line managers' resource

A practical guide to managing & supporting mental health in the workplace

One in four people will experience some kind of mental health problem in the course of a year

The Mental Health Foundation

mind**OUT**
for mental health

Talking about mental health

Foreword: Rosie Winterton MP, Minister of State for Health

For the last two years, **mind out for mental health** has been working with employers to raise awareness around mental health and to change attitudes in the workplace.

This resource focuses on line managers – a key audience both for tackling discrimination on the front line, and also, critically, for ensuring that mental health awareness is integrated into everyday management practice.

The paybacks for positive support in the workplace are immense: improved morale, reduced sickness absence, retaining valued employees. The costs of failure are equally immense in both business and human terms.

I have been encouraged and delighted at the extent to which employer partners have worked with us in producing this resource. They include organisations such as AstraZeneca, the Engineering Employers' Federation, Marks and Spencer, Rolls-Royce and the Royal Mail Group. There is good practice out there, much of which is adaptable for use in small and medium-sized organisations.

But at the same time, I have been shocked and dismayed by the stories of our spokespeople – people who have experienced mental health problems. Their moving testimonies, some of which are reprinted in this resource, show the powerful effect that stigma and ignorance has on the individual. They also highlight the shortage of information and advice around engaging with the individual. This resource makes a start to address this gap.

Of course there is no simple template for what to say and do. Everybody has different needs. But the clear message of the resource is: it's better to talk – even if you sometimes get it wrong – than to sweep the problem under the carpet. Overwhelmingly, our spokespeople knew when their manager's concern was genuine.

This resource complements the 'working minds toolkit' – a substantial resource about developing practice and policies for mental health. **mind out for mental health** has also undertaken a significant programme of identifying and disseminating good practice.

As with all **mind out for mental health** initiatives, this has been a partnership approach involving a wide range of organisations within government, the mental health community, the business sector and professional organisations. We are extremely grateful to all the people who have unstintingly offered their vision and expertise throughout the campaign to date.

Rosie Winterton MP, Minister of State for Health
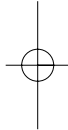
A business perspective: Lord Stevenson, HBOS plc

For years, the issue of mental ill health in the workplace has been shrouded in secrecy, fear, ignorance and discrimination. Today, we are beginning to touch the tip of this hidden iceberg. We are talking about stress, about work/life balance, about flexible working.

This is a positive start. But what do we really mean by 'stress'? In practice the term is often used as a catch-all that covers everything from a short-term adverse reaction to pressure right through to anxiety, depression or other mental health problems.

There is an urgent need to be candid about the extent of mental ill health in the workplace. National figures suggest that 1 in 4 people experience a mental health problem in the course of a year. If you work in a company of 100 people, this means that 25 of them are likely to have been affected. The costs – indirect and direct – of this to business are enormous. Mental health problems affect all organisations, large or small and it makes clear business sense to address the issue.

This resource focuses on the role that line managers can play.

Many line managers are confused and fearful about engaging with a person who is experiencing mental distress. They worry that they will say the wrong thing or that they will open a can of worms that they have neither the time nor experience to handle. Such fear and lack of knowledge is often the source of stigma and discrimination.

This pack contains practical advice on how to talk to an individual with mental health difficulties – what to say, what to do and sources of information and advice.

I believe this is an important and welcome attempt to fill a real information gap. We cannot break down stigma by merely condemning it. We need to understand why people behave as they do and offer them practical measures and advice to support them in the workplace.

I support the **mind out for mental health** campaign wholeheartedly in this positive approach to creating understanding and changing minds.

Lord Stevenson, Chairman, HBOS plc

Stress-related absences account for half of all sicknesses from work, with an estimated cost to industry of £4 billion.[1]

By 2020, depression will be second only to chronic heart disease as an international health burden (in terms of cause of death, disability, incapacity to work and the toll on medical resources).[2]

The total cost of mental health problems in England has been estimated at £32 billion – half as much again as the entire budget for defence.[3]

A partner perspective: Will Hutton, The Work Foundation

Most business decision makers know that mental health problems at work pose potentially serious problems for an organisation and its staff. Few believe their own workplace suffers significantly from such problems. This Work Foundation research into mental health 'Managing Health in the Workplace' suggests they are wrong.

The 'Managing Mental Health in the Workplace' report carries a stark warning for business in the UK. Its new survey data shows that mental health problems affect workplaces far more than many will expect. And it shows that most are ill equipped to deal with those problems.

Mental health difficulties hurt individuals. They also damage businesses. Productivity, performance, attendance, staff retention and morale – all are affected when individuals suffer from stress, depression, drug or alcohol dependency, eating disorders and other difficulties. Litigation can be ruinously expensive if employers handle problems the wrong way.

So just how widespread is the problem? No fewer than two thirds of people surveyed for this report said they'd experienced mental health problems directly, or in colleagues, at work. Another one in five suspected they had had such experience. Yet barely one in four thought their organisation was equipped to deal with the problem and an ominous two per cent believed their line manager could provide practical support to someone with mental health difficulties.

The good news is that there is a lot an organisations can do, straight away, to help staff and managers address mental health issues in the workplace. Building awareness and attacking discrimination are initial steps. Robust policies and procedures are vital, but they're unlikely to be effective unless managers get the training and confidence to deal with problems when, and if possible before they arise. The challenge is to create a culture where individuals feel able to talk about problems openly, and every level of management has the knowledge and resources to provide support.

The central message of this report is simple: mental health is not someone else's problem. The Work Foundation and the **mind out for mental health** campaign are publishing these findings to help improve the way mental health is managed in every workplace. The Line managers' resource is a major step in ensuring the success of this campaign.

Will Hutton, Chief Executive, The Work Foundation

Preface   Preface

Contents

Introduction

"There's no one 'right' way to talk about mental health – everybody's different. But what's important is to try. Far better to talk and occasionally say the wrong thing than to ignore the problem and hope it will go away."

Carrie Thomas,
Mental Health Trainer

"There were pressures of course, from myself, from home, from work. I didn't really appreciate myself how they were building up. It's an art rather than a science to spot the warning signs. Nevertheless, the workplace needs systems and procedures to minimise the risk that pressure will lead to stress and mental ill health. Managers and employees have to know what precautions can help. Fortunately, there are clear, practical steps that can be taken."

Steve Walter, Health, Safety and Environmental Adviser, Engineering Employers' Federation

How to use this resource

This resource is written for managers – particularly those in small and medium-sized organisations. It offers practical advice on managing and supporting people who are experiencing stress, distress and mental health problems.

Our aim is to directly address the fear, ignorance and stigma around engaging with the individual. The key message is the importance of talking openly and with trust. We suggest practical steps that managers and employees can take together to:

- Match the job requirements with the person's capabilities
- Talk at an early stage of distress to prevent the problem escalating
- Keep in touch during sickness absence to offer support and plan for the return to work
- Achieve a successful return to work
- Manage a long-term illness whilst remaining in work
- Access sources of support and information

The resource is designed in a modular format so that you can go directly to the section that is most useful.

In **resource section A** we also provide advice and information for employees to help them to assess their own needs and plan for meetings with their manager. We recommend that managers read the section for employees and vice versa.

1

What do we mean by 'stress' and 'mental health problems'?

Stress

A useful definition of stress is provided by the Health and Safety Executive: "the adverse reaction people have to excessive pressures or other types of demand placed on them." A simpler way of putting it is: "stress is what you get when you can't cope."

It is also worth noting that stress can occur when too few demands are made. This can happen when people feel bored, under-valued or under-stimulated.

In any one individual, the effect of pressure will be modulated by a variety of factors including support systems at home and work, personality and coping mechanisms.

Mental health problems

In practice, it can be hard to distinguish when 'stress' turns into a 'mental health problem'.

The most common forms of mental health problems are depression and anxiety.

Usually a family doctor will be involved in providing a diagnosis, and treatment may be offered in the form of medication or talking therapies or a combination of the two. In **resource section B** we provide information on the most common mental health problems and advice on what to look out for when monitoring an individual's well-being.

The vast majority of people with mental health problems are treated by their GP and most of these people are capable of continuing to work productively.

For the purpose of this resource, there are two key messages:

- Focus on mental health. A holistic approach to promoting the mental and physical well-being of your staff will repay your investment many times over in terms of productivity, morale and creativity. By presenting the issue in terms of well-being you are also much more likely to overcome barriers around stigma and to achieve buy-in from staff.
- It is very important to engage with an individual. Dwelling on definitions and diagnoses is unlikely to be helpful. All too often a diagnostic 'label' leads to preconceptions of what a person can – or cannot – do. The most productive approach is to talk to the person, understand problems or issues and work on the basis of the person's capabilities.

The chart on page 8 suggests some ideas for an holistic approach to well-being. It is based around the journey of an individual from recruitment, through ill health, and back into productive working.

The key message behind the chart is that mental health needs to be approached at different levels. At the corporate level, it is possible to formulate policies and to develop structures. But equally important is what is happening on the ground – especially the interaction between the individual and their immediate manager and work group.

Most of the ideas are ordinary good management practice. The way forward is not through special measures around mental health but rather through bringing awareness about mental health into everyday business life.

