone wrong? Did I say that? If I said that what does it mean? It prickles; it hurts; it physically winds me and takes pain to my gut. Why? It is physically painful and physically debilitating as it crushes my soul. What is it? The memory of a half-recalled conversation, which seemed fine and clear at the time. But now, what if I said the wrong thing? (Diary JF, June 2018)*

JF has an occupational health assessment in place that recognises the difficulties that her mental health need poses in working in an open-plan office environment. She finds that she experiences paranoia through immersion in such an environment as she hears a half-remembered conversation and focuses on trying to remember the exact content of conversation; this leads her to re-imagining and reinventing the conversation. These moments of paranoia make it very difficult to work in an open-plan office as discussed in Fox (forthcoming). JF reflects:

*Focusing on scraps of remembered conversation, which had no significance at the time. Yet remembered in passing, ... the searing stab of anxiety, leading to 'what if'. That snatched conversation, those scraps of memory that rise in my head and prickle like needles in my soul. ... A conversation of no consequence that is like a fire in my soul; like a piece of cold ice bitten into that leaves a sharp pain... (Diary JF, June 2018)*

Experiences are different for RG, because she believes that there is no visible evidence of mental health struggles in her behaviour in the workplace. A coping mechanism for her involves forward planning and looking at workload peaks and tasks that might trigger her to feeling she cannot cope or perform. For example, in March 2019 she already has her eye on meeting 2019/20 deadlines, timetabling, and peak hits of work.

*When I need to ensure I am not overloaded or stressed beyond what I can cope with and function I tend to raise this with my colleagues as 'avoiding peaks of stress', for tiredness or physical health issues with stamina and keeping going. Such conversations are couched within terminology such as 'never missing a deadline'. The most that was said by colleagues as I left the room after one such conversation was 'yes we know you can get anxious' (Diary RG, March 2019)*

The ways that colleagues respond to RG's attempts to manage her experiences of stress, raise the prospect that her coping strategies are more visible to colleagues than she thought. Importantly for her, it seems they are not labelled and identified as efforts to manage mental ill-health or issues with her performance; yet she still feels reluctant to acknowledge these difficulties as originating from mental health rather than physical health reasons.

Our mental distress thus impacts on our individual performance in our workplace in both overt and covert ways, leading colleagues to approach these issues with different responses whilst still acknowledging our identities as effective and reliable workers. However our own choice to disclose impacts on the support both academics receive in their respective universities, in relation to experiencing 'reasonable' adjustments as required under the

Equality Act (2010). This legal duty requires an organisation to make ‘reasonable adjustments’ to the working conditions of people with disabilities to enable them to fully participate effectively in their workplace environment despite the limitations of their condition, illness or disability; the implications of this duty in regard to the choice to disclose or not is considered later in the Discussion.

### *The Decision to Disclose: At Work or in a Social Setting*

Underpinning our reflections throughout this duoethnographic account, were our different decisions to disclose either at work or in a social setting; and how this action, in turn, impacted on our identity in our personal and professional lives. In this section, we consider whether and how we made the decision to disclose our conditions, and in what contexts; a pertinent theme running throughout this dialogue was the perception of meeting mental health stigma and discrimination through revealing such a condition.

The decision to disclose a mental health condition in the workplace can be a fraught and frightening step (Fox, 2011), as both authors recount. Those with a mental health condition are more likely to be labelled as being untrustworthy and unstable and at best as potentially unreliable or unpredictable. This would discourage self-disclosure of temporary or long-term mental ill-health, however little or much they impact at work. RG notes how her fears about revealing her mental health impact on her occupational status:

*For myself I would not expect my institution, manager or colleagues to openly express concerns with trusting my capacity and performance ... it would be more unconscious or hidden. I cannot say I feel safe to disclose and not be treated negatively and with the suspicion that I cannot be trusted and will reliably perform. Unless they are*

*particularly enlightened and probably due to personal experience of some sort I would expect unspoken fears, prejudices, and lack of understanding will be used to 'judge' me and my actions and the way they view and treat me. .... (Diary RG, July 2018)*

This raises the issue for RG of understanding what protection she has if she discloses mental ill-health. This is an important factor in deciding whether it is safe to disclose. Mind (2018) reinforces that we may not want to disclose because of concerns with treatment and confidentiality:

