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**In action at work! Mental health self-management strategies for employees experiencing anxiety or depressive symptoms**

**Abstract**

The majority of workers experiencing anxiety or depressive symptoms remain employed, but few studies have investigated how they manage their symptoms while working. This study aims to identify the self-management strategies used by these workers to promote their functioning at work. Semi-structured interviews were conducted with workers presenting symptoms of anxiety or depression (n = 25). A total of 54 self-management strategies that emerged from thematic analysis were grouped into three main categories: behavioural(Managing tasks, worktime, workspace and relationships, Managing boundaries between work and personal life, Using time off work to recover energy, Taking care of one's physical health, and Seeking social support), cognitive (Practicing self-compassion, Managing negative thoughts, Adopting a positive outlook, Accepting situations as they are, Living the present moment, and Developing self-awareness) and affective (Identifying and Managing emotions). The results provide a comprehensive picture of the various self-management strategies that can be included in programs to promote mental health in the workplace and disseminated to employees experiencing symptoms of anxiety or depression.

**Keywords:** Anxiety, Depression, Workplace, Self-management strategies, Qualitative study

**Public significance of the study**

Various mental health self-management strategies can be implemented by workers experiencing anxiety or depressive symptoms. These strategies can be applied by workers during both work and non-work hours to enhance functioning at work. Organizations can encourage use of self-management strategies as concrete avenues of action to promote mental health at work.

**Introduction**

 According to the World Economic Forum, the financial burden associated with mental health disorders will reach a staggering six trillion dollars by 2030, partly due to workplace mental health issues (Dewa, 2017). Anxiety and depression are among the most prevalent mental health disorders in the workplace (Canadian Mental Health Association, 2017; Memish et al., 2017), experienced by respectively 7.9% and 5.2% of the Canadian workforce (Sutherland, 2015). The majority of individuals living with these disorders remain employed (Shields, 2006; Statistics Canada, 2014). Nevertheless, several studies indicate that the symptoms caused by anxiety and depression are likely to significantly affect work functioning, even when they are below the usually recognized clinical thresholds (Beck et al., 2014; Prater & Smith, 2011). These symptoms can lead to more presenteeism, defined as being present at work but experiencing impaired functioning related to one's health status (Schultz et al., 2009). The costs associated with this presenteeism are five to ten times higher than those caused by absenteeism (Dewa et al., 2007). Self-management, defined as behavioural, cognitive or affective strategies used by an individual to manage their symptoms, optimize their health and prevent relapse (Barlow et al., 2005; Lorig & Holman, 2003), seems a promising avenue to help reduce this presenteeism and promote the functioning of employees living with anxiety or depressive symptoms (Bertilsson et al., 2013; Danielsson et al., 2019; Hjarsbech et al., 2015; Lork et al., 2019). However, studies on this topic report only a few examples of concrete strategies that are not exclusively adaptive (e.g., alcohol consumption). Studies are therefore needed to identify exhaustively the self-management strategies that can be implemented by employees presenting anxiety or depressive symptoms in order to enable them to maintain optimal functioning at work.

**Anxiety and depressive symptoms at work**

 Symptoms associated with anxiety and depression are usually characterized by sadness, loss of interest, fatigue, lack of concentration, and excessive nervousness (American Psychiatric Association, 2013). In the workplace context, several studies indicate a negative relationship between these symptoms and work functioning (Dewa, 2017; Memish et al., 2017). More specifically, Haslam et al. (2005) have found that fatigue and lack of concentration are associated with increased risk of errors and accidents at work. Moreover, difficulties in managing emotions can make interpersonal relationships more difficult (Bertilsson et al., 2013). These disorders are also associated to greater difficulty with time management, decision making, and problem solving (Bertilsson et al., 2013; Lerner et al., 2010).

Given their significant negative effects and high prevalence among workers, several scholars have investigated factors that can promote the work functioning of employees experiencing anxiety or depressive symptoms (LaMontagne et al., 2007; Plaisier et al., 2012; Williams et al., 2016). Among these factors, the different strategies adopted by workers to manage their symptoms on a daily basis seem to be a promising option (Williams et al., 2016). These types of strategies, which emphasize the proactive role of the worker, refer to the concept of self-management.