What the law says

The main areas of legislation that relate to mental well-being in the workplace are:
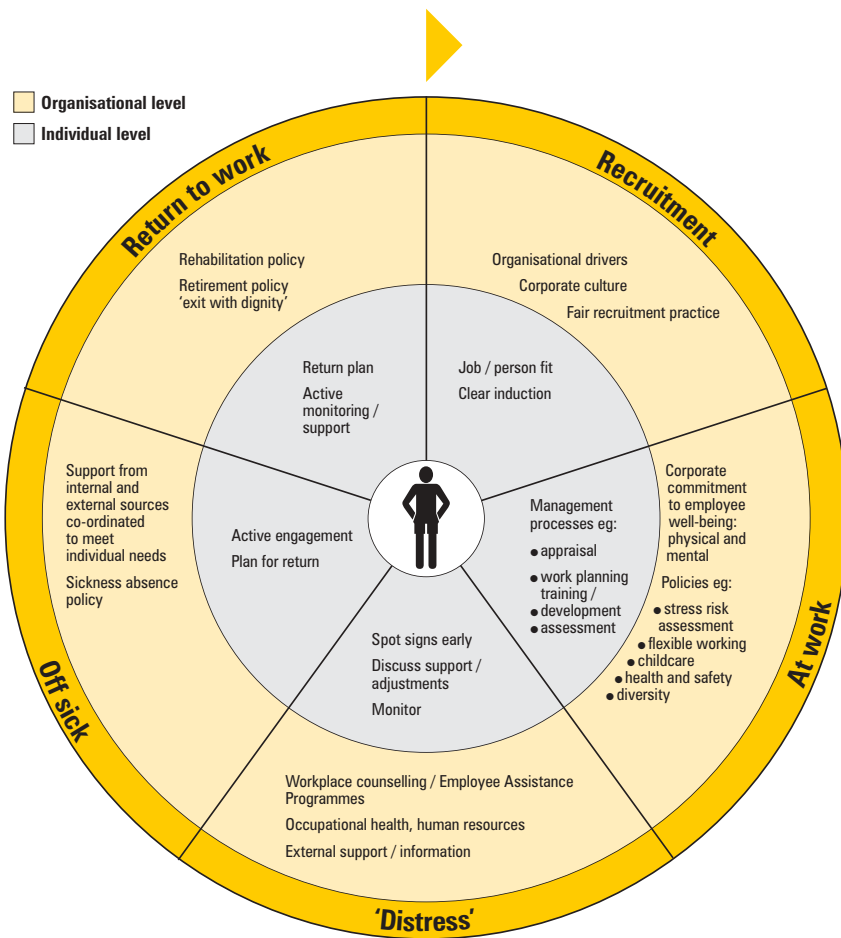
- The Health and Safety at Work Act 1974 (HASWA). The HSE web site is: www.hse.gov.uk
- Disability Discrimination Act 1995 (DDA). A guide to the DDA can be found on the Disability Rights Commission website at www.drc-gb.org. The DDA Code of Practice can be found at www.disability.gov.uk
- Human Rights Act 1998 (HRA) – see www.homeoffice.gov.uk/hract
- Management of Health and Safety at Work Regulations (1999). Imposes a duty on employers to make a suitable and sufficient assessment of the risks to health and safety of employees and others affected by their work. The purpose of the risk assessment is to help the employer to determine what measures should be taken to comply with this duty under the relevant statutory provisions. This may include psychological risks and putting in place preventative steps where a risk is known.

It is beyond the scope of this document to discuss the provisions of this legislation. However key points to bear in mind are:

- Disability is defined by the DDA as: "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities." In respect of mental health problems, employers should be aware that a person may be disabled even though this is not obvious. The assessment of whether they are legally disabled is done after discounting the beneficial effect of any treatment they are undergoing.

Employers need to cover two main duties in relation to people with disabilities: the duty to make reasonable adjustments and the duty not to treat them less favourably than others unless this is justified.

Chart 1: An holistic approach to managing an individual

☐ Organisational level
☐ Individual level

Return to work

Rehabilitation policy
Retirement policy
'exit with dignity'

Return plan
Active monitoring / support

Support from internal and external sources co-ordinated to meet individual needs

Sickness absence policy

Active engagement
Plan for return

Off sick

Recruitment

Organisational drivers
Corporate culture
Fair recruitment practice

Job / person fit
Clear induction

Corporate commitment to employee well-being: physical and mental

Management processes eg:
● appraisal
● work planning training /
● development
● assessment

Policies eg:
● stress risk assessment
● flexible working
● childcare
● health and safety
● diversity

At work

Spot signs early
Discuss support / adjustments
Monitor

Workplace counselling / Employee Assistance Programmes

Occupational health, human resources

External support / information

'Distress'

We gratefully acknowledge the work of Heron and Teasdale which has informed this diagram.

The recruitment process

"When I was working as a senior manager in the dairy industry, I would take every excuse to avoid recruiting a person whom I believed had a mental health problem. I just didn't want to take the risk with my own career. Now, after many years of mental health problems, I know the impact that this has. What's really needed is for managers to have the confidence to recruit the right person for the job. I probably missed out on some great talent by choosing what I thought was the 'safe' option."

*Andrew Webster,
Writer and consultant*

This section offers advice to managers about what to ask – and what not to ask. We have based the advice on the 1995 Disability Discrimination Act, and on good practice as identified by employers and people who have experienced mental health problems.

There is no way of predicting who will have a mental health problem that will interfere with their work. Therefore issues around recruitment usually arise in respect of a person who has experienced a problem during their previous employment or who has an ongoing problem.

It is important to emphasise that the vast majority of people who have experienced a mental health problem continue to work successfully.

So do many people with ongoing or even 'serious mental health problems'. The greatest barrier these people face is being given the chance to prove their effectiveness. Research indicates that once given this chance, they have lower sick leave than average and demonstrate strong loyalty towards their employer[4].

Whilst some people are prepared to acknowledge their experience of mental health problems in a frank and open way, others fear that stigma will jeopardise their chances of getting the job.

In larger companies, there may be an occupational health check before a final job offer is made. This creates an opportunity for a potential employee to talk to an occupational health professional and agree a strategy for how disclosure and any subsequent episode of ill health will be managed. (If your organisation does use occupational health professionals, it is important to ensure that these people are well briefed about mental health issues and have a positive and enabling attitude to employees with mental health problems.)

In smaller companies or companies without access to an occupational health service, the issue may arise during the interview process.

Under discrimination law, the duty of the manager is to assess whether the candidate is the best person for the job in terms of his or her skills, aptitudes and experience.

If a person has an employment history with periods of absence you are entitled as a manager to enquire about these. However, you must not use this information to discriminate against a disabled person.

If the issue of mental health problems does arise, it may be suitable at the interview or at a second stage in the process to ask the person if they would require any kind of adjustment or support on the part of the employer in order to do the job as specified.

Managers should avoid:

● Asking for information about treatment, the history of the illness or any information that is not relevant to the work situation
● Assuming that a person with a mental health problem will be more vulnerable to workplace stress than any other employee. (However, as with any other

candidate, it is good practice to ensure that the candidate understands both the particular demands of the job and the working culture of the organisation, eg. shift patterns, cyclical nature of the business, deadline pressures.)

It is worth considering that if you can get it 'right' for people with mental health problems in terms of support and assistance then you are probably getting it right for everybody. Often, where there is a problem, the person is reacting to an unhealthy working environment.

For more detail on recruiting issues you may find 'Mental Health and Employment in the NHS' a useful reference tool (available on www.doh.gov.uk/healthyworkplace or call 08701 555455).

What the law says

Under the 1995 Disability Discrimination Act, an employer may not discriminate against current or prospective employees on the basis of their disability. 'Disability' is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal, day-to-day activities. If a mental illness is clinically well recognised, it will count as a mental impairment under the Act. From 1st October 2004, the Act will be applicable to employers of all sizes. The law covers recruitment and retention, promotion and transfers, training and development and dismissal.

Employers should:

● Include a positive statement about employing people with disabilities in job advertisements
● Ensure that the recruitment process is fair – if a person with a mental health problem fulfils all the selection criteria, his or her disability should not be a barrier
● Ensure that you can give fair and truthful justification to a person with a disability who is turned down.

Talking at an early stage

"It's important that managers have a holistic view of their staff. I feel the welfare of my staff is very much my concern. I'm assiduous about being aware of pressures they are facing in their working and home lives."

Marjorie Thompson, Marketing Consultant

The earlier you pick up on a problem, the better. Whether the issue is stress-related or a mental health problem, action taken at an early stage can help to stop the difficulty escalating.

This section suggests how you can use ordinary management processes to track the well-being of your staff.

Spotting when an individual has a problem

There is a wealth of existing literature on warning signs (see **resources section B** and **D**). Some of the key things to look out for are:

● Changes in a person's usual behaviour
● Poor performance
● Tiredness or irritability
● Increased sickness absence
● Increased use of alcohol, drugs or smoking
● Poor timekeeping
● Difficulties with relationships at work
● Tearfulness
● Headaches
● Loss of sense of humour
● Overperformance – driving themselves to excess
● Rapid changes of emotional mood.

Using ordinary management tools to identify problems and needs

Regular work planning sessions, appraisals or informal chats about progress are all ordinary management processes which provide neutral and non-stigmatising opportunities to find out about any problems your employee may be having.

It is helpful to use open questions that allow the employee maximum opportunity to express concerns in his or her own way. For example:

How are you doing at the moment?

Is there anything we can do to help?

If you have specific grounds for concern – eg. impaired performance, it is important to address these quickly before the situation escalates. Again, it is helpful if questions are framed in an open, exploratory way. For example,

I've noticed that you've sometimes been arriving late recently and wondered if there was a problem.

Understanding patterns of absence

If the employee is having frequent short bursts of leave with a variety of reasons such as stress, back pain or there is no reason given, there may be an underlying problem that should be discussed.

If you are going to look systematically at patterns of absence it is important to build trust with staff. They need to be reassured that your motive is to improve healthy working.

It is good practice to have a 'return to work' interview when someone returns after absence. For brief absence this can be just a quick informal chat. However, it is a useful opportunity to monitor who is off at any given time and to check what is happening. It is important that these interviews happen for all absences – not just stress / mental health.

Employer case study

The pharmaceutical company, AstraZeneca has a holistic approach to promoting employee health that combines organisational and individual interventions. One element is 'personal MOTs' in which staff take time to think how they are 'running' and whether their life, including the balance between life and work-needs 'tuning'.

Another element is an innovative counselling scheme, Counselling and Life Management (CALM). This is a hybrid between an in-house and independent counselling service. Principal Medical Officer, Richard Heron, explains: "The advantage is that we can brief the counsellors on corporate issues that are likely to impact on staff. At the same time, we can receive anonymous and aggregated feedback on pressure points which we can then address."

AstraZeneca has also provided sponsorship to the local Citizens Advice Bureau so that staff can access a range of practical advice and support.

Sick notes citing 'stress'

Many GPs fear that patients with mental health problems will encounter stigma or discrimination. Hence they may cite 'stress' or even back pain on a sick note when the person is, in fact, receiving medication for anxiety, depression or other mental health problems. 'Stress' can cover a huge spectrum of feelings. The key principle is: talk to the person to explore what is happening and what support you can offer.

Stress goes with the job – we're all stressed!

