

# working minds toolkit

a practical resource to promote good  
workplace practice on mental health

**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**.

Change your mindset at [www.mindout.net](http://www.mindout.net)

**mind out for mental health**

49 Southwark Street, London SE1 1RU

T: 020 7403 2230

F: 020 7403 2240

Email: [mindout@forster.co.uk](mailto:mindout@forster.co.uk)



**"I firmly believe that the bottom line of economic activity is how it translates into the quality of people's lives. Work is about people and it depends on people, so that mental health and illness are workplace issues."**

**Juan Somavia, Director-General, International Labour Organization**

# Changing hearts and minds...

The aim of the **working minds** programme is to help create positive shifts in workplace attitudes and behaviour surrounding mental health.

The fact that you are reading this demonstrates your commitment to that aim and your interest in the health, well being, and effectiveness of the people in your organisation. You might be a Chief Executive, a human resource director, an occupational health professional, or a line manager. Whatever your job title, you certainly have a commitment to creating a healthy workplace, which is free from discrimination.

This toolkit has been produced as part of the **working minds** programme to help you positively address the issue of mental health in the workplace. But it is not a magic wand. Changing individual behaviour and organisational culture takes sustained time and effort. The success of any programme which challenges deep-rooted attitudes and ideas - often sincerely held - rests on dedicated and consistent engagement with the issues. Above all, you have got to **mind out for mental health** in a way which fits in with your corporate culture and agenda. This toolkit has been created to stimulate thinking and action, and to provide signposts to many of the further **Resources** provided by specialist organisations. We strongly recommend that you use the toolkit in tandem with other materials in the way that works best for you.

A word to the wise. When issues which have previously been sidelined are raised and addressed, gaps in current policies and practices can be exposed. At the same time, new platforms are created for employees who have hitherto felt unsupported or, worse, discriminated against. This should be viewed as a natural and positive step in the process – part of your opportunity for achieving change. It goes without saying that a degree of foresight is helpful. Emerging situations need to be managed sensitively and constructively.

Mental health is a complex and challenging subject. It takes courage to tackle it. But it takes even more courage to manage your own mental health in a workplace where stigma and discrimination are simply adding to your problems. Make sure you are part of the solution, not part of the problem. **mind out for mental health.**

# Finding Your Way Around

The **working minds** toolkit contains useful material for anyone interested in addressing mental health issues in their workplace.

The **Welcome** section gives an overview of the issues and presents the business case for a positive approach.

**People, Practice** and **Law** contain information and resources to stimulate your thinking and provide accessible information to help you plan effective management of mental health issues. They include case studies - real life examples of people, policy and legal cases – as well as Q&A sheets with basic questions and answers on each theme.

The kit contains extensive **Facts** to provide a strong context for the issues, and plenty of scope for further action, and a comprehensive **Resources** section with details of useful materials, and listings of relevant organisations. This section also contains a lexicon – a 'rough guide' to appropriate language when talking about mental health issues.

There is also a chance to order further materials and **Feedback** your views. We would welcome your feedback just as soon as possible so that we can carry on refining the **working minds** programme.

The toolkit has been designed as a flexible, stimulating resource which should be useful to both human resource professionals and to managers. Overleaf, we have provided Ideas about using the toolkit as a general awareness-raising and training tool, particularly in workshop settings. We hope you find the ideas useful – and are inspired to bring mental health issues into the core of your work on health, diversity and equal opportunities.

A full PDF version of the **working minds** toolkit, as well as lots of lively, accessible material on mental health and discrimination, is available at our website [www.mindout.net](http://www.mindout.net)

<p><b>Welcome</b></p> <p><b>Foreword</b></p> <p><b>The Business Case</b></p>	<p><b>setting the scene</b></p> <p>Professor Louis Appleby, National Director for Mental Health, explains why mental health at work is a high priority.</p> <p>Will Hutton, CEO of The Industrial Society, makes the business case for positive action on mental health.</p>
<p><b>People</b></p> <p><b>Q&amp;A</b></p> <p><b>Case Studies</b></p>	<p><b>people management issues</b></p> <p>Questions and answers on staff mental health issues.</p> <p>Real life case studies of people’s experience of discrimination, and how they have managed their mental health problems at work.</p>
<p><b>Practice</b></p> <p><b>Q&amp;A</b></p> <p><b>Case Studies</b></p>	<p><b>good policy and practice</b></p> <p>Questions and answers on developing good policy and practice.</p> <p>Examples of mental health policies and practice.</p>
<p><b>Law</b></p> <p><b>Q&amp;A</b></p> <p><b>Case Studies</b></p>	<p><b>the legal context</b></p> <p>Questions and answers on legal issues and the Disability Discrimination Act.</p> <p>Summaries of resolved and on-going legal cases brought under the Disability Discrimination Act.</p>
<p><b>Facts</b></p> <p><b>Research Report</b></p> <p><b>Factfile</b></p>	<p><b>key facts and findings</b></p> <p>Findings and recommendations on workplace attitudes and practice, from the <b>Working Minds</b> research report.</p> <p>Key facts and figures on mental health.</p>
<p><b>Resources</b></p> <p><b>Lexicon</b></p> <p><b>Materials</b></p> <p><b>Organisations</b></p>	<p><b>further help, advice and materials</b></p> <p>A guide to appropriate language about mental health.</p> <p>Details of publications and materials.</p> <p>Listings of useful organisations.</p>
<p><b>Feed Back</b></p> <p><b>Evaluation</b></p> <p><b>Order Form</b></p>	<p><b>evaluate the toolkit and order more materials</b></p> <p>Help us get it right by completing this short evaluation.</p> <p>Order more materials from the <b>mind out for mental health</b> campaign.</p>

# Ideas: Using the toolkit in workshop sessions

If you would like to develop your own awareness raising sessions, or a workshop programme, you could draw on the toolkit to help you design participative exercises. The following ideas indicate ways to use elements of the toolkit to create workshop sessions. They can be mixed or matched, or used alone. Remember, these are just ideas. You need to create a programme in tune with your organisation's needs, size, type and culture.

Sensitive and skilled facilitation is needed to make any workshop session enjoyable and effective. It's the discussion of the issues raised by exercises which is important, not the exercises per se. Depending on your resources and experience, you may decide to develop and run workshops with specialist help – in which case, you will find our **Resources** section useful. Mental health is a complex subject and can be daunting for some people. Be ready and prepared to deal with challenging and potentially emotive situations. And remember, 1 in 4 people will have some experience of a mental health problem in the course of a year.

## Games & Quizzes

Use games and quizzes as 'icebreakers' to generate discussion about the issues.

Use the **Facts** section of the toolkit to create questions with multiple choice answers. Get participants to discuss the question and potential answers in pairs, feeding back their thoughts to the whole group in turn.

**Mind Out? Find Out!** in the **Interact** section of the toolkit is a pairs game based on facts and figures, and "do's and don'ts" relating to mental health at work, which can help to enliven your workshop and generate discussion. Follow the instructions, or distribute cards at random and get participants to find the opposite half of their 'pair' and discuss the issues raised. Share information at a facilitated feedback session.

## Management Matters

Use role play to draw out issues around mental health and staff management.

Using the case studies in the **People** section as stimulus material, take a number of simple work place situations where a manager needs to talk to a staff member (e.g. poor attendance; a change in the department's responsibilities; poor inter-team communication). Working in threes, get participants to take on the roles of manager, staff member, and observer. Ask them to draw on some of the issues highlighted in the case studies and develop a scenario (you could stipulate positive or negative). Remember, with role play it is the de-brief around the theme which is important.

Alternatively, use the role plays to generate discussion about the different types of 'reasonable adjustments' which might be made to enable someone with a mental health problem to do their job.



“ The financial cost to business of the failure to manage mental health issues is huge. But the true cost is far greater than the financial bottom line. ”



At the beginning of the 21st century, we should be well on the way to ensuring that discrimination on the grounds of mental health is as unacceptable in our places of work as discrimination based on gender or race.

But the truth is that – especially in the workplace - mental health is still surrounded by a climate of fear. For managers, this is often the result of a lack of awareness and training. For employees, it's because mental health issues are stigmatised or sidelined, and policies are unclear. Whatever the cause, the result is a destructive cycle of avoidance, stigma and discrimination in which everyone loses out.

The financial cost to business of the failure to manage mental health issues is huge. Nearly 3 in every 10 employees will have some kind of mental health problem in any one year. Stress related absence accounts for half of all sickness from work, with an estimated cost to industry of £4 billion.

But the true cost is far greater than the financial bottom line. The real cost must be measured in terms of wasted talent, skills and human potential. Employers are losing out on that talent not simply because of active discrimination in recruitment and promotion practices, but also because they fail to recognise the positive, additional skills – such as empathy and coping strategies - which people with experience of mental health problems can often acquire.

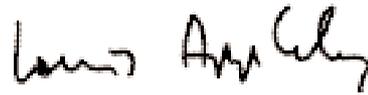
Employees are losing out because the spectre of unfair treatment – or even dismissal – means they are unable to get support precisely when they need it most. Meanwhile, people with mental health problems, who have the highest rates of unemployment among people with disabilities, but for whom work remains an important route to self-esteem, independence and recovery, are losing out all along the line.

That's why the Department of Health has commissioned the **mind out for mental health** campaign, and why we place particular value on the **working minds** programme. We know that any attempt to shift attitudes and behaviour surrounding mental health must put employment and work at its very centre.

So we attach great importance to the launch of this toolkit. By providing practical information and resources to help organisations to move towards positive workplace policy and practice on mental health, it is helping to address one of the most pervasive forms of discrimination in our society.

But producing a positive and business-friendly toolkit is one thing. Ensuring it is actually used as an everyday management tool is another. That's down to you.

If the **working minds** programme is to be a success, we need many more business partners who share a positive vision of a society free from discrimination in the workplace. I urge you and your colleagues to make use of this resource, and to help make that vision a reality.

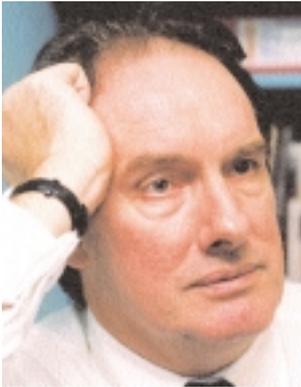


Professor Louis Appleby, National Director for Mental Health

# The Business Case: Will Hutton

## Making mental health your business

“As employers, we must own up to a fair proportion of the blame for the fact that mental health is one of society’s last – and most damaging – taboos. But we know that there is an underlying groundswell of support for the goals of the working minds campaign.”



This toolkit shows the positive steps that organisations can take to challenge workplace discrimination and to change corporate and personal attitudes on mental health.

The **working minds** programme and this toolkit are long overdue. As long ago as 1991, the then Director General of the CBI, Sir John Banham, urged British business to do more to tackle mental ill health and the persistence of ‘ancient prejudices’ in the 20th century workplace. But ten years later, in the 21st century workplace, those ancient prejudices are very much alive and kicking. As a nation, our understanding of mental health and our attitudes towards it are nothing short of shameful. As employers, we must own up to a fair proportion of the blame for the fact that mental health is one of society’s last – and most damaging - taboos.

The **Working Minds** research report\* commissioned as part of the **mind out for mental health** campaign, paints a grim picture of the employment difficulties faced by people experiencing mental ill health. Discrimination extends well beyond recruitment and promotion to include actively hostile behaviour by fellow employees. Often it goes hand in hand with manager indifference or simple ignorance, and there is a widespread lack of business awareness that the Disability Discrimination Act applies as much to people with mental ill health as it does to those with a physical disability. In general, businesses know little about mental health and feel ill-equipped to deal with the issues. In too many companies, mental health just isn’t on the corporate agenda.

But we also know that there is an underlying groundswell of support for the goals of the **working minds** programme. In a CBI survey of over 800 companies in 1997, 98% of respondents thought that the mental health of employees should be a company concern. Disappointingly, less than one in ten of those companies actually had an official policy on mental health. This toolkit aims to fill the gap between concern and action.

When it comes to action, there are too few employers who act on the maxim that ‘good health equals good business’ – and even fewer who recognise the importance of mental health. Yet there are compelling business arguments for positively addressing mental health:

- **Gaining important skills.** The fact that people with mental health problems have to manage their own mental health in a hostile world means that they often have particular skills – such as problem solving, tenacity, diplomacy and creativity.
- **Reducing absence.** Workplace stress is a major cause of absenteeism, and the links between mental health and stress are clear. Constructive and sensitive stress and mental health management can have a significant effect on absenteeism – and thus on the bottom line.
- **Creating better workplace relations.** Awareness, communication and openness on mental health issues can have an important impact on creating a positive climate of understanding and support, and on overall workplace relations.
- **Enhancing productivity and motivation.** Staff will feel valued and secure if their organisation demonstrates a commitment to their well-being. Better workplace relations are clearly linked to increased efficiency, effectiveness and, in turn, improved morale.
- **Employing the best person for the job.** Skills shortages are a major issue for employers in competitive employment markets. Widening your pool of potential recruits as far as possible makes good business sense.
- **Retaining knowledge and skills.** Once you've recruited the best person for the job, you need to make the most of your investment of time and resources in building their knowledge and skills.
- **Creating acceptance and diversity.** Most progressive companies accept that aiming for a workforce which reflects the community in which you operate is a basic building block in building social responsibility.
- **Making your workplace more efficient.** The process of thinking about making adjustments for employees with a mental health problem can generate helpful internal reviews, more flexible working patterns, and more effective workplace systems and procedures for employees as a whole.
- **Complying with the Disability Discrimination Act and your 'duty of care.'** Simply put, you will now fall foul of the law if you fail to recognise the mental health needs of your staff. It's also important to remember your 'duty of care' – particularly in the context of exponentially rising levels of workplace stress, which is often a first step towards developing more serious mental health problems.

Currently, six out of seven people with mental health problems are unable to get work – and in a survey in 1996, over 30% of respondents with mental health problems said they had been dismissed or forced to resign. In today’s job market, this is absurd. For anyone with a concern for the health and performance of their employees – or indeed their business as a whole - it should be completely unacceptable. **Making mental health your business** makes very good business sense.



Will Hutton, CEO

\* An executive summary of the **Working Minds** research report, produced by The Industrial Society as part of the **mind out for mental health** campaign, can be found under **Facts**.

**'We at the CBI are convinced that the mental health of a company's employees can have an important impact on business performance in the same way as does a poor industrial relations climate or inadequate training.'**

**Howard Davies**  
**Director General, CBI**



## Q

## &

## A

**Q. How do I use this section of the toolkit?**

**A.** Anyone with responsibilities for managing people should find useful material in this section. The questions and answers below raise some of the key staff management issues relating to mental health. The four case studies set out people's real life experience, both of discrimination and of positive measures that have helped them to manage their conditions.

**Q. I get the feeling one of my staff has a problem with his/her mental health. What should I do?**

**A.** Don't try to diagnose a member of staff who you feel might have a mental health problem. But do try to talk to them about your concerns in an open way. Seek specialist help within your organisation or from one of the mental health organisations listed in Resources. Be vigilant about confidentiality issues: don't discuss colleagues' mental health with others without their clear permission.

**Q. What should I do if one of my staff comes to me in obvious mental distress?**

**A.** Ask the person how you can help. Don't try to take control or take over. Even in acute distress, people can have a clear sense of their own needs. Try to make private space; ask the person if they need someone else; don't be scared of the situation. If appropriate, explore whether there is a work factor in their distress and offer support.

**Q. One of my staff has told me s/he has a particular mental health problem. What should my first step be?**

**A.** Stay sensitive and open, respect confidentiality, and seek specialist help. One of the mental health organisations listed in the Resources section of this toolkit will be able to provide advice or materials. Most provide condition-specific leaflets and there may well be an organisation dealing specifically with that particular mental health problem. Don't assume you already know the facts.

**Q. What confidentiality issues should I be aware of?**

**A.** Do respect confidentiality at all times. Where possible, agree a 'position' with the staff member concerned. A supervisor or line manager will probably need to know that a particular employee has an adjustment of some kind made, but may not need to know their diagnosis or other personal information, unless the member of staff wants to disclose this.

**Q. How can I improve conditions to help people manage a mental health condition? What are 'reasonable adjustments'?**

**A.** Don't ignore the needs of a colleague with a mental health problem and expect them to be happy and effective. Employers have to make 'reasonable adjustments' where it would remove a substantial disadvantage from an employee or applicant with a mental health problem. Individual cases need to be addressed on their own merits. Possible adjustments include: agreeing a change in hours or working patterns, different supervision, additional training or support, adjustment to the physical environment, or changes to aspects of the job. But not all adjustments will be feasible in all jobs or types of organisation. On a less formal level, it's important to remember to include colleagues with mental health problems in all team discussions, communications and events.

**Q. What kind of support do managers need to manage mental health?**

**A.** Because awareness of mental health in the workplace is low, while levels of fear and misunderstanding are high, it is advisable to give managers access to awareness raising training and further support. Training about managers' responsibilities in relation to the law, recruitment training and stress management (for self and others) are also likely to be necessary. Using peer support to facilitate a team approach to an issue can be helpful, particularly if a colleague in the team is able and prepared to share relevant experiences and solutions.

**Q. What is stress at work?**

**A.** Stress is people's natural reaction to excessive pressure – of any kind. It is not inherently a bad thing. But if it is excessive or prolonged, it can lead to mental or physical ill health. As an employer or manager, it is your duty to ensure that staff are not made ill by their work. Be aware that staff may be made vulnerable because of their circumstances, and be prepared to make the necessary changes to minimise stress 'pressure points'.

**Q. What can I do to help reduce stress and safeguard mental health?**

**A.** Try to give your staff greater control over how, and at what pace, they do their work. Lack of discretion and flexibility over how to get the job done is a major cause of stress at work and may lead to more serious mental health problems. Aim to develop working patterns that take proper account of the nature of the work and ensure that practices are not more restrictive than necessary. Do not make unreasonable demands in relation to working patterns or hours. And remember that if staff are consulted about their working conditions, any refinements are more likely to work. Ambiguity about roles and unrealistic or conflicting expectations are also stress factors. Aim for clarity about roles and responsibilities. Ensure levels of authority are clear and that lines of accountability are simple and understood.

**Q. Is it reasonable to expect people with mental health problems take on new challenges?**

**A.** Misplaced sympathy or defensive management practices can result in discrimination and suppression of potential. Furthermore, people who have a mental health problem can often acquire additional skills as a consequence of their experience, such as problem solving, or creative thinking. Open discussion about the prospect of new and/or changing responsibilities is needed.

See **Resources** for details of **materials** relating to people management issues and mental health, and useful **organisations**.

# Case Study 1: Carole

Personal profile	Recent employment
Name: Carole	Job title: Secretary
Age: 44	
Education: 4 O levels, 2 A levels, bilingual secretarial diploma	Place of work: London Fire and Emergency Planning Authority (LFEPA)
Circumstances: Single	Sector: Local Authority
Job history: Bilingual secretary in Paris, and in a foreign embassy	Size of organisation: 2,000 people (approx)

## Carole's Story



My first experience of schizophrenia was when I was a secretary working in Paris. I spent three days seeing terrifying visions before I was found by a kind colleague and taken to hospital.

After hospital I returned to England and found a new job. For a year, I came off my medication because of the terrible side effects. Then I had a relapse and had to go back to hospital. It was only at this point that I realised I had an illness.

I was cared for by my family and took my time to get better properly. In 1987 I joined London Fire and Emergency Planning Authority (LFEPA) and I've now worked there for 14 years. They have been an excellent employer – sympathetic and supportive. There's a very strong culture of equal opportunities and a good welfare department.

They were particularly helpful when I had a relapse two years ago. My mother was killed by a van and shortly after, my brother died of a heart attack. All this, combined with pressure at work, led to a breakdown. The welfare department realised I had begun to behave strangely and took the trouble to call my GP and recommend I should see a doctor. This led to a change in my medication and made a big improvement in my life.

I realised I needed more time to myself and to pace myself at work. Again, the welfare department was really helpful, enabling me to return to work in a phased way and increase my hours gradually. I now do three days a week, which means I enjoy a better quality of life and can manage my illness.

I know many employers are fearful about taking on people with mental illness. But it's important to put things into perspective. I've had schizophrenia for 17 years but have only had six episodes off work, usually for 2-3 weeks. Ironically it's because I am so accepted as a good and reliable employee that people find my illness so hard to understand. They can't see any physical signs, so tend not to take my problems seriously. I try to explain it in terms they can relate to – like having a nightmare when you are awake.