**Self-management**

Self-management draws its foundations from the literature on chronic disease and medical rehabilitation (Sterling et al., 2010). From this perspective, individuals living with a health condition that is chronic or has a high rate of recurrence, such as anxiety or depression, are led to become their own primary caregivers and must implement a set of strategies on a daily basis throughout their lives to manage their symptoms (Lorig & Holman, 2003). As suggested by Villagi *et al* (2015), self-management can in turn positively influence the various dimensions of recovery (i.e., social, existential, functional, physical and clinical). To date, several studies have identified a fairly large number of self-management strategies that can be used by individuals with anxiety or depressive symptoms (e.g., Chambers et al., 2015; Morgan et al., 2016; van Grieken et al., 2013; Villaggi et al., 2015). Given their high rate of comorbidity, anxiety and depressive symptoms are often studied simultaneously (Pollack, 2005). These strategies can be behavioural (e.g., taking medication), cognitive (e.g., restructuring thoughts), or affective (e.g., managing negative emotions).

Fewer studies have specifically examined the self-management of anxiety and depressive symptoms in a sample of workers. However, since the work context has its own constraints, such as a schedule to respect, performance requirements to meet, and harmonious interpersonal relationships to maintain, some strategies may be specific to the workplace (Bertilsson et al., 2013). Thus, while the strategies identified in the studies listed above are effective in promoting the recovery of individuals living with anxiety or depressive symptoms, little is currently known about strategies that also promote functioning at work. In this regard, the qualitative study by Hjarsbech and colleagues (2015), conducted with employees living with depression, indicates that these employees often perceive their work environment as difficult to change and find that using strategies related to elements over which they have control is more effective (e.g., managing their own symptoms). Moreover, self-management strategies can represent an interesting complement or alternative to psychotherapy and pharmacology, which some workers are sometimes reluctant to undertake, particularly because of the stigma surrounding mental health problems in many workplaces (Reavley et al., 2018). Thus, self-management strategies seem to be an interesting avenue to promote well-being and functioning at work.

**Self-management strategies for workers with anxiety and depressive symptoms**

 A few qualitative studies have looked at strategies used by workers with depression or anxiety to manage their symptoms, hold on to their job and promote their work functioning. First, a study by Danielsson et al. (2019) identified four categories of strategies that allow individuals to remain employed despite symptoms associated with anxiety or depression: *Forcing the work role* (i.e., extending present capacities and pushing limits*), Warding off work strain* (i.e., pushing back the tension of work by taking time off work or denying symptoms), *Reflexive adaptation* (i.e., using adaptive strategies to keep working, such as noticing signs of instability and, in response, seeking help), and *Recuperating from work* (i.e., recuperating and recharging to keep up the usual pace at work). While some of these can be considered self-management strategies, others are more related to avoidance or denial and do not fall under the heading of self-management, since they do not make it possible to effectively manage one's symptoms, optimize one's health and prevent relapses (Lorig & Holman, 2003).

In the same vein, a study by Lork et al. (2019) identified several strategies used by workers suffering from anxiety or depression to maintain their employment (e.g., practicing acceptance, increasing self-awareness by listening to one's needs, understanding the consequences of one's thoughts and actions, doing one thing at a time, setting limits). However, this study was part of an employment rehabilitation intervention in which participants were supported by health professionals, which is not representative of most work contexts.

Finally, a study by Meunier et al. (2019) identified 60 self-management strategies for anxiety and depressive disorders that could be specifically applied in the workplace. However, this study, using the Delphi method, was based on a list of strategies from the Villaggi et al. (2015) study in which participants were not necessarily active in the workforce. Therefore, it is possible that some strategies were omitted from this study because they were not included in the initial list provided to the three panels of experts. In addition, this study was only interested in strategies implemented during working hours. However, some strategies used outside of work might also support employees' functioning at work (e.g., not checking email at night at home).

In order to fill in the gaps of the current literature on workplace mental health self-management, it seems essential to use an inductive approach that draws on the real-life experiences of workers presenting symptoms of anxiety or depression. The purpose of this study is therefore to explore and identify in a comprehensive manner the self-management strategies used by these workers during or outside their working hours to promote their functioning at work. The results will give workers concrete strategies among which they can choose to manage their mental health and enhance their functioning at work. The present study will also contribute to the theoretical knowledge on self-management by validating empirically the three dimensions of the definition suggested by Barlow et al., (2005). Moreover, it will pave the way for future studies seeking to measure self-management strategies in a workplace context and examine their associations with various occupational variables such as job satisfaction, work functioning and performance.