It's helpful to make a distinction between 'pressure', 'stress' and 'mental health problems'. Everybody may feel under pressure but not everybody suffers the adverse reaction of stress or mental health problems. Also, everybody reacts differently – one person's spur to action is another's nightmare.

An individual's ability to work under pressure may vary depending on what's happening in the rest of their life. Remember that, in law, it is your duty to ensure that your employees are not made ill by their work. Failure to assess the risk of stress and mental health problems and to take steps to alleviate them could leave you open to costly compensation claims. There is now considerable case law in this area. Fortunately, in most cases, adjustments can be made easily and inexpensively.

Engaging with someone who is reluctant to talk

First, make it clear that the discussion will be absolutely confidential. Then it may be worth considering why they are reluctant.

- Is it really safe for them to be open?
- Will any disclosures be treated sympathetically and positively? If they have seen others with similar problems being discriminated against then caution may be wise.
- Be realistic. You may not be able to change the culture of the organisation overnight but you may be able to take some first steps (see **resource section E**).

In the short term you can:

- Meet the person in a private confidential setting. You might also consider offering to meet in a neutral place outside the office.
- Reassure them that your door is always open to talk later if this is too difficult now.
- Be clear about confidentiality and who will be told what. You cannot offer 100% confidentiality but can clearly explain the limits of your confidentiality (eg. personal information is confidential but issues that may have a health and safety risk will need to be discussed further).
- Agree about how problems will be monitored.
- If adjustments are being made, ask the person how they wish this to be communicated to other staff.
- Ensure that any hurtful gossip or bullying is dealt with promptly and effectively. It is your responsibility under the Disability Discrimination Act to ensure that staff are not being bullied or harassed on account of a disability.
- Suggest that the person brings an advocate, friend or family member to support them in a meeting.

Gender issues

- People may prefer to discuss their health with someone of the same gender, especially if it involves very sensitive or personal issues.

Issues to raise with an employee who is distressed

- Ask open questions about what is happening, how they are feeling, what the impact of the stress or mental health problem is and what solutions they think there might be.
- Is this an individual problem or the tip of an iceberg that may affect others in the organisation? If the problem seems widespread then a stress-risk audit followed by team-based problem solving is likely to be helpful. Consider bringing in someone from outside the department or an external expert to help.
- How long have they felt this? Is this an ongoing issue or something that an immediate action could put right?
- Are there any problems outside work that it would be helpful for you to know about? (You should not put pressure on the person to reveal external problems).
- Are they aware of possible sources of support eg. relationship, bereavement counselling, drugs/alcohol services/advice, legal or financial advice?
- Are they aware of support that the organisation may provide eg. reference to occupational health, counselling, Employee Assistance Programme (EAP), brief therapies, health checks?

- Is there any aspect of their medical care that it would be helpful for you to know about? (eg. medication, side effects, likely impact on their work). Whilst you have no right to this information, the employee should be aware that you cannot be expected to make 'reasonable adjustments' under the terms of the DDA if you are not informed about the problem.
- Do they have ideas about any adjustments to their work that may be helpful? These could be short or long term.
- Do they have any ongoing mental health problem that it would be helpful for the manager to know about? If so, is it useful to discuss their established coping strategies and how the organisation can support them? (See section on working with people with ongoing mental health issues). It is the individual's choice whether to reveal this. However, you cannot necessarily be expected to make reasonable adjustments for a condition if you don't know it exists.
- Establish what, if anything, they wish colleagues to be told and who will say what. Any inappropriate breach of confidentiality or misuse of this information might constitute discrimination under the DDA.
- Agree what will happen next and who will take what action.

It is important that all conversations are accurately recorded not just to protect the organisation but also to show that the actions have been carried out fully.

Managing an employee who becomes tearful and upset

If this happens, it does not necessarily mean you are doing a bad job.

- Stay with them in a calm way and give them a chance to recover themselves with dignity.
- Reassure them that it is OK to be upset and that you are listening. In fact, the process of listening may provide an important space for both you and the employee to gain insight into the problem and possible actions.

Try to be sensitive to the level of information and support the individual can cope with at a given time. In the midst of a crisis they may not be able to think clearly and take on board complex information. The important points are to:

- Establish a dialogue.
- Reassure the person that their job is safe and that they will not experience discrimination.
- State positively that all possible help, assistance and support will be offered.
- Affirm that discussions can continue at a pace that is right for them.

Bear in mind that it is important that you should feel and be calm. Many problems build up over time and whilst you may feel the pressure to do something NOW, it may be better to take some time to calm yourself and consider the options. Try to distinguish, with the person, between what is urgent and what is important. Also, be aware that you may have support needs of your own.

Recognising when professional / clinical help is needed

If a problem persists despite support then you should encourage the person to seek medical help.

In rare instances, an employee may behave in a strange manner that affects

Employer case studies

Language and positioning

Experience drawn from a number of organisations shows that language and positioning are important in managing stress and mental well-being. At Marks and Spencer, the term 'pressure' was chosen. "'Pressure' is neutral – neither good or bad. However 'stress' can be a loaded term which some interpret as the reaction of wimps" comments independent consultant, Stephen Williams. "A risk assessment that is described as a pressure profile does not presume that all who are under pressure are experiencing stress. As a result, it seems less threatening."

Similarly at Glaxo Smith Kline, the issue was described in terms of 'organisational resilience'. "This strikes a balance between focusing on the individual and on the organisation," comments Employee Health Manager, Sue Cruse. "It's not perceived as a touchy feely subject. Rather, it's about how we build a resilient organisation with people who are functioning well."

At Augusta Westland, training around stress management is fully integrated into the standard management training scheme. "Sometimes companies can be too coy about stress and mental illness," comments Simon Jones, Employee Relations Manager. "By integrating our stress training, we've created an acceptance that it's normal to be stressed and not a sign of failure. We've also ensured that all managers are given some basic tools to tackle the issue both in themselves and in their staff."

colleagues or clients. Here you need also to be aware of your responsibilities for all employees.

Try to take the individual to a quiet place and speak to them calmly. Suggest that you contact a friend or relative or that they go home and contact their GP. It may be helpful to offer support around making an appointment – perhaps even accompanying them to the surgery (though not into the actual consultation).

Be aware that if they are experiencing hallucinations or mania, it may be difficult for them to take in what you are saying. In this situation, the person will need medical help.

If they are disturbing others and refuse to accept help, you should seek advice. This might come from your occupational health provider if you have one, from the individual's GP if you know who that is, from NHS Direct, from the ambulance service if the problem is urgent, or one of the mental health organisations listed at the back of this resource.

Communicating with colleagues

You should agree with the individual what they wish colleagues to be told. In general it is best to deal with mental health problems in an honest, matter-of-fact way. You can pass on the person's wishes in terms of visits, flowers, cards. Remember that the person's requests may change over time. If they initially request little contact, this may change as their situation improves. As far as possible, a mental health problem should be treated in exactly the same way as any other sickness absence. If your organisation has a written absence policy, a manager is then in a position to discuss with an employee at the start of their absence how often contact should be made. The employee would then expect that frequency of contact.

Proactive health promotion

There are many steps that even small employers can take to promote both physical and mental health. Some good sources of information include the Health and Safety Executive, and Mind's employer pack "Managing for Mental Health". Contact details for both are included in **resource section C** – organisations. The **mind out for mental health** campaign also has a number of resources to raise awareness and discussion (**resource section E**).

Some employers have found that access to talking therapies and company-funded counselling schemes provide a safe space for staff to explore problems before they become acute. Counselling using brief, solution-focused approaches has proved particularly successful. (See **resources section F** for advice on counselling services.)

Employee case study

Steve had worked for the same organisation as a journalist for 25 years.

"Work was dominating my every waking minute. Seven-day working weeks and the ever-increasing demands made by a new and aggressive management were a major factor in my increasing distress.

I was advised by a hospital doctor to 'ease down a little'. But that proved impossible. My immediate superior at work merely noted, "if you think you've got it bad then come and sit in my chair for a week. We're all overdoing it." It was against this background that I contemplated suicide.

My GP signed me off sick with 'stress and anxiety'. Within a week the editor had contacted me requesting 'a chat'. I was subjected to more than an hour of criticism. The editor queried the GP's assessment of my health, disagreed that my workload was particularly onerous and suggested that other factors may have been to blame for my depression. "How are things at home?" he asked. I left the room a yet-more-broken man.

At a later stage I got legal advice that I had an excellent case to bring against my company under the Disability Discrimination Act of 1995. In view of the nature of my illness, I should have been offered the opportunity to undertake lighter duties or to work for shorter hours (at a reduced rate of pay, of course) to gauge whether my condition improved."

Learning points:

- Don't assume stress affects everyone equally.
- Make adjustments if a person is stressed.
- 'Chats' should be positive and supportive – exploring the issues and how the employer can help.
- NB: Regarding advice about the DDA: The Act requires that the 'impairment' needs to be 'long-term', defined as having lasted 12 months, or likely to last 12 months. Steve would have had to demonstrate this.

"I was managing a person who was on long-term sick leave due to a stress-related illness. Each week I called her to keep in touch. I used to worry that she'd think I was hassling her. In fact, I found out later that she waited anxiously for my call. I was her one lifeline to the outside world – she needed to know that people cared about her progress."

Clinical Psychologist, Child Mental Health

Managers often fear that contact with someone who is off sick will be seen as harassment. However, the overwhelming view from people who have experienced mental distress is that appropriate contact is essential. This view is endorsed by companies that have pioneered active absence management.

Employees should also note that they have a responsibility to keep in contact. Many organisations have policies around sickness absence that require minimum levels of contact (see **resource section A**).

If your company does have access to occupational health support, it is important that you co-ordinate approaches to the individual. This helps to ensure clarity about professional roles and about what personal support is offered. Whilst the employee does not wish to be 'out of sight, out of mind' it could be confusing or overwhelming to receive a number of unco-ordinated contacts.

If an employee rings in sick, it is important that you as their line manager take the call personally. Probably the best outcome from this initial call is to agree that the employee will make a follow-up call. If they fail to do this, you are then 'licensed' to respond. At an early stage, the fact of being in contact may be more important than what is actually said.

