MHFA Line Managers' Resource

MHFA England

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This Line Managers' Resource was originally developed by Shift, the Department of Health's then programme to reduce the stigma and discrimination surrounding people with mental ill health in England, in partnership with the Department of Health, the Department of Work and Pensions, the Health and Safety Executive, the Cross-Government Health Work Wellbeing Delivery Unit and the Chartered Institute of Personnel and Development.

It was first published in 2007, and it built on an earlier guide, the Mind Out for Mental Health Line Managers' Resource, which was published in 2003. Shift produced the 2007 guide as part of its Action on Stigma initiative, which aimed to support employers in promoting good mental health and reducing discrimination.

The Line Managers' Resource has been revised and updated over the past ten years, including by Mental Health First Aid (MHFA) England in 2013. MHFA England has also developed this new, fourth, edition (2016).

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Foreword

We all have mental health and, just like our physical health, it needs looking after to ensure we stay well. The evidence shows that if people who are experiencing the early symptoms of mental ill health feel able to talk about them – particularly in the workplace – it can prevent these symptoms from developing into illness.

It is estimated that one in four people experience a mental health issue in any given year (1), and that at least one in six employees is depressed, anxious, or suffering from stress-related issues at any one time. The economic cost of mental ill health is estimated at £74—99 billion a year (2) – and the human cost is incalculable.

The good news is that learning more about our mental health and ways to get support can empower people to thrive. Informed organisational practices and skilled line managers play an important role in promoting wellbeing. The ability to spot worsening mental health among team members is based on knowing individuals when they are well, and having effective conversations with them. The role of the line manager is therefore key. It is line managers who are engaging with employees on a regular basis, making them ideally placed to promote wellbeing among all members of their team, whether they have a diagnosed mental health condition or not.

Much of this comes down to good management practice, but enlightened employers are also training line managers specifically in how to promote the mental wellbeing of their teams. For too long, stigma has fuelled misunderstandings around mental health that have prevented people from seeking support. The Line Managers' Resource is based on the understanding that mental health and wellbeing, like physical health, can be sustained and improved through some simple yet effective steps.

Communication is vital. We know that if someone experiencing mental ill health has a line manager who is comfortable talking about mental health and knows what support to provide or signpost people to, that individual feels better supported and is more likely to be able to continue working successfully. People who have experienced mental ill health are working effectively at all levels of seniority, in many different organisations.

Awareness of wellbeing at work is growing, and employers are putting in place many positive interventions – from healthy food in the canteen, to gym membership, to resilience training – to help promote wellbeing. Increasingly, workplaces that are supportive of employee wellbeing are seen as desirable places to work, contributing to improved engagement and employee retention.

Foreword cont.

Mental ill health is typically caused by a range of factors, from relationship problems, financial worries, or poor housing, to poor management and/or stress in the workplace. But whether the primary cause is home- or work-related, a healthy working environment – and, in particular, managers who are skilled in spotting early signs of mental ill health and providing appropriate support – plays a critical role in maintaining employee wellbeing.

A mentally healthy community is a productive and creative community. Mental health awareness and training must be part of a joined-up, bigger-picture approach to mental health and wellbeing. As a line manager, you will be able to use your knowledge most effectively if you have the full support of your organisation, clarity about your role, and enough time to dedicate to it. At our website, mhfaengland.org, you will find guidance for employers on a whole-organisation approach to workplace wellbeing (3).

By using the clear, concise guidelines in The Line Managers' Resource, organisations will help even more people who have a mental health issue not just to remain in employment, but also to flourish at work.

Together, we will make a positive change to conversations around workplace mental health. But as line managers, we must also look after ourselves. As Audre Lorde, the civil rights activist and poet said, 'Caring for myself is not self-indulgence, it is self-preservation'. So please take the time and energy to look after yourself as you support members of your team.

We welcome you to stay connected with us. On our website you can find blog posts from the MHFA England community, case studies of how organisations are using their training, and free downloads – including toolkits to support mental health at work and in your area. You can keep up to date by signing up to our newsletter at mhfaengland.org/newsletter-signup. You can also find us on social media by searching 'MHFA England' – follow us for self-care tips, the latest campaigns and mental health news.

Simon Blake OBE
Chief Executive
Mental Health First Aid (MHFA) England

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MHFA England

MHFA England is a community interest company and our social objective is to increase the mental health literacy of the whole population and, to this end, to train one in ten adults in England. MHFA England has worked tirelessly since its inception in 2006 to increase mental health literacy across England, and when Shift closed in 2011 we were proud to take on the responsibility for The Line Managers' Resource and we remain proud of our continued association with it.

The resource complements the work we do to train people in Mental Health First Aid. Thanks to our work there are thousands of Mental Health First Aiders in England who are skilled in spotting the early signs of mental ill health in their colleagues and confident about their ability to point them towards further sources of help and to support them in their recovery.

For any organisation, providing MHFA in the workplace is a matter of enlightened self-interest: it is part of being a responsible employer, but it also builds employee engagement, loyalty and productivity. There is also a direct financial consequence. The cost of mental ill health to UK business is huge: estimates suggest that around 70 million working days are lost every year because of mental health, costing Britain between £70bn and £100bn. (1) The cost of 'presenteeism' – people who come to work but are unproductive because they are unwell – could be higher still.

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1. The relationship between work and mental health and wellbeing

Facts and figures on mental health

- One in four people will experience a mental health issue in any given year. (2)
- Between one in five and one in six working age adults is depressed, anxious or experiencing stress-related problems at any one time. (2–4)
- The Chief Medical Officer estimates that around 70 million working days are lost every year because of mental ill health, costing Britain between £70bn and £100bn. (1)
- In 2014/15 anxiety, depression and stress accounted for 35% of all work-related ill health, and 43% of all working days lost to ill health, according to the Health and Safety Executive. (4)
- The Centre for Mental Health estimates that presenteeism accounts for 1.5 times more losses in productivity than absences. (5)
- One in five people take a day off due to stress, yet up to 90% feel unable to be honest about this being the reason for their absence. (6)
- Research from Time to Change found that 49% of respondents would feel uncomfortable talking to their employer about their mental health. (7)
- In a Bupa poll in 2014, 94% of business leaders admitted to prejudice against people with mental health issues in their organisation. (8)
- In a survey of UK adults 56% said they wouldn't hire someone with depression, even if they were the best candidate for the job, according to a report by Unum and the Mental Health Foundation. (9)
- Work is beneficial to physical and mental health: periods out of work can exacerbate a mental health condition because people feel isolated, forgotten and purposeless. (10)
- A mental health issue is not a sign of weakness; in fact it can be just the opposite. Determined, energetic, purposeful high achievers can be the most vulnerable, because they push themselves so hard. Winston Churchill, Isaac Newton, Charles Dickens and Ludwig van Beethoven all experienced mental health issues.
- Nine out of ten people with mental ill health experience stigma and discrimination. (11)
- A report from Bupa, based on You Gov research among 6,000 employees in a range of industries, found that one in five middle managers had felt stressed for more than a year and one in ten felt close to breaking point. Half the managers surveyed felt 'constantly worried' and four in ten had experienced depression as a result of being stressed. (12)

The World Health Organisation defines mental health as: "A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

Wellbeing is rather more difficult to define, but there is consensus around the following definition: "Being comfortable, healthy or happy."

Work plays a strong role in our mental health and wellbeing. There is a Maori proverb that 'work brings health' and the Royal College of Psychiatrists claims that work is central to many people's happiness. Not only does work give us the money we need to live, but it also provides social contacts and support, keeps us physically and mentally active, allows us to develop and use skills, gives us social status, a sense of identity and personal achievement, and provides a way for us to structure and occupy our time.

However, work can also make us unwell. Mental ill health is usually caused by a combination of work- and non-work-related factors: for example, the pressure of ongoing change at work and longer or more intense hours may be exacerbated by financial pressures at home, relationship problems and, given the ageing population, greater caring responsibilities. If the workplace is not supportive, it can trigger or exacerbate mental ill health, with anxiety, depression and stress-related disorders being the most common issues. Poor work environments, typically characterised by high demands, low levels of individual autonomy and poor support, can undermine the health and wellbeing benefits that 'good' work brings. In some cases the effect is toxic.

Employers are constantly seeking ways to maximise the productivity of their employees, and the enlightened ones understand that the way to do this is not to pile on the pressure, but to engage them and support them to work more effectively. Striking the balance between higher productivity and robust mental health is tricky, and it relies on strong understanding by organisations, and by well-trained line managers in particular, about how to create and maintain the conditions that support and encourage good mental health, and to recognise signs of ill health and provide appropriate support.