**Methodology**

 Since this study explores a subject on which there is little scientific literature, a qualitative approach was chosen. Qualitative semi-structured interviews were conducted with workers living with symptoms of anxiety or depression in order to identify the self-management strategies they use to manage their symptoms and promote their functioning at work.

**Recruitment.** A total of 28 participants were recruited through an ad posted on social media such as Facebook and LinkedIn. Several mental health organizations (e.g., Relief, Canadian Mental Health Association) also posted the ad on their social media page or in their newsletter. The ad was also sent by email to members of the second author's research lab participant bank. To be eligible to participate in the study, participants had to: 1) be 18 years of age or older, 2) have at least mild to moderate symptoms of anxiety or depression for at least six months or have a diagnosis of an anxiety or depressive disorder for at least six months, and 3) be currently employed for at least 21 hours per week. The only exclusion criterion was to have severe symptoms of anxiety or depression that could cause unwanted discomfort during the interview. All eligibility criteria were verified during a telephone pre-interview in which the French versions of the Generalized Anxiety Disorder 7-Item Scale (GAD-7; Vasiliadis et al., 2015) and the Patient Health Questionnaire-9 items (PHQ-9; ; Arthurs et al., 2012) were administered to assess anxiety and depressive symptoms respectively. These two questionnaires are both validated tools with excellent psychometric qualities and are based on the clinical criteria of the DSM IV. Moreover, these questionnaires are frequently used by clinicians to measure the intensity of anxiety and depression symptoms and to establish a clinical diagnosis (Costantini et al., 2021; Sapra et al., 2020). Participants with scores revealing severe symptoms of anxiety (GAD-7 score > 15) or depression (PHQ-9 score > 20) were excluded from the study and referred to resources offering psychological support (n = 3), bringing the number of participants to 25.

**Procedures.** Eligible participants were invited to a one-on-one interview that lasted, on average, from 60 to 90 minutes. Interviews were conducted at "name of the university" (n=16), or by videoconference (Zoom) when participants resided off Montreal (n=9). Before starting the interview, participants were asked to read and sign the consent form approved by the "name of the university" Institutional Human Research Ethics Board. After the interview, participants received $25 in financial compensation.

**Participants.** A total of 25 participants from 20 to 60 years old (M = 35 years; SD = 12.75 years) from a variety of employment sectors (e.g., legal, administrative, education) took part in the interview. Of these, nine were male and 16 were female. Participants worked between 25 and 90 hours per week (M = 35 hours; SD = 12.75 hours). Of the participants, 52% had predominantly anxious symptoms, 36% had predominantly depressive symptoms while 12% had mixed symptoms (anxious and depressive).

**Interview guide.** The semi-structured interview guide was developed based on Flanagan's (1954) critical incident technique. This technique consists of a set of procedures to collect information about an observable behaviour described in sufficient detail to allow inferences about the person performing the behaviour (Flanagan, 1954). More precisely, participants were asked to recall and describe situations in which they used strategies to manage their symptoms in a healthy way, thereby promoting their functioning at work. Questions were also included to cover all types of strategies (behavioural, cognitive or affective) and to take into account strategies used both during work hours and outside of work hours. The interview guide was pre-tested with a worker who met the study's eligibility criteria. The saturation principle (Firmin, 2008) was used to determine the number of participants required.

**Analyses**

 The 25 interviews were recorded and transcribed in full. The verbatims were then exported and analyzed using NVivo version 12 software. A hybrid method combining deductive and inductive approaches (Fereday & Muir-Cochrane, 2006) was used to identify participants’ self-management strategies as well as the themes these strategies represent. Indeed, the original code list was inspired by strategies identified in previous studies (Barlow et al., 2005; Lorig & Holman, 2003). However, new codes emerging from participants’ answers were added to the list throughout the analysis. A thematic analysis based on the guidelines of Braun & Clarke's (2006) six-step approach was conducted: 1) becoming familiar with the data by reading the verbatim; 2) generating the initial codes; 3) combining the codes to form themes; 4) revising the themes; 5) defining and naming the themes; 6) reporting the findings. All of the analysis was conducted by the first author and the codes and themes identified were discussed several times with the second author in order to refine them and arrive at a final list.