# Positives and Negatives



<b>+</b>	<p>The biggest positive has been the support and understanding of my employers. Equal opportunities isn't just a token policy but a real part of the culture. No one has ever spoken disrespectfully to me and my rights as a disabled employee have been protected.</p>
<b>-</b>	<p>I've realised what a huge lack of understanding there is about mental illness. Colleagues still thought that schizophrenia is a split personality - like Jekyll and Hyde. I've worked hard to explain that the illness arises from a complex mix of genetics, biology and life experiences.</p> <p>When I was ill I felt I couldn't discuss it with colleagues. I think they assumed I'd had a kind of nervous breakdown. At the time, that seemed much more acceptable than saying I had schizophrenia. Now, I think it's important to speak out and get better information into the workplace.</p>



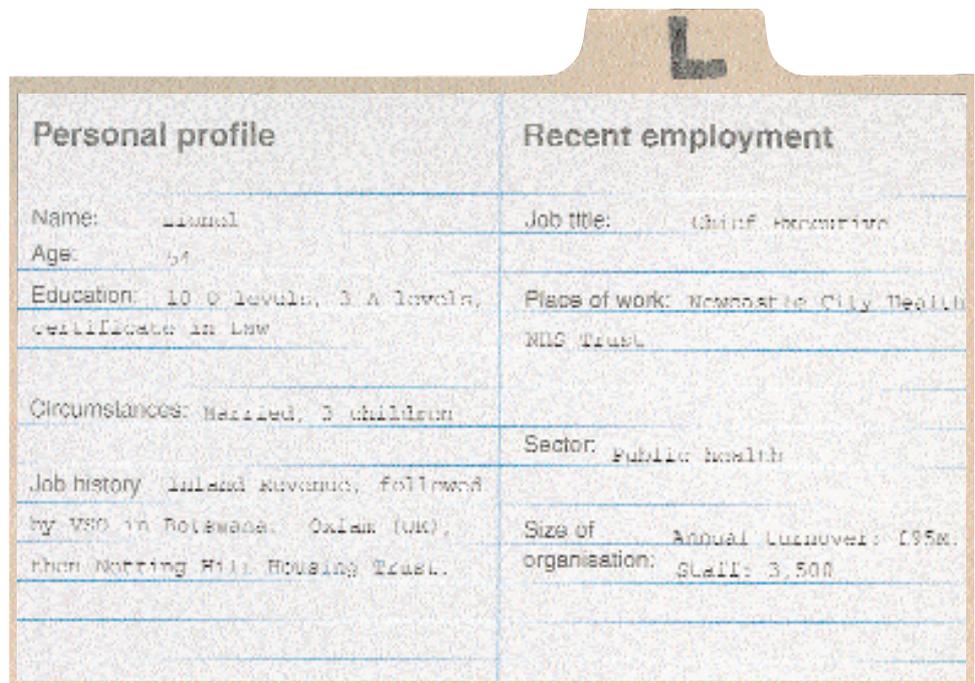
# Do's and Dont's



<b>✓</b>	<p><b>Managers</b>  <b>Do</b> ensure you have a robust welfare service. If people are given appropriate support they can often avoid going into crisis and continue to work effectively.</p> <p><b>Do</b> involve your welfare department, or some other informed intermediary. If you liaise directly with an employee with a mental health problem they may feel pressured to sign up to more than they can cope with.</p> <p><b>Colleagues</b>  <b>Do</b> appreciate that mental health problems can be a genuine disability, even though there are no physical scars or impediments.</p> <p><b>Do</b> be open-minded when someone tells you about a mental health problem. Try to understand what this means – and what it doesn't.</p>
<b>X</b>	<p><b>Managers</b>  Don't allow disrespectful language. Have firm rules about equal opportunities and discipline those who don't comply.</p> <p><b>Colleagues</b>  <b>Don't</b> stereotype people. Someone can have psychosis but still be a trusted and reliable colleague.</p>



# Case Study 2: Lionel



Personal profile	Recent employment
Name: Lionel	Job title: Chief Executive
Age: 54	
Education: 10 O Levels, 3 A Levels, certificate in Law	Place of work: Newcastle City Health NHS Trust
Circumstances: Married, 3 children	Sector: Public health
Job history: Inland Revenue, followed by VSO in Botswana, Oxiam (UK), then Notting Hill Housing Trust.	Size of organisation: Annual turnover: £95m, Staff: 3,500

## Lionel's Story



After a nine-month period in a psychiatric hospital, I started looking for work within the NHS. I'd always believed that people with mental health problems experienced discrimination in the job market, so initially I was disinclined to disclose my psychiatric history. I'm afraid to say I lied on my first three application forms.

The first job I landed was in personnel. Working there confirmed all my suspicions. I saw that discrimination was rife at recruitment level, and that I wouldn't have got anywhere if I had been honest. However, encouraged by the enlightened response of a superior, after a while I decided to be more open and up-front about my condition. Things picked up, and I began to do really well.

In 1999, having risen through the ranks of my NHS Trust to become Chief Executive, I experienced a serious bout of depression. Immediate colleagues were supportive, but many others seemed convinced that depression was a chronic, debilitating, untreatable condition. People began telling me that certain tasks were now too stressful for me. Senior members of staff were overheard to say that no one with a mental health problem could possibly be a good leader or Chief Executive. Try telling that to Winston Churchill!

Unfortunately for me, though, the Chair of the organisation shared these misguided and discriminatory views, and decided that the time had come to try to get rid of me.

The thing that really amazed me was that, apart from no reasonable adjustments being made, people just expected me to deal with it or go. There seemed to be no room for such perceived 'weakness', and no support mechanisms in place to help.

From the mid-1980s I began making yearly public statements about my condition, and was always ready to discuss it. But my organisation did everything it could to hush things up. My desire for openness was considered a symptom of my illness. People genuinely seemed to believe that they were saving me from myself!

Major restructuring of my organisation meant that pretty soon, I was asked to go. I'm now working as a freelance consultant, and I love it.



# Positives and Negatives



<b>+</b>	<p>The experience of being a psychiatric patient was the most important piece of training and education I ever received. To have been a user of services that I went on to manage and develop was invaluable.</p> <p>On a personal level, I did come across isolated pockets of empathy and understanding. This made a difference – but is no substitute for proper, systematic support.</p>
<b>–</b>	<p>I think the barriers I faced were embedded in the heart of the working culture. It just wasn't acceptable for managers or Chief Executives to have problems such as mine. This kind of denial meant that people refused to acknowledge and discuss my problems. So there was little chance of identifying my needs and requirements.</p>



# Do's and Dont's



<b>✓</b>	<p><b>Managers</b>  <b>Do</b> make separate statements about employees or applicants who have a mental illness, rather than lump under the general heading 'disability'.</p>
	<p><b>Do</b> encourage empathy and openness among employees.</p>
	<p><b>Do</b> make sure your information about a specific mental health problem is accurate. Remember, the person experiencing it will have particular expertise.</p>
	<p><b>Colleagues</b>  <b>Do</b> regard mental illness as you would any other illness: that is, often short-term and treatable.</p>
<b>X</b>	<p><b>Managers</b>  <b>Don't</b> generalise or be prescriptive in your approach to mental illness. And remember, willingness to talk varies from person to person.</p>
	<p><b>Don't</b> have limited expectations of someone's abilities just because they have a mental health problem.</p>
	<p><b>Don't</b> be inflexible in terms of employees' workloads and hours, or fail to make necessary 'reasonable adjustments'.</p>
	<p><b>Colleagues</b>  <b>Don't</b> shy away from someone if they want to discuss their problems.</p>



# Case Study 3: Debra

Personal profile	Recent employment
Name: Debra	Job title: Teacher, with particular experience in special needs.
Age: 38	Place of work: State run special school for 11-18 year-olds with severe learning difficulties
Education: B Ed, MA in psychology and education.	Sector: Local Authority
Circumstances: married with two children	Size of organisation: 2,000 people (mainstream)
Job history: teacher	

## Debra's Story



I'd been teaching for a number of years when my mental health problems began. One of the triggers was having children. I was used to working with a classroom of children with severe special needs, so it was unsettling that I found it such a challenge to cope with one child of my own. I began to feel depressed and anxious. By the time I was expecting another child I was very worried about how I'd manage.

My school wasn't at all supportive. No one seemed willing to discuss my problems with me, or to help in any way. The headteacher just kept putting pressure on me about my plans after maternity leave.

When Tom, my second child, was around 7 months, I became more seriously ill. Tom had severe eczema and would wake up frequently in the night. I was exhausted. I started having delusions and talking in a bizarre way. My husband realised something was wrong and took me to hospital. I stayed there for three weeks.

I returned to work when Tom was a year old. Soon, an opportunity came up at another school, providing full-time support for a child with autism. Things really turned around for me at this school. The people were wonderful. I always got praise and positive feedback. The fact that my work was valued was a big boost.

After a while I tried to come off medication. Unfortunately the delusions came back and I had to return to hospital. Again, my employers were great. They sent flowers and the head invited me in for a chat as soon as I got back.

My contract ended when the autistic child left, and I successfully applied for another position in a mainstream school. When I started this job there was far more planning and bureaucracy than I was used to. On the first day of term I burst into tears. I just couldn't face it. In the end, I was signed off with sick leave and finally resigned.

I realised I needed time to recover my health properly, and took a year out. After a while I eased my way back in by doing paid work for my local church and then moved into supply teaching. I really enjoy this. I've been able to pace my return to work. I now feel that I've clawed my way out of the hole I was in. I enjoy my work, and look forward to the future.



# Positives and Negatives



<b>+</b>	The most useful support I've had is with planning my workload. If I can anticipate what a job will involve and break it down into manageable tasks, it's much less stressful.
<b>-</b>	One of the biggest barriers is simply not being able to discuss my problems. If I had been able to talk freely to my boss then a lot of the fear about coping might have been reduced.



# Do's and Dont's



<b>✓</b>	<p><b>Managers</b>  <b>Do</b> be aware of what's happening in people's lives – particularly women returning from maternity leave.</p>
	<p><b>Do</b> give positive and constructive feedback about people's performance. Building confidence and self-esteem is crucial.</p>
	<p><b>Colleagues</b>  <b>Do</b> talk. Be aware of the pressures on people and encourage them to share their problems.</p>
	<p><b>Do</b> realise it could be you. Mental health problems can happen to anybody at any time.</p>
<b>X</b>	<p><b>Managers</b>  <b>Don't</b> assume that a return to work signals a full recovery from an episode of mental health problems.</p>
	<p><b>Don't</b> assume that all mental health problems need major investments of time and money. Often small measures can make a big difference.</p>
	<p><b>Colleagues</b>  <b>Don't</b> ignore what's happening to colleagues, or talk about them behind their back.</p>
	<p><b>Don't</b> make assumptions about how mental health problems will affect people's work. What's stressful for one person is a welcome challenge to another.</p>



# Case Study 4: Alison

Personal profile	Recent employment
Name: Alison	Job title: Freelance Marketing Consultant
Age: 30	
Education: BA, Russian and American Studies, Postgraduate Diploma in Marketing, CIM Diploma, MBA Diploma	Place of work: various organisations advertising / direct marketing agencies, charities, some companies
Circumstances: Single	Sector: All sectors
Job history: Marketing / project management in a range of companies	Size of organisation: Range from 15-200+

## Alison's Story



For years I tried to hide my mental health problems - from myself as much as anyone else. When it came to interviews and application forms, I often felt I had to lie, or leave a lot of blank spaces. It seemed that employers and colleagues didn't know how to react if you mentioned 'mental health'.

At work, I would never dream of telling anyone. I felt constantly worried about what people thought of me. As a result, I always endeavoured to make my work perfect. Usually this meant ridiculously long hours and being taken advantage of.

Eventually this facade became more and more difficult to sustain. I began to suffer major headaches, and when I got home from work I'd cry for hours. I seldom got more than a few hours sleep. The result, in 1997, was a breakdown. By the age of 27 I was experiencing regular episodes of depression of varying severity, and panic attacks. After an extended period of sick leave I attempted suicide.

Throughout all of it, I always felt it was impossible to reveal the extent of my troubles to my bosses. I underplayed the situation, and promised I would be back to work ASAP.

I think the culture of marketing contributed significantly to my problems. Getting to work at 8am and staying until 10pm was considered diligent, rather than excessive. When I found it difficult to cope, people were very unsympathetic. No one was allowed the time they needed, or to work in the way that was best for them.

I moved from organisation to organisation, and occasionally found that employers did try to make adjustments. Often, however, such adjustments included being patronised and handled with kid gloves, or allocated work that was below my abilities.

I now work for myself, which means I can reveal as much or as little to people about my mental health as I want. Having the freedom to work the days I want means that I actually get a lot more done. Stress is no longer a problem, and I am finally enjoying the work that I do. I am also now balancing paid work with unpaid charity work. This makes me feel I'm putting skills acquired in my professional life to really positive effect.



# Positives and Negatives



<b>+</b>	<p>My experience has made me empathetic and understanding when it comes to my colleagues. I've often been called on by superiors, many of whom don't have time for their staff, to deal with personal problems at work.</p> <p>I've also come to learn that I am the best person to allocate my workloads and manage my time.</p>
<b>-</b>	<p>When I decided to go public about my mental health problems at work, I felt my previous achievements were completely wiped out. A colleague overheard senior managers discussing me. Their comments ranged from "I don't want to know", to "I'd never employ her again now I know the truth". Despite my strong track record, despite the fact that I'd built up a strong team, I was now deemed unreliable and unable to cope.</p>



# Do's and Dont's



<b>✓</b>	<p><b>Managers</b> Do try to create an atmosphere of empathy and support in the workplace.</p>
	<p>Do encourage and reward hard work within normal working hours.</p>
	<p>Do be generous with praise.</p>
<b>X</b>	<p><b>Colleagues</b> Do respect and offer support to others.</p>
	<p><b>Managers</b> Don't force people to have to lie about illness in order to take time out when really they are stressed or depressed.</p>
	<p>Don't hold up those who work excessive working hours as model employees.</p>
	<p>Don't encourage office gossip about people's health – it can have serious, long-lasting effects.</p>
	<p><b>Colleagues</b> Don't forget that everyone has different strengths and weaknesses.</p>





## Q & A

### **Q. How do I use this section of the toolkit?**

**A.** The development of corporate policies to underpin good practice in relation to mental health is crucial. The questions and answers in this section identify some of the basic issues that anyone considering introducing a mental health policy might need to consider. The four case studies illustrate how other organisations have implemented policy and practice to cover mental health, and demonstrate a range of approaches. It's important to recognise that different organisations use different models for mental health policy – for instance, a policy built on equality foundations may have a different focus to one built around health or stress. Whatever the basic model, issues of work-life balance in relation to the health of the workforce will be important.

### **Q. How do I know what good practice is in relation to mental health?**

**A.** Many of the organisations listed in **Resources** can provide advice. But there is unlikely to be a 'one size fits all' solution. Policies and practices which fit with your organisation's size, structure, objectives and culture are much more likely to have real impact.

### **Q. Where can I get examples of good practice?**

**A.** This section of the toolkit provides examples of how a number of different organisations have tackled mental health. The Chartered Institute of Personnel and Development (see **Resources**) also has guidance on mental health at work.

### **Q. How do I initiate the development of a mental health policy?**

**A.** As with any new policy initiative, leadership from senior staff is important, as is the involvement of those who will be affected. Remember that staff with a mental health problem may be able to offer valuable insights. Devise a needs assessment to understand the business case and the need in your organisation. To build confidence, you may wish to refine existing equal opportunities, health and safety or diversity policies to make mental health more explicit. Alternatively, you may wish to introduce mental health into your occupational health, stress, or health and safety policy. Remember to establish review and monitoring systems to manage progress and to refine systems as appropriate. It is also worth referring directly to the Disability Discrimination Act (DDA) to ensure that your policy properly addresses its provisions.

### **Q. What issues should I be aware of in relation to recruitment?**

**A.** Be aware of your legal responsibilities (see **Law**). Ensure that all recruitment material is non-discriminatory and that procedures and supporting guidelines positively address how to ensure fairness in the shortlisting, interviewing and selection of staff, using equitable and unbiased criteria. Be specific about what the needs and demands of the job are, and be aware that someone who has disclosed a mental health problem may be able to bring extra skills. Communicate your willingness to make reasonable adjustments to accommodate the right person for the job. Managers responsible for recruitment need a supportive climate from senior executives to enable them to take brave recruitment decisions.

### **Q. What should we consider in our promotion policy and practice?**

**A.** As with recruitment, staff involved in the selection of colleagues for special assignments or promotion should be aware of their legal responsibilities, and procedures should be in place to ensure fair and unbiased selection. Managers should

be aware that someone with a mental health problem who is otherwise well equipped to tackle a new job may benefit from extra support. Colleagues who have been through similar situations themselves are often in a position to provide support through a 'mentoring' or 'buddy' system. This, in turn, can encourage more discussion and openness about the issues.

**Q. What about grievance and disciplinary procedures?**

**A.** Treat all staff fairly. Do not assume that because someone has a mental health problem it is a contributory factor in their complaint or conduct.

**Q. Should we be considering mental health issues when designing jobs?**

**A.** Yes. Ensure that staff's mental health is considered when jobs, accountabilities, and locations are created or altered. Apart from your legal obligations to make 'reasonable adjustments' (see Law and People), job design, workload, deadline pressures, difficult working hours or patterns, lack of clarity over roles and responsibilities, as well as physical working conditions, can all lead to stress and/or mental distress.

**Q. Should mental health feature in our health and safety policies?**

**A.** Yes. Consider undertaking a stress audit or risk assessment, which would typically cover:

- Looking for pressures which could lead to high and sustained stress
- Deciding who these might adversely affect
- Deciding what you are doing or can do to prevent that effect

The Health and Safety Executive (and in many cases the relevant union where applicable) will be able to assist with such an audit.

**Q. Should I be considering mental health in the context of our dignity at work programme?**

**A.** Harassment, racism and bullying are major causes of mental distress at work, and people who are known to have a mental health problem may find themselves the targets of such behaviour. Bring mental health awareness into your anti-bullying or dignity at work initiatives. Ensure that staff know how to complain about bullying and how to get support.

**Q. What process should staff follow if they believe they are being discriminated against on grounds of mental health?**

**A.** The first route should be via your internal grievance procedures. If this route has been pursued without satisfaction, the person concerned may decide to bring legal proceedings before an employment tribunal. The Disability Rights Commission (see **Resources**) can provide help and guidance with this process, and the Law section of this toolkit gives some examples of previous legal cases under the Disability Discrimination Act.

See **Resources** for details of **materials** relating to policy development and mental health, and useful **organisations**.

# Case Study 1: Braintree District Council

<b>Sector</b>	Local Government
<b>Profile</b>	<p><b>Size:</b> c. 1,000 staff (approximately two-thirds full-time, one-third part-time).</p> <p><b>Budget:</b> c. £50 million.</p> <p><b>Activities:</b> Provision of services to the local community including housing, transport, waste, health, welfare, conservation etc.</p> <p><b>Staff profile:</b> The majority of staff are in 'front line' jobs, with regular contact with the public.</p>
<b>Values and approach to employment policy</b>	<p>BDC places great importance on quality of life issues for its staff and community, and has been recognised as a good employer through an Investor in People award and Charter Mark status. BDC's values include a commitment to its staff that they will be able to work in a safe and healthy environment. Integral to the demonstration of this is a range of policies and manager guidelines under the heading of 'Working Towards a Healthy Organisation'. BDC also acknowledges its legal requirements under the Health and Safety at Work Act.</p>
<b>Business driver for development of mental health policy</b>	<p>The primary driver for BDC in the introduction of its mental health policy was a stress audit that identified some mental health issues. It was recognised at that time that the organisation did not have the formal mechanisms to deal adequately and proactively with these issues.</p>
<b>Model and process</b>	<p>As indicated above, the policy was developed with occupational stress as the primary focus. However, it is very clearly a 'mental health policy' and its components are eminently transferable to a broader mental health context. These include:</p> <ul style="list-style-type: none"><li>• causes, signs and consequences of occupational stress</li><li>• ways to avoid and reduce stress</li><li>• awareness raising and training</li><li>• management and culture</li><li>• job design and responsibilities and working patterns</li><li>• counselling and staff support</li><li>• the relationship with physical health</li><li>• monitoring</li></ul>
<b>Future intentions</b>	<p>BDC's Human Resources strategy declares as one of three overall objectives that it wants to contribute to best policy and practice in the industry. The ongoing development of its mental health policy to reflect and inform current thinking is part of this aim. BDC recognises that the stress model its policy follows was a helpful and relevant starting point and reflected a need at the time, and that it should, as resources allow, be developed further to broaden its scope to cover the wider range of mental health problems.</p>

## Food for thought

“Good mental health is, in fact, a very fragile thing. It is important that we understand the difficulties faced by those suffering poor mental health and work towards improving their quality of life.”

Irene Guppy, Staff/Welfare Support Officer.

“In their working lives people’s health matters, both their mental and their physical health. Often in supporting staff to do their jobs well and therefore providing good service to our customers, we concentrate on the physical side of health. However we also need to understand the impact of poor mental health on both their working and personal lives. Mental health, discussing it and doing something about it when it goes wrong, is almost one of the last taboos in our society and in the workplace too. To support our staff when mental health goes wrong means that we support them in their whole lives, which in turn means that we get the best out of them at work. Doing our best for staff means we get the best for our customers.”

Annie Ralph, Chief Executive.

## Contact details

Mrs Irene Guppy, Welfare/Staff Support Officer.

Tel: 01376 557 899

 **The papers in the wallet overleaf are replicas of those in use at Braintree District Council.**



## **Employee Guide 8 - Mental Health Policy**

### **POLICY STATEMENT**

Braintree District Council (BDC) recognises that stress is a condition that can be brought about by excess pressure in work and/or from domestic situations and which results in poor work performance and gives rise to a deteriorating physical and mental condition. BDC is committed to working towards a healthy organisation, placing high value on both physical and mental health and therefore seeks to eliminate stress by: -

- ensuring managers regularly undertake a risk assessment which assesses employee work loads, job design etc, so as to ensure pressure is at a level to stimulate and challenge rather than overload and demoralise;
- training staff to recognise occupational stress indicators in both themselves and their colleagues;
- allowing all staff easy access to available staff support services;
- clear communication, particularly on issues such as organisational changes;
- providing our services in the least possible stressful way.

### **WHY DO WE NEED A MENTAL HEALTH POLICY?**

To raise awareness of the causes and the consequences of stress. To provide information and ideas on reducing stress and to identify the support available.

### **OCCUPATIONAL STRESS INDICATORS**

There are many stress indicators which fall typically into four categories: -

- 1/ Staff attitude and behaviour - ie. Loss of motivation and commitment, out of character/irritability/rudeness/anger.
- 2/ Work performances - ie. Poor decision making, reduction in output or productivity.
- 3/ Relationships at work - ie. Tension and conflict between colleagues, poor relationships with the public.
- 4/ Sickness absence - ie. Increase in overall sickness absence, in particular frequent short periods of absence.

## **WHAT CAUSES HARMFUL LEVELS OF STRESS?**

There is no simple way of predicting what will cause harmful levels of stress. People respond to different types of pressure in different ways.

In general, harmful levels of stress are most likely to occur where: -

- excessive hours are continually worked;
- there is too little work/too much work;
- people feel trapped or unable to exert any control over the demands placed on them;
- there are unrealistic deadlines/conflicting demands;
- there is a lack of necessary training and staff development

## **AVOIDING AND REDUCING STRESS**

There are a number of areas that the mental health policy gives detail on, these include: -

- job design - variety, well defined tasks etc.
- workloads and workplace - targets stretching but reasonable, staffing levels match work loads etc.
- general management and culture - clear objectives, good communication etc.
- leave, lieu time breaks - staff should be encouraged to take lunch breaks etc.

## **COUNSELLING/STAFF SUPPORT**

Confidential/counselling support is available in house by qualified staff who also hold contact names of external counselling support agencies.

## **PHYSICAL HEALTH**

Good physical health is important to good mental health. Concessions are available to staff at our leisure centres and pools.