The stigma associated with mental health remains a major obstacle to the effective diagnosis and treatment of mental health conditions. It can prevent employees from talking to colleagues or managers about their problems because they fear discrimination. It may even prevent them from acknowledging to themselves that they have a problem. This, combined with a continuing lack of awareness and understanding among many organisations about how to tackle mental health in the workplace, conspires against many of the underlying issues being addressed.

The MHFA England Line Managers' Resource, in combination with MHFA England training, provides just the kind of practical guidance organisations need to overcome such obstacles. Both provide a practical step-by-step approach to help organisations create a healthy environment, introduce awareness-raising initiatives, identify the first signs of mental ill health and support staff who are experiencing an issue. If there is one key message we would emphasise, it is to create a climate where people feel confident to talk openly about the problems they are experiencing and trust their employer to do the right thing by them.

The relationship between work and mental health and wellbeing cont.

Organisational benefits of improved mental health

- Compliance with legislation such as the Equality Act 2010 and Management of Health and Safety at Work Regulations 1999.
- Reduced grievance and discrimination claims.
- Demonstrable corporate social responsibility.
- Reduced staff turnover.
- Reduced sickness absence.
- Reduced presenteeism.
- A healthier workplace.
- Better staff morale.
- More engaged and committed staff.
- Better customer service
- Skills retention.

What is mental ill health?
Mental ill health covers a variety of different conditions, ranging from depression, anxiety and stress-related disorders to schizophrenia and personality disorder. In the workplace the primary manifestations of mental ill health are anxiety, stress and depression which, although they may not be caused directly by work, are frequently exacerbated by it.

What do we mean by 'stress'?
The Health and Safety Executive (HSE) defines work-related stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them at work".

A certain level of pressure in a business environment is desirable. Pressure helps to motivate people and boosts their energy and productivity. But when the pressure someone is under becomes too much to cope with, that positive force turns negative and becomes stress. But people can also feel stressed when too few demands are made on them – when they are bored, under-stimulated or feel undervalued. Stress is not technically a medical condition, and most of us can cope with short bursts of stress, but research shows that prolonged stress is linked to mental health conditions such as anxiety and depression.

As we noted earlier, there is typically a complex interplay between the pressures people face at work and those they face at home. For example, someone who has suffered a bereavement or a relationship breakdown may be temporarily unable to cope with a workload that under normal circumstances they find eminently manageable. The line manager's attitude and approach to supporting that individual can have a significant impact on their attendance, behaviour and performance.

How an individual copes with pressure is determined by a variety of factors, including support systems at home and work, and their own personality and coping mechanisms. What may be too much pressure for one person at one particular time may not be too much for the same person at a different time or for a different person at any time.

Clearly, this resource is designed to help line managers prevent and deal with a broad range of mental health issues, rather than stress per se, but the way you manage staff who are experiencing pressures at home and/or at work will have a significant effect on their ability to cope with it, on their resilience and on their mental health. Management behaviour is often highlighted as a major factor by those suffering from work-related stress. Employees whose line managers have learnt good people management skills are more likely to develop healthier ways of coping with the competing pressures on their time. The result is higher levels of wellbeing and resilience, which can help to prevent more serious mental health issues.

What you can do to support your staff

- The organisations that are leading the way in understanding, identifying and supporting the need for good mental health in the workplace are investing in developing their managers. MHFA training is one way to educate managers and teams to spot the first signs of mental ill health and give them the knowledge and confidence to help colleagues in distress.

- The Health and Safety Executive (HSE) Management Standards use a risk assessment process to help organisations identify the extent and causes of employees' work-related stress, and suggest ways that everyone in the organisation can work together to prevent and manage stress more effectively.

- The Health and Safety Executive (HSE), Chartered Institute of Personnel and Development (CIPD) and Investors in People have also developed a stress management 'competency indicator' framework of tools to allow managers to assess whether they currently have the behaviours identified as effective for preventing and reducing stress at work.

The relationship between work and mental health and wellbeing cont.

Mental ill health: a short guide

As a line manager, you're not expected to be a medical expert. But this short guide is intended to give you a quick insight into why and how people become mentally unwell, and what they can do about it.

Anyone can develop mental ill health at almost any time in their life, just as they can a physical illness. Mental ill health is no respecter of age, background or circumstances. It can be triggered by a range of things – including ostensibly happy events like getting married, having a baby, getting a new job or being promoted.

- Starting a new job and working with new colleagues.
- A first job.
- A poor relationship with the line manager or boss.
- Getting married.
- Coping with increased workload or promotion.
- Bereavement.
- Having children.
- Health scares or physical illness.
- Divorce or relationship breakdown.
- Redundancy, or fear of redundancy.
- A change in the business.

Other things may cause mental ill health.

- Trauma, neglect or abuse in childhood.
- Body chemistry.
- Substance misuse.

Mental ill health affects different people in different ways, including the length of time they experience it for. In general, we categorise mental ill health as temporary, fluctuating or ongoing.

- **Temporary** – the person experiences the condition for a short time and recovers after treatment.
- **Fluctuating** – sometimes the person experiences the condition, and sometimes they don't.
- **Ongoing** – the person experiences the mental health condition all the time, but controls it through one or a combination of the following:
    - Medication
    - Talking therapies
    - Self-help
    - Practical support.

Common types of support are as follows.

- **Medication** – prescribed by a GP or psychiatrist, this may, for example, alleviate depression or anxiety by calming people down or combating sleeplessness or thought disturbance.
- **Talking therapies** – such as IAPT (Improving Access to Psychological Therapies), counselling, cognitive behavioural therapy (CBT) or psychotherapy. A GP, the mental health service or Employee Assistance Scheme may all afford access to these.
- **Self-help** – including learning mindfulness techniques and improving wellbeing through diet and exercise.
- **Additional practical support** – such as helping the individual to resolve financial issues, advising them on lifestyle choices (including diet and exercise) or pointing them in the direction of relationship advice or counselling.

Mind your language
Terminology is important when talking about mental health or dealing with someone who is experiencing a mental health condition. What may be appropriate language for clinicians may be less helpful for employers or job seekers. For the purposes of this resource, we generally use the phrase 'mental ill health' or 'mental health issue' to describe the distress someone is experiencing.

We avoid the term 'mental health problems' deliberately: we don't want to suggest to employers and others that someone experiencing mental ill health is necessarily a problem to themselves or to anyone else. Someone may have a mental health condition, either chronic or fleeting, but still enjoy wellbeing: the two are not incompatible.

In this sense (as in most senses) our mental health is no different from our physical health. Someone with a lifelong, long-term or fluctuating mental health condition may experience an acute phase that requires them to take time off from work for treatment or recuperation. At this point we refer to them as 'unwell'.

Many more people experience symptoms of distress – for example, sleeplessness, irritability or poor concentration, loss of or increased appetite, higher alcohol consumption – without having a diagnosable mental health condition. The key differences between the two categories are the severity and duration of the symptoms and the impact they have on everyday life.

Usually, a GP will be involved in diagnosing conditions and in prescribing or advising on treatment. But a clinical diagnosis doesn't dictate what an individual can or can't do; indeed, the way people experience and live with their mental health, along with the level of support they need, varies from person to person.

Everyone should have the opportunity to work, whatever their mental health. Mental ill health is common and most of us will either experience it, have experienced it, or know someone else who has experienced it. Mental ill health touches us all and should not be a barrier to treating people fairly, with respect and understanding.

The most helpful approach for a manager is to try to understand the mental health issues an employee is facing, but then put these in the context of their strengths and capabilities. That involves talking to them in order to get a clear understanding of what they can do, rather than what they can't do – which is the same strengths-based approach you would adopt for any employee.

The relationship between work and mental health and wellbeing cont.

The law and mental health

Relevant legislation

- Health and Safety at Work Act 1974 (HASWA)
- Human Rights Act 1998 (HRA)
- Management of Health and Safety at Work Regulations 1999
- Equality Act 2010
- Mental Health (Discrimination) Act 2013. (This removed legislative barriers to people with mental health issues being company directors.)

The Equality Act 2010

The Equality Act 2010 consolidates and replaces previous legislation (such as the Equal Pay Act 1970, the Race Relations Act 1976 and the Disability Discrimination Act 1995). It was introduced to afford consistent protection to nine different groups. The 'protected characteristics' are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender and sexual orientation.

Under the Act a mental health condition is considered a disability if it has a long-term effect on someone's normal day-to-day activity. A condition is deemed 'long term' if it lasts, or is likely to last, for 12 months or more. 'Normal day-to-day activity' is defined as something someone does regularly in a normal day, such as using a computer, working set times or interacting with people.