Subsequently, a committee composed of 13 experts (four researchers and four practitioners in the field of occupational mental health, and five workers who had participated in the qualitative study) was formed to evaluate the relevance of the self-management strategies identified by the thematic analysis by assigning a rating from one to four (1 = Poor, 4 = Very Good). A mean score was calculated for each strategy.

**Results**

 The thematic analysis identified 54 self-management strategies that fall into three broad categories: behavioural, cognitive and affective. These broad categories were subdivided according to 16 themes, as presented in the thematic tree (see Figure 1) and described below. The average score of the relevance rating of the expert committee for each strategy is presented in supplemental Table S1. All but two strategies were rated as good or very good by the experts (scores ranging from 3 to 4).

InsertFigure 1

**Behavioural self-management strategies**

These strategies refer to concrete behaviours adopted by the participants in order to manage their anxiety or depressive symptoms, and promote their functioning at work. As presented in supplemental Table S2, behavioural self-management strategies were reported by participants in greater numbers than any other category (n = 32) and were classified according to eight themes representing strategies that could be adopted at work (e.g., managing tasks), at home (e.g., activities to recover energy) or in both contexts (e.g., seeking social support).

 To **manage their tasks**, participants used several strategies such as setting realistic objectives and deciding which tasks to undertake according to their psychological state. Thus, participants reported that, depending on their level of energy or concentration, they appreciated having the freedom to perform more or less complex tasks. In addition, taking notes or asking colleagues for reminders appeared to be strategies that enabled participants to reduce forgetfulness and calm down, and facilitated their functioning. Regularly informing one's supervisor of the order of priority of tasks was another strategy used by participants. At the same time, clarifying expectations about roles and responsibilities with colleagues or supervisors was a particularly useful strategy.

What I had picked up on was mostly the expectations of me, I think I had misunderstood them. So every time I'm given a task that I'm more or less comfortable with, I just say, "Okay, what are your expectations? What are your deadlines? ". [P-4]

 In order to **manage their worktime**, some participants mentioned the importance of determining their schedule according to their energy and psychological state: "If it's tougher times like in the fall, then I'll do less overtime. I'll be more realistic with how my energy level is". [P-16] On the other hand, only a few participants had the flexibility to implement this strategy. Using effective time management tools to plan their schedules (e.g., using a planner) was also a strategy mentioned by participants to manage their work time optimally. For example, planning one's schedule so as to have uninterrupted work periods and planning a buffer in one's schedule to better juggle the unexpected enabled participants to reduce their stress level and improve their functioning at work. Thirdly, allowing oneself to take breaks in order to recover one's energy was another effective strategy that was used by participants. They emphasized the importance of disconnecting from work during these breaks: "Sometimes I can eat at home. Again, it's all about the break. Distancing myself a bit, getting away from work and taking a step back''. [P-25] Participating in physical (e.g., walking), relaxing (e.g., breathing exercises, meditation) or recreational activities (e.g., surfing social networks, reading a book) during the lunch hour were also found to be beneficial.

 In an attempt to **manage their workspace**, participants reported a few behavioural strategies, including setting up their workspace to reflect their self-image, for example, by decorating it with photos, plants or accessories. Ensuring that their workspace is comfortable and ergonomic was another strategy that a few participants used. This sometimes involved making requests to their immediate supervisor to improve their physical work environment. On the other hand, keeping one's workspace clean and organized seemed important to many participants: "My stress... really decreased because I took 10 minutes to put everything in my filing cabinet. It has a major impact when there's a lot of stuff on my desk". [P-9] Finally, deciding where to work based on one's psychological state, i.e., choosing between telecommuting or office-based work, was a beneficial strategy for the few participants who had this flexibility.

 To **manage their relationships**, many participants chose which colleagues they had professional or friendly relationships with. Indeed, some participants explained that they sometimes preferred cordial and formal relationships to more informal ones with co-workers with whom they had less affinity. In the same vein, choosing with whom to discuss their psychological difficulties at work appeared to be an important strategy for many participants. In addition, informing one's colleagues or supervisor on days when symptoms were more present was a strategy used by several participants to moderate expectations towards them and respect their need to be alone.

On the hardest days, when I feel more depressed and anxious, I try to warn the people around me. To tell them: "not a good day, I'm not doing so well. I feel like being in my bubble." So people know that at that time, don't talk to me too much. I talk to my bosses too and I tell them, "Not a good day today, I'm not at my best. I won't be coming to see you as often." They're like, “No problem”. [P-9]

 Finally, asking colleagues or their immediate supervisor for feedback on the quality of their work was a strategy mentioned by many participants to highlight their strengths and areas for improvement in order to better understand their functioning.