## **ABOUT THIS GUIDE**

This guide is one of a series of leaflets especially designed to inform staff of the Council's procedures and policies. It is intended to be a brief and straightforward outline. The full policy can be obtained from the Personnel Section.

For further advice/information contact your Group Personnel Adviser or Staff Support Officer.

*Other Guides in this series include:*

*Equal Opportunities, Sexual Harassment, Racial Harassment, Bullying, HIV/Aids, Communications and Sickness Absence*

# Case Study 2: Consignia plc

<b>Sector</b>	Public sector
<b>Profile</b>	<p><b>Size:</b> 200,000 employees</p> <p><b>Budget:</b> Turnover of £7,522 million.</p> <p><b>Activities:</b> Consignia comprises three main brands: Royal Mail, Parcelforce Worldwide, and the Post Office. Consignia is firmly committed to serving every community nationwide. It delivers letters and parcels to all 27 million UK addresses, no matter how remote, at a uniform, affordable price. Its network of 18,000 Post Office branches is by far the UK's biggest retail chain. The Postal Services Act 2000 creates a new strategic relationship between Consignia and Government. It provides the legal basis for Consignia to become a wholly Government-owned plc, establishes a regulatory regime, and allows Consignia borrowing powers.</p> <p><b>Staff profile:</b> Many of Consignia's staff are in customer-facing jobs.</p>
<b>Values and approach to employment policy</b>	<p>Consignia plc believes that it is a business imperative to fulfil its health and safety responsibilities to its employees, and others, through the application of best practice health and safety management and compliance with national legislation. The health and safety of individuals is the prime goal of this policy, but Consignia believes that it also contributes to business performance. Consignia's full Health &amp; Safety policy is reproduced overleaf.</p> <p>Consignia utilises expertise within Employee Health Services (EHS) to support this policy. EHS is a 'one stop shop' which provides people experiencing physical, psychological or social problems with free professional support and information. It provides this to all Consignia employees, and its welfare function also provides support to Consignia employees leaving the business, and to Consignia pensions.</p>
<b>Business driver for development of mental health policy</b>	<p>Employee Health Services is committed to business excellence and has First Class Supplier status. Consignia values the contribution to business performance of a positive health and safety culture, which derives from a high quality health and safety policy deployed through strong leadership and commitment to realistic health and safety objectives designed to bring about continuous improvement in health and safety management and performance. Consignia's approach to mental health is incorporated in its health, safety and welfare policies, and is supported by EHS.</p>
<b>Model and process</b>	<p>The management of health and safety is regarded as an integral part of Consignia business activities and as important as the management of all other business activities. The Health &amp; Safety management system comprise the organisation and designated responsibilities for health and safety, the means for planning and implementing the work necessary to ensure the health and safety of Consignia staff and others, and the means for measuring and reviewing performance and for auditing the management system.</p>

Consignia's policy is to develop the necessary health and safety competencies in its staff, establish effective communication, cooperation and control, and confirm the presence of these for contractor and agency staff acting on behalf of Consignia. The cooperation and contribution of all staff is an essential ingredient in the provision of a safe and healthy working environment, and in securing compliance with health and safety legislation. Consignia uses appropriate consultative mechanisms to take account of employee representations on health and safety matters. (See full EHS information reproduced overleaf.)

**Future intentions**

See Consignia 'Arrangements' and 'Organisation and designated responsibilities' reproduced overleaf for further contextual information. Employee Health Services is particularly looking at best practice in the areas of workplace stress, substance abuse, depression and harassment.

**Food for thought**

"The myths of mental illness prevalent in our society permeate through to all our workplaces. It is up to each of us to educate ourselves and influence others so that these can be challenged. In order to achieve this in the workplace it is important that we pool our knowledge and experiences and, most importantly, encourage one another when we can see progress being made."

Andrew Kinder, Principal Welfare Co-ordinator  
Employee Health Services.

**Contact details**

Andrew Kinder, Principal Welfare Co-ordinator  
Email: [andrew.kinder@consignia.com](mailto:andrew.kinder@consignia.com)

Denize Bainbridge, Principal Nurse Co-ordinator  
Email: [denize.bainbridge@consignia.com](mailto:denize.bainbridge@consignia.com)  
Tel: 01252 528 723

 **The papers in the wallet overleaf are replicas of those in use at Consignia.**



# A Manager's Guide

An overview of the health and well-being support available to all employees of Consignia

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EHS Connect Helpline

# Introduction

Employee Health Services (EHS) is a reliable 'one stop shop' for all Consignia employees providing professional support and information for those experiencing physical, psychological or social problems. As part of Consignia Services Group, we understand your work environment and can provide appropriate personal guidance.

EHS are able to guarantee a reliable, confidential and comprehensive service. EHS has a unique understanding of Consignia and will continue to provide managers with advice and support on work-related health and well-being matters.

EHS is committed to Business Excellence and have a Total Quality culture pervading the business at all levels. We have Investors in People accreditation and a Consignia First Class Supplier Award. This ensures that the highest professional standard of service is always maintained.

The objective of this guide is to give you an understanding of the services offered by EHS and explain how we can support you. This will enable you to make appropriate and timely referrals, allowing better use of resources and potentially aiding job satisfaction. If you need to know more about any of the products and services in this guide please contact us via the EHS Connect Helpline on 0845 799 4400.

If you or any of your staff have concerns about any health, personal or work-related issues, please be assured that Employee Health Services are here to support you.

**Dr Steve Boorman**  
**Director of Employee Health Services**

## **Introductory notes**

*EHS always endeavours to keep pace with changing demands. For this reason our services are continuously evolving and new services are being developed in response to customer requirements. As a result some of the services mentioned in this guide may have been adapted.*

*For the purpose of this guide we refer to an EHS Practitioner. This term is used to describe a professional who may be an occupational health nurse, a counsellor, or an adviser. We also refer to an EHS Occupational Health Physician. This term is used to describe doctors and medical advisers who specialise in occupational health.*

# Consignia Employee Health Services

## **Purpose, Direction and Values**

Employee Health Services are dedicated to supporting Consignia in achieving its goals. We are committed to maintaining 'best in class' performance, and to improving and maintaining the health and well-being of individuals and the organisation by providing policies and services of the highest quality.

EHS will provide a nationwide service to the highest professional standards, both ethically and in terms of consistent delivery. We will deploy professional expertise, supported by commitment and research, to improve Consignia performance through employee well-being.

We will use our comprehensive understanding of business customer and individual client needs, combined with knowledge of the workplace and critical evaluation of information, to satisfy all requirements.

We will promote policy development and services to improve and maintain the well-being of individuals.

We will manage change effectively, anticipating needs and developing high-quality services which are easily accessible.

We will provide specialist advice to assist Consignia in meeting statutory compliance, and to achieve an effective and efficient workforce. We will require and ensure:

*High standards of leadership.*

*Professional and ethical behaviour in a climate of trust.*

*Commitment to care and confidentiality.*

*Involvement of our people in the continuous improvement of our business performance.*

*Personal development and training.*

*Customer orientation.*

*Value for money.*

## 2. Social Well-being

EHS offers employees the opportunity to obtain professional help from a confidential and independent source. Assessment, advice and guidance is provided on a wide range of personal and work-related problems, for example, relationship breakdown, accommodation issues, bereavement or any other domestic or social issues.

We depend on the goodwill and co-operation of managers if employee's problems are to be properly managed or resolved. Therefore, if you feel that an employee might be in difficulty, making an early referral may well help to prevent his or her problem from escalating.

Alternatively, if you have any concerns about individual members of staff and want to develop an appropriate plan of action, then please do seek advice. This will not interfere with your right to manage, but will help ensure that any decisions you take are better informed.

### **2.1 Telephone assessments**

Anyone who feels that they may have any personal or work-related problems can contact the EHS Helpline. Helpline is a confidential telephone service staffed by specially trained EHS Practitioners and is open from 8 am - 7 pm. An answer phone service is available at all other times. Helpline will assess the caller's problem and then act on the details provided accordingly. There are two courses of action available once the assessment has been made.

#### **2.1.1 Information provision**

The first and most likely outcome of the telephone assessment will be the need for basic information provision. This will be supplied by the EHS Practitioner at the time. EHS holds an extensive database of information - 20,000 pages covering everything from 'Abandoned Cars' to 'Young People'. Some of the more pertinent topics covered are: Child Support Agency, Benefits, Legal Aid, Housing and Divorce and Separation. The database covers the separate legal systems of England, Scotland and Northern Ireland.

#### **2.1.2 Referral**

If the caller's problem is identified as needing specific attention they can be referred onto one of the many face-to-face assessments that EHS offers. These assessments are undertaken by EHS Practitioners or an EHS Occupational Physician. In some cases the best course of action may be to refer the caller to an external agency.

### **2.2 Face-to-face assessments**

#### **2.2.1 Initial assessment**

If a telephone assessment suggests that the caller has a number of different but interconnected problems then this may be the most appropriate way forward. In some cases the initial assessment is all that is required to resolve an employee's difficulties. Wherever possible, the EHS Practitioner will provide information or guidance on the best way to resolve the particular difficulty.

### **2.2.2 Social well-being assessment**

The social well-being assessment is a valuable assessment tool for evaluating the social reasons for sickness absence or declining performance. It is carried out by EHS Practitioners trained in counselling techniques and should provide them with sufficient information to advise management on the best approach to ill or troubled employees. This advice may include making a referral to health or other specialists.

### **2.3 Management advice**

Verbal advice enables managers to make reasonable choices on how to manage sick or troubled employees without infringing the employee's right to confidentiality. Generally, this advice covers four main areas: returning to work; rehabilitation; social issues, and managing people problems.

Written reports on individuals, researched and prepared by an EHS Practitioner or EHS Occupational Health Physician are also available.

Management should not press EHS to reveal any personal information on an employee, but rather seek information on the individual's fitness for work and rehabilitation needs and any social issues which may affect the well-being of the workforce.

*Where the employee wishes the business to know about personal information - and this is presented in a confidential note - it is important that the manager concerned recognises that the information is only available to the named person or persons and should not be made available to unauthorised people.*

EHS staff are regularly invited to participate in case conferences. Employees often have problems which arise due to medical and/or domestic reasons. Input can be provided to the case conference in the form of non-medical information about employees, provided it does not breach personal confidentiality.

### **2.4 Management training**

#### **2.4.1 Manager debriefing**

This is a course designed to train managers to support employees who become the victims of any traumatic incident in the workplace. This allows for early intervention following an incident and can help to reduce the effect of the event on the employee involved. Candidates for this course will be required to meet certain core criteria before being accepted.

#### **2.4.2 Caring for people**

This course enables managers to develop the skills to identify people in their team or other employees who are experiencing problems at work and/or home which may include stress and burnout.

The course focuses on enhancing the ability of managers to help the employees solve their own problems. Listening skills and problem solving techniques are particularly looked at.

All managers are given written feedback on their skills in handling a 'real life' situation using role play.

### **2.4.3 Consultative support**

Consultative support involves confidential, facilitated, support focused sessions between a small group of individuals, working with a professionally trained facilitator/ counsellor. It is useful for those who undertake face-to-face work, for example, manager debriefers, problem assessors, HR professionals, and those who perform socially isolated jobs with substantial travel. The sessions enable problems and issues in cases they have dealt with to be discussed with professional input and advice.

## 3. Social Well-being: Problems at Work

### 3.1 Critical incident debriefing

Trauma care policies are in place to prevent long term psychological consequences as a result of involvement in or witness to a traumatic incident at work. Traumatic events may include physical attack or threat, witness of serious road traffic accidents, road-rage, near miss incidents etc.

Critical incident debriefing (CID) is a clearly defined procedure designed to help the individual to deal with trauma and emotions in a controlled environment, with the help and support of fully trained professionals. CID consists of a structured consultation over 2 sessions covering facts, thoughts and feelings regarding a traumatic event. CID is both voluntary and confidential.

*Note: Trauma has been defined by a national working party as; any incident in which an employee reports:*

*verbal abuse, threat or physical assault*

*physical injury or shock to self or others in a serious accident.*

### 3.2 First line counselling

First line counselling can improve or maintain mental health and may prevent mental and/or physical ill health. It encourages individuals to take responsibility for solving their own problems in a constructive way.

Counselling follows a focused four-session model. It is most appropriate where exploration or understanding of the problem will enable the client to resume control of the situation.

It is not suitable for all clients and it is therefore important to select candidates with care. It is not appropriate for employees with deep seated psychological problems or psychiatric disorders. Managers may refer employees to EHS for an assessment as to whether First line Counselling is appropriate

First line counselling is carried out in the strictest confidence. No information about individual cases will be given to anyone without the prior permission of the employee concerned. Where cases are more appropriately dealt with outside Consignia then EHS has facilities to an approved counselling network.

### 3.3 Individual stress assessment and management

Individual stress assessment (ISA) adopts a confidential, systematic approach, based on questionnaires, to identify the causes of individual stress (i.e. issues at home and/or work) and develop the coping skills necessary to deal with it effectively.

Managers should refer individuals they believe to be suffering from stress to EHS. It is important to the success of the ISA for managers to release an individual for the appointment and be willing to discuss the outcome and recommended actions if appropriate.

The assessment is carried out face to face with a suitably qualified EHS Practitioner and usually

takes 60 - 90 minutes. Depending on individual circumstances additional sessions or a follow up session may be required.

### **3.4 Harassment assessment and support**

The self image of victims of harassment is often severely undermined. They may behave in a non-assertive way and find it difficult to ask for what they want, cutting themselves off from family, friends and colleagues.

The initial harassment assessment lasts an hour with up to 4 one hour follow up support sessions provided as appropriate. This allows an individual affected by harassment to discuss the problem, explore their feelings, express emotions and take an active part in deciding how they would like things to be handled and resolved.

### **3.5 Substance abuse assessment and management**

Substance abuse assessment involves exploring the employee's general well-being and patterns of substance abuse to assess the nature and severity of the problem.

The appropriate course of action is agreed with the individual and their permission sought to involve the line manager.

## **4. Social Well-being: Problems at Home**

### **4.1 Bereavement assessment and support**

The recently bereaved often have a number of complex issues to deal with, including adjusting to the death, the immediate practical actions to be dealt with and any longer term legal aspects resulting from the death. Bereavement assessment, lasting up to 90 minutes, is designed to help with these issues in a sympathetic but practical manner.

Further support can be provided if necessary, covering grief counselling as well as practical help with legal requirements such as probate and letters of administration.

### **4.2 Debt assessment and management**

The debt management assessment involves establishing the size, nature and cause of the employee's debt problem and identifying the immediate and longer term actions needed to prevent its escalation. The employee will be expected to have undertaken some preparatory work before attending the assessment.

In addition, EHS has developed its own model of debt management based on best practice. Some EHS Practitioners have become specialists in this area of support, providing a systematic approach to helping individuals address their debt problems. A focus of the service is to empower individuals to manage by themselves what is usually a long term problem.

# Consignia Health and Safety Policy

## Purpose

This document sets out the general policy, organisation and designated responsibilities and general arrangements for health and safety at work for Consignia plc in the UK. The complementary organisation, responsibilities and procedures for deployment of this policy are detailed by each of the Consignia plc Business Units.

## General Policy

Consignia plc believes that it is a business imperative to fulfil its health and safety responsibilities to its employees, partners and contractors and to its customers, neighbours and the public through the application of best practice health and safety management and compliance with national legislation.

The health and safety of individuals is the prime goal of this policy but Consignia plc believes that it also contributes to business performance through the prevention of losses due to injury and ill health. Consignia plc values the contribution to business performance of a positive health and safety culture which derives from a high quality health and safety policy deployed through strong leadership and commitment to realistic health and safety objectives designed to bring about continuous improvement in health and safety management and performance.

The management of health and safety is regarded as an integral part of Consignia plc business activities as important as the management of all other business activities. It will accordingly ensure for all of its business activities whether working independently or with its partners or agents that there is an appropriate **health and safety management system** in place. The system will comprise the organisation and designated responsibilities for health and safety, the means for planning and implementing the work necessary to ensure the health and safety of Consignia plc staff and others and the means for measuring and reviewing performance and for auditing the management system.

Consignia plc will ensure that the health and safety management system identifies hazards and assesses and controls risks to the health and safety of employees, contractors, agency and partners staff and the public. It will also ensure so far as is reasonably practicable the provision and maintenance of a safe and healthy working environment and the provision and maintenance of safe equipment and systems of working.

It is essential for Consignia plc to develop the necessary health and safety competencies in its staff, establish effective communication, co-operation and control and confirm the presence of these for contractor and agency staff acting on behalf of Consignia plc to enable them to discharge their responsibilities safely and without risk to health so far as is reasonably practicable

The co-operation and contribution of all staff is an essential ingredient in the provision of a safe and healthy working environment and in securing compliance with health and safety legislation. Consignia plc will accordingly use appropriate consultative mechanisms to take account of employee representations on health and safety matters.

This Policy will be reviewed annually to assess its effectiveness in securing continuous improvement in health and safety performance.

# Consignia Health & Safety Arrangements

Directors and managers should ensure that in any business in which Consignia plc has a controlling interest the health and safety management system incorporates means for providing the following Consignia plc **arrangements**. These **arrangements** which are set out below under the headings of People, Work Environment and Systems will be reviewed annually. Where Consignia plc does not have a controlling interest Directors and managers should use all reasonable endeavours to incorporate the **arrangements** into the health and safety management system.

## **PEOPLE**

### **Hiring and Placement**

The inherent levels of skill, knowledge, competency and health of prospective and existing employees will be assessed for the purpose of health and safety against job requirements. The competency of contractors should also be assessed.

### **Enabling Competency**

Employees will be provided with adequate information, instruction, training and supervision as appropriate on all matters relevant to health and safety to enable them to undertake their tasks competently.

### **Motivation and Discipline**

Recognition will be provided for achieving agreed levels of health and safety performance and appropriate discipline for deliberate breaches of health and safety rules and procedures.

### **Health Maintenance**

Employee health will be assessed and monitored as required by law and in circumstances deemed necessary by the Company Medical Adviser.

First Aid will be provided as required by law and employees given access to appropriate medical facilities.

Policies or Company Codes of Practice on specific health issues such as stress, substance abuse, smoking, HIV/Aids and others as they arise will be implemented under the guidance of the Company Medical Adviser.

A medical assessment will be made of every employee's health on return to work after a long term sickness absence in order to ensure fitness for specific jobs. Where feasible and depending on occupational health advice staff who become ill or injured will be rehabilitated into suitable work.

### **Health and Safety Consultation**

Consignia plc will maintain a national Health, Safety and Welfare joint consultative committee with bodies representative of employee health and safety.

All Business Units and locations within Consignia plc will establish and maintain effective internal communication and consultative processes designed to ensure that all staff are kept aware of develop-

ments in health and safety.

## **WORK ENVIRONMENT**

### **Plant, Equipment, Buildings, Processes and Products**

Plant and equipment will be used or operated and maintained in such a way to minimise the risk to employee or third party health and safety.

In the specification of new plant, equipment, buildings, processes or products or in the design, manufacture, modification, construction or installation of any of these there must be adequate concurrence procedures in place to assess the associated health and safety risks and to reduce these to an acceptable level at the specification and design stage.

### **Disposal, Sale or Supply of Physical Assets**

There must be procedures in place for the disposal, sale or supply of assets. Before disposal, sale or supply of any physical asset an assessment should be made of the health and safety risks associated with the asset.

### **Maintenance of Plant and Equipment**

There must be procedures in place to ensure that all plant and equipment is maintained in a condition which is safe and without risk to health.

### **Place of Work, Access and Egress**

There must be procedures in place to ensure that places of work, including those for Location Independent Working and means of access to them and egress from them will so far as is reasonable practicable be safe and without risk to health.

### **Hazardous Material Controls**

Wherever possible the use of hazardous materials should be eliminated.

There must be procedures in place for the identification of hazardous materials; for the control of their purchase; for obtaining information; for assessing and controlling the health and safety risks associated with their delivery, storage, transportation, handling, use and disposal.

### **Employees Exposure Levels**

So far as is reasonably practicable employees daily personal exposure to occupational health hazards will not exceed the exposure limit for the specific hazard and the exposure will be reduced to as low a level below the exposure limit as is reasonably practicable to achieve. Where engineering or administrative controls cannot achieve this appropriate personal protective equipment must be provided.

### **Transport Safety**

Consignia plc Transport Policy specifies commitments with respect to its reputation for responsibility on the pavements, roads, airways and sea lanes. In particular it commits to meeting safety standards, responsible driving and driver training. Vehicles used for Consignia plc business will be fit for purpose and maintained in a condition which is safe and without risk to health. Drivers will be trained and tested to the relevant standard and be fit to drive.

On Consignia plc locations pedestrians and traffic should be segregated so far as is practicable by means of vehicle access and egress control, and traffic routing. Drivers of on site mobile plant should

be trained and tested to the relevant standard, be authorised in writing. Their vehicles should be fit for purpose and maintained in a safe condition.

### **Fire Precautions**

The health and safety risks from fire on site must be assessed and adequate means provided for fire prevention, detection and protection. These means must be adequate to enable persons to escape from fire without risk to their health and safety and to protect the physical assets.

## **SYSTEMS**

### **Risk Assessment**

There must be documented procedures for the identification of hazards and for the assessment and evaluation of the associated work activity risks and there must be appropriate control strategies to reduce risks to an acceptable level.

### **Safe Systems of Work**

There must be safe systems of work, derived from a risk assessment of the work activity risk, including where necessary written procedures and 'Permits for Work' and the provision of personal protective equipment.

### **Emergency Planning**

There must be appropriate emergency plans in place which identify credible emergency scenarios, the means for detecting initiation of the emergency, the location and emergency services response capability, any site and neighbourhood evacuation plans, the means for informing relevant persons, emergency services and the media and the means for restoration of normal business activities.

### **Contracts and Control of Contractors**

There must be procedures in place to ensure that contractors can demonstrate their health and safety management capability, that they are competent to undertake work on behalf of Consignia plc, that they accept their responsibilities for health and safety and that the health and safety management aspects of contracts have been addressed before the contract is placed, during the performance of the contract and on completion of the contract.

### **Health and Safety Performance Measurement**

Health and Safety performance will be measured in terms of measures of outcome, control and commitment against annual objectives. Performance will be reported through the relevant management chain to Directors and also to the Head of Health and Safety Management.