Supporting an employee who is off sick

Try to:

- Keep in touch. Many managers are hesitant about this in case they say the wrong thing or are perceived by the employee as hassling. However, if there is little or no communication, misunderstanding and barriers can quickly arise. The employee can feel that they are not missed or valued and this can exacerbate already low self-esteem. Inviting them to social events will show that you still think of them as one of the team.
- Reassure them about practical issues eg. their job is safe, deal with financial worries.
- Give the employee the chance to explain the problem and what is happening by asking open questions.
- Ask if there is anything you can do to help.
- Reassure them that you understand medical and personal boundaries and will respect them.
- Review their needs / wishes for support (see page 14).
- Depending on the severity of the illness, explore if it would be helpful to have a half-way house between work and absence eg. work for a couple of hours a day at home.
- It is helpful to think about the support you would offer to someone with a physical problem. Do you have a different approach for stress / mental distress, and if so – why? Visiting in hospital, cards, flowers etc can be appreciated – but ask. The bottom line is to let people know they are not forgotten. Don't make them feel their problem is shameful.

Avoid :

- Putting pressure on the person to divulge personal or medical information – it is their choice to reveal this or not.
- Putting pressure on them to name a return date. Whilst they are in crisis, it may be impossible for them to know how long recovery will take. Deadlines will only add to the pressure.

Contact with GPs

> If the employee does not wish you to contact their GP, that is their absolute right.

The GP's role is to be the patient's advocate and to provide care and treatment. GPs have no responsibility to the company and cannot be forced to provide advice to an employer.

However, some GPs will respond to a request for help and guidance, particularly if this is channelled through the patient. You may find it helpful to write to the GP to describe the nature of the work and any factors that might have a bearing on the re-entry. You could provide information about your policies on rehabilitation and propose specific options for this patient such as modifications to work and/or a short term reduction of hours. Offering to pay for the GP's time may also help. If you have access to occupational health, these professionals may be useful as intermediaries. Remember that at some point, as a manager, you will have to make decisions about the employee based on the information that you have.

What to do if the person requests no contact

It may be helpful to double-check this with person's family or partner. This may be an initial instinctive dread. You will need to reassure the person that the contact is intended to be supportive.

You may wish to revisit this tactfully. As the person begins to recover, contact may seem less daunting.

It is worth considering a policy of 'light touch' regular contact for all people off sick. This is a neutral, non-stigmatising way to engage with all employees. A person with mental health problems is then much more likely to react positively.

4

Employer case study

"At Rolls-Royce, the phrase 'can attend work for a cup of tea' has become an accepted informal 'certification'. It means that a person who has been off sick is now ready to have some engagement. Often this is literally coming in for a cup of tea and a chat. The key thing is that the person has walked over the threshold, is seen by colleagues to still be around, is in touch with what's happening at work and socially. Regular contact like this means that the return is not a giant hurdle for the employee – just an extension of a process."

Rolls-Royce Spokesperson

Employee case study

"My employers were sympathetic in the sense of sending chocolates and flowers when I was in hospital but when I returned to work my job had simply disappeared. There was no more talk of joining the Board and my duties had been divided up and given to other people. I came to work and there was nothing to do.

At no point did anyone sit down and actually talk to me. There was no peer to discuss things with. My diagnosis at that point was 'depressive episode' so there was not even any indication that there was an enduring problem. This could have happened to anyone yet it was assumed that I was now no use to anyone.

Eventually I went to my boss and asked to be made redundant. His immediate reaction was, "thank God you've asked – we wanted to make you redundant but thought it might take you over the edge again."

Diane Hackney, Consultant and Trainer

> It is important to realise that most people with mental health problems recover completely and have the capability to resume work successfully. The organisation has made an investment in that individual and in most cases, a planned return to work will be more cost effective than early retirement.

Effective planning – between the individual and the line manager and, where appropriate, involving other sources of support such as the GP, occupational health or HR – will maximise the chances of success. So will support and monitoring at the early stages of return.

This section offers advice on planning the return to work and monitoring how things are going.

Factors to consider in planning the return

- Consider with the employee any factors that contributed to their absence that could realistically be changed or accommodated.
- Discuss whether any adjustments need to be made to ease their return (see below for some ideas).
- Agree how their progress will be monitored.
- Ensure that they don't return to an impossible in-tray and thousands of emails.
- Brief them on what's been happening – social life as well as work developments.
- Be realistic about workloads – be aware that some people will wish to prove themselves and may offer to take on too much.
- Set achievable goals that make them feel they are making progress.
- Have frequent informal chats so there is an opportunity to discuss progress / problems without a formal (and possibly intimidating) session.
- Give positive and constructive feedback.
- Discuss honestly the things you can change and those you can't. Some organisational factors are out of your control. Can they be mitigated?
- Discuss what colleagues will be told (see section below).
- Consider a mentoring scheme with another employee so that the person returning can also talk to someone who isn't their manager.
- Make the person feel welcomed back.

Avoid:

- Making the person feel they are a special case – this can cause resentment both with the individual and with peers.

Be aware:

If the employee is on medication they may experience distressing side effects. They may or may not feel able to discuss this with you. However it may be helpful to consider that:

- It can be easy to confuse side effects with the illness.
- Any effects on work may be temporary and / or the person may only take medication for a short time.

- For people with a longer term problem, it may take some time and patience to establish the right medication and dosage. Hence the employee may not immediately know if medication will affect their ability to do the job.

Some adjustments to consider

You are bound by the Disability Discrimination Act to consider making 'reasonable adjustments' for employees who have a disability. Mental health problems that are clinically well-recognised are covered by the Act.

Some examples of adjustments are:

- A phased return to work – starting with part-time working and building up.
- Looking at aspects of the job that are particularly stressful and rearranging responsibilities.
- Adjusting the content of the job.
- Have you identified the training needs of the individual? After their return to work, it may be helpful to have a review of training, development or support needs. These may be around the specific job requirements and / or around skills enhancement eg. communication skills, time management.
- Working at home for some of the time.
- Time off for attending therapeutic sessions. (This should be allowed for all medical problems).
- Changing shift patterns or exploring different work options eg. part-time, job-share.
- Flexible working around agreed outputs.
- A later or earlier start to avoid rush hour travel.
- Review if any provisions are necessary / useful in terms of their physical health.
- Looking at their physical environment and reviewing whether any adjustments are desirable / possible.
- Quiet place where they can go if feeling anxious / stressed.
- Support with childcare.

If you feel that any of these issues go beyond your professional competence, you should seek advice from an occupational health specialist.

Employer case study

Leicestershire Fire and Rescue Service is currently piloting a tool for managers and staff to monitor return to work after sickness. Head of Occupational Health, Gail Cotton comments, "Although managers knew in principle that they should monitor progress on return to work, I found that they were unclear about what to ask as part of the monitoring process. This simple tool provides a structure for both manager and employee. It's important that it applies to all sick leave, not just mental health, and to all types of work – not just office-based jobs."

The tool is divided into two parts. The first is a chart which grades people's need for adjustments. This is agreed between an occupational health professional and the employee. (If you do not have access to occupational health, this is something that could be done by a line manager). The form specifies adjustments for each level of incapacity. The specific adjustments could be modified to suit different organisations. Once the employee has returned to work, their progress is monitored using the guidelines in Chart 2.

Chart 1: Assessing the need for adjustments

Name		Date	
Category	**Tasks**	**Restrictions**	**Comments (medication, physiotherapy, counselling, hospital appointment)**
1	Full range of duties / hours No additional hours / overtime until attendance sustained for 1-3 months approx		
2	Gradual increase in workload Restrictions, see comments No additional hours		
3	Restrict core activities and responsibilities Added support for role Gradual exposure to difficult situations Avoid prolonged exposure to intensive tasks Task variations Max 6-8 hours No additional hours Manual handling (keep to guidelines) Driving		
4	Vary tasks Regular hours No lone working No working at heights No climbing / overreaching No crawling / sitting for long periods No driving No manual handling Avoid repetitive tasks / static postures No additional hours		
Additional comments / information (This is also discussed with the employee).			

Chart 2: Monitoring process

1   How are you coping with the job?
2   Are there any further modifications required?
3   Whilst we acknowledge that you may still be experiencing some difficulties / pain / discomfort, are there any elements of the job that make it worse / better?
4   Ask the individual if they could score on the scale below where they feel they are at the end of the first week and subsequent weeks of their phased return to work and aim for gradual improvement. Be positive about objectives for return. If there is an indication of progress not being made refer back to occupational health.
5   Scoring method.

1	2	3	4	5	6	7	8	9	10

Difficulty with some aspects of job	Able to undertake most aspects of job reasonably well	Able to cope with nearly all of the job	Coping well, no problem at all

The key points about this system are:

- The manager and employee meet frequently – usually weekly – and both parties agree where the employee is on the scale.
- The numerical grading enables the employee and manager to assess whether progress is being made and whether any additional support or clinical input is needed.
- The grading can be used to involve a GP (or occupational health specialist) in decisions about when a person should be signed off as sick.

NB: A similar approach would be to ask the employee to suggest three or four 'benchmarks' for scoring progress towards their goals. This gives the employee a greater sense of ownership in the monitoring process.

Managing reactions from colleagues and clients

Fear, ignorance and hostility from colleagues and clients can be a source of great distress. Many people who have experienced mental ill health describe this as an area of stigma and discrimination. A key theme of this resource has been the need for both managers and employees to think about how communications will be managed.

Usually, stigmatising behaviour arises more from fear and ignorance than ill will. People are not sure what to say and find it easier to avoid the individual or not to mention the issue.

Try to:

- Talk to the employee and agree who will be told what, by whom and when.
- Think about the language that will be used.
- Be clear about confidentiality and boundaries.
- Be guided by the employees' wishes. Some people are prepared to be more open than others. Encourage the person to talk if they wish but don't pressurise

"One company considered my illness so embarrassing that they asked me to say I had had a 'virus'. I found out later that people thought I was HIV-positive."

*Alison Cowan,
Marketing Consultant*

"I was in a psychiatric hospital for three and a half months. I remember when I walked back into the office it went suddenly silent. Nobody knew what to say to me. Out of 250 people only a couple were able to talk to me about what had happened."