 To **manage the boundaries between work and personal life**, participants used three main behavioural strategies. First, limiting their contact with the workplace in the evenings, on weekends, and during vacations was seen as a very useful strategy (e.g., avoid reading their e-mail outside of their work shift). Second, creating a transition time between their work day and the rest of their day was also seen as useful for separating work and personal life. Several participants used the time spent commuting to and from work to create this moment of transition. Finally, creating a separate workspace when working from home, for example, by avoiding working in areas designated for relaxation, such as the living room or bedroom, was a strategy used by participants to define the boundaries between their work and personal lives.

 Participants also shared several behavioural strategies related to **using time off work to recover their energy**. First, engaging in activities that allow for psychological detachment from work was a strategy implemented by the majority. These included activities characterized by the activation of functional systems different from those used in the participants' work (e.g., renovation, gardening, household chores). Second, engaging in activities that promote relaxation, such as low-intensity physical activity (e.g., walking, yoga), passive leisure activities (e.g., reading a book, listening to music, watching television), artistic activities (e.g., mandalas, scrapbooking) or being in a natural environment (e.g., hiking, camping) was identified as particularly helpful for participants in terms of recovering their energy. Thirdly, engaging in activities that generate feeling of competence and usefulness was another strategy brought up by several participants. In fact, learning new skills outside of work, such as taking courses of all kinds (e.g., dance, painting, music, kickboxing) was mentioned by several participants who said that it gave them a sense of competence and accomplishment different from that generated by their work. From another perspective, performing activities that allowed them to help others, such as volunteering, was identified by participants as helping them feel useful. Finally, engaging in pleasant activities outside of work hours was a strategy implemented by many participants (e.g., watching a movie at the theatre, cooking and sharing a good meal with loved ones, taking care of or playing with a pet). These activities, varying from one individual to another, allowed participants to recharge their batteries and function better at work afterwards.

 Participants also identified several strategies for **taking care of their physical health**. Following a daily schedule provided participants with a stable and reassuring structure. In the same vein, adopting good sleep patterns and eating healthy were considered beneficial strategies for maintaining good physical health, and improving work functioning. In addition, limiting alcohol consumption was seen as a positive strategy for many participants. Adopting healthy personal hygiene habits, including taking care of their physical appearance, was considered a helpful strategy for some participants since it made them feel better about themselves and more confident. For participants with a medical prescription from their health care provider, taking their medication was also reported as a strategy that made a difference in managing their symptoms on a daily basis: "I take x (name of medication), I guess that helps. I don't realize it on a daily basis. But that too is something I imagine helps me in my work". [P-5] Finally, engaging in physical activities was a strategy repeatedly reported by participants, as it allowed them to release tension accumulated during their work day and promoted optimal recovery.

 **Seeking social support** emerged as another major theme among behavioural strategies that was of particular importance to participants' work functioning.First, knowing when to ask for help and daring to do so was seen as a key strategy for many participants. In other words, not waiting until one is completely overwhelmed before asking for help was important to them.Second, knowing whom to ask for help was also important. More specifically, several participants reported that confiding in people who has been through similar mental health challenges was a useful strategy because they felt better understood. In addition, seeking advice from family members (e.g., spouse, parents) and friends about problematic situations experienced at work allowed participants to obtain a different point of view and to put certain situations into perspective.Finally, seeking professional support available in the community (e.g., psychotherapy, support group) or within one's organization (e.g., employee assistance program) was a very beneficial strategy mentioned by the majority of participants.

**Cognitive self-management strategies**

These strategies refer to all the mental processes and thoughts that helped participants to manage their anxiety or depressive symptoms, and promote their functioning at work. These strategies were used both on and off the job. Cognitive self-management strategies were classified according to six themes, presented in supplemental Table S3.

 First, **practicing self-compassion** emerged as a central theme in the interviews. Several examples of strategies related to this theme were mentioned by participants, including adopting a kind inner voice: "Basically, I pay attention to how I talk to myself. [...] That, I admit, is an important element. The way I speak to myself in specific situations". [P-20] Then, learning to recognize and value their achievements was also a strategy used by the participants: "At home, I use it to write down my good deeds of the day, to show that there is not only negative in a day, there is also positive". [P-7] Finally, humbly accepting that one's tasks at work or at home (e.g., household chores) are not always done perfectly allowed participants to be kind to themselves, thus relieving the pressure that some of them tended to self-impose.