Accidents and Incidents will be notified, investigated and reported in accordance with Consignia plc Code of Practice.

Audits of health and safety performance will be conducted at three levels:

- at location level in accordance with location and Business Unit arrangements
- at Business Unit level at a frequency and by means agreed between the relevant Director, the Director of Internal Audit and the Head of Health and Safety Management

- at Company level at a frequency and by means agreed by the Consignia plc Executive Board

A consistent approach to the measurement of health and safety performance will be adopted through the use of approved proprietary health and safety performance measurement systems which reflect current 'best practice'.

### **Records**

Licences, certificates and records required by health and safety and fire legislation and in addition those identified from time to time by Consignia plc as necessary for the management of health and safety must be retained and kept readily available.

## **HEALTH AND SAFETY STANDARDS AND GUIDANCE**

Consignia plc will ensure that appropriate performance standards are established and applied for the component parts of health and safety management systems used in Consignia plc.

The Head of Health and Safety Management in conjunction with the Business Unit Managing Directors will determine where in the absence of an International, European or National health and safety standard there is a need for a Consignia plc standard and will produce Codes of Practice containing the standard and where appropriate Notes of Guidance in support of the **health and safety management system**. Codes of Practice will have the status of being means by which a desired outcome can be achieved. A Business Unit or location which does not follow the Code of Practice will have to demonstrate that the means used were equally effective as those described in Consignia plc Code of Practice.

# Consignia Health & Safety

## Organisation and Designated Responsibilities

### **Chief Executive**

The Chief Executive has overall responsibility for health and safety performance and statutory compliance. He will ensure that there is an effective Health and Safety Policy setting out the organisation and designated responsibilities and arrangements within Consignia plc for the deployment of Policy.

### **Executive Board**

The Executive Board will decide on health and safety policy and strategy and review deployment of policy and resultant performance. They will be advised on these matters using competent health and safety assistance.

### **Executive Board Members**

These Directors have individual responsibility for ensuring that health and safety policy is deployed within their area of responsibility and will hold their Business Unit Managing Directors and Group Centre Directors accountable for policy deployment in individual Business Units and Group Functions respectively.

### **Business Unit Managing Directors and Group Centre Executive Board Members**

Business Unit Managing Directors and Group Centre Executive Board Members have responsibility for ensuring that health and safety policy is deployed within their Business Unit or Group Centre Function respectively, including their Headquarters. They may delegate to their Executive team members / direct reports the authority to act on health and safety matters in accordance with relevant legislation, Consignia plc and Business specific health and safety policy, responsibilities and procedures. In particular they are responsible for ensuring :-

- there is an effective **health and safety management system** in their business
- the **organisation and responsibilities** for health and safety in their business are known, understood, accepted and documented.
- provision is made for the effective organising, planning and implementation of the work necessary to meet legislative requirements and Consignia plc health and safety policy, responsibilities and procedures and for the measurement, review and audit of health and safety performance
- the provision to their Executive Team members / direct reports of adequate funds and resources and access to such functional and technical support as is necessary to meet their designated responsibilities.
- objectives are set for Executive Team members / direct reports which will improve the health and safety performance within respective areas of control.
- their line manager is advised on plans for improvement in health and safety performance and on actual performance against plan.
- they set a personal example of commitment to high standards of health and safety.

### **Direct reports to Business Unit Managing Directors/Group Centre Executive Board Members**

These direct reports are responsible to the extent of their delegated authority for health and safety management within their own area of accountability and for complying with relevant legislation and with Consignia plc and Business specific Health and Safety Policy, responsibilities and procedures.

In particular they will:-

- establish an effective **health and safety management system** within their area of control
- bring to the attention of their staff, agency staff and contractors the **organisation and designated responsibilities** for health and safety within their area of control.
- ensure that sufficient resources are allocated to enable the effective organising, planning and implementation of the work necessary to meet legislative requirements and Consignia plc health and safety policy, responsibilities and procedures and for the measurement, review and audit of health and safety performance
- keep their health and safety management system under review so that, where necessary, revisions can be made in light of up-to-date knowledge and experience
- provide adequate training and motivation to ensure the effective participation of all staff in health and safety matters
- set health and safety objectives and measure performance within their area of control
- advise their line manager on plans for improvement in health and safety performance and on actual performance against plan.
- seek advice on health and safety matters as necessary
- set a personal example of commitment to high standards of health and safety
- provide as necessary arrangements to ensure the health and safety of agency staff, contractors and visitors

Where Directors employed by Consignia plc are working within a business where Consignia plc does not have a controlling interest they will use all reasonable endeavours to meet the above responsibilities subject to any direction from the Board of the operational business.

### **Competent Health and Safety Advice**

Advice to the Executive Board on health and safety policy will be provided by persons competent in health and safety matters.

Operational health and safety advice will be provided from suitably competent persons within the relevant Business and further specialist advice bought in as necessary.

Suitable arrangements will be established to ensure adequate co-operation between competent persons appointed to provide health and safety assistance.

### **Employees**

Employees have a duty to co-operate in ensuring that both they and the company meet their respective legal duties. They can also contribute to ensuring the provision of a safe and healthy working environment for themselves and for other persons who may be affected by their work activities by setting a personal example to their colleagues in health and safety matters.

**Employee Participation in Health and Safety Matters**

Employee participation in health and safety matters plays an important role in promoting good health and safety performance and such participation will be encouraged and supported.

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# Managing Stress

An overview on how to recognise and cope with the effects of stress

## What is Stress?

Stress is a normal part of life and can be caused by a combination of home-related and work-related issues. Like change, stress can be positive or negative.

## Positive stress

Positive stress helps you to concentrate and motivates you to perform well. It can be the buzz of excitement or anticipation which helps you to do your best when faced with a new or challenging situation, such as an interview or tight deadline. Periods of stress need to be balanced with time off for relaxation in order to build up your reserves of physical and emotional energy.

## Negative Stress

Stress can also be the sense of anxiety or tension you experience when you feel “I just cannot cope”. This is negative stress and can affect your health and well-being. It may be associated with some symptoms, such as:

- tension headaches
- poor concentration
- tiredness and feeling drained of energy
- loss of confidence and problems making decisions

This type of stress affects the quality of home and work life, therefore it is vital that you learn to manage your stress.

## How to manage stress

Events which cause us stress are often outside our control. However, what we can do is learn to respond to these stresses in a more positive way.

- Step One: Become aware of the things which cause you stress and how you feel when you are stressed.
- Step Two: Develop relaxation skills. These can vary from vigorous exercise, competitive sports, listening to music or practicing relaxation techniques.
- Step Three: Take a positive and healthy attitude towards life, together with a healthy lifestyle.

## How to relax

For many people, physical or mental activity helps them to relax, for example:

something peaceful, such as a stroll in the country  
a hobby you enjoy, such as gardening  
an energetic sport, like squash or football

There are also relaxation techniques that you could consider to help you unwind:

breathing techniques  
muscular relaxation  
visualisation or meditation

There are many books and tapes available on relaxation, EHS are also able to advise you on these.

## Positive attitude

Accepting your strengths and weaknesses helps your confidence to grow and encourages a positive attitude towards stress. This will help give you a more balanced view of life, allowing you to see the good and bad points in a situation.

## Healthy lifestyle

A healthy lifestyle (regular exercise, a balanced diet and a limited intake of alcohol and caffeine) enables your body to handle stress better. Allow yourself time to get enough sleep, particularly if you are busy or under pressure. Learn to enjoy your free time and don't cram your day with work and chores; find some time for yourself, however short.

## What to do next

**Avoid (can work well in the short term):**

identify the causes of your stress and how you may best avoid them  
avoid increasing your intake of alcohol, smoking etc.

**Accept:**

identify what you can't change  
adopt a positive attitude and accept your limitations

**Act:**

address problems pro-actively - try and anticipate them rather than reacting to them  
seek help if necessary  
prioritise your workload  
learn effective time management  
gain control of things you can influence  
make time for your hobbies and social life

## How we can help

EHS can offer support in a number of areas including:

Individual Stress Assessments (ISAs)  
Counselling  
One-to-one consultation and advice  
Stress Awareness and Management Seminars

## Contacts

Personal or work-related problems

If you require information and guidance on stress call the EHS Connect helpline on:

0845 799 4400  
(Minicom 01252 528 988)

Opening times: 8am-7pm Monday - Friday (closed Bank Holidays)

Our trained operators will make sure you receive the information and support you need, whatever the reason for your call.

In order to maintain our high levels of customer service your call may be recorded. This will in no way affect the confidentiality of the service provided.

# Case Study 3: SW London & St George's Mental Health NHS Trust

<b>Sector</b>	Public - NHS
<b>Profile</b>	<b>Size:</b> 2,500 staff <b>Budget:</b> circa £160 million <b>Activities:</b> Provision of mental health services to South West London (serving a population of around 1 million people) <b>Staff profile:</b> Largely clinical and administrative staff

**Policy** The Pathfinder User Employment Programme (PUEP)

**Values and approach, and business driver for development of mental health policy** For a mental health trust like South West London & St George's, the PUEP is integral to its core mission. Ensuring that people with mental health problems can be accommodated as any other employee within the workforce actively enhances the quality of mental health services offered. People who have themselves experienced mental health problems have a wealth of experience and expertise in living and coping with such problems, which some other clinicians may lack. The active employment of people with experience of services and of mental health problems increases the skills mix amongst staff, and provides an important model of inclusivity for both clients and staff. Given their duty to provide mental health services to the community, the Trust believes that this inclusive policy provides clear business benefits. Hard business benefits, such as reducing sickness absence, are also powerful drivers.

Sickness figures at the Trust for 1998/99 were:

Target leave allowance for sick leave	4.0%
All direct care staff	5.8%
Supported staff with mental health problems	3.8%

Furthermore, the cost benefit analysis as at 1 July 1999 of providing such support can be demonstrated as follows:

Reduction in State benefits for 25 supported staff	£63,157
Taxes paid by 25 supported staff	£36,519
Total cost of supporting 25 staff	£52,086
Savings to public funds	£47,590

Since its establishment in 1995, the PUEP has supported 43 people in paid posts with the same terms and conditions as other employees. Of these:

- 86% have successfully sustained this employment or gone onto unsupported posts.
- Only 13% have returned to unemployment, and all have worked successfully for between 5 and 16 months.

**Model and process** The PUEP was established in 1995 and based on successful US models. The Supported Employment Programme component of the PUEP has three distinct elements:

- People with experience of mental ill-health are encouraged to compete for all existing posts, as well as some which specify that this experience is particularly useful.
- If a successful candidate needs help or support to make a success of the job, then that support is offered, with consultation amongst all concerned, via the PUEP.
- People who have experienced mental health needs can be employed on an unsupported basis. Support from the User Employment Programme can be offered at any point during a person's employment if this becomes advisable.

A 'Charter' for the employment of people who have experienced mental health problems underpins the PUEP.

The Charter reinforces that person specifications for all posts must include "experience of mental ill-health" as a criterion unless an application is made to the Trust board for exemption (this has only happened on a handful of occasions).

The posts service users and ex-servicers users successfully apply for are all ordinary, existing posts that fall vacant, and are recruited to in the usual manner. The Charter has acted as a safeguard, and has become a cornerstone of the Trust's recruitment practices as well as policy.

#### **Future intentions**

The Charter contains a target of 25% of the workforce being mental health service users or ex-service users, and the Trust has an ongoing monitoring system to monitor the success of its recruitment practices to measure progress towards that target. Currently, 27.5% of recent employees are people who have indicated in their applications that they have experienced some form of mental ill-health.

#### **Food for thought**

"The User Employment Programme at South West London and St. George's Mental Health NHS Trust, illustrates that people with experience of mental health problems can be a valuable asset in the workforce. Although some people require a bit of extra support, most only need the willingness of an employer to give someone an opportunity for the job to be a success."

Dr Rachel Perkins, Clinical Director and Consultant Clinical Psychologist  
Rehabilitation and Continuing Care Service.

#### **Contact**

Contact Dr. Rachel Perkins  
Tel: 020 8682 6336  
or Mr Josh Hardisty  
Tel: 020 8682 6308

User Employment Programme  
Springfield University Hospital  
London SW17 7DJ  
Tel: 020 8672 9911

**The papers in the wallet overleaf are replicas of those in use at South West London & St. George's Mental Health Trust .**



### **Figure 3**

#### **South West London & St. George's Mental Health NHS Trust**

#### **CHARTER FOR THE EMPLOYMENT OF PEOPLE WHO HAVE EXPERIENCED MENTAL HEALTH PROBLEMS**

**Revised March 2000**

South West London & St. George's Mental Health NHS Trust, in line with its Equal Opportunities Policy Statement, endeavours to create an environment in which people can expect to be treated both fairly and equally and where the rights of the individual are respected. This principle applies equally to staff where the Trust seeks to operate employment procedures and conditions that do not discriminate on any grounds other than an ability to meet the requirements of the job.

In particular, and in line with the Disability Discrimination Act (1995) and the Positively Diverse Initiative, the Trust will not discriminate against disabled people and will make reasonable adjustments to overcome the barriers to employment that such people may face. Being an organisation committed to mental health, the Trust recognises that:

- the absence of employment is detrimental to mental health
- prospective employees may be subject to discrimination in recruitment and selection procedures as a consequence of mental as well as physical health problems,
- people who have experienced mental health problems have gained a specific expertise that is valuable to others who experience similar difficulties,
- for many people who have experienced mental health problems, the only barrier to employment is an unwillingness on the part of employers to consider them because of their psychiatric history, and,
- many people who have experienced mental health problems can successfully gain and sustain employment if they are provided with appropriate help and support.

The Trust's User Employment Programme has been successfully developing ways in which employment can be made available to those people who have experienced mental health problems. In line with these initiatives, and in recognition that personal experience of mental health problems among staff can actively enhance the quality of mental health care provided, the Trust will:

1. Maintain a Supported Employment Programme Team to provide support in employment, where necessary, to recruits who have experienced mental health difficulties, and take a lead in minimising employment discrimination against people who have experienced such problems throughout the Trust.
2. Identify 'personal experience of mental health problems' (in addition to the other qualifications and experience necessary for the post) as a desirable part of the selection criteria for all clinical posts within the trust (unless specific exemptions are agreed by the Chief Executive or his appointed deputy). Where it is considered that the employment of someone who has experienced mental health problems might be facilitated by the provision of additional employment support, this will be provided by the User Employment Programme Team.
3. Actively seek to increase the skill mix of the workforce to include the expertise of

personal experience of mental health difficulties by identifying a number of positions where specific accommodations can be made to provide additional support (in the recruitment and retention process) to allow people who have more marked disabilities resulting from their mental health problems to gain and sustain employment. For these supported posts, experience of mental health problems will be an essential part of the selection criteria and support will be provided by the User Employment Programme Team.

4. Ensure that for all other posts, the experience of using mental health services will not form a barrier to selection to the post providing that the person is otherwise able to carry out the requirements of the job. The Trust will seek to encourage applications from those people who have had mental health problems to demonstrate its commitment not to discriminate against them.

5. Offer work experience placements, co-ordinated and supported by the User Employment programme, to people who have experienced mental health difficulties to enable them to prepare for open employment within and outside the Trust.

6. Establish a system to monitor success in recruitment of people who have experienced mental health problems and work towards a position where the Trust's workforce reflects the proportion of the general population who have experienced such difficulties. That is, the Trust should progress towards a target of 25% of its recruits having experienced mental health problems.

7. Recognise that the employment discrimination experienced by many people who have had mental health problems may have discouraged them from seeking employment, the following Equal Opportunities statement appearing on advertisements for posts to read:

The Trust is actively seeking to recruit people currently under represented in the workforce. This includes people from ethnic minorities and people

## **POLICY FOR RECRUITING STAFF WITH A HISTORY OF MENTAL ILL-HEALTH**

The Trust recognises the disadvantages faced by people with mental health problems in gaining employment, and the specific expertise they can bring to working in mental health services. Often their experience as users provides them with insight and coping skills which are of value to others with similar difficulties.

The Trust is therefore committed to addressing discrimination in employment, in line with the (1995) Disability Discrimination Act, and to improving the quality of its services by recruiting current or ex-service users. What this means in practice is:

For all posts, experience of mental ill-health, or other disabilities, will not form a barrier to selection to the post, providing you can demonstrate that you are the best candidate.

The Trust positively encourages applications from people with mental health problems. Providing they have the qualities required for the job, such experience is regarded as a positive asset in many posts. It is identified as desirable, or essential for all posts involving direct contact with patients. Assistance is available from the User Employment Programme (see below) to help you present your skills and experience effectively when applying for work in the Trust.

People with disabilities (including mental ill-health) who are appointed to posts in the Trust will receive support, if required, to enable them to work effectively. For people with mental health problems, this is available from the Trust's User Employment Programme, and is tailored to the employee's individual needs. It always involves regular contact with a member of the programme team. To conform with the 1995 Disability Discrimination Act, the Trust will also explore what reasonable adjustments can be made to accommodate a person's disability. For instance, this may include adjusting the number and pattern of working hours to allow for the effects of medication.

Details of the post(s) you have applied for are enclosed. The User Employment Programme is funded to help anyone with experience of mental ill-health, to explore the possibility of working with the Trust, to help them apply for employment, and to provide ongoing support if you are successful. Please contact us on (020) 8682 6308/6310 for further information.

Chris Ring  
Coordinator, User Employment Programme  
December 2000

## **Chapter 1 Beginnings**

### **Learning from the USA Experience**

In 1993, Dr. Rachel Perkins, Clinical Director and Consultant Clinical Psychologist of Rehabilitation and Continuing Care Services was awarded a 'Winston Churchill Travelling Fellowship' to visit community mental health services for people with serious ongoing mental health problems in North America (Perkins, 1993) ... and it was these experiences which sowed the seeds of the Pathfinder User Employment Programme.

As well as numerous entirely user run services (like the Ruby Rogers Centre in Cambridge Massachusetts; The Berkley Drop-In Centre in California, White Light Communications in Vermont and the Community Survival Programme in Portland, Oregon – an entirely user run intensive outreach programme) many services visited had explicitly employed people who had themselves experienced mental health problems as providers in existing mainstream services. Such services included the Community Support Services in Keene, New Hampshire; Thresholds North in Chicago; the Emergency Services Unit in Madison, Wisconsin; and the extensive 'consumer/provider' programme in Colorado.

The employment of people with personal experience of mental health problems was well established in all of these services although their initial attempts were not without problems and they had learned some important lessons. In making a success of employment, they had found it important to take active steps to:

Decrease the isolation of user employees.

Provide support in adjusting from a devalued 'patient' role to one of 'provider' of services.

Provide support to cope with the stresses and strains that the jobs involved – including peer support from other user employees.

When such potential problems were anticipated and addressed, people who had experienced mental health problems were able to work alongside non-user colleagues (in both posts requiring professional training where the person had the necessary qualifications and experience and in those not requiring such qualifications) and enhance the quality of the service provided.

Probably the most extensive programme was in operation in Denver Colorado, where by 1993 the 'Regional Assessment and Training Centre' had successfully provided training and support in employment within local mental health services for approaching 100 service users (mostly with diagnoses of manic depression and schizophrenia). Recruits to the programme were selected on the basis of their skills, attitudes, personal qualities and their success in managing their own mental health difficulties. A period of classroom training, focusing on the skills required for the jobs and enabling participants to make the transition from the role of 'patient' to 'provider' of services, was followed by an 'internship' and subsequent open employment within a range of positions in mental health services: day centre and clubhouse posts, support staff in residential facilities and vocational counsellors and case management assistants in community teams. No-one was employed in a service from which they were currently receiving help, because of the role conflict that this might entail, and greater success was often achieved if people started on a part-time (20 hours per week) basis, before increasing hours as their skills and confidence increased. All received ongoing advice and support, as well as help to plan future career development, from outside the usual management structures of their workplace and some 10% had subsequently been promoted to other positions or embarked on professional training. With this training and support, sickness absenteeism and turnover rates among these user employees were very low (Sherman & Porter, 1991). However, it was emphasised that, if service users were not to be ghettoised in lower level posts, that services must accept the importance of the expertise of personal experience at all levels of the organisation and encourage suitably qualified applicants to apply for more senior positions and the training necessary for these.

### **Translating the USA Experience to a UK Context**

There are many differences between the UK and USA service context, but this does not pre-

clude benefiting from the USA experience. The aim of the Pathfinder User Employment Programme was to adapt to a UK context, and extend, some of the successes of USA programmes for employing people who have experienced mental health problems within mental health services.

The first step in establishing the User Employment Programme was selling the idea within local services: persuading key personnel that employing users in existing posts within mental health services would be possible and beneficial in a UK service. The Trust Chief Executive was the initial port of call, followed by the Commissioner of Mental Health Services in the Health Authority and the Local Authority Assistant Director for Community Care. In a district with a commitment to innovative practice and involvement of service users, initial suggestions fell on very receptive ears: all three were excited by the idea and have remained actively committed to the programme since its inception.

With the active support and encouragement of the Trust Chief Executive and Health Authority an initially modest proposal was written which contained:

Information and evidence from the experience in the USA.

A programme structure and management within that part of the Trust where the ideas for the programme were born: the Rehabilitation and Continuing Care Service.

An advisory group for the programme chaired by a senior manager (the Trust's Director of Operations) and involving senior personnel from all interested parties (each profession and support service within the Trust, the Human Resources Director, Occupational Health, and a Trades Union representative).

Proposals for a modest three year pilot project involving:

The employment of a single support worker directly managed and supervised by those within the Rehabilitation and Continuing Care Service who initiated the programme and two sessions of secretarial support.

The employment of six people with mental health problems per year to existing posts which did not require professional qualifications (nursing assistant, support worker, occupational therapy assistant/technician positions) supported by the worker employed.

A description of the procedures to be used in recruiting the user employees and the support to be provided during the recruitment and induction process and on an ongoing basis to maintain employment.

This proposal was discussed extensively within the advisory group, received support from the Trust Chief Executive and Board and the local Merton, Sutton and Wandsworth Health Authority, and received funding from the Wandsworth Local Authority in the form of a Mental Illness Specific Grant (now Mental Health Grant).