*Diane Hackney,
Consultant and Trainer*

"I arranged some training for supervisors at a major call centre as there were problems around people returning from sick leave. Just getting supervisors to say – "I'm pleased you're back" and making people feel welcome made a big difference. This seems like a small thing but often people on the front line receive no training and are unaware of how difficult it can be to walk back into the workplace."

Stephen Williams, Human Resources Consultant, Resource Systems

them to do so.
- Treat people returning from absence due to mental ill health in the same way as those with physical ill health.
- Watch out for hostile reactions – stamp out any hurtful gossip or bullying promptly. The DDA makes it your responsibility to take all reasonable steps to do this.
- Treat mental health issues in a matter-of-fact way – they are common and should not be a source of office gossip or conjecture.
- Ask the employee how they are getting on with peers / clients. Review if there is any support that you can give.
- Consider mental health awareness raising for all (**resource section E**).

Avoid:

- Shrouding the issue in secrecy.
- Making assumptions about workloads and capacity to cope.

What happens if the return to work is not successful?

The 'return' could either apply to a one-off absence or to successive attempts if a person has an ongoing illness.

Try to:

- Go through the full process of reviewing progress, making adjustments and talking to the employee.
- Talk realistically with the employee about the best way to move forward eg. transfer to another job, retirement on grounds of ill health, resignation.
- Use normal procedures if it is a performance or conduct issue rather than one relating to health or disability.

Employer case study

The Avon Mental Health Job Retention Service is a pilot project offering support in getting people back to work. The employee receives counselling and practical advice from specialist workers and the employer is engaged in drawing up a back-to-work strategy. The service represents a new form of public-private partnership and is being backed by the Department of Health and the Department for Work and Pensions.

Companies pay a membership fee of £200. They are then able to draw upon interventions such as stress risk assessments; a 24-hour helpline providing counselling, advice and information; sports-style 'wellness coaching', where the focus is on reaching career goals and a balanced personal life; and mediation and conciliation services.

David used the service to get back into teaching in further education after a breakdown. "My support worker was always on the end of the phone and kept up the contact with me. He was like a mother hen in some ways. The service was a godsend."

Roger Hutchings, Head of Policy at Bristol's Chamber of Commerce, comments: "We've been surprised at the number of companies coming forward saying they have had highly valued, motivated employees with mental health problems but haven't been able to offer them any support. We believe the job retention service will fill that gap."

The Avon project can be contacted on: 0117 963 3681, jrt@bristolswpct.nhs.uk.

5

"My manic depression has, on average, meant that every two years I'm away for about four weeks. I know when I am becoming ill and can make arrangements so that my absence does not cause undue disruption at work."

Rachel Perkins, Clinical Director, Adult Mental Health Services, South West London and St George's Mental Health NHS Trust

"When I am stressed or unwell I usually end up resigning as I believe I am incapable of doing my job and they are better off without me. To avoid this I have an arrangement with my boss that if I resign unexpectedly we meet. We talk about what is making me stressed and what I can work on that is less stressful but gives me confidence. This arrangement has meant that I don't resign anymore as a knee-jerk response to stress. Instead my manager and I find a way to deal with it which is more comfortable for both of us."

Farazana Ibrahim, Policy Officer

Most people who have ongoing mental health problems can continue to work successfully – often with no support or only minimal support.

Where support is needed, this section discusses how managers and employees can work together to ensure that it is flexible to suit varying health needs.

Remember – it is discriminatory to make assumptions about people's capabilities, their potential for promotion or the amount of sick leave they are likely to need, on the basis of their illness. People with mental health problems should be treated in exactly the same way as any other member of staff unless they ask for help or demonstrate clear signs through their performance or behaviour that help is needed.

Using regular management processes to monitor needs

There is a balance to be struck between continuing to exercise the employers' duty of care, and making special (and probably discriminatory) arrangements for an individual.

If a person has experienced a period of sickness absence and re-entry, it may be helpful to agree when they have reached the stage of 'business as usual'. At this point, the most appropriate response is to use normal management processes to review their performance, needs and work planning. The more that you are able to establish a relationship of trust, the more it will be possible to informally sound out how the person is doing without having to take special measures.

Coping strategies

Most individuals are encouraged to develop a coping strategy as part of their care. This often involves noting signs of a possible relapse and taking pre-emptive action to avoid it. For example, cutting down on work or social activity, being careful about drinking alcohol, taking exercise and finding time to relax.

It is important that managers support the employee at this first warning stage. Small and inexpensive adjustments may well prevent a more costly period of illness.

It is worth noting that employees who have developed a coping strategy may be better equipped to deal with pressure than employees who have never experienced a mental health problem.

6

Advance directives

Some people find it useful to draw up an 'advance directive'. This is a statement of how they would like to be treated when they become ill. It may be helpful to have a version of this that relates to the workplace. The directive might include information such as: symptoms to look out for, who to contact, what support is helpful and what is not. If an employee draws this up with you, you should stick to the actions that have been agreed.

Further information and sample advance directives can be obtained from The Mental Health Foundation (see address in **resource section C**)

Supported work projects

There are many projects around the country that offer support both to employees who have experienced mental health problems and to employers. These projects have excellent success records in placing people in employment and in supporting them to be effective in the long term. In fact many people require only minimal support once they have been given the opportunity to work. They are also useful points of contact. You may wish to advertise a post through your local supported work project or you can contact them for advice. People should also be able to access information on supported work schemes from the Disability Employment Advisor at their local job centre.

"My experience from the user employment project at St George's has shown that most people who have had mental health problems will do their damndest to make a work placement work. The opportunity is crucial for them and they will go out of their way to prove they can cope. They need to be given the chance within a supportive environment."

Rachel Perkins, Clinical Director of Adult Mental Health Services, South West London and St George's Mental Health NHS Trust

"I'm worried about telling work my full story in case there's a negative reaction. I think I would be judged under the label of my illness, and not my performance. Yet my mental health has little bearing on my ability to do my job well".

Ms H, Solicitor

Introduction

This section aims to help employees who are experiencing stress, distress or mental health problems to think about their needs and to plan for meetings with their manager. It may be helpful to read this section alongside the corresponding advice to managers. Similarly, it may be helpful for managers to read the section for employees.

Getting the right job

I'm afraid that if I'm honest about my problems I won't get the job

Sadly, as stigma is still widespread, this is a dilemma that many people still face. Ideally, the more honest you can be, the more an employer should be able to offer appropriate support if this is necessary.

However, for many people, no special support may ever be needed. They fear that revealing their experience of mental distress may create unhelpful preconceptions. Some people have described their experience of "letting the cat out of the bag" and then finding that you can't get it back in again. Their advice was that it may be better to wait and see what managers and colleagues are like before disclosing.

Whilst there is no 'right answer' to these dilemmas, you may find it useful to consider some of the following:

- Do you really understand what the job entails?
- Do you have a sense of the culture of the organisation / the particular department where you would work? Do they seem open and supportive?
- Do you think your experience of stress / mental health problems has any implications for doing the job?
- Will it be helpful if the manager is prepared for any support you may need? For example, will disclosure allow you to implement any coping strategies you have developed such as taking some time off / cutting down hours if you see the first signs of stress / illness recurring?
- If you do disclose, will that put more or less pressure on you? Will it be more stressful to cover up taking medication / time off for medical care? Or do you fear that managers / peers will have expectations / preconceptions about stress levels and sickness absence? Will you be seen in terms of your problem rather than in a rounded way?
- Are you on any medication that causes side effects that could impact on your ability to do the job or be noticeable to colleagues?

Note that if you do experience stress or mental health problems and do not tell your manager, the manager cannot be expected to take any action to relieve the problem. Non-disclosure could weaken your case if there is any legal challenge at a later stage.

Thinking about the positive aspects

For many people, the experience of mental health problems is a learning process that enhances their skills and knowledge. People frequently quote qualities such as empathy, support for others, perseverance through the care process, insight and better ability to manage staff who are experiencing distress. This may be a more positive way to introduce and discuss your experience.

What can I do to prepare for awkward questions at interview?

- Think in advance about your boundaries – what are you prepared to talk about and what's off limits?
- What aspects of your problem / care are relevant to the job?
- What will you say if the questions go beyond your boundaries? Can you prepare a polite but firm answer?
- What support or adjustments might help you to do the job?
- Do you wish to discuss any coping strategies with the employer?

What are my rights in law?

Under the 1995 Disability Discrimination Act, employers may not discriminate against current or prospective employees on the basis of their disability. 'Disability' is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal, day-to-day activities. If a mental illness is clinically well recognised, it will count as a mental impairment under the Act. From 1st October 2004 the Act will be applicable to employers of all sizes. The law covers: recruitment and retention, promotion and transfers, training and development, and dismissal.

You have a right to a fair recruitment process. If you fulfil the selection criteria for the job, your disability should not be a barrier. You also have a right to a fair and truthful justification from the employer if you are unsuccessful.

The employer must consider whether there is any kind of support or adjustment that they can make to enable you to do the job.

Talking to your manager about stress and distress

Many people are afraid of revealing their stress or distress and will struggle on until they reach the point of breakdown. However, the earlier the issues are tackled, the more likely it is that you can agree on support or adjustments that enable you to continue in work. When approaching your manager, remember that they may also be fearful of 'emotional' or 'difficult' interviews. The stigma around mental health can easily affect both parties.

It may be helpful to consider some or all of the following:

- If your manager seems anxious or reluctant to engage with you, you may need to give them a way into discussing the issues. They may be fearful about saying 'the wrong thing'. If that happens, you can gently correct them but show that you value the effort they are making.

"Despite having a care qualification with a distinction and an unblemished record caring for clients, I have found it a challenge to convince employers that I am fit to work. There are a great many outdated and misplaced attitudes still held. Rather than viewing my personal insight and understanding as of benefit to clients, I have been asked such questions as 'what has 'made me depressed'?' and 'do I think I will be able to cope?' The lack of understanding I have encountered is astounding and upsetting."

Helen Bailey, Special Needs Instructor, Social Services

"I was signed off by my doctor and didn't know what to do. It took several weeks for the drugs to kick in and basically I was left staring at the wall. I didn't dare to go out in case people saw me and thought I was skiving. I just sat at home and worried about money and losing my job."