*Sometimes people who have mental health problems are treated worse at work because of their mental health condition. This is called discrimination and, if you experience discrimination at work, you may have a legal right to challenge it. Mind (2018:2)*

Gough (2011) raises the possibility of challenging the social culture of discrimination against mental ill-health within HEIs by disclosing experiences. RG notes:

*At this point I do not feel like I want to be the one to stand up and challenge this through personal disclosure (Diary RG, July 2018)*

The decision to disclose is a personal act of agency, identity, and choice, however it is a necessary action to access reasonable adjustments at work. Without this disclosure, an organisation is unable to respond to the needs of its workers under the Equality Act (2010), as alluded to already in the article. The question remains where and how is it safe to disclose and in what environments. RG reflects:

*When I mentioned separately to two people in the summer of 2018 writing an ethnographic article and potentially disclosing some personal mental health information I was shocked at their immediate and strength of response. Separately*

*one responded it was a bad idea and something 'you should never do as it was too risky' and the other simply 'don't do it, it will have a negative impact at work'. For both it was still a strong and active taboo as one remarked 'in the same way disclosing alternative sexuality was in the past' (Diary RG, September 2018)*

RG's testimony reinforces the 'dangers' and stigma identified with mental ill-health. For her, they suggest being viewed as 'alien' and 'other' continues to be a prevalent and real concern in 2019. To disclose can be viewed as admitting to being 'other' and risky for career, employment and standing. For her, these reactions reinforce that it is not yet safe and without risks to disclose at work within HEIs.

It is interesting to note that the two authors operate within different boundaries on disclosure in relation to friendship groups and personal life outside of work. RG does not disclose at work but operates a more open approach to disclosing with some friends. On the contrary, JF shares these experiences within her work situation but is reluctant to disclose them in a personal situation. JF reflects:

*I am a mother, a lecturer, a wife and a service user. In each of these worlds there is an intersection of identity. As a mother, there are things you don't say, don't present to the world. As a pregnant mother, I was met with caution on behalf of my mental health. In Fox (2012), I reflect on experiences as a mother set apart by a diagnosis of mental ill-health, seen as a potential risk, a potential vulnerable person. (Diary JF, July, 2018)*

As a professional, this identity as an expert-by-experience has some value; however, in Fox (2012) JF reflects on her experiences as a mother set apart by a diagnosis of mental ill-health, seen as a potential risk, a 'vulnerable person'. In Fox (2012), JF describes her experiences as



a pregnant woman and the additional support that was imposed on her to manage her mental ill-health in the early days after the birth of her baby; and this impact upon her identity as a confident and competent professional. This “spoiled identity” (Goffman, 1963) led to feelings of shame, of devaluation and vulnerability and a reluctance to disclose the diagnosis of mental ill-health to other mothers and other professionals in her daughter’s world. The perception of the risk and the dangers of disclosure are based on the potential extent of engrained social exclusion and ‘otherness’ that is part of the social culture (Warner and Gabe 2004).

### *Personal and professional identities*

The final section considers the impact of disclosure on our personal and professional identities in our respective HEIs. The place of stigma and potential discrimination against those who experience mental ill-health again underpins our reflections; however the tradition of the place of lived experience disclosure in the context of our respective subject disciplines is also highlighted as it underpins much of our own personal choices to disclose a mental health condition or not in our respective HEIs.

The context in which we disclose our mental health condition underlines how we perceive our personal and professional identities. RG’s fears that revealing her mental health needs will destroy her existing competent identity. Her diary reveals that she guards against ‘triggers’, but still gets distressed; this leads her to question what ‘*my real identity*’ is. Is it a competent and functioning academic who enjoys their role, autonomy, and ability to work with and influence or is this a façade that “*once cracked will reveal someone who cannot cope and beset with anxiety issues that make me incompetent and will (re)position me in*

*others eyes as unreliable, incompetent and unemployable. This is the person it is frightening to reveal and allow to be seen not to be revealed or seen”*. (Diary RG, April 2019).

Not revealing this personally frightening and owned identity at work is still a critical foundation of her functioning at this present time. RG’s diary entries for July 2018 suggest she was ready to *“out myself and I had visions of being a key person in changing my HEI organisational culture and being more authentic by revealing my identities and perhaps history”*. This moved quickly to more caution as thoughts of loss of standing, being sidelined and treated differently at work reappeared.