From the start, the programme received active support and commitment within the Trust (from the Board, senior management, senior psychiatrists, nurses and occupational therapists, and senior support service staff) and from the Wandsworth Local Authority Assistant Director for Community Care. The programme was lead by the Clinical Director and Service Manager for Rehabilitation and Continuing Care Services: Dr. Rachel Perkins and Ms. Daisy Choy.

With the programme advisory group established, and the Local Authority funding secured, the next steps were to recruit a project worker to provide the necessary support in employment and identify existing positions to which people with mental health problems could be recruited and within which they could be supported.

A job description for a project worker to provide support to employees was drawn up. The role of this worker was specified as being to:

Liaise with relevant managers to identify suitable vacancies within clinical services.

Organise the necessary recruitment process.

Provide training and support within the recruitment process.

Identify the skills required for each post advertised and translate these into individually tailored induction packages.

Provide induction for new user employees.

Provide support during the induction period for managers and other members of the staff team as necessary.

Provide ongoing support to user employees and their managers as dictated by their individual needs.

The person sought for this position was required to have experience of working within mental health services, an understanding of the problems facing people with mental health problems in relation to work, experience of providing work related support, excellent communication and problem solving skills, and an ability to work independently. Personal experience of mental health problems (and hence a first hand understanding of the problems and needs of those with mental health problems returning to work) was considered desirable. The person recruited possessed all of these qualifications and was managed and supervised within the Rehabilitation and Continuing Care Service by the Service Manager and Clinical Director who had initiated the programme.

### **Identifying Posts and Recruiting Employees who had Experienced Mental Health Problems**

During the process of consultation, it became clear that initial enthusiasm for the programme existed not only within the Rehabilitation and Continuing Care Service, but also within the Occupational Therapy Department. Consequently, existing posts in these two areas were targeted for the recruitment of the first cohort of supported user employees. In conjunction with relevant service and professional managers vacancies in a series of posts were identified where it was considered practical to provide support to people who had experienced mental health problems. At this initial stage, posts which did not require professional qualifications were targeted because of both the caution of employing managers and the difficulties which people who have experienced mental health problems have in securing places on professional training courses.

For the first attempt at providing support in employment for people who had experienced mental health difficulties, three whole time posts were identified: a support worker post in a supported house in the community, a nursing assistant post on a rehabilitation ward and an occupational therapy assistant post in the hospital based industrial therapy unit.

Each of these posts was divided into two half time posts.

The job descriptions and person specifications of the posts remained the same except that 'personal experience of mental health problems' was specified as a necessary qualification.

The six half time posts were advertised in the usual places for such posts (local newspapers, etc.) but advertisements were additionally distributed to some 60 locations in the district used by people with mental health problems (Community Mental Health Teams, sheltered work programmes, day centres, etc.).

Advertisements were designed specifically to attract people who had experienced mental health difficulties: "Have you experienced mental health problems? Would you like to help people with similar difficulties? ....".

Because of initial caution on the part of managers, it was felt that an initial 'probationary period' of employment was necessary. Initial appointments were therefore made on a six month contract which, after successful performance during this period, was renewed on a permanent basis.

The support provided by the programme might usefully be broken down into three stages (see Chapter 4 for a more detailed analysis of support provided):

#### *Assistance with the Recruitment Process*

Managers were assisted in identifying posts where supported employees might be recruited and in the recruitment process.

Detailed information sheets were prepared and sent to all those who enquired about the jobs describing the posts available, explaining the User Employment Programme and the support available, and providing guidelines for completing the application form. People who have

experienced mental health problems and periods of unemployment often find it difficult to describe these on application forms, sometimes fail to present their experience to their best advantage and may have difficulties in deciding who to nominate as referees. The guidelines prepared addressed all these issues.

Because of the difficulties in gaining references following a period of unemployment, applicants were advised that they could nominate people with whom they had come into contact in voluntary work, other community activities or education, or mental health professionals with whom they had contact (these were not taken up as health references, but were asked to comment on the person's reliability, character, interpersonal skills, etc.).

Applicants for posts were encouraged (both in the advertisement and application information sent to those enquiring for posts) to telephone the project worker to obtain further information about the programme and help with application.

Open afternoons were organised by the Project Worker and staff from the Human Resources Department, together with a staff member who was also the major Trade Union representative, to provide potential applicants with additional information about the posts, the support programme and help with completing application forms.

For those who were shortlisted, guidelines concerning interviews were prepared and distributed along with invitations for interview together with an offer of an appointment to attend an interview training session. This included a practice interview and feedback on interview technique.

Unsuccessful applicants were offered the opportunity of telephone feedback and advice.

### *The Transition into Work*

A task analysis was performed for each of the posts advertised. Job descriptions rarely provide a comprehensive account of what a post entails, therefore the project worker spent time working alongside people performing similar jobs within the areas where the posts were advertised and analysed in detail the tasks that these workers performed. These task analyses were then written up into easily accessible induction packages describing what the different elements of the job entailed and used as the basis for initial training. Initial task analyses were checked with workplace managers to ensure that nothing had been missed. They also included information and guidance on more general areas such as confidentiality, boundaries, the problems experienced by clients, talking with clients, and specific issues relating to the transition from user to provider of services, including self-disclosure. (It is noteworthy that these induction packages have been popular with managers and used for the induction of new non-professionally qualified staff more generally.)

General reassurance and encouragement: the prospect of starting work after a period of unemployment can be daunting and support/reassurance can be necessary.

Assistance and advice regarding benefit entitlements from the Welfare Rights Department of the Trust.

An individual exploration, with the employee, of the support they were likely to require on starting work.

Support with individual difficulties they experienced in arranging to start work. These have included: practical help with transport and childcare arrangements, help to organise accommodation or domestic arrangements in preparation for starting work, help to sort out the practicalities surrounding pay (e.g. opening a bank account), occupational health etc.

A workplace mentor was identified to support each recruit in their transition into work. This role of this mentor was to reduce isolation and facilitate the new recruit in getting to know the staff team and introducing the person to the job (what they have to do, where things are kept, fire procedures, etc.) as well as helping them to understand all the 'unwritten rules' of the workplace (who gets their cup of tea first?) that can be so important in becoming part of the staff team. Mentors were briefed concerning their role and responsibilities and initially paid £100 for taking on the role.

On starting work, a four week training programme was provided comprising both 'classroom' and 'on the job' training. Classroom sessions were based on the task analyses of jobs that had been performed and covered the more general issues of the nature of the service, client difficulties, roles of different professionals, teams, care planning, confidentiality, boundaries, self-disclosure, etc. The more specific tasks that the job entailed were addressed in 'on the job' guidance provided by mentors in line with an agreed checklist.

Regular contact between the Project Worker and the employee, their manager and mentor to monitor progress and resolve any difficulties that arose at an early stage  
Each person's ongoing support needs were discussed and support provided.

#### *Ongoing Support: to Maintain Employment*

All ongoing support is tailored to the individual's needs. Assistance was provided by the project worker in a variety of areas, including:

General moral support and encouragement.

Practical help with such things as transport, budgeting and getting up in the morning, getting to work during periods of difficulty.

Help with difficulties arising at work either in relationships with colleagues or meeting the demands of the post, including the feelings aroused by working with particular clients.

Help to cope with specific symptoms and mental health problems in a work context.

Assistance to access other services (e.g. welfare rights advice or mental health services).

Career planning.

It is important to emphasise that assistance and support was available to both supported employees and their managers during the recruitment and induction process and on an ongoing basis.

#### *Initial Outcomes*

The response to initial advertisements for employees who had experienced mental health problems was extremely encouraging. The initial six posts advertised elicited 195 enquiries and 59 applications from 36 men and 23 women, aged between 21 and 60 years with a variety of diagnoses ranging from schizophrenia and manic depression to depression and anxiety based problems. The six people recruited comprised four men and two women, four with diagnoses of schizophrenia, one with depression, and one with manic depression. Three were of white/UK origin, two were African and one Indian. After their initial six month 'probationary period' all initial recruits were offered permanent contracts, although one chose not to take this, having secured alternative open employment elsewhere.

Of the six people initially recruited on a half time basis, three continue to work for the Trust 5 years later. All three of these people have successfully applied for, and secured full time positions at higher grades than those at which they were initially employed. The three initial recruits who are no longer in the Trust's employ left after periods of between 6 months and two years to go on to open employment elsewhere.

One of the major concerns expressed by managers revolved around an assumption that people with mental health problems may take excessive amounts of sick leave. The experience of the initial recruitments in the project suggested that, with the level of support available, this was not the case. In the first year of the programme, the six employees between them took a total of 17 days sick leave between them – a modest average of 2.8 days each. The longest period of sick leave for any employee was 10 days (see Chapter 5 for further details on sickness absenteeism).

The feedback from these employees was extremely positive (for a more detailed account of supported employees views, see Chapter 6) :

*"Now I'm really doing what I want to be doing. Thank you for making it possible."*

*"Now I have a reason for getting up in the morning."*

*"My own sense of worth has improved beyond measure ... I feel a worthwhile member of society now. I am no longer ostracised by the feeling of chronic failure, unable to find work because of my mental problems."*

The key components of the approach taken to starting the Pathfinder User Employment Programme might be summarised as follows:

*Assertive and persuasive leadership.* Making changes in any large organisation can, at times, feel like swimming through treacle. Difficulties and obstacles necessarily arise with any new initiative, especially one which may be controversial. Clear direction and commitment from someone sufficiently senior/influential within the organisation has been essential in establish-

ing the programme. The initial day to day leadership of the programme usefully combined the skills of an existing service manager (as programme manager) and an existing senior clinician (as programme director).

*Top down.* A clear commitment from the top of the organisation – senior managers and clinicians -was critical in ensuring support at other levels. However, it is important not to forget other levels of the organisation. Once services had been targeted for initial recruitment considerable time was spent meeting with employees throughout the service, discussing the programme with them and giving them an opportunity to air their queries and concerns. Similarly, after the initial recruitments had been successful, one of the earliest extensions to the programme was raising the profile of the initiative with staff groups throughout the Trust.

*Start small.* The policy of starting with a modest proposal, and demonstrating that this could be successful, was critical in obtaining further funding and support and ensuring the development and expansion of the programme. The initial successes did much to persuade some of those who were initially sceptical about the wisdom of the endeavours.

*Capitalise on existing commitment.* Any new initiative requires commitment and perseverance if it is to succeed. The policy of seeking initial recruitments of supported employees in those areas that showed greatest enthusiasm for the initiative was important in developing the programme in its initial stages. Their experience was then used to help other areas to follow suit.

*Wide consultation and involvement.* The support of senior clinicians from all disciplines, senior personnel from support services, human resources personnel, occupational health, and trade union representatives have all been important to the success of the programme. Many people made valuable contributions that were important in making a reality of the initial ideas. It also proved important to allow people an opportunity to express their fears and concerns so that these could be explicitly addressed.

*Take time.* The Pathfinder User Employment programme, like Rome, was not built in a day. The time taken both to plan the programme before starting it and to discuss it with people at all levels of the organisation was important in ensuring the continuing success of the initiative.

## Chapter 2 Learning from Experience: Problems Encountered

In overall terms, the initial stages of the Pathfinder User Employment Programme were successful, but a number of problems were encountered and modifications required.

### **Reducing Resistance to Employing People who have Experienced Mental Health Problems**

Despite the fact that many Trust staff could see that value of including those who had experienced mental health problems in the workforce and were extremely enthusiastic and positive about the programme, there were others who were deeply sceptical. Broader societal prejudices were not absent among Trust employees and a number of concerns were expressed. Throughout, the general approach taken by those working on the programme was:

To take these concerns seriously. If people feel foolish or afraid of raising the doubts and concerns then these could not be addressed and, hopefully, diminished.

To address the concerns expressed and cite evidence wherever possible.

*Working in mental health services is very stressful – will they really be able to cope?  
When employees have mental health problems they don't pull their weight – they take lots of time off sick?*

*Won't they be unreliable?*

*We once had a member of staff with mental health problems – and it was a disaster ...*

*One of my staff is already on long-term sick leave with because of stress ...*

Concerns that people who have experienced mental health problems may not be capable of doing the work expected of them and therefore take excessive time off sick were widespread. In responding to such concerns a number of arguments proved useful:

Such potential difficulties are precisely the reason for providing specific support in employment. The need for support for all employees in mental health settings is widely recognised in the provision of supervision and staff counselling services. The additional support and help that people who experience mental health difficulties might require is provided by the User Employment Programme.

Without the provision of such additional support, helping employees with mental health difficulties and stress related difficulties is often left to managers. This poses enormous problems. With their other duties they do not have the time to provide the help that people need. There can also be conflicts between the role of managing someone and providing help with the problems they have. The aim of the User Employment Programme is to relieve managers of some of these responsibilities – leave the managers to manage - by employing people whose responsibility it is to provide the support that employees with mental health problems might need.

User Employment Programme staff are there to provide help to both supported employees and their managers. They are resource which managers can call on if they have difficulties. Frequent or lengthy sickness absences impose a strain on other staff in the team and can make running a service very difficult. However, the evidence from both the USA (see Sherman & Porter, 1991; Mowbray et al, 1997) and early indications in the UK (see Chapter 5 for sickness absence data) suggest that, with proper support, employees with mental health problems, on average, take *less* time off sick than other staff. This suggests that maybe we should be making more support available to all staff, not simply those with mental health problems.

Simply because an employee has mental health problems, this does not mean that the skills/qualifications they need to work are lower, or that expectations of their performance are reduced. They are employed on the same terms and conditions as everyone else and must do the jobs expected of them in the normal way. In order to facilitate this they may receive extra help/support from the User Employment Programme. If, despite this support, they are unable to perform their job, then just like any other employee, they will not be able to remain in employment.

An important role of the User Employment Programme, is not simply to help people to remain

in employment, but also to help them to leave in the least disruptive manner if they are unable to meet the demands of the job. It is often less disruptive of future employment possibilities if a person is encouraged to leave a job that they cannot manage voluntarily rather than being dismissed. Such issues have rarely arisen in the five years of the User Employment Programme. However, on the few occasions when a person has not been able to cope with the demands of the job it has *never yet* been necessary to dismiss them. With counselling from their User Employment Programme support worker they have always recognised the difficulties they have experienced and left voluntarily. Protracted and unpleasant disciplinary proceedings have been avoided.

*What about Beverley Allitt – patients may be at risk from staff with mental health problems ?*

In an environment where issues of violence and mental health difficulties loom large in the popular press, it is not surprising that such issues are raised in relation to the employment of people who have experienced mental health difficulties. However, there are a number of reasons why such risks are minimal in this programme and others like it:

Most people who have experienced mental health problems are not, and never have been violent and present no risk to anyone else. It is extremely unjust, a great waste of human potential and a great cost to society, to exclude everyone with mental health difficulties from employment because of the actions of a few. In other areas we would consider such over-exclusion ludicrous and inconceivable. For example, there is considerable evidence that men are more likely to commit violent offences than women, but we would never consider excluding men from the mental health workforce.

The employment discrimination that people with mental health problems typically experience, means that if people are open about such difficulties they are unlikely to be successful in gaining employment. A climate of secrecy is encouraged. Many people who experience such difficulties prefer to deny that they have them, fail to acknowledge them on Occupational Health screening form, in order to gain employment. This has been precisely the situation in all high profile cases, like that of Beverley Allitt. If people with mental health problems are unable to reveal their difficulties for fear of losing their job causes problems which actively increase risk:

The employer remains ignorant of any potential risks.

The individual employee cannot ask for any help, support, or adjustments (like time off for doctor's appointments) that they might need for fear of losing their job if their difficulties are discovered.

If employment discrimination is decreased, then people will be able to be open about their mental health problems and receive the help and support they need to manage these in a work context. The User Employment Programme both actively encourages applications from people who have experienced mental health difficulties and provides the support that they may need. This ensures that:

Individual employees can receive the support they need to minimise the likelihood of a recurrence of their symptoms, and help them to take the necessary action (including seeking help/treatment from services and taking time off work) if their problems do worsen in a way which might affect their performance.

Medical reports can be obtained at the recruitment stage to reassure the employer on the issue of risk.

Although the User Employment Programme seeks recruits from those who have experienced mental health difficulties, this does not mean that criminal records are ignored. Where a person does have such convictions then they are treated in the same way as they would be for any other applicants.

We know that unemployment increases the problems of people who have experienced mental health difficulties and we frequently exhort other employers to take on those who experience such difficulties. If we are to do this we really need to 'put our money where our mouth is'. Mental health services are a large employer who has specific expertise in the field of mental health. We are ideally placed to use this expertise not only as providers of services but as employers. We can use the evidence collected by mental health professionals and researchers on employment and mental health, in particular the success of supported employment initiatives (c.f. Bond et al, 1997) to pioneer ways of supporting people with mental health problems from which other employers, who lack such expertise, can learn.

If we do not employ those who have experienced mental health problems within our own services, then it says little for the confidence we have in the effectiveness of the treatments and supports we provide as services!

*What about transference – will they really be able to be objective?  
How can people help others when they haven't sorted out their own problems?*

It is undoubtedly the case that a person who has experienced mental health problems may experience difficulties in working with some clients. Some clients may arouse feelings and reactions that can interfere with that person's work. But people who have experienced mental health problems are not alone in this. Everyone, whether they have experienced mental health problems or not, can, and do, experience such difficulties.

One of the advantages of the User Employment Programme is that supported employees receive regular support and help outside the workplace to address and deal with such problems – help that is may not be available to other employees.

People who have themselves experienced mental health problems can have a greater understanding of the difficulties and challenges that clients of the service are experiencing. The presence of problems can therefore be a positive asset rather than a disadvantage. The importance of the expertise of lived experience has been emphasised by many service users and can be seen the development of many 'self-help' initiatives:

*"... recognition of the gift that people with disabilities can give each other ... hope, strength and experience as lived through the recovery process ... a person does not have to be 'fully recovered' to serve as a role model. very often a person who is only a few 'steps' ahead of another person can be more effective than one whose achievements seem overly impressive and distanced."*

(Deegan, 1988)

*"... it is peers who have lived with this experience who can often provide the modelling and mentoring needed for recovery from the devastating effects of the illness and of the negative personal and societal attitudes."*

(LeRoy & Koehler, 1994)

This does not mean that everyone who has experienced mental health problems will make a good mental health worker. Specific personal qualities, knowledge, experience and qualifications are required for different posts within mental health services. All recruits are expected to possess these qualities, whether they have mental health problems or not. Other standards are not dropped simply because a person has mental health difficulties. Instead, personal experience of such problems, in addition to the other skills and qualities required, can be advantageous.

*What happens if they go mad at work?*

While managers are often confident about managing physical health problems in their staff at work, some feel less confident when it comes to the management of mental health problems. In such instances it can be helpful to draw explicit parallels between physical and mental health difficulties. If someone comes into work with a physical illness that impairs their performance they are told to go home, to see their doctor, to go to occupational health. The same applies if someone reports for work with disabling mental health problems.

*We can't work with them.  
Mad people will be taking our jobs.*

Destructive 'them and us' barriers continue to exist in amongst some employees and sometimes resulted in a reluctance to work alongside colleagues with mental health problems. Some non-professionally qualified staff felt that they might lose their jobs to people with such difficulties. Such concerns were addressed in a number of ways:

Emphasising that the same qualities and skills are sought in applicants who have mental

health difficulties as are sought in those who do not.

Stressing that we need a range of skills in our workforce. Diversity of skills, characteristics and experience in staff actively enhances the quality of the service we provide for a diverse client group.

Reminding them that people with mental health problems are not 'a race apart'. Many mental health professionals or members of their families already have mental health difficulties. Anyone in the population can experience such difficulties: 1 in 4 people in the population experience mental health problems of one sort or another and that could include them. A policy of encouraging applications from people who experience mental health problems means that everyone can be more secure that, should they experience such problems, they would not automatically lose their jobs (as is too often the case).

Involving existing staff (including those without professional qualifications) in the programme: in completing task analyses of posts, in acting as mentors, in staff induction programmes, etc.

*All right, we'll employ one and see how it goes.*

It is probably inevitable that the first recruitment of a supported employee to a particular team or service is seen as a 'test case' for subsequent recruitments. The manager may be particularly vigilant in watching out for signs of problems, and if any difficulties do arise, attribute these to the fact that the person has experienced mental health difficulties, whether such an attribution is warranted or not. If any problems are encountered an 'I told you so' attitude often prevails.

Being closely observed for failure when you may be nervous about starting work in the first place - acting as the 'test case' for everyone who has experienced mental health problems - is an unenviable position. In such situations, it has proved useful to emphasise to managers that:

Most new employees take time to settle into a job whether they have mental health problems or not.

Someone who has experienced mental health problems, and possibly a period of unemployment as a result, may be particularly anxious about starting work. They may be reluctant to ask about things they do not fully understand for fear of appearing stupid. In such a situation anyone (whether they have mental health problems or not) is likely to benefit more from encouragement and careful explanation of precisely what is required than from criticism which may further undermine their confidence.

As manager/supervisor their skills in providing appropriate induction, supportive and encouraging supervision and a work environment where people feel able to ask questions, will play a central role in enabling the person to make a success of their employment and modelling appropriate behaviour for other staff.

## **Modifications in the Help and Support Provided**

### *Help with Application for Posts*

In the initial stages of the programme, open days were organised where prospective employees could find out more about the posts, the User Employment Programme and support available, and receive assistance with completing their application forms. However, feedback from recruits suggested that people preferred individual assistance from programme staff, therefore potential applicants are now encouraged to contact the programme, either on the telephone or in person, to obtain help and information.

### *Assistance with Benefits*

The 'benefits trap' is notoriously problematic for those in receipt of sickness/disability related benefits who wish to return to work. Advice on benefits from an expert in the field has proved essential, and since its inception, everyone supported by the User Employment programme has been offered such advice from the Trust's Welfare Rights Department.

With the benefit of such expert advice, most people who have been offered supported posts within the Trust have not been financially worse off by taking them, although many have been very little better off financially, and this does depend on individual circumstances. Clearly,

being no more than a pound or two better off as a result of working has meant that some people have decided it is simply not worth the risk, although for others the desire to work is so strong that they have been prepared to initially tolerate a small decrease in income. There have, however, been a few instances where the person is unable to take the job because they will be substantially worse off if they do, especially if they take part time work. This is particularly problematic, because, many people with mental health problems who wish to return to work are likely to be more successful if they start on a part time basis and build up their skills and confidence gradually, rather than starting with a full time position.