There are many different types of mental health condition that can lead to a disability, including:

- anxiety disorder
- bipolar disorder
- depression
- eating disorder
- obsessive compulsive disorder (OCD)
- personality disorder
- post-traumatic stress disorder (PTSD)
- postnatal depression
- schizophrenia
- self-harm.

If someone's mental health condition means they are disabled it has a number of implications for their employer.

- You can't discriminate against them (under the Equality Act 2010).
- You have to make 'reasonable adjustments' (see section 6) so that the individual is not disadvantaged compared to non-disabled people.
- They may be entitled to Statutory Sick Pay (SSP) up to 28 weeks and, if they aren't, or their illness continues for longer than this, they can apply for relevant sickness benefits.
- You can't dismiss them nor select them for redundancy purely because they are disabled.

Other key legislation and strategic guidance relating to mental health

The Five-Year Forward View for Mental Health (2016) - strategic guidance by the Mental Health Taskforce, set up in 2015

Crisis Care Concordat (2014)

Health and Social Care Act (2012)

Preventing Suicide in England (2012)

No health without mental health (2011) - a cross-departmental government strategy designed to improve mental health outcomes for people of all ages.

In most cases people's mental health issues derive from a combination of work and non-work related issues. Because it is impossible to disentangle the impact of various factors on mental health, it is in employers' interests to support their employees whatever the original cause or trigger. Treating staff well not only keeps them productive, it also increases their engagement with the organisation.

How to use this resource

This resource is written for managers. We recognise that workplace settings are very diverse, but much of this guide is universally relevant. It offers managers practical advice on managing and supporting all staff, not just those who are experiencing anxiety and stress-related disorders, two of the most common workplace manifestations of mental ill health.

We have designed the resource in modules so that you can go directly to the section that is most useful. Underpinning everything is the importance of open, trusting dialogue. The resource suggests practical steps that managers and employees can take together to do the following:

- Match job requirements with an employee's capabilities
- Talk when an employee shows signs of distress
- Keep in touch during sickness absence to offer support and plan for the return to work
- Achieve a successful return to work
- Support an employee to manage a long-term illness while staying in work
- Access sources of support and information.

The resource provides the following things:

- Advice and information on how best to promote and sustain the mental wellbeing of employees
- Practical guidance on how best to manage situations arising from episodes of mental ill health
- Strategies to combat the fear and lack of understanding around engaging with someone experiencing mental ill health.

Employer and employees have a joint responsibility to safeguard employees' mental wellbeing. We recommend, therefore, that both managers and their teams attend an MHFA training course in order to better understand how to support themselves as well as others. As we noted above, line managers are arguably the most vulnerable when it comes to experiencing anxiety and stress-related disorders, because they are squeezed from above and below. MHFA-trained teams are healthier and more resilient because team members are mutually supportive.

2. Promoting wellbeing

By tackling the issue of mental health in the workplace from the starting point of promoting wellbeing you may find that in itself begins to address some of the stigma and stereotypes associated with mental ill health, and achieve early buy-in from staff. If employees are more aware of what 'wellbeing' is, what the benefits are, and how they can achieve it, they will be better equipped to look after themselves and be more sensitive to the needs of others.

Much of this comes down to good general line management skills, as guidance from the National Institute for Health and Care Excellence (NICE) in 2009 indicates. The guidance aims to help employers to promote wellbeing through productive and healthy working conditions.

The five recommendations cover, among other things, the role of line managers, and flexible working. Among other things, they advise employers to do the following.

- Promote a culture of participation, equality and fairness that is based on open communication and inclusion

- Use frameworks such as Health and Safety Executive Management Standards for work-related stress (see section 1) to promote and protect employee mental wellbeing

- Consider particular models of flexible working that recognise the distinct characteristics of micro, small and medium-sized businesses and organisations.

The recommendation governing the role of line managers is particularly pertinent to the Line Managers' Resource.

NICE recommends that organisations should strengthen the role of line managers in promoting the mental wellbeing of employees through supportive leadership styles and management practices. This would involve the following.

- Promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching.

- Ensuring that policies for the recruitment, selection, training and development of managers recognise and promote these skills.

- Ensuring that managers are able to motivate employees and provide them with the training and support they need to develop their performance and job satisfaction.

- Increasing understanding of how management style and practices can help to promote the mental wellbeing of employees and keep their stress to a minimum.

- Ensuring that managers are able to identify and respond with sensitivity to employees' emotional concerns, and symptoms of mental health issues.

- Ensuring that managers understand when it is necessary to refer an employee to occupational health services or other sources of help and support.

- Considering the stress management competency indicator framework developed by the Chartered Institute of Personnel and Development (CIPD), the Health and Safety Executive and Investors in People as a tool for management development (see section 1).

Full NICE guidance 'Mental wellbeing at work' is available at: www.nice.org.uk/guidance/PH22

Line managers should pay close attention to these guidelines, given the fact that they are invariably seen as the cause of much workplace stress and anxiety. But in addition to improving their practice generally, they need to focus specifically on other ways of boosting the wellbeing of their teams. They are not expected to have specialist knowledge of mental ill health, but they are well placed to help all of their team by providing information on how they can look after their mental wellbeing and where to access services and support.

One of the easiest first steps towards improving the mental health of your workforce is to discuss with them issues that might affect their wellbeing. These may or may not be purely work related. For example, sometimes people don't know that making healthy choices, like eating a balanced diet, taking exercise and having a sensible work-life balance, can protect their mental health in the same way that it does their physical health.

Running wellbeing events, creating space in team meetings and supervisions or appraisals to talk about how everyone is feeling, and ensuring key messages about wellbeing are reinforced throughout the organisation – especially by senior management – all show a genuine commitment to investing in a healthier work environment. Wellbeing Champions and Health and Wellbeing teams within organisations can also focus on leading improvements in the workplace.

But arguably the most important thing you should do as a manager to promote and safeguard the wellbeing of your team is to ensure that despite mounting pressure to 'achieve more with less' no one feels overwhelmed, and that you provide the help and support they might need to mitigate this pressure.

Everyone feels under pressure at some time, and pressure can be a spur to perform. It is sustained, unrelenting pressure that creates the stress associated with mental ill health.

Tips for supporting the wellbeing of your team

- Develop a work culture where everyone is treated with respect and dignity and issues such as bullying and harassment are not tolerated.

- Develop a culture where open and honest communication is encouraged and support and mutual respect are the norm. Encouraging an ethos whereby staff know that it's OK to talk about mental health and that it is safe to disclose their experiences will help to reduce the stigma and stereotypes associated with it. It will also allow staff to tell inform you of any adaptations you need to make to working practice to help them do their job.

- Give employees more control over their work and how they do it. Lack of autonomy is a major cause of stress.

- Ensure that the employee has the right level of skills for the job.

- Make sure that staff have a manageable workload.

- Operate flexible working hours so that employees can balance the demands of home life with work.

- Audit the work environment for physical stressors such as flickering lights, and eliminate them.

2. Promoting wellbeing cont.

Five Ways to Wellbeing

As part of the government's 2008 Foresight Project on Mental Capital and Wellbeing, the New Economics Foundation (NEF) researched and developed what it calls 'The Five Ways to Wellbeing' - a set of evidence-based, everyday actions that can boost our wellbeing. They are a deceptively simple recipe for improving mental health, and as relevant to line managers themselves as they are to their teams.

1. Connect. Evidence shows that feeling close to and valued by others, whether at home, work, school or in the local community, is a basic human need. So connecting with family, friends, colleagues and neighbours is essential to our wellbeing. NEF advises people to think of these as the cornerstones of their lives and to invest time in developing relationships with them. The return on that investment is a set of connections that will support and enrich people on a daily basis.

2. Be active. Exercising makes us feel good, whether it's a walk or a run, playing a game, dancing, cycling or gardening. The trick is to find activities that we enjoy and that are appropriate to our mobility and fitness, and to build them into our daily lives.

3. Take notice. "Be curious. Catch sight of the beautiful. Remark on the unusual," advises NEF. "Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends." Being aware of the world around us and what we are feeling is at the heart of what has come to be known as mindfulness'. And if we can reflect on our experiences it helps us to appreciate what matters to us.