Participants also used different cognitive strategies to **manage their negative thoughts**. In this regard, becoming aware of one's internal voice, intercepting automatic negative thoughts (e.g., “Well, that’s it, I’m getting sick again*”* [P-16]) and transforming them into something more positive was a strategy mentioned by several participants. Focusing on something else (e.g., physical sensations, tasks to be done, client requests) was also considered useful by participants, as it allowed them to take their mind off their symptoms. In addition, acknowledging that the situation is temporary when faced with adversity was identified as beneficial to manage symptoms and increase work functioning. Finally, learning to de-dramatize situations was a strategy that was repeatedly mentioned by participants. Specifically, remembering that the situation is not life-threatening was often reported: "Look, we're not doing open heart surgery. Sometimes you have to put things in perspective" or "We're not flying a plane". [P-5]

 In addition to managing their negative thoughts, participants mentioned that **adopting a positive outlook** helped them to generate positive thoughts and function better in their work. In this regard, learning to look on the bright side in every situation was a strategy mentioned by the participants. Reminding themselves of positive affirmations (e.g., mantras) and being grateful for positive work experiences (e.g., challenging assignments, positive relationships with colleagues) also emerged as favorable strategies since they generated positive cognitions in participants: " I think to myself how lucky I am to be able to work on this project, on a project that I find so extraordinary ". [P-6] Finally, perceiving mistakes as a learning opportunity was also a particularly useful strategy as it allowed participants to grow and take a step back rather than ruminate about their mistakes.

Now I know that what I did was not the right thing. Well look, it doesn't matter, I can't change it. It's understanding that what's done is done. I can't change it, but I can work to prevent it from happening again or to improve. It's this kind of inner talk that I have with myself. [P-1]

On another level, **accepting situations as they are** represents another major theme among cognitive strategies. Participants reported two strategies related to this theme, the first being to accept and learn to live with their mental health difficulties. For some participants, comparing their mental health difficulties to a physical illness promoted acceptance and seemed to help normalize them. Second, participants mentioned that it was helpful for them to learn to identify elements beyond their control in order to be able to let go.

 And at some point, you learn to let go. Because if you don't, you won't survive. And I think that's why I'm able to be a teacher today. Letting go. I can't control everything. And that's it. It works well for me. [P-1]

 Other cognitive strategies participants used to manage their symptoms were related to **living in the present moment**. Making a conscious effort to focus on what is happening in the present moment allowed participants to fully enjoy and savour the moment in the here and now: " I go to see my son at his karate class, but I'm not looking at my cell phone. I'm watching him do his karate". [P-5] Living one day at a time was another strategy that participants used to reduce some of their concerns. Finally, some participants mentioned that distancing themselves from their thoughts by writing them down without judgment, for example, was a helpful strategy.

 The last theme among cognitive strategies relates to **developing self-awareness**, particularly by remaining vigilant for any signs of symptoms resurfacing in order to be more proactive in managing them. Strategies within this theme also include choosing one's employer or mandates according to one's values, strengths and interests, in order to avoid going against one's own nature.

 The best advice I can give is: shop around for a workplace. Look at what you can do for your workplace but look at what they can do for you too. […] Instead of trying to fit into an environment where you just don't fit, shop around. [P-6]

Finally, defining oneself by something more than one's work appeared to be a favourable strategy since it helped participants to have a more positive view of themselves and to value themselves in ways other than their work performance: "I don't just want to be valued, I don't just want to be recognized for doing my job, there’s more to me than just that." [P-11]

**Affective self-management strategies**

 These strategies refer to all the regulation processes that helped participants to deal with their emotions in order to manage their anxiety or depressive symptoms, and promote their functioning at work. Although less numerous than behavioural and cognitive strategies, affective self-management strategies were used just as much at work as outside of work to promote both functioning and well-being. These self-management strategies were classified according to two themes as presented in supplemental Table S4.

 First, **identifying one's emotions** and naming them was a useful affective strategy since it allowed participants to express their feelings in words and thus acknowledge their emotions.