This area clearly requires attention at a national level: the outcomes of this programme clearly indicate that such attention would yield not only social, but financial rewards (see Chapter 5).

#### *Induction Packages and Induction Programmes*

The written induction packages based on task analyses of posts were prepared because they had proved useful in some USA programmes and have proved valuable in a number of areas. They are valued by some supported employees because they help the person to gain a better understanding of what the job entails, and thus can decrease anxiety. Indeed, their value has extended beyond supported employees. Managers have found them a useful part of the induction of new staff, especially those without professional qualifications who may not be familiar with this type of work setting and its procedures.

However, in some areas, where a more comprehensive induction is available for all staff, the packages have overlapped with general induction materials. In addition, while they have proved useful for people entering non-professionally qualified posts who have not worked in a health setting before, they have been less valued, and sometimes considered patronising, by those entering jobs requiring professional qualifications (either in the mental health professions, or secretarial positions). Consequently, a more individualised approach has now been adopted which attempts to match the induction information provided to the individual's specific needs and the situation which they are entering.

In a related area, the original four week induction programme combining seminars and on-the-job training has been modified. A one-week programme now deals with more general issues relating to the structure of services, the role of different professions and departments, issues relating to self-disclosure and making the transition from user to provider of services. This is combined with a greater emphasis on individual support and induction provided within the workplace, negotiated with the employee and their manager.

#### *Workplace Mentors*

The identification of workplace mentors has proved useful in enabling supported employees to settle in and become part of the team in a way that managers/supervisors alone are not able to do. In an attempt to reward such mentors for the additional work that introducing a new member of staff to the area might entail, a payment of £100 was made to them. However, this proved divisive. Other members of staff felt that they had contributed as much to the person's induction and were resentful that one of their number should be singled out for payment. Although mentoring remains useful in a number of settings, such payments have therefore been stopped.

Supported employees have also expressed concerns about confidentiality (see below): concerns exacerbated by a mentor knowing that they experience mental health difficulties. In order to combat this, managers have been encouraged to identify mentors, someone to help an employee settle into the job, for all new members of staff so that supported employees are not singled out.

#### *Support Groups of User Employees*

At various stages of the programme, support groups have been established for supported employees. The experience of these has been mixed. Typically they have grown developed among a cohort of people who have completed an induction programme together. Initially

they have received a mixed reception: some people have attended regularly, while others have assiduously avoided them. Attendance has typically decreased over a 3-6 month period and then the group has terminated.

This decrease in attendance might be construed as a positive feature: a mark of the integration of the supported employees into the staff group. It may be the case that some people with mental health problems who commence employment value the support of others in the same position. However, as they increasingly become part of the staff team and develop relationships with non-user colleagues, they develop their own support networks in the manner of most employees and their need for a separate support group diminishes.

Alternative ways of enabling new employees with mental health problems to gain from the experience of others are currently being explored. In particular, additional mentors for new supported employees might be sought among existing employees with mental health problems. If new employees wish, they could then be introduced to, and benefit from the experience of, an existing employee who has faced similar challenges to those which they face.

#### *Progression and Career Development*

Although a number of user employees have been recruited to posts requiring professional qualifications (see Chapter 3) and a substantial number of those without professional qualifications have been promoted within the support worker grades of the different professions, there remains a problem of their gaining access to professional training courses. These often remain reluctant to take on trainees who have experienced mental health problems. Although NVQs are available, and a number of supported employees have started these, the NVQ programme has not, to date, been very successful within the Trust and clear promotion structures for those gaining such qualifications have not been agreed. Such issues require further attention.

#### *Prolonging Support to Employees Longer than is Necessary*

Research literature on supported employment suggests that it is important for support to be provided on an ongoing basis. In an effort to ensure that support in employment was available without limit of time, the programme initially failed to develop systems for terminating support when it was no longer necessary. Typically, employees ceased to receive support only if they actively rejected it or if they left the Trust's employ.

Although there remains no limit on the amount of time that people can receive support from the project, some changes have been made:

The support received by each employee is reviewed by employee and their support worker every three months.

If employee and support worker agree that support is no longer necessary, then this is discussed with their workplace manager. The agreement of the manager must be gained before support ceases.

If the user employee wishes to terminate support, but the support worker does not consider this wise, then the matter is discussed with their manager. If the manager considers support to be no longer necessary then it is terminated.

If support is terminated, but problems arise at some future time and the employee, or their manager, considers support is necessary, then, with the agreement of the employee, this can be resumed.

#### *Guidance on Interviewing for Managers*

Feedback from managers suggested that some were uncertain about how to address the issue of an individual's mental health problems at interview. Such feedback suggested that some avoided any mention of the area, while others discussed it in the manner they might adopt in a client assessment. In response to this a set of interview guidelines for managers were prepared:

These emphasised that a job interview must not be confused with an occupational health assessment. The purpose is not to assess whether the applicant's mental state – 'medical' fitness for work and the details of a person's mental health problems are the province of the

occupational health screening.

It was made clear that if a person specification states that 'personal experience of mental health problems' is either a necessary or a desirable qualification for the post, then the interview panel should explore this experience in the same way as they might explore other experience specified on the person specification: the nature of the person's experience and the ways in which they considered it might be valuable in relation to the post for which they had applied. Examples of the type of questions that might be asked were provided, for example:

*"I wonder if you could tell us a bit about your personal experience of mental health problems and in particular about the ways in which you have managed these?"*

*"How do you think that your experience of mental health problems might be of benefit in your work as a [support worker, occupational therapy technician, etc.]?"*

### *Maintaining Agreed Policies and Procedures*

Although policies and procedures have been agreed with relevant personnel, problems have arisen with staff changes. As in other areas, it cannot be assumed that when a policy has been agreed it will simply continue without further attention and training. New employees are not always aware of the policies that have been agreed and ongoing systems are required to introduce new personnel to the User Employment Programme. This issue has been addressed in a number of ways:

An ongoing steering group involving all key stakeholders (including professional and support service heads, human resources and occupational health) meets regularly and provides a forum for ongoing discussion and review of the programme.

The User Employment Programme forms part of the Trust's induction programme for all staff. An annual report of the programme is widely circulated within the Trust and to interested parties in partner agencies within the local area.

A publicity leaflet has been produced about the programme for wide distribution to service users and providers within the Trust and the local area.

### **Confidentiality**

The issue of confidentiality has been raised as a problem by a number of supported employees. Many do not wish their colleagues to know that they have experienced mental health problems, or at least wish to be able to decide themselves who they tell and who they do not tell. There are a number of ways in which supported employees feel that their confidentiality has been compromised and their status revealed to their colleagues, including:

Advertisements for posts specifying that personal experience of mental health problems is required.

Seminars about the User Employment Programme for staff at their place of work alerting staff to the fact that a user employee was to be recruited.

Their managers/people who interviewed them telling other staff members.

Support workers from the programme contacting them, or leaving messages for them, at work.

It is clearly impossible to offer a person support in employment on a totally 'secret' basis: the interview panel, including their manager and human resources personnel, together with occupational health staff, will inevitably know of their 'supported' status if support is to be provided. However, there is no reason why their status should be known to anyone else with whom they work unless they choose to tell them.

In discussion with supported employees, managers and human resources personnel, a confidentiality policy was therefore developed (see Figure 1). The majority of support required by employees can be provided effectively outside their place of work. In addition, the available routes to receiving support were extended and publicity/staff seminars about the programme extended to all staff groups, not simply those where supported employees were to be employed (see Chapter 3).

**Figure 1**

### **User Employment Programme Confidentiality for Supported Employees**

The aim of the supported employment programme for people who have experienced mental health problems is to help people to gain and maintain employment. If an individual is offered employment on a supported basis, this will be agreed between the potential employee, their manager and the User Employment Programme at the time when the offer of a job is made.

An person's user/supported status will be known only to members of the User Employment Team, their manager/mentor, Human Resources Department, the panel who interview the individual for their post and the Occupational Health Department. These people will not reveal the supported employees status to others at the person's place of work.

The User Employment Programme staff team, and others aware of the individual's supported status (see above), will not reveal this status to others either directly or indirectly.

It is entirely at the supported employees discretion whether they tell their colleagues about their mental health problems or not. This can be a difficult decision, and User Employment Programme staff will be happy to discuss the pros and cons of such self-disclosure with the individual, but the decision to disclose or not rests with the supported employee.

All records and information held by the User Employment programme are confidential and will be available only to members of the User Employment Programme staff team.

Information held by the User Employment programme will only be released to other parties with the approval of the supported employee or in the case of emergency when the individual or others are in immediate danger.

In the interests of confidentiality, the primary contact between User Employment programme staff and the supported employee will either be in the User Employment programme offices or outside work as negotiated with the supported employee.

User Employment Programme staff will not contact supported employees at their place of work unless: the supported employee and support staff agree that the person will receive help at their place of work, or,

reasonable attempts have been made to contact the supported employee elsewhere and these have failed, or,

an emergency has arisen in which the supported employee's job is in jeopardy.

If it is necessary to contact the supported employee at work, efforts will be made to ensure that confidentiality

is preserved as far as possible.

Each supported employee will have an individual written support plan agreed between themselves and the User Employment Programme support worker. The individual's manager will also be involved in matters that concern them. This plan will specify ongoing support provided for the individual, help to be provided in the event of difficulties arising and contact that will be maintained with the person's manager to ensure that all is going well.

Support plans will be reviewed as necessary with the supported employee, and must be reviewed with them at least once every three months.

Supported employees will be expected to maintain contact with the User Employment Programme staff team as specified in the support plan.

If an individual wishes to move from supported to non-supported employment then this must be agreed by their manager.

Any breaches of confidentiality should be reported to the manager of the User Employment Programme who will investigate the matter and take the necessary action.

# Case Study 4: Marks & Spencer

<b>Sector</b>	Retail
<b>Profile</b>	<p>In the UK, Marks &amp; Spencer employs approximately 55,000 people, of whom 52,000 work in its stores. Approximately 83% of the workforce is female, and 62% work part-time.</p> <p>Staff carry out all activities associated with retailing, such as sales, customer relations, working on the till, warehousing, administration, management. Specialised areas include food technology, design and marketing. In addition, Marks &amp; Spencer has a financial services division, with a well-established call centre.</p>
<b>Values and approach to employment policy</b>	<p>Marks &amp; Spencer acknowledges that managing a business which is very diverse in its components and its geographical distribution requires good policy development. This begins with employment-related policy, from recruitment through to training and development of staff in post, and includes an attendance policy which seeks to aid those with illness and to promote active rehabilitation back into the workplace on recovery.</p>
<b>Business driver for development of mental health policy</b>	<p>Marks &amp; Spencer works very hard to prevent discrimination at any level or in any form, via its Equal Opportunities Policy. Marks &amp; Spencer also recognises the importance of health and safety at work via the Health and Safety at Work Act, and the Management of Health at Work Regulations. In view of the largely female population, the Pregnant Workers Directive is also taken very seriously and implemented throughout its stores.</p>
<b>Model and process</b>	<p>In spite of difficult times in retailing, Marks &amp; Spencer has remained committed to the provision of Occupational Health Services for its staff.</p> <p>The service is consultant led, but multi-disciplinary in its approach. It aims to develop objectives centrally for local implementation by Occupational Health Teams (OH Teams) which cover <u>all</u> the UK stores. These are staffed by 54 Occupational Health Advisors (RGN qualified nurses with additional specialist qualifications in Occupational Health Nursing) and 66 Occupational Health Practitioners (General Practitioners with experience in Occupational Health, some of whom have post-graduate qualifications in Occupational Medicine).</p> <p>Marks &amp; Spencer is therefore providing equity of access to OH provision for all its staff throughout the UK.</p> <p>The OH Teams work closely with management to provide a proactive approach which includes risk assessment, risk management / minimisation, and appropriate health surveillance of specific groups of individual workers. This includes pre-placement, vulnerable workers such as the young or elderly worker, those with current ongoing illness (physical or mental), and the pregnant worker.</p>

In addition, a programme of education of the workforce and management alike on all issues related to health and safety is in place, and is constantly being developed to cover new issues as they arise.

As part of its overall commitment to the health, safety and well-being of its workforce, Marks & Spencer has adopted an innovative approach to the proactive management of stress. A summary of its approach is reproduced overleaf.

Marks & Spencer will continue to review and develop its Occupational Health services to reflect changing needs and demands.

## Future intentions

At present, the policy focus is largely on physical illness, but over the next year the aim is to extend this to cover mental illness. This will be achieved using the structures that exist at present via:

- Understanding the work-related issues that have been shown to impact on mental well-being, and putting this into practice when designing and developing job roles.
- Using tools to identify workers who are showing early signs of problems, e.g. sickness absence, performance indicators, behaviour patterns.
- Having good referral systems in place so that managers can refer employees to OH in complete confidence, or the individual themselves can ask to see a member of the OH Team.
- Having highly trained members of the OH Team via continuing professional development and clinical governance, who manage these cases professionally and ethically.
- Providing a rehabilitation service to allow the safe return to work of individuals who are recovering from mental illness.
- Educating the workforce in general about mental illness.

## Food for thought

"Mental illness should be dealt with in the same way as physical illness, but this requires knowledge and understanding. By working with the **working minds** campaign, Marks & Spencer hopes to achieve this more effectively and de-mystify mental illness once and for all."

Dr Anne Price, Head of Occupational Health

## Contact details

Dr Anne Price, Head of Occupational Health  
Tel: 0207 268 8951

**The papers in the wallet overleaf summarise Marks & Spencers' approach to stress management**



## **Case Study 4: Marks & Spencer**

### **A proactive approach to stress management**

Marks & Spencer have adopted an innovative approach to the proactive management of stress. This approach provides practical help and guidance to staff and management through a combination of interactive workshops led by the Occupational Health Advisors, and a comprehensive assessment of the sources and effects of pressure facing people in the business.

The Marks & Spencer programmes have evolved over the past 10 years to reflect the changing needs of the staff and the business, and the emphasis has moved from training staff to improve their ability to manage pressure, to the broader issues of individual well-being and motivation.

The cornerstone of the Marks & Spencer strategy is a flexible half-day workshop on well-being and motivation, which uses the Pressure Management Indicator (PMI) to identify key issues facing the staff in different parts of the business. This information is used to shape interventions for the individual, the store, and the business. Employees attending the workshop receive an individual pressure profile which enables them to make personal changes in their lives and, for the few people who report clinical levels of ill health, prompts them to seek professional help.

The results of the PMI are aggregated to ensure individual confidentiality and analysed to show the key issues facing their staff and the effects on their well-being. This analysis provides a clear assessment of training and development needs, as well as identifying where the sources of pressure should be addressed. The Occupational Health team at Marks & Spencer are able to combine the data collected from these workshops together with qualitative information from the Occupational Health Advisors to build a picture of the key issues facing the business and link this to ongoing organisational development programmes.

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## Q & A

### **Q. How do I use this section of the toolkit?**

**A.** All employers and managers need to be aware of their duty in law in relation to the mental health of their staff. The questions and answers in this section highlight some of the main issues which anyone with responsibility for people should be aware of. The three case studies are real examples of cases where an individual has taken their employer to a tribunal, and provide a salutary reminder of how badly things can go wrong – for both employer and employee – when discrimination in workplace practice goes unchecked.

### **Q. How do I find out about the law relating to discrimination on the grounds of mental health?**

**A.** The Disability Discrimination Act 1995 (DDA) is the main relevant legislation. Compliance with the provisions of the Act – which applies to mental health conditions as well as other disabilities – is legally required for employers of 15 or more people, and constitutes good practice for all employers. The Disability Rights Commission has a range of literature covering definitions, compliance and good practice (see **Resources**).

It is also important to note that under the Human Rights Act, it is now possible to pursue the rights and freedoms guaranteed by the European Convention on Human Rights in the UK courts. Article 3 of the Human Rights Act (the right not to suffer degrading treatment) and article 14 (the right not to suffer discrimination), can now be brought to bear on employers in claims of breach and infringement. The Home Office Human Rights Unit, or the independent human rights organisation, Liberty, can advise on the implications of the Human Rights Act (see **Resources**).

Finally, the Health And Safety At Work act covers all aspects of health at work, and places responsibilities on employers and employees to ensure healthy and safe work environments.

### **Q. Where can I get examples of good practice?**

**A.** This section of the toolkit provides examples of how a number of different organisations have tackled mental health. The Chartered Institute of Personnel and Development (see **Resources**) also has guidance on mental health at work.

### **Q. What is the definition of disability in the Disability Discrimination Act?**

**A.** The Act refers to "mental impairment" and amplifies as follows: "this includes a clinically well-recognised mental illness and what is commonly known as a learning disability." Conditions which are specifically excluded from the Act include substance addiction or dependency (unless resulting from the substance being medically prescribed).

### **Q. What if someone has recovered from a disability?**

**A.** Much of the DDA also applies to people who have had a disability in the past, even if they have now fully recovered.

**Q. What if the effects of the mental health problem are reduced by medication or other treatment?**

**A.** If a person with a mental health problem would be unable to perform everyday tasks without medication, then that person may still be covered by the Disability Discrimination Act. Broadly speaking, the effects that matter are those that would be present if there was no medication or treatment taking place.

**Q. What are the penalties of non-compliance with the law?**

**A.** Non-compliance can occur, for example, through direct or indirect discrimination or through failure to make a reasonable adjustment. Penalties will be commensurate with the level of non-compliance and the severity of the details of the case. It will often constitute compensation for the aggrieved employee, with consequent negative publicity.

**Q. What does the Disability Discrimination Act mean by "reasonable adjustment" in the context of mental health in the workplace?**

**A.** This depends on the particular circumstances of the individual and the workplace. Effective and practicable adjustments often involve little or no cost or disruption, and these are likely to be reasonable. These may include an adjustment in working hours, pattern, location or conditions. Consultation with the individual is crucial, and specialist advice should be sought where necessary, from the Disability Rights Commission, or from your Regional Disability Service Team, who can be contacted via your local Job Centre.

**Q. How do you ensure that you comply with the law during the recruitment process?**

**A.** It is important to consider all applicants on the basis of the requirements of the job, and their ability to do that job given their knowledge, skills and experience. Do not assume an applicant would be unable to deliver certain aspects of any job on the grounds of a mental health problem.

**Q. Are people obliged to disclose a mental health problem?**

**A.** Employees or job applicants are not obliged to disclose a mental health problem, and they may only be asked about their mental health if the questions are constructive and specifically relate to their ability to do the job, or to making reasonable adjustments. Allowing people to guide you through their qualities and limitations will help you to find out if they need an adjustment to the job and what that might be. An employer has no duty towards an employee until disclosure is made, or until they come to know about an employee's mental health problem through other means.

**Q. What if a dispute with one of my staff arises?**

**A.** A person with a mental health problem who feels they have been unlawfully treated can complain to an employment tribunal. This must generally be done within three months of that treatment. But many disputes can be resolved before going to tribunal. Where internal grievance or disciplinary procedures are in place, you may want to review and perhaps adapt them to ensure they are flexible enough to accommodate mental health issues and that they are accessible to all employees.

See **Resources** for details of **materials** relating to people management issues and mental health, and useful **organisations**.

# Case Study 1: Mr Watkiss

KEY ISSUE

\* RECRUITMENT

## Respondent:

**Name** John Laing plc  
**Sector** Construction  
**Size** 7,730 employees

## Claimant:

**Name** Mr Andrew Watkiss  
**Age** 46  
**Background** Fellow of the Institute of Chartered Secretaries and Administrators

## The case

In January 1999, Mr Andrew Watkiss was offered a job with builders John Laing plc. Since 1992 Mr Watkiss had worked as Assistant Company Secretary for a major UK employer, and was considered by all at John Laing to be the best applicant for the position of Company Secretary Designate. Mr Watkiss was offered the job subject to a routine medical examination.

During the examination, Mr Watkiss revealed that he had been diagnosed with schizophrenia back in 1980, and that he had suffered three breakdowns between that date and 1991. Since then, however, and with the help of medication, he had successfully managed his condition, and at the time of application was in good mental and physical health.

But 'on medical grounds' the offer of employment was withdrawn. The job, John Laing said, would have been too stressful for Mr Watkiss, and he was no longer deemed suitable for the position.

Mr Watkiss challenged the decision under the Disability Discrimination Act (DDA), on the basis of recruitment prejudice and unlawful discrimination on the grounds of mental health.

## The verdict

It was found that John Laing plc had sought no proper medical advice prior to their rejection of the application, and had held no discussion with either Mr Watkiss or his employer. Their decision was based solely on the applicant's psychiatric history, and not on his present ability to do the job.

John Laing plc admitted to unlawful discrimination under the Disability Discrimination Act, which had never before been successfully applied in a court of appeal. Following the company's admission of culpability, which was written into the employment tribunal record, damages were paid to Mr Watkiss by way of settlement.

This was the first case of its kind. Paul Daniels, a leading disability discrimination lawyer at Russell Jones & Walker, acting for Mr Watkiss, hailed the proceedings "a landmark...for people with mental health difficulties" and "a clear warning to employers".

A compensated and vindicated Mr Watkiss remarked that his case should "strongly encourage employers to treat job applicants on their merits, rather than attaching stigma or misguided, stereotypical views".

### **Relevant sections of the Disability Discrimination Act:**

- The Disability Discrimination Act covers people who have, or have had, a disability. The Disability Discrimination Act defines disability as a physical or mental impairment (a clinically well-recognised mental illness or what is commonly known as a learning disability), which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.
- The Disability Discrimination Act makes it unlawful for employers with 15 or more employees to discriminate against current or prospective employees who have or have had a disability. Unless the treatment is justified, an employer must not treat any employee or job applicant less favourably, because of a reason relating to his or her disability, than other people to whom that reason doesn't apply, including other disabled people. If such treatment cannot be justified, then it qualifies as discrimination.
- The Disability Discrimination Act aims to ensure that a person who has or has had a disability is considered fairly and without prejudice for employment, and is not prevented from contributing fully to the labour market. Assumptions based on prejudice or lack of knowledge about a person's ability to do a job, and decisions predicated upon such assumptions, can now land employers in trouble.