At work RG is the competent person with good relationships with colleagues and strong work ethic and ethical practice who is proud of what she achieves. She is also someone who struggles with anxieties and is triggered by some tasks and situations and has her own range of coping mechanisms. She believes that her professional identity will be devalued if she discloses her mental ill-health.

On the contrary, JF locates her professional identity within her identity as a social work academic (Fox, 2016). This is at the centre of her research, practice and teaching as she engages with the student and lecturing community within her university. Perhaps the ability to identify as an expert-by-experience in social work is less frightening as there has been a long history in social work of requiring the perspectives of people who use services and their carers in the teaching of social work students (Levin, 2004); whereas this tradition is not evident in RG’s discipline, of organisation studies in a management school, making disclosure less safe and more threatening. JF reflects:

*As a lecturer, I am also a service user. But that is a valued identity in the context of valued experiential experience (Fox, 2016). Experiential expert knowledge is an asset; it enhances the lecturing identity, but it is sometimes met with confusion, how can a lecturer be a social work professional? Where do these identities sit? As a mother at the school gates, mental ill health diagnosis, a 'schizophrenic', a person with schizophrenia, a person with mental health issues are hidden; they are not allowed to exist. Who can understand this diagnosis of exclusion? (Diary JF, January 2019)*

JF finds that her identity as a social work academic is valued by society, however her role as a mother, is perceived as being of little worth. Pettinger (2019) reflects that working identity is often attached to value and economic success, whereas caring work is often related to the domestic sphere, which is undervalued. Gough (2011) draws on the psycho-therapeutic literature to discuss the several tensions of being othered in self-disclosure, as JF experienced in Fox (2012) and RG fears she will at work.

This final point of reflection returns us to our initial themes where we discussed our experiences of mental ill-health and the dichotomy between disclosing mental ill-health and the fear of being labelled and stereotyped at best as unreliable and 'emotional', and at worst as unpredictable, aggressive and incompetent; moreover the impact of stigma and discrimination underpinned much of our reflections. We then discussed our areas of disclosure and finally considered how they influence the identity we present to the world, reflecting on the different identities that we possess and the oft-experienced feelings of inadequacy and self-doubt, frequently associated with mental distress.

## **Discussion**

We now draw together our reflections on the process of disclosing (or not) mental ill-health and its impact on our credibility and identity as academics in our respective HEIs and the wider sector. In particular, we discuss the significance of ‘identity work’ (Seveningson and Alvesson, 2003) in relation to the academic role, which enables us to analyse the choice to disclose mental ill-health and the subsequent impact this has on the formation of personal and professional identities. We then consider how HEIs can develop positive employment practices to improve mental wellbeing in the workplace. The themes that we identified in the Findings form a basis of this discussion and emerged from an iterative cycle of familiarisation with the data we generated and immersion in the literature.

### *The Academic Identity Project*

Underpinning discussion in our reflections, is the recognition, both real and perceived, of the inherent stigma and discrimination directed against those who identify as having a mental health condition; moreover Cree (2010) reminds us that HEIs reflect the prejudices and discrimination within the society in which they operate. Bassett *et al.* (2006), suggest that disclosure of personal experiences of mental ill-health can be ‘dangerous’ because of the stigma and discrimination within the culture of HEIs. Warner and Gabe (2004 cited *ibid*) discuss the long history and engrained social exclusion and sense of ‘otherness’ of those with mental ill-health due to the association of a sense of risk and danger; which identifies them as ‘alien’ (Beresford and Wilson 2002 cited *ibid*). Acknowledgement of potential stigma and discrimination against those who experience mental ill health leads us to address our decisions to disclose (or not) mental health conditions in the current HEI sector. In the next

section we therefore highlight the impact of the ‘academic identity project’ (Winkler, 2013) on understanding the role of staff working in this context.

Identity work (Seveningsson and Alvesson, 2003) is an innovative method for analysis of the experiences we have described in this paper; it is understood as a process which focuses on identity as an ongoing procedure of social (re)construction and sense-making. This activity involves dynamically forming, strengthening and revising this state of personhood in the multiple domains of our social, domestic and workplace environments (Ybema *et al*, 2009). In order to understand the potential conflict between identity formation in the personal and occupational context, Shumate and Fulk (2014) acknowledge that *role conflict* may arise as virtual working identities impinge on the domestic sphere, requiring us to occupy multiple social and occupational roles simultaneously; this consequently leads to a disruption of the boundaries between work and domestic life, which impacts across all domains in our lives. Accordingly, understanding identity work is helpful in comprehending how to manage mental health in the workplace whilst we simultaneously occupy different domains (Campbell, 2018) and manage these boundaries.