I identify my emotion and I'm like, Okay this is it, here I can rationalize. So, instead of trying to hide all the time, and be like: "No, I'm not living like that, it's stupid to live like that." Well, stop feeling stupid for having an emotion. Live it. After that, it's much easier to set it aside. [P-13]

Then, to **manage their emotions**, participants used two main strategies. The first was to vent to their colleagues or relatives in order to release their emotions. The second was to step back to avoid being overwhelmed by the negative emotions of others or by their own emotions.

[…] I am aware that sometimes there are clients who get angry at us because they don't like what we say, because it's just not what they want to hear. But often they come in and they're already angry, so at that point I really try to put a wall between them and me. And I keep telling myself that: if it had been my colleague, they would have done the same.

[P-13]

**Discussion**

The purpose of this study was to explore and identify in a comprehensive manner the self-management strategies used by individuals with symptoms of anxiety or depression in order to promote their functioning at work. This study identified a significant number of self-management strategies (n = 54) that could be used during or outside of work hours. These strategies were grouped into three broad categories: behavioural, cognitive and affective. Behavioural and cognitive self-management strategies were the most frequently reported by participants. It is possible that the critical incident technique, on which the interview guide was based, led participants to describe more of those strategies, thus giving less importance to the affective component. However, affective self-management strategies should not be overlooked. Indeed, a study by Compare et al. (2014) revealed that emotional regulation strategies (adaptive or non-adaptive) could act as a mediating variable in the relationship between emotions and cognition in people living with depression. In other words, by identifying emotions, naming and accepting them, the person frees up the cognitive resources essential to adapting to a complex situation (Wegner, 1994), such as symptom management. In addition, a neuroimaging meta-analysis demonstrated that labeling one's emotional experiences and perceptions can alter those states (Brooks et al., 2017): “When you see a yellow light, you hit the brakes. When you put feelings into words, it's like you are hitting the brakes on your emotional responses." (Wolpert, 2007). Consequently, it seems that naming one's emotions could also help identify warning symptoms and thus impede relapses. The present study adds to this current knowledge by showing how these beneficial effects of affective self-management strategies can in turn promote work functioning. Future studies should try to explore affective strategies more intentionally in order to describe them in more detail and elucidate their role in the definition of self-management itself.

On another level, many of the themes identified in the present study could be related to other well-known concepts or theories. More specifically, many of the behavioural strategies identified here could be associated with the concept of job crafting, referring to actions employees take to shape, mold, and redefine their jobs (Wrzesniewski & Dutton, 2001). According to Wrzesniewski & Dutton (2001), employees craft their job by altering their tasks, the relationships they have at work and their cognitions about their jobs. The present study identified strategies relating to these three types of job crafting, as well as others related to environmental job crafting, which involves employees’ choices about their work environment (Sturges, 2012). Job crafting can therefore be a promising individual strategy for employees living with symptoms of anxiety or depression, particularly for acting on aspects of their work that they can control. However, it should be noted that job crafting theoretically differs from self-management in that it is described as a virtuous circle in which motivated employees engage in proactive changes that enhance their resources and, in turn, their motivation (Bakker & Demerouti, 2017). On the other hand, individuals usually engage in self-management when they are struggling with symptoms related to a chronic physical or psychological condition (Barlow et al., 2002). In future studies, it would thus be interesting to investigate if self-management strategies that are similar to job crafting could apply to less motivated workers who present more serious symptoms of depression and anxiety. Also, while self-management appears to be more adaptable to different job types and situations (at work and off work), job crafting aims to change the job role rather than leisure time use and applies to a job with a clear description and specified tasks. However, not all types of jobs offer much control over one's work (e.g., food and beverage industry, customer service, health care sector, etc.), and it would be interesting for future studies to investigate how self-management strategies that involve job crafting could apply in these specific contexts.

 Another important theme identified in the present study refers to the separation of work from personal life and the use of time off to recover energy. These two themes have been addressed comprehensively in the literature on work-life balance and recovery experiences. Indeed, several studies have also indicated that a lack of segmentation between work and private life can lead to negative consequences on mental health (Bellavia & Frone, 2005; Berkowsky, 2013; Sato et al., 2021). It therefore seems important to equip workers with strategies that allow them to clearly set their personal boundaries (Ashforth et al., 2000; Kreiner et al., 2009) and to engage in recovery activities when they are at home. In this regard, the self-management strategies used by participants to recover their energy were similar to the four main types of recovery experiences suggested by Sonnentag & Fritz (2007), namely, psychological detachment from work, relaxation, mastery, and control. Well known recovery activities such as exercising (Conn, 2010a, 2010b) or getting enough sleep (Magnavita & Garbarino, 2017) were also identified in the present study as efficient for managing symptoms and promoting work functioning. In a world where telecommuting is becoming increasingly common and blurring the line between work and nonwork (Delanoeije et al., 2019), these strategies appear to be particularly important for preserving workers’ mental health.