# Case Study 2: Mr Kapadia

KEY ISSUES  
\* DEFINITION OF  
DISABILITY  
\* CONDITIONS  
CONTROLLED BY  
MEDICAL TREATMENT

## Respondent:

**Name** Lambeth Council  
**Sector** Local Government  
**Size** 5 - 6,000 employees

## Claimant:

**Name** Mr Kapadia  
**Age** Unknown  
**Background** Local Authority accountant for many years

## The case

Mr Kapadia had been a senior accountant for the London Borough of Lambeth for some time. In 1995, he took on more work. The extra load and responsibility led to depression, for which he was treated. Then, in 1996, additional duties were assigned to him, and Mr Kapadia became unable to cope. Subsequently, his reactive depression worsened. He took sick leave, and in July 1997 was retired by Lambeth Council on medical grounds.

Mr Kapadia decided to take his employers to the Employment Tribunal (ET) for unfair dismissal and discrimination on the grounds of mental health. The Tribunal, however, ruled that Mr Kapadia's depression and stress did not qualify as a disability in accordance with the Disability Discrimination Act, and therefore did not bring him within the scope of legislation.

Mr Kapadia, in turn, sought recourse to the Employment Appeal Tribunal (EAT), which concluded that the original Employment Tribunal findings were not sustainable. The condition of the complainant, they said, had to be assessed without taking account of the benefits of medication or treatment. Such assessment, they decreed, would leave Mr Kapadia eligible for protection under the Disability Discrimination Act.

A counter-appeal came from Lambeth Council, at which point the Disability Rights Commission (DRC) arranged representation for Mr Kapadia, establishing that the Employment Appeal Tribunal's approach was correct, and that Mr Kapadia's claims should be resubmitted to a new tribunal.

The Disability Rights Commission has expressed continued support for Mr Kapadia, and is firmly committed to his case. Bert Massie, Chairman of the Disability Rights Commission, said of the Kapadia case: "This is a clear signal that the DRC is willing to go to one of the highest courts in the land to combat discrimination. It reminds employers that discrimination against people with mental illness is unacceptable."

## **Case status**

Mr Kapadia's case of discrimination under the Disability Discrimination Act is only the third to be heard at the Court of Appeal, and has so far resulted in a remitted claim, listed for an eight-day hearing in the Employment Tribunal, May 2001. The case continues.

## **Relevant sections of the Disability Discrimination Act:**

- If a mental (or physical) impairment is controlled by medical treatment, the individual's condition prior to and without such treatment must be considered. If, without such treatment, the individual would meet the Disability Discrimination Act's definition of disability, then the individual is still covered.
- Under the Disability Discrimination Act, counselling constitutes medical treatment.
- In defining disability, the material date to consider is the date of the discrimination, not the date of the hearing.

# Case Study 3: Mr Walker

KEY ISSUES  
\* RECRUITMENT  
\* DUTY OF CARE  
\* REASONABLE  
ADJUSTMENTS

## Respondent:

**Name** Northumberland County Council  
**Sector** Local Authority  
**Size** 13,000 employees

## Claimant:

**Name** Mr Walker  
**Age** Unknown  
**Background** Unknown

## The Case

Mr Walker worked as an area social services manager for Northumberland County Council. Presiding over four teams of field workers, Mr Walker operated in an area and at a time when child abuse cases were becoming increasingly prevalent. With augmented workload and responsibilities, Mr Walker began to feel the strain, and in 1986 suffered a nervous breakdown.

Two years later Mr Walker went back to work, on the understanding that extra assistance would be provided for as long as it was needed. Within a month, however, the support was withdrawn, and once again Mr Walker's workload began to increase. The stress-related anxiety returned, and in March 1988 Mr Walker suffered a second nervous breakdown. Shortly after, he was dismissed from Northumberland County Council on the grounds of permanent ill health.

Mr Walker sued his employer for breaching their 'duty of care', and for failing to protect him from damaging workplace conditions.

## Case Status

The court ruled that Northumberland County Council was responsible for Mr Walker's second breakdown, having failed to make adequate provisions for his return to employment. The court claimed that, in light of Mr Walker's first breakdown, it was foreseeable that failure to alleviate his workload and provide adequate support would result in further problems.

The case was settled out of court for a sum of £175,000.

Prior to the Disability Discrimination Act, this was the first case in legal history to see an employee compensated for psychiatric damage suffered as a result of work-related stress, and the first to highlight employers' legal obligations to the mental health of their staff.

## **Relevant sections of the Disability Discrimination Act and other legislation:**

This case falls under several areas of potential liability:

### **Duty of Care**

- It has long been established that employers owe a 'duty of care' to their employees during the course of their employment. If this duty is violated, and if the resulting damage could reasonably have been foreseen, employees can claim for harm done through breach of duty of care.

### **Disability Discrimination Act**

This case would now come within the scope of Disability Discrimination Act legislation:

- The DDA makes it unlawful for employers with 15 or more employees to discriminate against current or prospective employees who have or have had a disability. Unless the treatment is justified, an employer must not treat any employee or job applicant less favourably, because of a reason relating to his or her disability, than other people to whom that reason doesn't apply (including other disabled people). If such treatment cannot be justified, then it qualifies as discrimination.
- Employers must take any steps which are reasonable in order to reduce or remove any substantial disadvantage caused to a job applicant or employee with a disability by a physical feature of work place premises, or by employment arrangements. This is known as 'reasonable adjustment'. Failing to make a reasonable adjustment without justification is also classified as discrimination.

# Research Report: Executive Summary

## working minds: Attitudes to mental health at work

*A survey of attitudes on mental health in the workplace, with proposals for change.*

The following are the topline findings and recommendations of **Working Minds**, a research study by The Industrial Society commissioned for the **mind out for mental health** campaign. The project involved focus groups with employees and managers, and limited quantitative research with human resource managers and opinion formers.

### Top line

People with mental health problems face severe discrimination at work – the result of lack of understanding and awareness among employers, managers and employees in general.

### Key findings

- Some employers are making positive attempts to address workplace mental health problems in a sensitive and effective way, but too few other employers seem to be trying to emulate this example.
- Mental health discrimination at work appears to be widespread. It extends beyond discrimination over personnel matters such as recruitment and promotion to actively hostile behaviour towards those with mental health problems.
- Understanding and awareness of mental health issues, symptoms and treatment is disturbingly low among employers, managers and employees alike.
- There is a serious absence of expert information, advice or help – inside and outside the organisation - for employers, managers and employees trying to address mental health problems in the workplace.
- Employees and managers lack confidence that corporate equal opportunities and health and safety policies address mental health issues adequately, or provide guidelines on how to tackle them at work.
- Training can make a positive contribution to mental health understanding and practice, but employers seem to be making very little use of such training.
- There is disturbing unpredictability and inconsistency in the way general practitioner services deal with mental health problems, and apparent lack of liaison between them and occupational health services.
- Concern about actual or expected discriminatory treatment leads some mental health sufferers to conceal their condition.

- High profile litigation involving big compensation awards against employers is a prime reason some organisations are now reviewing their attitude to mental health issues.

## Recommendations

- Employers, unions and government should join forces to promote awareness about mental health problems and strategies, and the provisions of the Disability Discrimination Act.
- Employers need to review equal opportunities and health and safety policies with the aim of improving their contribution to addressing workplace mental health problems. Organisations should do more to make such policies accessible and understandable to all employees.
- Employers need to provide more training – especially for managers – designed to build awareness and understanding about mental health issues and action to prevent discrimination.
- Employers should ensure that managers and other employees have access to expert information, advice and support – from within or outside the organisation – to help them cope with mental health issues arising at work.
- Government should review how well general practitioner and other specialist medical services are supporting individuals and organisations in need of expert advice and support on mental health issues, and take steps to improve provision.
- Government should collaborate with mental health organisations to sponsor research into the work opportunities, potential and performance of people with mental health problems.
- Research is also needed to identify and disseminate best practice in the way organisations deal with mental health issues – in particular on management policies and practice; help and support; training; awareness and understanding; work organisation and job design; recruitment and selection; divergence between public and private sectors; and specific issues affecting the small firms sector.

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## General

- One in four people will experience some kind of mental health problem in the course of a year.<sup>1</sup>
- By 2020, depression will be second only to chronic heart disease as an international health burden.<sup>2</sup>
- It's estimated that around one third of all GP consultations are the result of psychological and social problems.<sup>3</sup>
- Around a quarter of all drugs prescribed by the NHS are for mental health problems.<sup>4</sup>
- In England, between 1990 and 1995, the number of prescriptions for anti-depressants rose by 116%.<sup>5</sup>
- Around one in four people with 'mental illness' have not consulted a professional about their mental health.<sup>6</sup>
- Attempted suicide has increased by 50% since 1990.<sup>7</sup>
- It's estimated that suicide attempts by young men have risen by over 170% since 1985.<sup>8</sup>
- 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.<sup>9</sup>

## Employment

- Nearly 3 in every 10 employees will have some kind of mental health problem in any one year, mainly depressive and anxiety disorders.<sup>10</sup>
- Over 91 million working days are lost due to mental ill health each year.<sup>11</sup>
- In 1995, 279,000 people in the UK believed that they were suffering from work-related stress, anxiety, or depression. A further 253,000 people suffered from an illness they believed to be caused by work-related stress.<sup>12</sup>
- A survey of Institute of Management members showed that 16% of managers had taken time off work because of stress during the last 12 months.<sup>13</sup>
- Stress related absence accounts for half of all sickness from work, with an estimated cost to industry of £4 billion.<sup>14</sup>

- Work-related stress is the second biggest occupational health problem in the UK, after back problems.<sup>15</sup>
- People with mental health problems have the highest rate of unemployment amongst people with disabilities.<sup>16</sup>
- Only about 13% of people with mental health problems are in employment, compared with around 33% of people with other long-term health problems.<sup>17</sup>
- People who are unemployed have been shown to have twice the incidence of mental health problems, specifically depression, than those who are employed.<sup>18</sup>
- In a 1996 survey of people with mental health problems:<sup>19</sup>
  - 52% said they had concealed their psychiatric history for fear of losing their job
  - 34% said they had been dismissed or forced to resign
  - 39% said they had been denied a job
  - 16% said they had been threatened with dismissal
  - 15% said they had been denied promotion
- In a survey in 2000, 47% of people with mental health problems said they had experienced discrimination at work.<sup>20</sup>
- In a survey of over 800 companies, only 1 in 10 had an official policy on mental health - even though 98% of respondents thought that the mental health of employees should be a company concern.<sup>21</sup>
- 64% of young people say they would be embarrassed to tell a prospective employer they had a mental health problem.<sup>22</sup>

## Discrimination

- In a 1996 survey of people with mental health problems:<sup>23</sup>
  - 47% had been abused or harassed in public
  - 14% had been physically attacked
  - 25% had been turned down by insurance or finance companies
  - 45% thought that discrimination had increased in the last 5 years
  - 21% said they had been attacked or harassed by neighbours
  - 26% had been forced to move because of harassment
- In a survey of people with mental health problems carried out in 2000:<sup>24</sup>
  - 56% reported discrimination within the family
  - 51% reported discrimination from friends
  - 44% reported discrimination from GPs

- 85% of the general public think that people with mental illness have been subjected to discrimination for too long.<sup>25</sup>
- The public are far more at risk of violence from young men under the influence of alcohol than they are from people with a mental health problem.<sup>26</sup>
- Contrary to public opinion, the proportion of murders committed by people with mental health problems has fallen steadily over the last fifty years.<sup>27</sup>
- 99% of mental health workers say that they believe discrimination can have a significant impact on mental health. 60% have worked with clients with long-term emotional problems resulting from discrimination.<sup>28</sup>
- 55% of young people say that if they had a mental health problem, they wouldn't want anyone to know.<sup>29</sup>

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- <sup>19</sup> Read, J. & Baker, S., *Not Just Sticks and Stones: a survey of the stigma, taboos and discrimination experienced by people with mental health problems*. Mind, 1996.
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## Talking about mental health

Many people find it difficult to talk about mental health. Partly, this is because of the powerful taboos that surround the issues, and the fact that mental health is perceived as a complex and daunting subject.

But sometimes, it is simply because people are unsure what kind of language – or what specific words – to use.

This Lexicon is intended as a basic guide to positive, inclusive language when talking about mental health issues. It is not meant to be definitive, but we hope it will increase your confidence – and understanding – and help to improve your communication about mental health.

## General advice

- **Be positive.** Choose the positive over the negative (for instance, talk about people "experiencing" mental health problems, not "suffering" from them) and avoid words which sensationalise the issues or put people in the position of victims.
- **"People first!"** Remember that people are people first and foremost, and should not be categorised primarily by a particular characteristic or experience. People with mental health problems have many aspects to their identities – no-one wants to be known only by a psychiatric label. So don't describe someone as a schizophrenic, but as someone with a diagnosis of schizophrenia (they are also a brother, father, colleague etc.).
- **If in doubt, ask!** Being prepared to be open about your uncertainty (and recognise that the person you are talking to may have more expertise than you) can be a positive first step to creating an equal, honest dialogue.

# Specific language:

Here are some examples of more positive, inclusive language to use when talking about mental health issues:

	As opposed to:
<b>Mental health problems / mental ill health</b>	Mental illness
<b>Living with ... experiencing... (mental health problems, schizophrenia etc.)</b>	Suffering... (mental health problems, schizophrenia etc.)
<b>People with a diagnosis of ... (schizophrenia, depression etc.) People living with... People with...</b>	Schizophrenics, depressives etc.

Here are some broad definitions, and some general reflections on phrases used when talking about mental health issues:

<b>People with mental health problems</b>	Generally, this refers to people with a diagnosed condition, or for whom problems with their mental health are having a significant impact on their lives.
<b>Mental illness</b>	Implies a severe, diagnosed and enduring condition and doesn't cover everyone living with mental health problems. While some people think the definition of 'illness' is useful, as it recognises biological factors and can reduce a sense of 'blame' around mental health problems, others see it as too narrow a view, believing it discourages us from thinking about the many different influences on a person's life, on their thoughts, feelings or behaviour, which can cause mental distress. For these reasons, some people prefer to talk about mental or emotional distress, rather than mental illness.
<b>Mental distress / people experiencing mental distress</b>	Not a familiar term to the general public – but an alternative to “mental health problems” which is preferred by some people because it is more inclusive.
<b>Disorder / mental health disorder</b>	Some people feel these 'medicalised' terms imply a judgement on people with mental health problems.
<b>Service users / users / mental health service users</b>	Generally used within the mental health sector. Can be useful as a way of describing people who access mental health services. But obviously, it a specific term – it doesn't apply to <u>all</u> people experiencing mental health problems.
<b>Psychotic</b>	This should only to be used as a very specific description – i.e. as particular symptoms of psychosis – <u>not</u> as a general description of someone with mental health problems.
<b>Survivor / mental health survivor</b>	A term preferred and used by some organisations and activists to describe and celebrate people who have 'survived' the mental health system.

# Materials: People

## Materials

A wide range of material about the Disability Discrimination Act can be ordered by telephone from the Disability Discrimination Act Helpline: Tel: 08457 622 633. Fax: 08457 622 611 (fax back) Web [www.drc-gb.org](http://www.drc-gb.org)

## People

The following materials provide further information on the issues raised in the People section of the toolkit.

**ABC of Mental Health in the Workplace: The Health of the Nation.** Department of Health, 1996. A resource pack for employers, with factsheets covering various aspects of mental health at work.

**Adjustment In Employment.** Employers' Forum on Disability, 1998. A short booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

**Burnt Out or Burning Bright? The Effects of Stress in the Workplace.** The Mental Health Foundation, 2000. ISBN: 1 903645 10 7. A 32-page report on stress, the individual, and the workplace.

**Employers' Briefing Paper 4: A Practical Guide to Employment Adjustments for People with Progressive or Fluctuating Conditions.** Employers' Forum on Disability, 1998. An 8-page booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

**Employers' Briefing Paper 5: A Practical Guide to Employment Adjustments for People with Mental Health Problems.** Employers' Forum on Disability, 1998. An 8-page booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

**Employment Solutions for People with Mental Health Problems and their Bosses.** National Schizophrenia Fellowship, 2000. 4-page leaflet with details of the National Schizophrenia Fellowship's New Deal for Disabled People.

**Employers' Guide to Manic Depression and Employment.** The Manic Depression Fellowship, 2000. A 24-page booklet aimed at employers who have no prior experience or understanding of manic depression.

**Focus on Mental Health: Employment Checklist Pack.** Focus on Metal Health, 2000. 4 checklist leaflets for employers, service providers, people seeking work and employees.

**Guide for Employers.** National Schizophrenia Fellowship. On-line article available at [www.nsf.org.uk](http://www.nsf.org.uk).

**Help on Work-Related Stress: A Short Guide.** Health and Safety Executive. INDG: 281. A 12-page free leaflet.

**Managing for Mental Health: The Mind Employers' Resource Pack.** Mind, 2000. ISBN: 1 874690 92 8. A detailed pack with 10 pull-out pages on mental health in the workplace.

**Mental Well-Being In The Workplace: A Resource Pack for Management Training and Development.** Health and Safety Executive, 1998. ISBN: 0 7176 1524 3. An extensive 312-page resource pack.

**Stress at Work: A Guide for Employers.** Health and Safety Executive, 1995. ISBN: 0 7 17607 33X. A 19-page book.

**Understanding Depression for Managers and Employers.** The National Depression Campaign / Depression Alliance, 1998. An 8-page leaflet providing facts and information on depression.

**Working Minds: Attitudes to Mental Health at Work.** The Industrial Society, 2001. A survey of attitudes and practice on mental health in the workplace, with recommendations for change. Commissioned as part of the **mind out for mental health** campaign (see **Facts** for an executive summary).

**Working Partners: A Guide to Employment of People with Mental Health Difficulties.** Mental Health Media, 1999. Video and booklet.

## Materials

A wide range of material about the Disability Discrimination Act can be ordered by telephone from the Disability Discrimination Act Helpline Tel: 08457 622 633. Fax: 08457 622 611 (fax back) Web: [www.drc-gb.org](http://www.drc-gb.org)

## Practice

The following materials provide further information on the issues raised in the **Practice** section of the toolkit.

**ABC of Mental Health in the Workplace: The Health of the Nation.** Department of Health, 1996. A resource pack for employers, with factsheets covering various aspects of mental health at work.

**Bridging the Gap between the Needs of Employers and the Mentally Ill as Prospective Employees.** Working Well, 1999. A 23-page report based on interviews with 20 Working Well participants.

**Disability Discrimination Act 1995: Code of Practice for the Elimination of Discrimination in the Field of Employment against Disabled Persons or Persons who have had a Disability.** The Stationery Office, 1996.

**The Disability Discrimination Act 1995: What Employers Need to Know.** Department for Education and Employment. A 33-page free booklet (code DL170).

**Employers' Briefing Paper 1: A Practical Guide to Adjustment In Employment.** Employers' Forum on Disability, 1998. A short booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

**Employers' Briefing Paper 4: A Practical Guide to Employment Adjustments for People with Progressive or Fluctuating Conditions.** Employers' Forum on Disability, 1998. An 8-page booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

**Employers' Briefing Paper 5: A Practical Guide to Employment Adjustments for People with Mental Health Problems.** Employers' Forum on Disability, 1998. An 8-page booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

**Employing Disabled People: A Good Practice Guide For Managers and Employers.** Department for Education and Employment. ISBN: 1 84185 101 9. A 32-page booklet (code DLE7).

**Focus on Mental Health: Employment Checklist Pack.** Focus on Mental Health, 2000. 4 checklist leaflets for employers, service providers, people seeking work and employees.

**Managing For Mental Health: The Mind Employers' Resource Pack.** Mind, 2000. ISBN: 1 874690 92 8. A detailed pack with a 10 pull-out pages on mental health in the workplace.

**Mental Health at Work.** Chartered Institute of Personnel and Development (CIPD), 2001. A 5-page leaflet. Also available online at [www.cipd.co.uk](http://www.cipd.co.uk).

**Mental Well-Being in the Workplace: A Resource Pack for Management Training and Development.** Health and Safety Executive, 1998. ISBN: 0 7176 1524 3. An extensive 312-page resource pack.

**National Schizophrenia Fellowship Employment Charter: Our Quality Promise to Employers.** National Schizophrenia Fellowship, New Deal for Disabled People, 2000. A single sheet of information on recruitment, retention, training and financial solutions.

**Working Minds: Attitudes to Mental Health at Work.** The Industrial Society, 2001. A survey of attitudes and practice on mental health in the workplace, with recommendations for change. Commissioned as part of the **mind out for mental health** campaign (see **Facts** for an executive summary).

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## Law

The following materials provide further information on the issues raised in the Law section of the toolkit.

**Bridging the Gap between the Needs of Employers and the Mentally Ill as Prospective Employees.** Working Well, 1999. A 23-page report based on interviews with 20 Working Well participants.

**The Disability Discrimination Act 1995: What Employers Need to Know.** Department for Education and Employment. A 33-page free booklet (code DL170).

**Disability Discrimination Act 1995: Code of Practice for the Elimination of Discrimination in the Field of Employment against Disabled Persons or Persons who have had a Disability.** The Stationery Office, 1996.

**Employers' Briefing Paper 1: A Practical Guide to Adjustment In Employment.** Employers' Forum on Disability, 1998. A short booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk).

**Employers' Briefing Paper 4: A Practical Guide to Employment Adjustments for People with Progressive or Fluctuating Conditions.** Employers' Forum on Disability, 1998. An 8-page booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk).

**Employers' Briefing Paper 5: A Practical Guide to Employment Adjustments for People with Mental Health Problems.** Employers' Forum on Disability, 1998. An 8-page booklet providing practical guidance for employers. Also available on-line at [www.employers-forum.co.uk](http://www.employers-forum.co.uk).

**Employing Disabled People: A Good Practice Guide for Managers and Employers.** Department for Education and Employment / Disability Rights Commission. ISBN: 1 84185 101 9. A 32-page booklet (code DLE7).

**Human Rights and Disability: The Impact of the Human Rights Act on Disabled People.** The Disability Rights Commission & The Royal National Institute for Deaf People, 2000. A 75-page report providing basic information on the Human Rights Act.