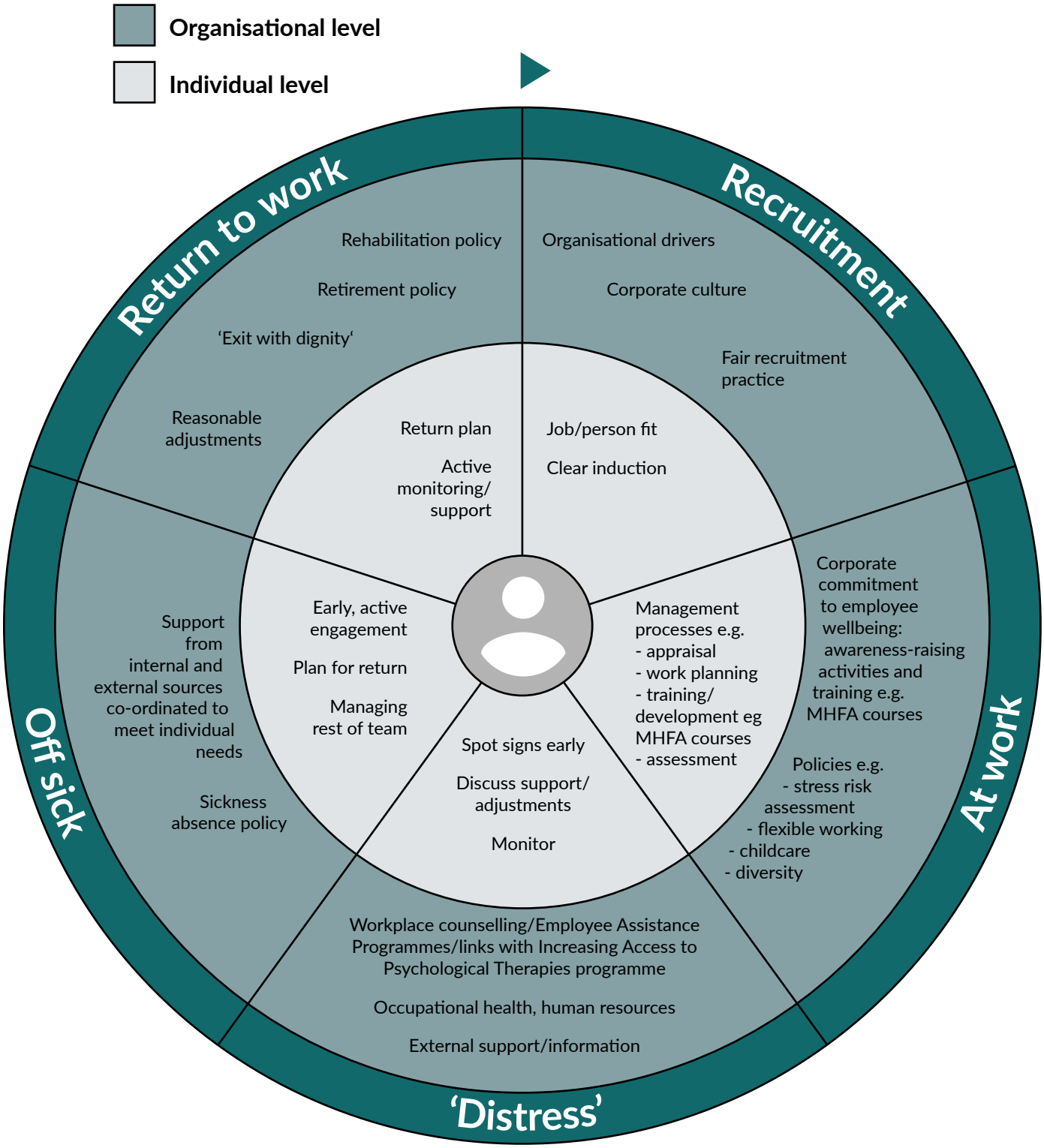
4. Keep learning. Trying something new, picking up an old interest or signing up for a course we've been thinking about for a while provides the kind of stimulus that is essential for wellbeing. At work that might mean taking on a new responsibility or role or doing some training. At home it could be learning how to fix a bike, experimenting with a new recipe or learning to play an instrument. We need to set ourselves challenges that we will enjoy achieving. Learning new things is both enjoyable and confidence boosting.

5. Give. Happiness research has found that doing an act of kindness once a week for six weeks is associated with an increase in wellbeing. And many of us will have experienced the surge of wellbeing that comes from doing a fundraising event such as a run or cycle ride. Just thanking someone or smiling at them is a form of giving, and volunteering your time can be incredibly rewarding. Giving also creates connections with others - which is an example of how these 'Five Ways to Wellbeing' are linked.

A holistic approach to wellbeing at work
The chart below presents some ideas for a holistic approach to wellbeing. It is based around an employee's journey within an organisation and how their experience can be positively shaped at an individual level by their line manager, and also at an organisational level, from the point they are first recruited, through a mental ill health episode and then back into work.

The chart recognises that each employee's journey is different and that the support provided operates at different levels and in multiple ways.

Chart: An holistic approach to managing an individual



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

2. Promoting wellbeing cont.

- At the organisation level, for example, it is good to have policies, structures and appropriate processes in place to cope with an employee's physical and/or mental ill health as it should arise.

- But it is equally important that managers observe what is happening at work on a day-to-day basis, and to keep a close eye in particular on the interaction between the employee and their immediate manager and colleagues or team.

Again, most of the ideas presented here are just good management practice. But what enlightened organisations do is encompass mental wellbeing within the boundaries of normal working life, rather than focusing on it as 'out of the ordinary' and therefore potentially stigmatised.

The remaining sections of this guide explore in more detail how line managers can support their employees through this journey.

3. Recruitment and promotion

In this section we offer some practical guidance to managers on how to manage the recruitment or promotion process for someone who has or has had a mental health condition. Under discrimination law, an employer has a duty to assess whether the candidate is the best person for the job on the basis of their skills, aptitudes and experience. As part of this, they must fairly assess the capability of a person with mental ill health to do the job, taking into account any 'reasonable adjustments' (see section 6) they will be required to make.

Some people are prepared to openly acknowledge their experience of mental ill health, whereas others fear that doing so might jeopardise their current job, or future job prospects, and therefore don't declare it. Under the terms of the Equality Act 2010, they are under no obligation to tell an employer about a mental health condition, whether or not it is classed as a 'disability'.

Nailing some myths

Many people still assume that someone experiencing mental ill health won't be able to cope at work, but neither a diagnosis nor the severity of someone's symptoms predict their ability to succeed in a job. The vast majority of people who have experienced, or are experiencing, mental ill health can work successfully.

Evidence also shows that employers who, after a fair recruitment process, have appointed the right person for the right job, find no difference between the performance of people who have or have had a mental health condition and those who don't/haven't.

Pre-employment questionnaires

Some organisations use a pre-employment health questionnaire as part of the recruitment process. This often includes questions on mental health status and/or asks for explanations for long periods away from work. We would strongly advise employers not to do this. Under the terms of the Equality Act 2010, the general position is that it is unlawful for an employer to ask any job applicant about their health or disability unless and until the applicant has been offered a job.

3. Recruitment and promotion cont.

There are, however, a few specific circumstances when employers can ask questions about health and disability.

- To establish whether the applicant can take part in an assessment to determine their suitability for the job.
- To determine whether the employer needs to make reasonable adjustments to enable a disabled person to participate in an assessment during the recruitment process.
- To find out whether a job applicant would be able to undertake a function that is intrinsic to the job.
- To monitor diversity among job applicants.
- To support 'positive action' in employment for disabled people.
- If there is an occupational requirement for the person to be disabled.

More detailed information is available in a report from the Government Equalities Office called *Equality Act 2010: What do I need to know? A quick start guide to the ban on questions about health and disability during recruitment*.

The full guidance can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85013/employment-health-questions.pdf

The Government Equalities Office guidance is very clear.

- An employer cannot refer an applicant to an occupational health practitioner or ask an applicant to fill in a questionnaire provided by an occupational health practitioner before a job offer is made.
- Questions about previous sickness absence are classed a questions that relate to health or disability and must not be asked.
- Employers must ensure that information on health or disability obtained for the purpose of making reasonable adjustments during the recruitment process does not form any part of the decision-making process about whether or not to offer a job.
- Employers should keep any information on disability and health that has been obtained for the purpose of making reasonable adjustments during the recruitment process separate from other information.
- An employer cannot ask questions about whether any reasonable adjustments need to be made to carry out the job itself under after they have actually offered the applicant a job.

Often the greatest barriers faced by people who are known to have experienced mental ill health is being denied the opportunity to prove their effectiveness. The Equality Act 2010 is designed to prevent this happening. And because mental health conditions and previous absences are not reliable indicators of future illness, sickness absence – or indeed, an individual's ability to do a job – the Act also reduces the chance that employers inadvertently miss out on talent through discriminatory recruitment practices.