 Seeking social support was also linked to several behavioural strategies implemented by the participants through both their social ties at work and outside of work. This finding is in line with a recent meta-analysis on social support indicating that it may act as a protective factor against mental illness (Gariépy et al., 2016). In this regard, the IGLOO framework developed by Nielsen et al. (2018), sheds light on the importance of group level (e.g., colleague) and leader level (e.g., supervisor) support to achieve a sustainable return to work in workers with common mental disorders. This highlights the importance of enabling workers suffering from anxiety or depressive symptoms to include seeking social support among the self-management strategies they adopt. Finally, confiding in someone who has been through similar mental health challenges was identified as an important strategy in the present study. Interestingly, a study by Vogel et al. (2007) suggested that knowing someone who had sought help for a mental health issue was linked to more positive attitudes toward seeking help and the intention to seek help.

Several of cognitive self-management strategies could be associated with the second or third wave of Cognitive Behavioural Therapy (CBT). More precisely, strategies referring to cognitive restructuring (e.g., becoming aware of one's self-talk and intercepting negative thoughts) are rooted in 2nd wave CBT. On the other hand, strategies focusing on acceptance, self-compassion, self-awareness and living the present moment are similar to third wave Acceptance and Commitment Therapy (ACT)’s principles (Harris, 2006). The complementarity of these two waves of CBT is an interesting asset to underline, since the types of cognitive strategies used can vary depending on the context and, especially, individual preferences (Corrigan, 2015).

 Although some of the self-management strategies identified in the present study echo those investigated in previous research (Danielsson et al., 2019; Lork et al., 2019; Meunier et al., 2019), this study provides a more comprehensive and integrative inventory of strategies. Indeed, this study contributes to the literature by shedding light on strategies that can be applied during both work and off-work hours and that can contribute not only to symptom management but also enhance worker functioning. The present study also brings together strategies that align with different theories in psychology and management that are often considered in isolation. On a practical level, the strategies identified may be an excellent foundation for developing tools to promote mental health self-management in the workplace. Indeed, such practical tools integrating all of these strategies could enable each worker to experiment and find the strategies that fit their reality, since self-management is not "one size fits all" (Trappenburg et al., 2013). However, although self-management represents an interesting individual approach to consider from a workplace mental health perspective, it is far from being the only relevant one, and interventions at the group, organizational and social levels are also essential (Nielsen et al., 2018). Indeed, it is important to keep in mind that mental health is a shared responsibility which relies on the individual, their organization and society in general.

 The present article has some limitations that should be mentioned. First, the use of a convenience sample resulted in some job types, such as manual or manufacturing jobs, being underrepresented. Therefore, the results should be interpreted with caution and future studies should focus more specifically on these occupations. Second, the individuals who volunteered to participate in this study were probably people whose mental health was sufficiently optimal to have the interest and energy to take part in the interview. As a result, the strategies documented in this study should be interpreted as winning strategies implemented by individuals who are succeeding in maintaining their employment. Nevertheless, future studies should examine the factors that may influence the use of self-management strategies (e.g. intensity of symptoms, job demands, job resources, work environment, etc.), as well as the strategies that appear to be the most useful to manage workplace mental health and work functioning. The insight from the expert committee consulted in the present study was enlightening, but should be interpreted with caution. Future larger-scale studies are required before conclusions can be drawn. To this end, it would be essential to develop and validate a questionnaire for measuring the use of self-management strategies for mental health at work in order to quantitatively test the link between the use of such strategies and other variables such as functioning and psychological health at work.

 In conclusion, this study identified a wide range of self-management strategies integrating various frameworks in psychology and management. These strategies could be a foundation for the development of a psychometric tool to empirically measure their use and to test their influence on other variables in future research agenda. Finally, from a practical point of view, this study offers concrete avenues of action so that organizations can promote these self-management strategies and thus support employees in taking care of their mental health. In doing so, the workplace can be part of the solution to promote the mental health of individuals experiencing anxiety or depressive symptoms.

**Declarations**

**Declaration of interest**

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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