Alison Cowan, Marketing Consultant

- You will need to produce a sick note in order to obtain sick pay. Think about what you are going to say to the GP. Will it be helpful to put your employer and GP in touch?
- Check out what you are required to do under the terms of the attendance policy of your employer.
- If the problem involves your home life, how much do you wish to reveal? Might it be helpful for the manager to know of a particular issue? If so, consider your boundaries around this.
- Are there particular actions that your manager could take which would reduce stress?
- What, if anything, do you wish colleagues to be told? Decide which colleagues and who will tell them.
- Do you wish to ask for any company-funded medical care?
- How do you think your progress / performance should be monitored?
- It may be that something has triggered distress that has been building up for some time. You may feel angry or frustrated. How will you manage these feelings in the meeting?
- Are there any ways in which the meeting with your manager could be made easier? For example held in a neutral location or with a friend, family member, trade union representative or advocate attending?
- How much are you prepared to disclose about any medical care?
- If there are problems at work that involve other people, are you going to talk to the manager about this? Do you need to consult others before doing so? For example, there may be a problem with bullying or harassment.

Keeping in touch during sickness absence

Although it can feel difficult, it is advisable to keep in touch with your employer. This is partly so that practical issues around sick leave can be sorted and you can clear up any worries you have that relate to the job. However it's also important for emotional and social reasons. It's easy to feel cut off and isolated and to lose confidence. And, the longer you are away, the more difficult it can be to cross the threshold when you do return.

Some issues you may like to consider include:

- If you are worried about losing your job or about financial issues, it is best to raise these fears directly so that you can clarify the true position.
- Is there a half-way house between working and being off sick – for example, could you work a couple of hours a day from home?
- When it is right for you, could you attend work just for a cup of tea so that you are in touch with people and what's happening both at work and socially?
- Is there a colleague or friend at work who can keep you in touch and let others know how you are?
- Do you want visits / cards / calls from colleagues?
- What will you tell them when they visit?
- What questions are off limits? And how will you handle this?
- Can your manager refer you to sources of support or treatment?
- Are there any company schemes that you can draw upon? Eg. counselling, access to healthcare, access to occupational health professionals (doctors and nurses who specialise in workplace health).

Returning to work

How can I prepare for returning to work?

- Think about any adjustments or support that would be helpful.
- Are there particular aspects of the job that make you feel anxious? Have practical suggestions about what can be done about these.
- Are there any particularly stressful projects / events coming up where support might be helpful or where you can delegate responsibility?
- Think about how you'd like your progress to be monitored. What goals are realistic? How would you like this to be done eg. at what frequency? Formal meetings or informal chats outside work? If your workplace has a system for this, do you know what it is? (See case study from Leicester Fire and Ambulance Service on page 20 of this resource for some ideas.)
- Would it be helpful if there were a neutral / independent person who could act as a mentor?
- Think again about what you'd like colleagues / clients to be told.
- How will you describe what's been happening? How will you protect yourself against intrusive or tactless questions?
- Might it be helpful to meet up for a drink / coffee / lunch with a trusted colleague to catch up before you return?

Managing an ongoing illness whilst at work

If you have an ongoing mental health problem, it is likely that you will have developed a coping strategy. This may include being aware of the warning signs for a relapse and taking pre-emptive action. For example:

- cutting down on work or social activity
- being careful about drinking alcohol
- taking exercise
- finding time to relax.

It may be helpful to talk to your manager about this strategy and to ask for support when you first spot signs of a relapse.

Advance directives

Some people find it useful to draw up an 'advance directive'. This is a statement of how they would like to be treated when they become ill. It may be helpful to have a version of this that relates to the workplace. The directive might include information such as: symptoms to look out for, who to contact, what support is helpful and what is not. You should emphasise to your manager that it is important that they respect your wishes as laid down in the directive – even if it contradicts what you may say at the time.

Further information and sample advance directives can be obtained from The Mental Health Foundation (see address in **resource section C**).

"I'm doing the best I can to prevent a serious relapse. I've learnt to say no to people's outrageous demands and set boundaries of what I can achieve in one day. I exercise regularly and I eat well. All women can do these things to help themselves."

Marjorie Thompson, Marketing Consultant

This section gives brief information about the two most common forms of mental illness: depression and anxiety. We have also provided some notes about recognising stress. If you think you might be experiencing a mental health problem contact your GP or one of the mental health charities listed in the 'organisations' section of this resource. These provide information about a range of mental health problems including psychoses and eating disorders.

Depression

Everyone feels sad, fed up or miserable sometimes. But for some people, depression goes on for longer, and becomes so severe that they find it hard to carry on with their normal lives.

People with diagnosable, 'clinical' depression may have symptoms like loss of interest and motivation, anxiety, difficulty concentrating, and feelings of worthlessness or guilt. There can also be physical symptoms like insomnia and reduced or increased appetite. People feel bleak, helpless and sometimes suicidal.

Depression is common. Between 7 and 12% of men will experience diagnosable depression at some point in their lives; for women the figure is as high as 20 to 25%. But depression is treatable. People use a whole range of self-help techniques and supportive networks, as well as professional help or medication, to successfully manage depression.

Bipolar disorder (also known as manic depression)

This is a condition where people have extreme swings in mood – from very high (manic) to very low (depressed).

People can experience this condition in different cycles. For some, the manic symptoms are followed by symptoms of depression in a recurring pattern. For others, the period of mania is interspersed with severely depressive thoughts. Someone experiencing a manic episode may be excited or elated, they may not think clearly and may feel paranoid and become reckless or have very grand ideas.

About one in a hundred people will develop manic depression. With the right support, people can monitor and manage this condition, and there is a range of help available from professionals, including community mental health teams.

Postnatal depression

It's fairly common for women to be anxious or fearful for a few days after giving birth. But for about one in ten women, these feelings can last a lot longer and be more severe: this is called postnatal depression, and it's one of the most common complications of childbirth.

The most frequent symptoms are depression (feeling low and unhappy), intense feelings of tiredness or irritation, and loss of appetite, as well as a feeling of not being able to cope, or to meet the new baby's needs. Once people have recognised what's going on (often with help from their GP) there is a lot that can be done to help both the woman and her partner.

Anxiety

At times, we all feel anxious or stressed, but for some people anxiety becomes overwhelming and continues for a long time, and can seriously affect their quality of life.

Sometimes anxiety can take the form of panic attacks. During a panic attack, the heart starts pounding and the person can feel shaky, sick or unable to breathe properly. Serious panic attacks can make people avoid going out or going to work.

When people have an over-intense fear of a situation or object, it's called a phobia. People can be afraid of going outside, or of being in a crowded place, or of particular animals or insects.

Another anxiety disorder is obsessive-compulsive disorder. This is when people try to control their feelings of anxiety by performing certain actions over and over again, such as washing their hands or checking they have locked the door.

It's estimated that more than one in ten people are likely to have a 'disabling anxiety disorder' at some stage in their life. But the good news is that there are some very effective 'talking treatments' for anxiety disorders, where therapists teach people techniques to control their anxiety. Most of these treatments take a practical, step-by-step approach to coming to terms with the problem.

Stress

Stress is only one factor that may contribute to a mental health problem. The International Stress Management Association defines stress as:

"An umbrella term referring to the adverse reaction people have to excessive pressures or other types of demand placed upon them, where those pressures are subjectively felt to have importance, and to exceed the person's current perceived resources and coping ability. Prolonged exposure to this reaction may result in unhealthy physical, emotional, mental and behavioural symptoms."

The body may react to stress in one or more of the following ways:

- Breathlessness
- Constant tiredness
- Cramps or muscles spasms
- Fainting spells
- Frequent crying
- Headaches
- Impotency or frigidity
- Nail biting
- Nervous twitches or muscle spasms
- Sleeping problems
- Chest pains
- Pins and needles
- Constipation or diarrhoea
- Craving for food
- Feeling sick or dizzy
- Indigestion or heartburn

- High blood pressure
- Lack of appetite
- Restlessness
- Tendency to sweat.

A person experiencing stress may feel:

- Aggressive
- Depressed
- Scared of disease
- Bad or ugly
- There's no one to confide in
- Lack of interest in other people
- Irritable
- Dread of the future
- Fear of failure
- Neglected
- Lack of interest in life
- Loss of sense of humour
- Loss of sex drive
- Increase in physical problems eg. back and heart pain, irritable bowel syndrome and headaches.

A person experiencing stress may behave in one or more of the following ways:

- Have difficulty making decisions
- Have difficulty concentrating
- Deny there's a problem
- Be unable to show true feelings
- Avoid difficult situations.

Resource section C – Organisations

Alcoholics Anonymous
PO Box 1, Stonebow House, Stonebow, York YO1 7NJ
Tel: 01904 644 026
Web: www.alcoholics-anonymous.org.uk

AA is a fellowship of recovering alcoholics who meet regularly to help each other to stay sober. The AA website describes the fellowship, tells you how to get in touch, and gives basic on-line literature.

The Association for Counselling at Work (ACW)
1 Regent Place, Rugby, CV21 2PJ
Tel: 0870 443 5252
Email: acw@bacp.co.uk
Web: www.counselling.co.uk

The Association for Counselling at Work is a specialist division of the British Association for Counselling and Psychotherapy (BACP). ACW promotes professional counselling and the development of counselling skills in the workplace, and supports good practice in the prevention of psychological ill-health caused by work and provision of appropriate support for staff who are affected.

British Association for Counselling and Psychotherapy (BACP)
BACP House, 35 – 37 Albert Street, Rugby, CV21 2SG
Tel: 0870 443 5252
Email: bacp@bacp.co.uk
Web: www.bacp.co.uk

The British Association for Counselling and Psychotherapy is the professional body for counsellors representing their interests nationally and internationally, providing support and promoting greater awareness and understanding of the profession. The website provides a directory of therapists that can be searched by area.

The British Psychological Society (BPS)
St Andrews House, 48 Princess Road East, Leicester LE1 7DR
Tel: 0116 254 9568
Email: enquiry@bps.org.uk
Web: www.bps.org.uk

The British Psychological Society is the representative body for psychologists and psychology in the UK with over 34,000 members.

The Society has national responsibility for the development, promotion and application of psychology for the public good. Psychologists who provide counselling can be located via the Register of Chartered Psychologists which can be found on the website and in libraries.