RG undertakes identity boundary work initially in the form of self-dialogue (self-talk) that can result in dialogues with others to confirm or (re)negotiate boundaries. This self-dialogue forms and strengthens her identity (Seveningsson and Alvesson 2003) and is often revealed through how she develops her coping mechanisms. Campbell (2018) explores the role of identity work in HEIs in an autoethnography; she describes a process of ‘breaking a taboo’ when she experienced a period of depression and anxiety whilst at work. This incident required her to employ identity work (Winkler, 2013: 191) as she engaged in a process of

self-questioning and reflection about this situation. The experience of depression and anxiety led her to (re)evaluate her work identity and conclude that she had lost her previous identity as a competent and promotable academic. Campbell (2018:236) notes that we all have coping mechanisms that enable us to manage our stress; however sometimes these fail and mental health conditions ‘spill out’ through the boundaries. Consequently RG notes that she is continually testing out and potentially revealing and revising her identity as she encounters experiences in both her personal and professional life; a process similarly experienced by JF as she negotiates these boundaries. This suggests that, for us, identity work may be an ongoing task requiring continued effort.

Brown (2015:26) refers to ongoing identity work as a potentially ‘calculative and pragmatic, often emotionally charged and generally social process... [that reflects] power dynamics [...] in subtle ways.’ The individual positions reflected by JF and RG fully reflect this identity work as ongoing; indeed, for RG and JF it would seem this emotionally demanding identity work is connected with a negative perception of the ‘loss’ of a competent and trustworthy identity either as mother or academic. Dann *et al* (2019) highlight that identity work is often generated by the loss of a ‘chosen and preferred’ identity within academia through the emergence of mental health issues; however Brown *et al* (2019) suggest loss is often negatively defined and nuanced. Through the development of their coping mechanisms, RG and JF seek to claim more positively construed and preferred identities in relation to what they perceive as an externally construed threat (negative reactions and labelling by others of ourselves as an inadequate academic or mother); expanding on this, Brown *et al* (2019), on the other hand, label an internally construed threat, as an emotion that rouses our anxieties and upsets the stability of our personal self-stories. Accordingly, we have suggested that

those with mental health issues may have the burden of a heavier ongoing identity workload beyond that of some of our colleagues without additional mental health needs.

In order to understand this more clearly within the HEI context, evidence demonstrates that the HEI culture can impact negatively on academics' mental well-being, as discussed earlier in the paper. Over half of academics, from the UK and overseas, say a heavy workload has an impact on their mental health (Shaw, 2014). Furthermore, THE (2018) undertook a global survey of university academics and reported that academics find themselves feeling stressed, and often struggle to fit time for personal and family life around their increasing workloads. A Guardian survey (Shaw, 2014), which specifically targeted academics experiencing mental ill-health, found that two-thirds of more than 2,500 who responded see their illness as a direct result of their university job. Moreover, of those academics who had an existing mental health condition, Shaw (2014) reported that only 37% disclose their condition to their colleagues, though most who did found them to be supportive. This leads to the question of how can universities and organisations respond to the needs of those with mental ill-health?

#### *The HEI response: Organisational adjustments*

As we have already discussed in our reflections, JF has chosen to disclose the diagnosis of her mental health condition, which impacts on the support and adjustments she receives in her workplace; whereas RG has chosen not to disclose her mental health condition, with the consequence that she lacks accommodations to any issues she may face in the workplace. Reasonable adjustments are required under the Equality Act (2010) in response to an identified disability and must be tailored to each individual's needs. This policy enactment has a key role in ensuring the effective occupational performance and mental wellbeing of

those who experience mental distress. The decision to disclose a mental health condition is therefore significant and can be a way of accessing support for specific needs; it, therefore, carries many consequences, and is central to organisational responses that support and manage occupational support for people with mental health issues.

It is fundamental to future UK productivity that organisations support and manage good mental health in the workplace because there is a connection between good mental wellbeing and productivity in the workplace (Stevenson and Farmer, 2017). It is also accepted that a systems-wide approach to promoting employee wellbeing across an organisation is essential. Stevenson and Farmer (2017: 6) identify mental health core standards to support the development of good mental health at work - including softer options such as open conversations, support, to monitoring and effective people management.