By using the HSE Management Standards (see section 1) you can do a risk assessment for the job in respect of work-related stress. You can then review this assessment should problems develop during employment, and use it as the basis of a referral to occupational health or other health professionals.

What should you do when a potential employee discloses their mental ill health after you've offered them the job?

It shouldn't really make any difference. But at least if they tell you, you can make any necessary reasonable adjustments to the workplace environment before they start work. A clinical diagnosis doesn't necessarily indicate what a person can or can't do, and the level of support, if any, they might need will vary from person to person.

However, if you work in a larger company an occupational health check with the new employee may provide the opportunity to discuss both reasonable adjustments and how to manage any future potential episodes of mental ill health.

If you don't have an occupational health service, you should ask the employee directly if they require any kind of adjustment or additional help. You can then seek advice if you need further professional guidance.

Managers and occupational health advisers should not do either of the following.

- Ask for information about treatment, the history of the illness, or any other information that is not relevant to the work situation.

- Assume that a person with mental ill health will be more vulnerable to workplace stress than any other employee.

Sometimes a potential employee won't tell you about their mental ill health. Indeed, some people with mental ill health are too frightened of discrimination to apply for jobs at all. It is vital, therefore, that employers make every effort to create an environment where potential new employees feel able to communicate their individual needs and abilities. Otherwise the organisation could miss out on valuable talent, and talented individuals won't be able to fulfil their potential.

- It is good practice to include a positive statement about employing people with disabilities in job advertisements in order to ensure the recruitment process is fair.

- If a person with mental ill health fulfils all the selection criteria, their health should not be a barrier.

- Ensure that you can give fair and truthful justification to a person with mental ill health or a disability who is turned down.

- Make sure you understand and have policies and practices in place to manage reasonable adjustments.

4. Identifying the early warning signs and talking at an early stage

In essence there are four broad categories of people in any workplace.

- People with a mental health diagnosis who are healthy and performing well because they are managing their condition through medication, counselling, support at work and so on.

- People with a diagnosis who are unwell.

- People with no diagnosis who are well.

- People with no diagnosis but who are very unwell and may not even realise it, but whose performance is likely to be impaired. This group is at the highest risk of suicide.

Line managers should know their team better than anyone. They are therefore ideally placed to spot the early warning signs that someone is mentally unwell. There will be times when you notice that someone whom you manage is behaving out of character or seems unhappy. Some of the key things to look out for are changes in an employee's usual behaviour, such as poor performance, tiredness or increased sickness absence. You might notice they are smoking or drinking more, or taking drugs, or experiencing problems with colleagues. A normally punctual employee might start turning up late, or, conversely, they might start coming in much earlier and working later. Other signs might be tearfulness, headaches, loss of humour and mood changes. See the box for a more extensive checklist.

Early warning signs of mental ill health

Here's a list of behaviours and warning signs to watch out for.

- Not getting things done – missing deadlines or forgetting tasks.
- Erratic or unacceptable behaviour.
- Irritability, aggression, tearfulness.
- Complaining about the workload.
- Being withdrawn and not participating in conversations or out-of-work activities.
- Increased consumption of caffeine, alcohol, cigarettes and/or sedatives.
- Inability to concentrate.
- Indecision.
- Difficulty remembering things.
- Loss of confidence.
- Unplanned absences.
- Arguments/conflicts with others.
- Increased errors and/or accidents.
- Taking on too much work and volunteering for every new project.
- Being adamant they are right.
- Working too many hours – first in, last out/emailing out of hours or while on holiday.
- Being louder or more exuberant than usual.
- Negative changes to ways of working or socialising with colleagues.

Physical signs might include the following.

- Constant tiredness.
- Sickness absence.
- Being run down and frequent minor illnesses.
- Headaches.
- Difficulty sleeping.
- Weight loss or gain.
- Lack of care over their appearance.
- Gastrointestinal disorders.
- Rashes/eczema.

4. Identifying the early warning signs and talking at an early stage cont.

One of the most important things you can do as a line manager is know your people – that way it's easier to spot when something's wrong. If you do perceive a potential problem with an individual, try to establish whether certain tasks, work environments, times of the day or particular team dynamics are contributing to their distress. If the problem persists for more than a few days, find a way to talk to them about it. Be aware that the employee him – or herself may not even recognise what's happening to them, pretend it's not happening, or feel anxious about seeking help.

Recognising colleagues' difficulties at an early stage makes it easier to help them and provide appropriate support. Investing time and effort in promoting the mental and physical wellbeing (the two are linked) of your staff will be repaid many times over in terms of enhanced morale, engagement, loyalty and productivity.

Presenteeism

Presenteeism is a term used to describe someone at work who is not working to their full capacity because of ill health. A report in 2010 from The Work Foundation, *Why do employees come to work when ill?* found that the reasons for presenteeism include the following.

- Pressure from managers and colleagues, especially in environments where attendance management policies (which are designed to reduce sickness absence) are in place.
- Stress.
- Personal financial difficulties.
- A sense of responsibility for their work and to their team – factors that are compounded by having no one to cover their workload in their absence.

Presenteeism, whatever the reason for it, may be a sign of mental distress which, left unchecked, could lead to even more damaging (and costly) stress and mental health-related problems.

Successive Absence Management reports from the Chartered Institute of Personnel and Development (CIPD) indicate that presenteeism is on the rise, and that the cost to employers is already much higher than that of absenteeism.

Taking no sickness absence has traditionally been seen as a virtue. Instead it is contributing to mental ill health. Instead of attempting to 'crack down' on sickness absence, line managers need to look at the reasons for it and talk to people who are coming to work ill. Both absenteeism and presenteeism could be early warning signs of mental ill health.

Using everyday management procedures to identify problems and needs

If any employee is experiencing mental ill health at work, ideally they should feel able to raise this with you, as their manager. Regular work planning sessions, appraisals or informal chats about progress are the kind of everyday management processes that provide neutral and non-stigmatising opportunities to talk about any problems they may be experiencing. But if they don't bring up an issue, and you have noticed a change in their behaviour that you think might indicate they are becoming unwell, you need to find a way of broaching it.

Be aware that a sudden dip in performance or punctuality are likely to be signs of a deeper underlying problem, so it is inappropriate and unhelpful to take a hard line approach. You clearly need to talk about the issue at an early stage, but ask questions in an open, exploratory and non-judgemental way. For example: "I've noticed that you've been arriving late recently and wondered how you are?" That gives the employee the opportunity to express their concerns in their own way.

If you listen and are empathetic, positive and supportive, an employee will feel more able to open up and be honest with you, which then makes it easier for you to offer the help they need. Frame the conversation in the context of exploring the issues and working out how you can help.

Sometimes your concerns may be such that you need to have a conversation outside the regular informal chats. Think carefully about how, when and where to have the conversation.

- Ask for a private meeting at a mutually convenient time and give yourself plenty of time so you don't have to rush or are perceived to be in a hurry.

- Meeting outside the office – in a coffee shop, for example – might feel more private and less intimidating.

- Back up your concerns over particular behaviours or performance with concrete examples, dates and times

- You don't want to be disturbed, so turn your phone off or onto silent.

- When you ask them how they are, don't take 'I'm fine' for an answer. Be prepared for them to be evasive or defensive. Use specific examples to underpin your concern and move the conversation forward.

- Mind your language. Say 'I' not 'we' to avoid the employee getting the impression that 'everyone is talking about them'.

- Reassure them that you are there to help them, not censure. This is not a disciplinary meeting and they aren't in trouble. If they get upset, let them take their time, and resist the temptation to offer water or tissues as they may perceive that as an attempt to stop them. They will tell you when they are ready to continue.

- Listen to them in a non-judgemental way (see panel/box).

- Don't be tempted to rush into action. Tell the employee you need to reflect on what you've heard. Thank them for talking to you, reassure them that you will sort it out between you and fix another time to talk. Switching to the pronoun 'we' at this stage is helpful, because it includes them.

4. Identifying the early warning signs and talking at an early stage cont.

Non-judgemental listening

The listener uses verbal and non-verbal listening skills to:

- Hear and understand exactly what's being said.
- Allow the person to speak freely and comfortably without feeling judged.

It requires three key attributes.

- Acceptance – respecting the person's feelings, experiences and values although they may be different from yours. Not judging or criticising because of your own beliefs and attitudes. You accept them as they are.
- Genuineness – showing that you accept the person and their values by what you say and do. You don't make a moral judgement.
- Empathy – the ability to place yourself in the other person's shoes and demonstrate to them that you hear and understand what they are saying and feeling. You get on their wavelength.