Chartered Institute of Personnel and Development (CIPD)
CIPD House, Camp Road, London SW19 4UX
Tel: 020 8971 9000
Email: cipd@cipd.co.uk
Web: www.cipd.co.uk

The Chartered Institute of Personnel and Development is the professional body for all those specialising in advancing the management and the development of people. CIPD aims to advance the management and development of people to the benefit of individuals, employers and the community at large.

Depression Alliance
35 Westminster Bridge Road, London SE1 7JB
Tel: 020 7633 0557
Email: information@depressionalliance.org
Web: www.depressionalliance.org

Depression Alliance is a charity offering help to people with depression, run by those who have experienced depression themselves. It produces publications on various aspects of depression, a written advisory service offering support and understanding, self-help groups across the UK, a quarterly newsletter, workshops, seminars and conferences about different issues relating to depression. Their website contains practical information about depression, as well as details of Depression Alliance campaigns and local groups.

Disability Rights Commission (DRC)
DRC Helpline, Freepost MID 02164, Stratford-upon-Avon CV37 9BR
Tel: 08457 622 633
Email: enquiries@drc-gb.org
Web: www.drc-gb.org

The Disability Rights Commission is an independent body set up by the Government to help secure civil rights for people with disabilities and advise on the working of disability legislation, particularly the Disability Discrimination Act.

Employers' Forum on Disability
Employers' Forum on Disability, Nutmeg House, 60 Gainsford Street, London SE1 2NY
Tel: 020 7403 3020
Email: efd@employers-forum.co.uk
Web: www.employers-forum.co.uk

The Employers' Forum on Disability is the national employers' organisation focusing on disability in the UK. Funded and managed by its members, The Employers' Forum makes it easier to recruit and retain disabled employees and to serve disabled customers.

Health and Safety Executive (HSE)
HSE Infoline, Caerphilly Business Park, Caerphilly, CF83 3GG
Tel: 020 7717 6000
Info line: 08701 545500
Email: hseinformationservices@natbrit.com
Web: www.hse.gov.uk

The Health and Safety Executive's mission is to ensure that risks to people's health and safety from work activities are properly controlled. It aims to ensure that employers fulfil their obligations to their employees, and that all employees look after their own health.

Maca
1st Floor, Lincoln House, 296 – 302 High Holborn, London WC1V 7JH
Tel: 020 7061 3400
Email: maca@maca.org.uk
Web: www.maca.org.uk

Maca is a leading service-provider, active in the community as well as working in hospitals and with forensic services. Maca offers support to people with severe and enduring mental health needs and their carers. Their website details their work and range of services.

Manic Depression Fellowship
Castle Works, 21 St George's Rd, London SE1 6ES
Tel: 020 7793 2600
Email: mdf@mdf.org.uk
Web: www.mdf.org.uk

Established in 1983, the Manic Depression Fellowship (MDF) is a national user-led registered charity for people whose lives are affected by manic depression (bipolar disorder). MDF aims to enable people affected by manic depression to take control of their lives. Services provided include self-help groups, information and publications, employment advice, the MDF Self Management Training Programme, and (for members) a 24-hour Legal Advice Line for employment, legal, benefits and debt issues.

Mental Health Foundation
UK Office, 7th Floor, 83 Victoria Street, London SW1H 0HW
Tel: 020 7802 0300
Email: mhf@mhf.org.uk
Web: www.mentalhealth.org.uk

The Mental Health Foundation is a leading UK charity providing research and community projects to improve support for people with mental health problems and people with learning disabilities. It provides information on specific mental health problems, where to get help, treatments and rights.

Mind
15 – 19 Broadway, London E15 4BQ
Tel: 020 8519 2122
Email: contact@mind.org.uk or publications@mind.org.uk
Web: www.mind.org.uk

Mind is a leading mental health charity in England and Wales, working for a better life for everyone with experience of mental distress. Mind has a very comprehensive website, offering advice, information and background briefings on a wide range of mental health issues and specific mental health problems, as well as details of events and campaigns.

mind out for mental health
49 Southwark Street, London SE1 1RU
Tel: 020 7403 2230
Email: info@mindout.net
Web: www.mindout.net

mind out for mental health is an active campaign to stop the stigma and discrimination surrounding mental health. Coordinated by the Department of Health, **mind out for mental health** is working with partners across all sectors including voluntary, business, media and youth organisations to combat stigma and discrimination on the grounds of mental health and bring about positive shifts in attitudes and behaviour. Working Minds is the employer programme of **mind out for mental health**.

The National Health Service
C/o Department of Health
Richmond House, 79 Whitehall, London SW1A 2NS
Tel: 020 7210 4850
Email: dhmail@doh.gsi.gov.uk
Web: www.nhs.uk

The National Health Service was set up in 1948 to provide healthcare for all citizens, based on need, not the ability to pay. It is made up of a wide range of health professionals, support workers and organisations. The NHS aims to bring about the highest level of physical and mental health for all citizens, within the resources available, by promoting health and preventing ill-health; by diagnosing and treating injury and disease, and by caring for those with a long-term illness and disability, who require the services of the NHS.

NHS Direct
Tel: 0845 46 47
Web: www.nhsdirect.co.uk

NHS Direct operates a 24-hour nurse advice and health information service, providing confidential information on what to do if you or your family are feeling ill; particular health conditions; local healthcare services; and self help and support organisations. The telephone service is available in England and Wales and a similar service called NHS24 is available in Scotland (on 0800 224488). Calls to NHS Direct are charged at local rates and for patient's safety, all calls are recorded.

NHS Plus
The Department of Health, Wellington House, 135 Waterloo St, London, SE1 8UG
Tel: 0800 092 0062
Email: nhsplus@doh.gsi.gov.uk
web: www.nhsplus.nhs.uk

NHS Plus is a network of NHS Occupational Health departments which provide OH services to non-NHS employers. To join the network, OH units agreed to work to NHS quality standards. In addition, the NHS Plus website provides information and support to employees and employers alike and allows the user to identify their local provider.

Rethink severe mental illness (formerly National Schizophrenia Fellowship)
Head Office, 30 Tabernacle Street, London EC2A 4DD
General enquiries: 0845 456 0455
National advice line: 020 8974 6814
Email: info@rethink.org
Web: www.rethink.org

Rethink is a major UK charity dedicated to improving the lives of everyone affected
by severe mental illness (such as schizophrenia, depression and manic depression).
Rethink pioneered the mental health aspect of the Department for Education and
Employment's New Deal for Disabled People, which has developed best practice
methods for skills assessment, training and support for both individuals wanting to
return to work and employers. Rethink is also developing the work of Social Firms. The
charity runs a National Advice Service, staffed by experienced advisors with in-depth
knowledge of all aspects of mental illness. Open weekdays from 10am to 3pm.

Royal College of Psychiatrists
17 Belgrave Square, London SW1X 8PG
Tel: 020 7235 2351
Email: info@rcpsych.ac.uk
Web: www.rcpsych.ac.uk

The Royal College of Psychiatrists is the professional and educational body for
psychiatrists in the UK and Ireland. The aim of the College is to advance the science
and practice of psychiatry and related subjects; further public education and promote
study and research work in all disciplines connected with the understanding and
treatment of mental disorders. It also provides practical advice on a range of mental
health problems and runs national mental health campaigns.

Samaritans
The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF
General enquiries: 020 8394 8300
National helpline: 08457 90 90 90
Email: jo@samaritans.org or admin@samaritans.org
Web: www.samaritans.org

A registered charity based in the UK and Ireland, The Samaritans provide
confidential emotional support to any person who is suicidal or despairing. The
Samaritans run a confidential telephone helpline, 24 hours a day, 7 days a week.

SANE
1st Floor, Cityside House, 40 Adler Street, London E1 1EE
Tel: 020 7375 1002
Email: info@sane.org.uk
Web: www.sane.org.uk

SANE is one of the UK's leading charities concerned with improving the lives of
everyone affected by mental illness. SANE aims to raise awareness and combat
ignorance about mental illness, improve mental health services, and initiate and fund
research into the causes, treatments and potential cures for schizophrenia and
depression. SANELINE is a confidential telephone helpline offering practical
information, crisis care, and emotional support to anybody affected by mental health
problems. Open from 12 noon until 2am.
Tel: 0845 767 8000 (charged at local rates).

Trade Union Congress (TUC)
Congress House, Great Russell Street, London, WC1B 3LS
Tel: 020 7636 4030
Email: info@tuc.org.uk
Web: www.tuc.org.uk

The TUC is the voice of Britain at work. With more than 70 member unions
representing nearly seven million working people from all walks of life, the TUC
campaign for a fair deal at work and for social justice at home and abroad.

United Kingdom Council for Psychotherapy (UKCP)
167 – 169 Great Portland Street, London W1W 5PF
Tel: 020 7436 3002
Email: ukcp@psychotherapy.org.uk
Web: www.psychotherapy.org.uk

UKCP exists to promote and maintain high standards in the practice of
psychotherapy for the benefit of the public throughout the UK. The National Register
of Psychotherapists is published annually. Only psychotherapists who meet the
training requirements of UKCP and abide by its ethical guidelines are included.

Resource section D – Publications & resources

Changing minds at work Bryson, Vanessa. IRS Employment Review. No 746, February 2002

Depression at Work Maud, Vicky, 2000. ISBN 0859698300

Help on Work-related Stress: a short guide IND(G)281 Health and Safety Executive, 2001.

Managing Employee Well-being Currie, Donald, 2001. ISBN 1902375777

Managing for Mental Health The Mind employers' resource pack, Mind Publications

Managing Stress at Work Engineering Employer's Federation, 2001. ISBN 1 903461 07 3. A guide offering practical advice on avoiding and dealing with stress at work, designed to help companies meet their responsibilities.