Mind (nd a: 5) recommends a three-pronged approach: promoting wellbeing for all staff, tackling the causes of work-related mental health problems, and supporting staff, who are experiencing mental health problems. Mind (nd b: 2) notes that it is very important to develop a clear picture of the mental health of the organisation to understand the issues that are impacting on mental wellbeing in the workplace, to map the actions already being taken to address this and to assess the impact of this support, and plan to further develop and enhance mental wellbeing in order to increase productivity.

The critical question we ask within the current HEI culture is: would such initiatives have a positive impact on staff members' lived experience; and, equally an impact on levels of self-disclosure? The psycho-therapeutic literature (cf. Ashmore and Banks 2003) discusses the



potential blurring and violation of boundaries following disclosure and increased vulnerability that can be experienced. Pianko (2001 cited in Gough 2011:205) “found a lack of confidence and expertise [within organisations] in terms of support and clarity in the face of self-disclosure”. This interacts with the negative positioning as ‘alien’ and ‘other’ within societal culture as highlighted by Bassett et al (2006). Taken together this suggests high risks exist with exposure that may lead many to react as RG did; particularly if there is not a need for absence from work to recover or for immediate adjustments in working arrangements (as experienced by JF).

By returning to reflect on our personal contexts, we note that RG is unwilling to reveal and potentially experience the double-jeopardy of self-disclosure and identification or to become identified as responsible for influencing her HEI’s or colleagues’ (un)conscious understanding and othering of those with mental ill-health. On the other hand, JF has experienced a commitment to changing and influencing the stereotypes that exist about mental ill-health in social work (Fox, 2011; 2016). The decision to disclose plays an important part in her academic identity, whereas RG is reluctant to play a part in the organisational agenda to challenge the discrimination by those who marginalise people with mental ill-health. It is therefore the individual experiences of our universities, our disciplines and our experiences which influence the decision to disclose, as we have discussed in our article.

Our respective individual encounters emphasise the necessity for the university sector to adopt a systematic approach to supporting the needs of those with mental health needs, to acknowledge their requirements for support, and to enable the choice of disclosure of mental

health conditions to happen without fear of alienation and marginalisation. This underlines the need to adopt a systems-wide approach to developing a culture of support for those who experience mental ill-health in the HEI academy.

## **Conclusion**

In this article, we have reflected on our diverse experiences as two female academics who have a mental health condition in two different disciplines, in two different HEIs. Our discussion indicates that mental ill-health is still perceived negatively in some HEI organisational cultures (Shore, 2014), which can lead to a process of othering and alienation (Gough, 2011); moreover, in our experience, we identify that it can lead to a reluctance to disclose because of our *fears* of potential marginalisation, which may be real or otherwise. In our duoethnography, we bring to the fore unspoken dilemmas as we negotiate our place as people with mental health issues in the neoliberal university. Consequently, we highlight that our choices to disclose our mental health conditions (or not) are impacted by our own encounters in our university environments and disciplinary contexts (Fox, 2016).

We reflect on how our lived experiences influence our professional identities as academics and our personal identities in our home, friendship and social domains. We have noted the usefulness of the academic identity project (Winkler, 2013) as we have explored these encounters. Although JF resists negative stigmatisation in relation to her academic identity, it is clearly present in her identity work as an ‘inadequate’ mother; meanwhile for RG, this process is played out in her not wanting to be identified as an ‘inadequate’ academic.

Our study has contributed to the body of literature on work-life narratives and identities (Brown, *et al*, 2019). It has specifically impacted on the empirical body of work on identity boundaries relating to the disclosure and non-disclosure of mental health conditions and suggested that there is an additional burden of identity work for people who experience mental ill health. Accordingly, we have identified the importance of disclosure in the implementation of reasonable adjustments to accommodate the needs of people with health conditions in the workplace under the Equality Act (2010).

We therefore conclude that it is essential to both understand the choice of HEI staff to disclose and to explore the responses of the managers we might disclose to, in order that the sector can develop relevant and supportive employment practices. Finally, we call for more empirical studies of the nuanced lived experience of the mental health of those who choose to disclose or not within the HEI context and underline that both authors are interested in collaborating to explore further thinking and research in these areas.

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