It requires a combination of verbal and non-verbal skills.

Verbal

- Listen without interrupting.
- Pay attention.
- Ask appropriate questions to make sure you are both clear about what is being said.
- Listen to the words and the tone of voice and observe the body language.
- Check you understand what the person is saying by restating it.
- Summarise facts and feelings.
- Use minimal prompts ('Mmm', 'Ah', or 'I see') to keep the conversation moving.
- Don't worry about pauses or silences, as the person may be simply thinking or temporarily lost for words.
- Avoid the temptation to fill the silences as you may break their train of thought or the rapport between you.

Non-verbal

- Be attentive.
- Keep appropriate eye contact (don't stare or avoid their eyes).
- Maintain an open body position.
- Sit down even if the other person is standing, to make you seem less threatening.
- Try not to sit directly opposite the other person, which can seem confrontational.

Understanding patterns of absence

If someone is having frequent short bursts of sickness absence, giving a variety of reasons such as stress, migraines and back pain – or, indeed, if they give no reason – they may have an underlying, mental health issue that you need to discuss with them.

But if you are going to look systematically at patterns of absence for employees, they need to be able to trust you, and feel reassured that your motive is not to castigate them but to help them work healthily. Therefore, once you're reviewed absence patterns you may need to communicate with staff what changes you are going to make to improve people' health and wellbeing at work generally.

Engaging with someone who is reluctant to talk about their mental health

Sometimes you have to work quite hard to get an employee to open up the problems they are experiencing. This is likely to mean that you need to step up the dialogue.

- Reassure the employee that you will treat anything they tell you in confidence, except where there are issues that pose a health and safety risk to either them or others.

- Consider why they might be reluctant to talk.

    - Are they worried about being judged, or that they might lose their job?

    - Is it really safe to be open with you?

    - Will you treat any disclosures they make sympathetically and positively?

If this employee has seen others with similar problems being discriminated against, their caution is understandable.

- Meet the person somewhere private – perhaps in a place of their choosing, where they feel comfortable.

- Ask them if they'd like to bring an advocate – maybe a trusted colleague, friend or family member – to support them. Indeed some people might find it easier to talk to someone other than you in the first instance – someone of the same age, gender or ethnicity, or at least someone who is not their line manager. Ask them who they would choose.

- In larger organisations you might enlist the help of occupational health (OH). However, the employee may be reluctant to talk to OH. Whatever the approach, you need to communicate clearly with OH to ensure that contact with the employee is co-ordinated and supportive.

- All three parties must be clear about confidentiality boundaries and who will be told what.

- Deal with hurtful gossip or bullying promptly and effectively. You have a legal duty to ensure that employees are not bullied or harassed on account of any disability or additional needs.

- If the employee finds it too difficult to talk now, reassure them that your door is always open.

4. Identifying the early warning signs and talking at an early stage cont.

Issues to raise with an employee who is experiencing mental ill health

- Ask open questions about what is happening, how they are feeling, what the impact of the stress or mental ill health is. Ask them what solutions they think there might be but appreciate that they may not be able to think clearly about solutions while experiencing distress.

- How long have they felt unwell? Is this an ongoing issue or something that an immediate action could put right?

- Discuss whether work has contributed to their distress. Listen without passing judgement and make sure you address their concerns seriously.

- Are there any problems outside work that they would like to talk about and/or it would be helpful for you to know about? However, don't put pressure on the employee to reveal external problems if they appear reluctant.

- Are they aware of possible external sources of support, such as relationship or bereavement counselling, drugs/alcohol services/advice, legal or financial advice?

- Ask them if there is anything you can do to help, and make sure that they are aware of any support that the organisation may provide, such as referral to occupational health, counselling, Employee Assistance Programmes (EAP), brief psychological therapies, health checks and so on. Make sure they know that if they take advantage of any of this help, it will be confidential.

- Is there any aspect of their medical care that it would help you to know about? (For example, their medication could have side-effects that affect their work.) While you have no right to this information, they need to understand that you can't make 'reasonable adjustments' if you don't understand what the problem is.

- Do they have ideas themselves about the kind of adjustments to their work – either short- or long-term – that might be helpful?

- Do they have any ongoing mental ill health that it would help you to know about? If so, is it useful to discuss their established coping strategies and how the organisation can support them? (See section 6 for more information.) It is up to them whether they want to reveal this, but again, you can explain that doing so will make it easier for you to make reasonable adjustments.

- Establish precisely what they want their colleagues to know, and who will communicate this. An inappropriate breach of confidentiality or misuse of the information they have told you might constitute discrimination.

- Agree what will happen next and who will take what action.

- Record all conversations accurately, and provide employees with a copy to ensure you both agree that it is an accurate record. This protects the organisation and the employee and allows you to monitor progress against agreed actions.

Try to be sensitive to the level of information and support the employee can cope with at a given time. In the midst of a crisis they may not be able to think clearly or absorb information. The important points are to talk to them, reassure them their job is safe, state positively that all help, assistance and support will be offered, and affirm that the discussion will continue at a pace that suits them.

Problems can build up over time and while you may feel the pressure to take action immediately, it might be better to reflect and consider the options. Together with the employee in question, try to distinguish between what's urgent and what's important.

You might also consider whether the employee has been affected by an issue that may affect others in the team/organisation, such as the threat of redundancy. If this is the case you need to carry out a stress risk audit and address any issues that emerge together with other departments, such as health and safety or HR.

Things to consider when an employee appears or says that they are 'stressed'

The term 'stress' is not always helpful as it means different things to different people. We all feel under pressure some of the time but not everybody suffers the adverse reaction of stress, or the same level of stress. We all react differently: the same amount of pressure can spur one person to perform at a higher level and another person to underperform. What's motivating for one is a hindrance for another.

Also, someone's ability to work under pressure may vary according to what's happening outside work. Most people can cope with short bursts of stress, but prolonged stress is linked to mental health conditions such as anxiety and depression.

The employer has a legal duty to ensure that work doesn't make employees ill. Failing to assess the risk of stress and mental ill health and to take steps to alleviate them could leave you open to costly compensation claims. There is now considerable case law in this area.

Fortunately, employers are usually able to make adjustments easily and relatively cheaply: after all, most adjustments come down to good management practice that will help others, not just the particular employee in question.

For more information about good management practice, including risk assessment, on work-related stress, see the HS website (www.hse.gov.uk/stress). You may also want to make use of the Workplace Pressure Support Plan tool overleaf.

But managing the mental health of your workforce is about much more than legal compliance. Investing now in ensuring your workforce is confident and able to support themselves and each other pays off not just in financial terms, but also in team morale, productivity and loyalty.

4. Identifying the early warning signs and talking at an early stage cont.

Managing an employee who becomes tearful and upset

Emotions are a natural part of life and sooner or later it is likely that a member of your staff will become upset. This can happen for any number of reasons and can be connected to something at work or outside work. When this situation arises do the following.

- Stay calm.
- Reassure them that it is OK to be upset and that you are listening. In fact, the process of listening may provide an important space for both you and the employee to gain insight into the problem and possible actions to help resolve it.
- Ask them if they would like you to contact anyone or if they would like someone to be with them.
- Make sure you give them an appropriate space where they can express emotion freely and compose themselves in privacy.
- Alternatively, you might suggest that you both leave the building for a short time, and have a hot drink or a short walk to give them time to collect themselves. They may choose to go on their own, but it is advisable to accompany them – or have someone else of their choosing to accompany them – if they are still very distressed.
- Respect their wishes. Once they have recovered sufficiently, they may want to carry on working. Alternatively they might want to take a break or even go home.
- Reassure them that you value them and support them, because they might feel embarrassed at breaking down.
- Don't ignore someone who's upset, even if you're worried about how they will react to your intervention. Doing nothing may make the situation worse.

Workplace Pressure Support Plan

If an employee tells you that they feel 'stressed', under too much pressure or if you have noticed some signs that they may be having some difficulties coping, you can use this action plan to help structure a conversation and record any suggested solutions or actions.

Remember that what may feel like a reasonable amount of pressure to one person could be overwhelming to another. It is important to respect the way someone tells you they feel and treat any issues as real and warranting support.

There are several key sources of pressure at work which could lead to stress either individually or in combination.

- Demands – workload, targets, time pressures, working patterns, balance etc.

- Control – inability to have an adequate say over how a job is done

- Role – lack of clarity or understanding how a job fits into the team and wider organisation, lack of skills or training needed for a job

- Relationships – negative working relations or lack of support from managers, customers, colleagues etc.