# Organisations: Disability and Human Rights

## Disability and Human Rights

### **Disability Matters Limited**

The Old Dairy, Tiebridge Farm, North Houghton, Stockbridge, Hants SO20 6LQ

Tel: 01264 811120

Fax: 01264 810889

Email: [disabilitymatters@compuserve.com](mailto:disabilitymatters@compuserve.com)

Web: [www.disabilitymatters.com](http://www.disabilitymatters.com)

Disability Matters Ltd promotes culture change to help employers maximise the potential of disabled people within their workforce and enhance the quality of services to disabled customers. Services range from full access audits through to the development of reasonable adjustments in the workplace for individual employees with a range of disabilities.

### **The Disability Partnership**

Wooden Spoon House, 5 Dugard Way, London SE11 4TH

Tel: 020 7414 1494

Fax: 020 7414 1495

Email: [office@disabilitypartnership.co.uk](mailto:office@disabilitypartnership.co.uk)

Web: [www.disabilitypartnership.co.uk](http://www.disabilitypartnership.co.uk)

The Disability Partnership is a small but influential charity that exists primarily to act as a launch pad for new initiatives that ultimately change the daily lives of many disabled people for the better. It changes lives through working against physical and attitudinal discrimination. Its secondary objective is to take on significant disability projects that have struggled to fulfil their potential.

### **Disability Rights Commission (DRC)**

DRC Helpline, Freepost MID 02164, Stratford-upon-Avon CV37 9BR

Tel: 08457 622 633

Fax: 08457 778 878

Email: [ddahelp@stra.sitel.co.uk](mailto:ddahelp@stra.sitel.co.uk)

Web: [www.drc-gb.org](http://www.drc-gb.org)

The DRC is an independent body set up by the Government to help secure civil rights for disabled people, 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

Fax: 020 7403 0404

Email: [efd@employers-forum.co.uk](mailto:efd@employers-forum.co.uk)

Web: [www.employers-forum.co.uk](http://www.employers-forum.co.uk)

The Employers' Forum on Disability is the national employers' organisation focused 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.

### **Home Office Human Rights Unit**

c/o Home Office, Public Enquiry Team, Room 856, 50 Queen Anne's Gate,  
London SW1H 9AT  
Tel: 020 7273 4000  
Fax: 020 7273 2065  
Email: [humanrightsonunit@homeoffice.gsi.gov.uk](mailto:humanrightsonunit@homeoffice.gsi.gov.uk)  
Web: [www.homeoffice.gov.uk/hract](http://www.homeoffice.gov.uk/hract)

The Human Rights Unit's main responsibility is to ensure the successful implementation of the Human Rights Act 1998, which incorporates into UK law rights and freedoms guaranteed by the European Convention on Human Rights. The Unit also maintains and develops the UK's position under various Human Rights Treaties.

### **Liberty**

21 Tabard Street, London SE1 4LA  
Tel: 020 7403 3888  
Fax: 020 7407 5354  
Email: [info@liberty-human-rights.org.uk](mailto:info@liberty-human-rights.org.uk)  
Web: [www.liberty-human-rights.org.uk](http://www.liberty-human-rights.org.uk)

Liberty is an independent human rights organisation working to defend and extend rights and freedoms in England and Wales. Founded in 1934, it is the largest organisation of its kind in Europe and is democratically run.

### **New Deal for Disabled People (NDDP)**

Room N8, Moorfoot, Sheffield S1 4PQ  
Tel: 0114 259 4215  
Fax: 0114 259 3060  
Email: [nddp.info@dfee.gov.uk](mailto:nddp.info@dfee.gov.uk)  
Web: [www.dfee.gov.uk/nddp](http://www.dfee.gov.uk/nddp)

The New Deal for Disabled People is piloting a range of initiatives to help disabled people and those with long-term illness into work and training through the Government's Welfare to Work approach. The New Deal for Disabled People is open to people who are claiming incapacity benefits, including Incapacity Benefit, Severe Disablement Allowance and Income Support by virtue of incapacity, and is entirely voluntary.

**Working Well Trust**

359 High Street, Stratford, London E15 4QZ

Tel: 020 8519 8619

Fax 020 8519 9196

Email: [director.wwt@btinternet.com](mailto:director.wwt@btinternet.com)

Web: under construction

Working Well Trust offers information, advice and guidance for people with mental health problems. The Trust offers various support and training activities for people referred from mental health services, including job preparation, IT and Drop-In training, basic skills and support groups.

## Employment

### **Business in the Community (BITC)**

137 Shepherdess Walk, London N1 7RQ

Tel: 0870 600 2482

Fax: 020 7253 1877

Web: [www.bitc.org.uk](http://www.bitc.org.uk)

Members of Business in the Community are committed to developing business and community excellence. Business in the Community works with its members across a number of core business areas to achieve this excellence, encouraging members to improve, measure and report the impact their business has on their environment, workplace, marketplace and community.

### **Chartered Institute of Personnel and Development (CIPD)**

CIPD House, Camp Road, London SW19 4UX

Tel: 020 8971 9000

Fax: 020 8263 3333

Email: [cipd@cipd.co.uk](mailto:cipd@cipd.co.uk)

Web: [www.cipd.co.uk](http://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. With over 100,000 members, the CIPD is recognised as the leading authority and influence in this field. The aims of the CIPD are to advance continuously the management and development of people to the benefit of individuals, employers and the community at large.

### **Common Purpose**

Discovery House, 28 - 42 Banner Street, London EC1Y 8QE

Tel: 020 7608 8100

Fax: 020 7336 6844

Email: [commonpurpose@commonpurpose.org.uk](mailto:commonpurpose@commonpurpose.org.uk)

Web: [www.commonpurpose.org.uk](http://www.commonpurpose.org.uk)

Common Purpose started work in 1989, piloting programmes that brought together emerging leaders from all the different sectors of the community. Common Purpose aims to show people how to make better professional decisions based on the appreciation of the bigger picture rather than on specialised knowledge and influence. The organisation runs city-based educational programmes, Citizens Connection, and has a nationwide, interactive website.

### **Employment Support Unit**

Institute for Applied Health & Social Policy, King's College London, Fifth floor  
Waterloo Bridge Wing, Franklin Wilkins Building, 150 Stamford Street  
London SE1 9NN  
Tel: 020 7848 3770  
Fax: 020 7848 3771  
Web: [www.kcl.ac.uk/iahsp](http://www.kcl.ac.uk/iahsp)

The Employment Support Unit is working to bring an employment dimension to the provision of socially inclusive services and to ensure that Government programmes are a good deal for service users.

### **Health and Safety Executive (HSE)**

Rose Court, 2 Southwark Bridge, London SE1 9HS  
Tel: 020 7717 6000  
Fax: 020 7717 6717  
Email: [hseinformationservices@natbrit.com](mailto:hseinformationservices@natbrit.com)  
Web: [www.hse.gov.uk](http://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. The Health and Safety Executive Infoline is open 8.30am to 5.00pm, Monday to Friday. Tel: 08701 545500.

### **Healthy Workplace Initiative**

Department of Health, Wellington House, Waterloo Road, London SE1 8UG  
Tel: 020 7972 4940  
Web: [www.signupweb.net](http://www.signupweb.net)

The Healthy Workplace Initiative is jointly sponsored by the Department of Health and the Health and Safety Executive and encapsulates a new approach to the problems of health at work, aiming to place health in the mainstream of business thinking and organisational development.

### **The Industrial Society**

48 Bryanston Square, London W1H 7LN  
Tel: 020 7479 2000  
Fax: 020 7479 2222  
Email: [infoserv@indsoc.co.uk](mailto:infoserv@indsoc.co.uk)  
Web: [www.indsoc.co.uk](http://www.indsoc.co.uk)

An independent, not-for-profit body, The Industrial Society are the UK's leading thinkers and advisers on the world of work. Committed to improving working life, the Society provides consultancy, research, training and advocacy, education and advisory services.

**Investors in People**

7 - 10 Chandos Street, London W1M 9DE

Tel: 020 7467 1900

Fax: 020 7636 2386

Email: [information@iipuk.co.uk](mailto:information@iipuk.co.uk)

Web: [www.iipuk.co.uk](http://www.iipuk.co.uk)

Investors in People is a national quality standard which sets a level of good practice for improving an organisation's performance through its people. Investors in People UK was established in 1993 to provide national ownership of the Investors in People National Standard, and is responsible for its promotion, quality assurance and development. This role now encompasses establishing the Standard internationally.

**New Ways to Work**

24 Shacklewell Lane, Dalston, London E8 2EZ

Tel: 020 7503 3578

Fax: 020 7930 3366

Email: [info@new-ways.co.uk](mailto:info@new-ways.co.uk)

Web: [www.new-ways.co.uk](http://www.new-ways.co.uk)

New Ways to Work campaigns and provides expertise on new and flexible ways of working that help people, organisations and society achieve a balance between work and the rest of life. New Ways to Work offers an Information & Advice Service and a range of expert publications, also running training sessions, conferences and workshops.

# Organisations: Government

## Government

### **Department for Education and Employment (DFEE)**

Sanctuary Buildings, Great Smith Street, London SW1P 3BT

Tel: 0870 000 2288

Fax: 01928 794 248

Email: [info@dfee.gov.uk](mailto:info@dfee.gov.uk)

Web: [www.dfee.gov.uk](http://www.dfee.gov.uk)

The Department for Education and Employment is the UK Government department with the overall aim of giving everyone the chance, through education, training and work, to realise their full potential. The DfEE works with and beyond government to achieve this end, looking to build an inclusive and fair society and a globally competitive economy, with successful firms and a fair, efficient labour market.

### **Department of Health**

Richmond House, 79 Whitehall, London SW1A 2NS

Tel: 020 7210 4850

Email: [dhmail@doh.gsi.gov.uk](mailto:dhmail@doh.gsi.gov.uk)

Web: [www.doh.gov.uk](http://www.doh.gov.uk)

The overall aim of the Department of Health is to improve the health and well-being of people in England. It seeks to protect and improve the nation's health and ensure that health and social services are high quality, fast, fair and convenient. The Department of Health is coordinating the **mind out for mental health** campaign.

## Mental health general

### **BBC Online: Mental Health**

Web: [www.bbc.co.uk/health/mental](http://www.bbc.co.uk/health/mental)

An accessible, user-friendly website providing information on a range of mental health conditions, as well as resources for getting help and treatment.

All of the organisations listed in this section can provide advice and information on a range of mental health problems, and most can provide information on employment issues.

### **Mental After Care Association (MACA)**

25 Bedford Square, London WC1B 3HW

Tel: 020 7436 6194

Fax: 0207 637 1980

Email: [maca-bs@maca.org.uk](mailto:maca-bs@maca.org.uk)

Web: [www.maca.org.uk](http://www.maca.org.uk)

MACA is a leading service-provider active in the community, also 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.

### **Mental Health Foundation (MHF)**

20/21 Cornwall Terrace, London NW1 4QL

Tel: 020 7535 7400

Fax: 020 7535 7474

Email: [mhf@mhf.org.uk](mailto:mhf@mhf.org.uk)

Web: [www.mentalhealth.org.uk](http://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.

### **Mental Health Media**

The Resource Centre, 356 Holloway Road, London N7 6PA

Tel: 020 7700 8171

Fax: 020 7686 0959

Email: [info@mhmedia.com](mailto:info@mhmedia.com)

Web: [www.mhmedia.com](http://www.mhmedia.com)

Mental Health Media uses all media to promote people's voices in order to reduce the discrimination and prejudice surrounding mental health and learning difficulties. They produce communications materials, provide media skills training, and help get the voices of people with mental health problems into the media. They also run the annual Mental Health Media Awards and nominations can be sent direct from the website.

### **Mind**

15-19 Broadway, London E15 4BQ

Tel: 020 8519 2122

Fax: 020 8522 1725

Email: [contact@mind.org.uk](mailto:contact@mind.org.uk) or [publications@mind.org.uk](mailto:publications@mind.org.uk)

Web: [www.mind.org.uk](http://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 info line is a confidential telephone helpline providing information about mental health problems, treatments and services. Open Mondays, Wednesdays and Thursday's 9:15 to 4:45pm. Tel: 08457 660163

### **mind out for mental health**

49 Southwark Street, London SE1 1RU

T: 020 7403 2230

F: 020 7403 2240

Email: [mindout@forster.co.uk](mailto:mindout@forster.co.uk)

Web: [www.mindout.net](http://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**.

### **National Schizophrenia Fellowship (NSF)**

Head Office, 30 Tabernacle Street, London EC2A 4DD

Tel: 020 7330 9100/01

Fax: 020 7330 9102

Email: [info@london.nsf.org.uk](mailto:info@london.nsf.org.uk)

Web: [www.nsf.org.uk](http://www.nsf.org.uk)

NSF is a major UK charity dedicated to improving the lives of everyone affected by severe mental illness (such as schizophrenia, depression and manic depression). NSF 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. NSF 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 10 am to 3 pm. Tel: 020 8974 6814.

### **Royal College of Psychiatrists**

17 Belgrave Square, London SW1X 8PG

Tel: 020 7235 2351

Fax: 020 7245 1231

Email: [info@rcpsych.ac.uk](mailto:info@rcpsych.ac.uk)

Web: [www.rcpsych.ac.uk](http://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.

### **The Samaritans**

10 The Grove, Slough, Berkshire SL1 1QP

Tel: 01753 216500

Fax: 01753 775787

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

Web: [www.samaritans.org](http://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. Tel: 08457 90 90 90 (charged at local rates).

### **SANE**

1st Floor, Cityside House, 40 Adler Street, London E1 1EE

Tel: 020 7375 1002

Fax: 020 7375 2162

Email: [info@sane.org.uk](mailto:info@sane.org.uk)

Web: [www.sane.org.uk](http://www.sane.org.uk)

SANE is one of the UK's leading charities concerned with improving the lives of everyone affected by mental illness. The main aims of the charity are to raise awareness and combat ignorance about mental illness, to improve mental health services, and to initiate and fund research into the causes, treatments and potential cures for schizophrenia and depression. SANE's website gives practical advice on a range of mental health problems and treatments. 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).

# Organisations: Specific Conditions

The organisations listed in this section can provide specialist information and advice on specific mental health conditions. Many will be able to provide advice on employment issues.

## Addictions

### **Alcoholics Anonymous (AA)**

PO Box 1, Stonebow House, Stonebow, York YO1 7NJ

Tel: 01904 644 026

Fax: 01904 629 091

Web: [www.alcoholics-anonymous.org.uk](http://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.

### **24 hour National Drugs Helpline**

Tel: 0800 776600

This helpline provides information and advice for anyone in the UK concerned about drugs.

### **Turning Point**

New Loom House, 101 Backchurch Lane, London E1 1LU

Tel: 020 7702 2300

Fax: 020 7702 1456

Email: [tpmail@turning-point.co.uk](mailto:tpmail@turning-point.co.uk)

Web: [www.turning-point.co.uk](http://www.turning-point.co.uk)

Turning Point exists to enable people with serious problems related to alcohol, drugs, mental health and learning difficulties to live a more independent life as part of their communities. Turning Point works in partnership with other agencies to develop innovative approaches to a wide range of care needs, aiming to provide an individual, positive and flexible response to the needs of all, regardless of gender, race and ethnicity, age or sexuality.

## Anxiety and Phobias

### **First Steps to Freedom**

7 Avon Court, School Lane, Kenilworth, Warwickshire CV8 2GX

Tel: 01926 864473

Fax: 0870 164 0567

Email: [info@firststeps.demon.co.uk](mailto:info@firststeps.demon.co.uk)

Web: [www.firststeps.demon.co.uk](http://www.firststeps.demon.co.uk)

First Steps to Freedom is a voluntary organisation offering help to those who suffer from phobias, panic attacks, general anxiety, obsessive compulsive disorders, and tranquilliser withdrawal. Their website offers comprehensive advice and information.

### **National Phobics Society**

Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester M15 4ZY

Tel: 0870 7700 456

Fax: 0161 227 9862

Email: [natphob.soc@good.co.uk](mailto:natphob.soc@good.co.uk)

Web: [www.phobics-society.org.uk](http://www.phobics-society.org.uk)

National Phobics Society is the largest anxiety disorders association in the UK, run by sufferers and ex-sufferers and supported by a high-profile medical advisory panel. The Society's website gives all round advice and info on anxiety disorders. The National Phobic Society helpline is open Monday to Friday from 10.30am to 4pm. Tel: 0870 7700 456.

## **Dementia and Alzheimer's**

### **The Alzheimer's Society**

Gordon House, 10 Greencoat Place, London SW1P 1PH

Tel: 020 7306 0606

Fax: 020 7306 0808

Email: [info@alzheimers.org.uk](mailto:info@alzheimers.org.uk)

Web: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

The Alzheimer's Society is the UK's leading care and research charity for people with all forms of dementia and their carers. Founded in 1979, the Society has 23,000 members and operates through a partnership between some 300 branches and support groups and the national organisations in England, Wales and Northern Ireland. The Society's website provides comprehensive advice and information on all forms of dementia. They also run a helpline, staffed by trained advisers, giving advice and support from 8.30 am to 6.30 pm, Monday to Friday. Tel: 0845 300 0336 (charged at local rates.)

## **Depression (including post-natal and manic depression)**

### **The Association for Post Natal Illness (APNI)**

145 Dawes Road, Fulham, London SW6 7EB

Tel: 0207 386 0868

Fax: 020 7386 8885

Email: [info@apni.org](mailto:info@apni.org)

Web: [www.apni.org](http://www.apni.org)

APNI is a registered charity offering support to mothers suffering from post-natal illness. The aims of the charity are to increase public awareness of the illness and to encourage research into its cause and nature.

**Depression Alliance**

35 Westminster Bridge Road, London SE1 7JB

Tel: 020 7633 0557

Fax 0207 633 0559

Email: [information@depressionalliance.org](mailto:information@depressionalliance.org)

Web: [www.depressionalliance.org](http://www.depressionalliance.org)

Depression Alliance is a charity offering help to people with depression, run by people with experience of depression. 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, and workshops, seminars, 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.

**Manic Depression Fellowship (MDF)**

Castle Works, 21 St George's Rd, London SE1 6ES

Tel: 020 7793 2600

Fax: 020 7793 2639

Email: [mdf@mdf.org.uk](mailto:mdf@mdf.org.uk)

Web: [www.mdf.org.uk](http://www.mdf.org.uk)

Established in 1983, the Manic Depression Fellowship is a national user-led organisation and registered charity for people whose lives are affected by manic depression (bi-polar 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.

**Eating Disorders****Eating Disorders Association (EDA)**

First Floor, Wensum House, 103 Prince of Wales Road, Norwich NR1 1DW

Tel: 01603 621 414

Fax: 01603 664 915

Email: [info@edauk.com](mailto:info@edauk.com)

Web: [www.edauk.com](http://www.edauk.com)

The Eating Disorders Association provides information, help and support across the UK for people whose lives are affected by eating disorders. EDA also runs self-help and support groups. A telephone helpline service is available from 9 am to 6.30 pm, Mondays to Fridays. Tel: 01603 621 414.

## Schizophrenia

### **Mind**

15-19 Broadway, London E15 4BQ

Tel: 020 8519 2122

Fax: 020 8522 1725

Email: [contact@mind.org.uk](mailto:contact@mind.org.uk) or [publications@mind.org.uk](mailto:publications@mind.org.uk)

Web: [www.mind.org.uk](http://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 info line is a confidential telephone helpline providing information about mental health problems, treatments and services. Open Mondays, Wednesdays and Thursday's 9:15 to 4:45pm. Tel: 084570660163

### **National Schizophrenia Fellowship (NSF)**

30 Tabernacle Street, London EC2A 4DD

Tel: 020 7330 9100

Fax: 020 7330 9102

Email: [info@london.nsf.org.uk](mailto:info@london.nsf.org.uk)

Web: [www.nsf.org.uk](http://www.nsf.org.uk)

NSF is a major UK charity dedicated to improving the lives of everyone affected by severe mental illness (such as schizophrenia, depression and manic depression). NSF 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. NSF 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 10 am to 3 pm. Tel: 020 8974 6814.



# Evaluation: Your Feedback is Valuable

Completing this short questionnaire will help us to ensure that future work on mental health issues in the workplace is as relevant and useful as possible.

Providing us with your details will enable us to update you on the mind out for mental health campaign.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**1. How often do you expect to use or refer to this toolkit over the next year?** Please circle a number on the scale:

1                      2                      3                      4                      5  
never                      sometimes                      frequently

**2. How do you think you are most likely to use the toolkit?**

for reference only                       read some sections                       use actively                       Other (please specify)

**3. Overall, how would you rank the usefulness of the toolkit?**

1                      2                      3                      4                      5  
not at all useful                      useful                      extremely useful

**4. Which elements of the toolkit are likely to be most useful to you (e.g. case studies, facts, resources, posters)?** Please specify:

**5. Any ideas for additional components in future editions?** Please specify:

**6. Can you briefly sum up the impact you think this toolkit is likely to have (if any) on you personally or on your organisation?** Please specify:

**7. Have you seen / heard any other mention of the 'working minds' initiative or the 'mind out for mental health' campaign?** Please specify:

**8. Have visited our website, [www.workingminds.net](http://www.workingminds.net) ?**

continued over...

Any final comments?

Thank you for your time. Your comments are important to us.  
Please tear off and seal this form, and send to our freepost address (no stamp required).

no stamp  
required

**mind out for mental health**  
Freepost LON15335  
London  
SE1 1BR

# Order Form

## Further copies of this toolkit

The majority of the **working minds** toolkit components are freely available in PDF format from our website. Log on to [www.mindout.net](http://www.mindout.net).

Limited additional printed copies of the toolkit are available by e-mailing: [mindout@forster.co.uk](mailto:mindout@forster.co.uk). When stocks run out, according to demand, additional printed copies may be available at a cost. Check out our website for details.

## Other campaign materials

The **mind out for mental health** campaign has produced a small range of materials, including:

- a basic awareness raising **leaflet** about mental health and discrimination (free).
- campaign **tags** to show that you **mind out for mental health** (free).
- a **card** to encourage people to monitor media coverage of mental health (free)

These materials can be ordered free of charge.

Email: [mindout@codestorm.co.uk](mailto:mindout@codestorm.co.uk)

Tel: 0870 4430930

Fax: 0870 4430931

The **Working Minds** research report was commissioned as part of the **mind out for mental health** campaign (see **Facts** for an executive summary). The report is a survey of workplace attitudes and behaviour surrounding mental health, with proposals for change. For full copies, please contact The Industrial Society (see **Resources**).