Managing Workplace Stress: a best practice blueprint Williams, Stephen and Cooper, Lesley. ISBN 0470842873

Mental Health at Work Chartered Institute of Personnel and Development (CIPD). Brief guide outlining the social, economic and legal implications of mental ill health within the workplace, with guidelines and recommendations for employers. Available online at www.cipd.co.uk

Mind over Matter Overall, Stephen. Personnel Today. January 2002

Mind Yourself Alkin, Olga, People Management. Vol 6, No 2, January 2002

Occupational Health and Organisational Effectiveness Chartered Institute of Personnel and Development (CIPD), 1996, revised 2001. Brief guide to implementing an occupational health programme and reducing work-induced and work-related illness. Available online at www.cipd.co.uk

Out at Work The Mental Health Foundation, 2002. ISBN 1 903645 28X. A 33-page report based on a survey of over 400 people with personal experience of mental health problems on seeking work, the attitudes of colleagues, support available within the workplace, the impact of work on mental health and the way in which people left or lost jobs. Also available in PDF Format at www.mhf.org.uk/html/content/outatwork.pdf

Stress Chartered Institute of Personnel and Development (CIPD), 2001, revised 2002. Brief guide to managing organisational stress. Available online at www.cipd.co.uk

Stress: a management guide Clark, John, 2002. ISBN 1843340178

Stress and Employer Liability Earnshaw, Jill and Cooper, Gary. Chartered Institute of Personnel and Development, 2001. ISBN 0852928785

Stress Research and Stress Management: putting theory to work Health and Safety Executive, 1993. ISBN 0 7176 0684 8. HSE Contract Research Report 61.

Tackling Work-related Stress – a managers' guide to improving and maintaining employee health and well-being Health and Safety Executive, 2001. ISBN 0 7176 2050 6. A guide aimed at managers in organisations that employ 50 or more employees.

Unlocking Potential – the new disability business case Employers' Forum on Disability, 2001. Booklet summarising the case for positioning disability as a strategic business priority.

Unlocking the evidence – the new disability business case Employers' Forum on Disability, 2001. ISBN 1 903894 01-8. A booklet presenting compelling proof that employing people with disabilities can bring both operational and longer-term strategic business gains, particularly in the light of changing demographics and the new economy.

Well-being in organisations: a reader for students and practitioners Cooper, G, Cary, L. and Robertson, Ivan T, 2001. ISBN 0471495581

What Employers Need to Know (DfEE 1999)

Work Life Balance, Changing Patterns in a Changing World A discussion document. Department for Education and Employment, Scotland Office, March 2000. Ref: WLBCPCW. A 36-page document setting out how the UK Government and the National Assembly for Wales, in partnership with business, the voluntary sector and employee organisations, intend to bring about a better balance between work and other aspects of life. Also available on-line at www.dfee.gov.uk/work-lifebalance

Work Life Balance. essential guide to work-life balance Department of Trade and Industry, 2001 (update 2002). URN 02/803

Work Life Balance. the business case Department of Trade and Industry, 2001. URN 02/802

Work-related stress: a short guide Health and Safety Executive, 2001. ISBN 0 7176 2112x

The **mind out for mental health** campaign has a range of awareness raising materials that can be provided to employers. We can also adapt or tailor make resources upon request. Please see our web site: www.mindout.net for an overview of the campaign and to order materials.

Employer toolkit

This substantial resource gives practical advice on developing policies and practice around mental health in the workplace. It contains:

- Brief advice on managing an individual with a mental health problem
- Case studies of employees who have experienced mental health problems in the workplace and practical tips for employers based on their experience
- Advice on developing a mental health policy
- Case studies of good practice from a range of employers
- Information about relevant legal frameworks
- Facts and figures about mental health in the workplace
- Sources of information and advice
- Awareness raising materials
- Post-it notes
- Training aid – game about the incidence of mental health
- Poster.

1 in 4 exhibition

1 in 4 is a stunning collection of powerful black & white portraits of people who have experienced mental health problems and want to challenge the stigma and discrimination that still surrounds one of society's last taboos. Each photo is accompanied by a frank personal account of mental distress – and other people's reactions. The portraits mix celebrities such as Patsy Palmer, Alastair Campbell, John Hannah, Paul Merton and Lord Stevenson with a wide range of people from every walk of life.

1 in 4 is available to hire for free by agreement with the campaign.

Other materials

The campaign has a range of materials including leaflets, posters and postcards aimed at the general public.

Information and signposting to services

Information on counselling and psychotherapy practitioners and services is available from a range of sources, including the main national bodies for counselling and psychotherapy – the British Association for Counselling and Psychotherapy (BACP), the British Psychological Society (BPS), the UK Council for Psychotherapy (UKCP) and the Confederation of Scottish Counselling Agencies (COSCA).

The British Association for Counselling and Psychotherapy (BACP) produces a national directory of practitioners and the booklet *Counselling and Psychotherapy – Is it for me?*

If you are a larger employer, you may consider setting up an internal counselling provision. For smaller organisations or for those who prefer an external supplier, there are a number of commercial providers such as Employee Assistance Programmes (EAPs). These often provide a range of additional services.

NHS Plus is a network of occupational health services around the country. Under this scheme, NHS occupational health expertise can be provided for a fee to other local organisations in the public and private sector. NHS Plus has a web site www.nhsplus.nhs.uk with geographical listings of services.

The type of help offered

Most counselling provided by employers is short-term. This is usually between five and eight sessions with referral on if longer-term help is needed. Sessions usually focus on supportive work and practical problem-solving rather than in-depth analysis.

Where to go for further help:

The Association of Counselling at Work (ACW) is the division of the BACP most concerned with counselling and psychosocial health in the workplace, and offers advice to employers on all aspects of developing service provision. Please see page 34 for contact details.

The Royal College of Nursing (RCN) has produced detailed guidance on counselling for health service staff, much of which is relevant to other settings. *Counselling for staff in health service settings: a guide for employers and managers* outlines a framework for establishing provision and a range of practice standards and is available on www.rcn.org.uk

Advice on Employee Assistance Programmes, including a provider listing, is available from the Employee Assistance Professionals Association (EAPA), the professional body for EAPs.

You may find it useful to research the contact details of your local organisations including:

Organisation	Description	Tel / Contact
Citizens Advice Bureau	First port of call for advice and sign posting on range of topics.	
Local branches of national mental health charities eg. MIND, Rethink	Range of advice on mental health issues. Some organisations have employers' programmes.	
NHS Plus	Provides occupational health services to organisations on a contract or per case basis.	
Supported work schemes	Programmes to support people who have experienced mental health problems back into employment. Support often also provided for employer.	
Mental health promotion contact	Provides general mental health promotion advice to the public and often to employers. Usually located in Primary Care Trusts.	

Summary checklist for managers

Managing for mental health

Policies and procedures

	Yes	No
Does your organisation have a stated objective to promote the mental and physical well-being of employees?	❏	❏
Is there a person with a clear lead for workplace health?	❏	❏
Does your organisation have a mental health policy?	❏	❏
Is mental health specifically covered in relevant policies eg. health and safety, flexible working, work-life balance, equal opportunities, diversity?	❏	❏
Are you aware of your duties under the Disability Discrimination Act?	❏	❏
Are you aware of your duties under health and safety legislation?	❏	❏
Are you familiar with your organisation's policy around sickness absence?	❏	❏
Are there any policies or procedures around planning and monitoring the return to work from sickness?	❏	❏
Do you evaluate the effectiveness of the above policies?	❏	❏

Management practice

Using normal management processes

	Yes	No
Do you have regular work-planning and appraisal sessions so that you can spot any mental health problems in the early stages?	❏	❏
Do you specifically check on the well-being of staff in these sessions? eg. excessive travelling, long hours, pressures at home such as moving house, getting married, having children, bereavements etc?	❏	❏
Do staff know that they can talk to you confidentially if they have a problem?	❏	❏
Do you conduct staff attitude surveys?	❏	❏
Do you conduct exit interviews when people leave?	❏	❏
Is there a system to ensure that the organisation addresses feedback from attitude surveys and exit interviews?	❏	❏

Risk assessment:

	Yes	No
Do you carry out regular stress risk assessments?	❏	❏
Are work teams involved in identifying problems and solutions in their area?	❏	❏
Do you ever seek expert professional guidance in conducting risk assessments?	❏	❏

Monitoring

	Yes	No
Do you monitor other factors that might indicate high levels of stress / mental health problems eg. levels of complaints from customers or staff, accidents, levels of harassment or bullying?	❏	❏
Do you monitor sickness absence and is there any analysis of this data?	❏	❏

Sickness absence / return to work

	Yes	No
Do you have clear procedures about contact with staff when they are off sick? Are the relevant unions / staff representatives involved?	❏	❏
Do you have provision for people to come in informally when they are off sick and is this carried out in a sensitive way?	❏	❏
Do you have return to work interviews after any kind of sickness absence?	❏	❏
Do you plan the return to work with the employee and involve any other relevant professionals eg. occupational health, GP, HR, workplace counsellor, union?	❏	❏
Does the line manager take responsibility for co-ordinating the return plan and / or is there a system for ensuring that it is co-ordinated?	❏	❏
Do you discuss with the employee how any adjustments / absence will be communicated to peers or clients?	❏	❏

Support for employees

	Yes	No
Do you provide support to employees? Eg. in house counselling / welfare service, occupational health advice, Employee Assistance Programmes.	❏	❏
Do you have information available to give to staff about other local sources of information / support? Eg. Citizens Advice Bureau, local mental health organisations, external counselling provision.	❏	❏

Managing people with an ongoing problem

	Yes	No
Are you aware of staff or colleagues who have had a mental health problem?	❏	❏
Has any attempt been made to learn from their experience – good or bad?	❏	❏
Where you have employees with an ongoing mental health problem are you aware of their coping strategies and their wishes about how you can help in the event of a relapse?	❏	❏
Are you aware of local schemes that offer support to employers in recruiting and supporting employees with known mental health problems?	❏	❏

Knowledge of mental health

	Yes	No
Could you list the early signs of stress / mental health problems?	❏	❏
Have you or other managers received any training in: mental health awareness and "people skills" such as listening, open questions, offering support?	❏	❏
Has your organisation undertaken any programmes to raise awareness / tackle stigma around mental health?	❏	❏

References

1   Patel, A. & Knapp, M., The Cost of Mental Health in England, Mental Health Research Review 5. Centre for the Economics of Mental Health, 1998.

2   The World Health Organisation, in Hartley, E. High Depression Rate Triggers New Campaign. Healthcare Today, May 1998

3   Patel, A. & Knapp, M., The Cost of Mental Health in England, Mental Health Research Review 5. Centre for the Economics of Mental Health, 1998.

4   User Employment Project, South West London and St George's Mental Health NHS Trust

Acknowledgements