- Change – job insecurity, uncertainty or relentless, fast-paced change

Of course, issues at home could also be a problem and it's important to recognise this may impact on the employee at work and offer support where possible.

Having a conversation need not be difficult or embarrassing and doing something about a problem doesn't need to be time consuming or expensive. In fact, getting the issues out into the open and agreeing a way forward is the most effective action. Putting support in place early to deal with any issues could prevent the problem escalating and having a larger impact on both the individual and the team.

The action plan overleaf can be used to record the issues raised, identify the sources of the problem where possible, any actions agreed to help along with timescales for review. This can be used to support an employee at work and could be at an informal 1:1, return to work discussion or formal appraisal. You can keep this record and review it with the employee as required.

4. Identifying the early warning signs and talking at an early stage cont.

Employee concerns	Impact at work	Suggested solutions	Action agreed	Review
What does the employee believe are the main issues?	How are the issues affecting the employee at work?	What could solve the issues? (manager and employee)	What actions have been agreed & why? (for manager and employee)	Review date of actions in place

By signing, the manager and employee agree the notes are a true reflection of the discussion and agree to complete the agreed actions without unreasonable delay.

Name of Line Manager

Name of Employee

Signed by line manager

Signed by employee

Date

Date

Managing the rest of the team

Be aware of the effect one employee's mental ill health could have on the rest of the team. They may respond to:

- The person's particular symptoms or behaviour while unwell.
- Any reasonable adjustments that are made.
- An increased workload as a result of the person not being well enough to work.

In these instances it would be advisable to do the following:

- Be as honest and open with the team as confidentiality issues allow.
- Identify working conditions that may have an adverse effect on the wellbeing of the team, and change them where necessary.
- Create an environment where staff can air their concerns openly. This helps prevent gossip about and resentment towards the member of staff who is off work due to mental ill health.
- Treat all staff fairly in order to sustain their engagement. If you offer flexible working hours as a 'reasonable adjustment' for a member of staff experiencing mental ill health, for example, then it may be appropriate to offer the same to all staff. The wellbeing of the whole team is paramount, and employees who feel stable and supported, whatever their mental or physical health, will be more engaged, loyal and productive.

Recognising when the individual needs professional or clinical help

Someone does not have to be 100% well in order to work and, as stated earlier, in general work is good for people's mental health. However, in some instances an employee is simply not well enough to work. If someone continues to show signs of distress despite the reasonable adjustments and support you have provided, you should seek advice from HR and/or refer them to occupational health (OH). Sometimes people refuse OH assessments, in which case you could tell them that you want them to see their GP before they come back into work.

Similarly, if you work for an organisation without an OH or HR department you can encourage people to see their own GP and ask them to refer them on for appropriate help. It might be helpful to give the employee a letter for the GP outlining what their job involves.

One in four people experience 'mild to moderate' mental health issues, such as anxiety and depression, in any given year. However, a much smaller percentage will experience episodes of more severe anxiety or depression that may be associated with episodes of 'highs'. Such episodes may present as:

- Extreme heightened activity, and/or
- Loss of touch with reality, hallucinations, and distortion of the senses – for example, seeing or smelling things that aren't there.

4. Identifying the early warning signs and talking at an early stage cont.

This behaviour may affect colleagues, clients or customers, and you need to be mindful of your responsibilities for all employees.

- Try to take the person to a quiet place and speak to them calmly.
- Refer to the 'advance statement' (explained below) if one has been written.
- Suggest that you contact a friend or relative or that they go home and contact their GP or a member of the mental health team if appropriate.
- You might also be able to help them to make an appointment, and even accompany them to the surgery if they feel that would help.
- If someone is experiencing hallucinations or heightened senses, they may not be able to take in what you are saying. In this case they may need immediate medical help.
- If an employee is disturbing others and refuses to accept help, seek advice from your OH provider if you have one, or from the person's GP if you know who that is. Otherwise contact NHS 111, or, if the problem is really urgent, the ambulance service.

Such episodes are rare, and when they do occur it is not usually completely 'out of the blue'. This is why it is so important to be alert to changes in behaviour and to act promptly to pre-empt these more extreme manifestations of mental ill health.

Advance statements

Some people who have mental ill health find it useful to draw up an 'advance statement' (sometimes know as a WRAP®, or Wellness Recovery Action Plan®), which explains how they wish to be treated if they become unwell at work. The statement can include information on:

- Signs that that they are becoming unwell
- Who should be contacted or given information (a close relative, care co-ordinator or GP, for example)
- What sort of support is helpful/unhelpful
- Practical arrangements
- Treatment preferences.

If an employee draws up an advance statement that is agreed with you, you must put it into practice as agreed if/ when they become unwell.

Some organisations oblige all staff to prepare an advance statement on the following grounds:

- Anyone can become mentally unwell.
- An inclusive process increases the likelihood that people will complete the statement.
- It makes people think about their own and others' mental health.

Additional support for an employee who is distressed or develops mental ill health at work

Company-funded counselling schemes and free NHS services can provide a safe space for staff to explore emerging problems before they become acute.

The National Institute for Health and Care Excellence (NICE) has shown that psychological therapies can help people overcome depression and/or anxiety, and people are increasingly being offered 'talking treatments' as a result of significant government investment in the Improving Access to Psychological Therapies (IAPT) programme. The programme focuses on cognitive behavioural therapy (CBT) but over time will extend to the other NICE-compliant treatments.

Employment advisers work alongside therapists, providing information, advice, and guidance to help people suffering from mild to moderate depression and anxiety to remain at or return to work, or gain new work. For more information go to www.iapt.nhs.uk. Local IAPT services are also searchable on the NHS Choices website: www.nhs.uk

5. Keeping in touch during sickness absence

Managers often worry that contacting someone who is off sick will be seen as harassment, but the reverse is usually true: lack of contact or involvement from a manager can make an employee feel less able to return. Most people who have experienced distress agree that appropriate contact is not only beneficial, but essential.

Early, regular and sensitive contact with employees during sickness absences can therefore be a key factor in helping them to return early – a fact endorsed by companies that have pioneered 'active absence management'. If your organisation has a written absence policy, discuss with the individual at the start of their absence an appropriate level of contact.

If your company has access to occupational health (OH) support, you need to co-ordinate your approach to the individual so as to create clarity about your respective roles and the support you are offering. While being 'out of sight, out of mind' may be the last thing the individual wants, too much uncoordinated contact from different people can overwhelm them.

In general it is best to treat someone who is absent because of mental ill health in much the same way you would treat anyone who's off sick – in an honest, matter-of-fact fashion. But you need to be sensitive. So by all means send them a card, but check whether or not they would welcome visitors. Their wishes might change very quickly, or over time. As their mental health improves they might welcome more contact, for example.

Tips on supporting an employee who is off sick

- It is essential to keep in touch. If there is little or no communication, misunderstanding and barriers can quickly arise, the employee may feel that they are not missed or valued and this can exacerbate their already low self-esteem. Inviting them to social events shows that you still think of them as one of the team.

- When they call in sick suggest and agree a time they will call you or you will call them. At the end of each exchange you can agree on the timing of the next follow-up call.

- You could explore different means of contact – phone, text, email or face-to-face meetings in a neutral setting, for example. The employee could ask someone of their choice to accompany them to any meeting.

- Ask them who they would prefer as their main contact. It might be you, as their line manager, or it could be another line manager, or an HR or OH adviser. This may be particularly important if the employee's relationship with their primary contact is poor or if that person contributed to their absence in the first place.

- Early intervention is key. The longer someone is off work the harder it may be for them to return, so it is advisable to refer them to OH early on.

- If the employee is too unwell to be contacted directly, find out whether someone else – a family member or friend, for example – can keep in touch on their behalf. Switch back to direct contact as soon as the employee is well enough.

- Families often play a key role in supporting people when they are unwell and helping them to recover. Their knowledge and understanding is often unique and can be an important resource for employers to tap into. Members of the family can act as valuable intermediaries and potential partners in helping an employee back to work. You need to respect the employee's confidentiality, but don't assume that they wouldn't want you to engage with their family – indeed, they might be relieved that you have offered to do that.

- You might find it helpful to think about the support you would offer to someone with a physical condition. Is your approach to someone suffering from stress/distress different – and, if so, why? The employee might appreciate hospital visits, cards, flowers and so on – but ask them first. The main thing is to let them know they have not been forgotten.

- You could ask them what, if any, treatment they are having and the effect this is having, but you must never put pressure on the person to divulge personal or medical information. It is up to them whether or not they reveal it.

- Ask them if they feel able to do some work despite their health issue, and when they think might be able to return to work. However, timing is critical: when someone is in crisis the very thought of returning to work could exacerbate the problem, and they may have no idea how long it will take them to recover. Here the input of their GP, in particular the 'fit note', will be helpful.

5. Keeping in touch during sickness absence cont.

What to do if the person requests no contact

Sometimes employees don't want to be contacted. Don't accept this at face value and sever all contact with them because, as noted earlier, all the evidence shows that this hinders recovery and greatly reduces the chances of a successful return to work. People may request no contact because they feel anxious, embarrassed or ashamed about the way that they feel and are behaving. But sensitivity, sympathy and treating the person normally can help to overcome that.

Sometimes an employee will request no contact because they see you as part of the reason for their illness. If this is the case, you need to offer different options, including the services of another manager and/or making use of an intermediary such as a colleague, family member or trade union official. If work issues (real or perceived) are part of the reason, you must address these, and be seen to address them, or the individual is unlikely to return.

You may wish to revisit the contact question, tactfully, as the person begins to recover.

You might also consider introducing a policy of regular 'light touch' contact for all people who are off sick. A person experiencing mental ill health is much more likely to react positively to this kind of neutral, non-stigmatising, inclusive way of engaging with people.

However, there are rights and responsibilities on both parts when it comes to managing someone during a period of sickness absence and rehabilitation. If you have made all reasonable efforts to communicate with an employee and they refuse to stay in contact with you, then they can't expect you to be able to anticipate what reasonable adjustments might help them return to work.

The role of GPs

The GP's role is to provide care and treatment and help people recognise that getting back to work can be good for recovery and health. They are helped in this by the 'fit note', which, unlike the old medical statement or certificate that it replaced in 2010, focuses on what people can do rather than what they can't do. The fit note helps to improve the flow of information between employers, individuals and GPs by enabling patients to convey information to their employer about when the GP thinks they may be ready to return to work and what adjustments might help facilitate that.

In addition to this, provided you have the written consent of the employee, you could contact their GP highlighting any factors that might have a bearing on the employee's return to work that it would be useful for the GP to know. Such factors might include the nature of the work they do, a stress risk assessment and/or information about the organisation's rehabilitation policies. You could also propose specific options for the employee such as adjustments at work and/or a short-term reduction of hours.

You should enclose a copy of the consent form with your letter to the GP.

If the employee does not wish you to contact their GP, that is their right and you must respect it.

Occupational health

Occupational health (OH) provide impartial and confidential advice on fitness to work. Managers can refer employees to OH with their consent to obtain advice on the type of support required and to ensure a successful return to work. GPs may also prefer to share information on an employee with other health professionals, rather than with line managers. Therefore, if you have access to OH support, it would be sensible to refer the employee to them. OH, in turn, would write to the employee's GP – again, with their written consent. It then becomes the responsibility of OH to share with the GP what the employer can reasonably facilitate at work in the way of adjustments.

The advantage of involving OH at this stage is that their medical knowledge means they can ask the GP specific questions about the diagnosis and how it affects the individual, and the implications for the work the individual does, the prognosis and treatment issues.

The GP will send a confidential report to the OH practitioner, who then has to provide the employer with guidance/recommendations on how best to support the employee based on this confidentially-held knowledge of their medical background.

However, at some point, you, as the line manager, will have to make decisions about the employee based on the information that you have.

6. Returning to work and reasonable adjustments

Most people who experience an episode of distress or mental ill health recover completely and can resume work successfully. Effective planning by the individual and the line manager will increase the likelihood of this happening, as will supporting and monitoring the individual during the early stages of their return. This is good news for both sides. Work helps to keep people mentally healthy, and the employer retains skills and talent. What's more, given the investment the organisation has made in the individual, a planned return to work is usually more cost effective than early retirement.

In larger organisations managing someone's mental health and employment, including their recovery, typically involves collaboration between their line manager, HR, OH and the GP. In this section, we offer advice on how to plan someone's return to work and to support and monitor them during the first weeks and months of their return.

Planning the return

You need to put various things in place before the employee returns to work.

- Develop, in discussion with the employee, a return-to-work action plan.

- Discuss whether you need to make any adjustments to ease their return (see below for some ideas).

- Depending on the severity of the illness, explore whether it would be helpful to have a 'halfway house' between work and absence – such as working for a couple of hours a day at home for a period of time.

- Plan a phased return to work as they become healthier.

- Discuss whether you could realistically change or accommodate any of the work factors that contributed to their absence.

- Be honest about what you can change and what you can't. Some organisational factors are out of your control, but look at whether you could mitigate them.

- Agree how you will gauge their progress once they're back at work.

- Before they return, brief them on what's been happening – social life as well as work developments.

- You may want to encourage the individual to come into work informally before their formal return.

- It's always good practice to have a 'return to work' interview when someone returns to work after an absence. Even though this might be just a quick informal chat, it gives you the opportunity of finding out how they are and making them feel valued.

Reasonable adjustments

Some adjustments to consider

Almost no-one is ever fully fit when they return to work after an illness (physical or mental) and it takes some time to recover speed, strength and agility of both mind and body. So it's unrealistic to wait for someone to be 100% fit before allowing them back: doing so not only unnecessarily prolongs their absence, but may also compromise their future employability.

It therefore makes sense to adjust their work pattern to make their transition back to work after a long spell out as comfortable as possible. This will help them to make a full recovery while giving them time to adjust and get back up to speed.

In some cases you will be required to make 'reasonable adjustments' to comply with the Equality Act 2010.

What is a 'reasonable adjustment'?

The Equality Act 2010 requires employers to make changes to jobs and workplaces to enable a 'disabled person' to carry out their functions as an employee or to help someone get a job with you. These changes are known as 'reasonable adjustments', and their purpose is to ensure that everyone has equal opportunities when applying for and staying in work.

Who is responsible for providing and implementing the adjustments?

Most adjustments are made based on common sense following a frank and open discussion between the manager and the employee about what might be helpful and what's possible. Every 'reasonable adjustment' is unique to the individual's specific needs and abilities and the extent to which the employer can accommodate them.

If necessary you should obtain a report from the employee's GP or consultant, with their permission, and, where relevant, ask the employee's key worker/care co-coordinator for their view on the kind of adjustments that may be needed.

If you work in a large organisation you can refer the employee to occupational health for an assessment and ask HR for their advice on what potential adjustments it would be reasonable to offer. But you should always include the individual in the discussion to ensure that the adjustment is effective.

Adjustments should be agreed, not imposed, and they must work for everyone – the individual, the business, the rest of the team, and customers/clients.

What is 'reasonable'?

What's 'reasonable' will be judged against the following criteria.

- The extent of any disruption that an adjustment may cause to your organisation or other employees.
- The cost and your budget.
- Practicality.
- The effectiveness of the adjustment in helping the employee do their job.
- The availability of financial or other assistance from schemes such as the government's 'Access to Work' programme (see box).

An adjustment won't be reasonable unless it works for everyone. Given that a non-visible disability may require visible adjustments, you might get questions from other members of the team about why one person works differently. Plan with the employee in question what they want the rest of the team to know and how you will both deal with any questions.

6. Returning to work and reasonable adjustments

The Access to Work Programme

The Access to Work programme offers help to people with a disability or health issues who are in or looking for work. It provides funding that is used to help remove the practical barriers that may prevent them from working on equal terms. This government funding could therefore be used to pay for the costs associated with making reasonable adjustments.

The amount of funding provided varies depending on need and is reviewed every one to three years. For more information about Access to Work go to www.direct.gov.uk

Examples of reasonable adjustments

This following list is not exhaustive, but outlines some reasonable adjustments you could consider.

- A phased return to work if the person has been on sickness absence, starting with part-time working and building up.
- Look at aspects of the job that the person finds particularly stressful and rearrange responsibilities.
- Allocate some of an employee's duties to another colleague and adjust the content of the job.
- Allow the employee greater control over how they plan and manage their time and workload.
- Offer the option of working at home for some, or even all, of the time.
- Allow time off to attend therapeutic sessions, treatment, assessment and/or rehabilitation.
- Change shift patterns or explore different work options such as part-time, job-share, flexible working.
- Alter working hours, either by reducing the hours someone works or offering a later or earlier start so they can avoid the rush hour, or to accommodate tiredness or the side effects of medication.
- Allow them to make private calls to a friend or mental health professional.
- Look at the physical environment the person works in to see what adjustments might be beneficial. For example, you could move them away from a busy corridor, or allow them to use headphones to block out distracting noise.
- Offer them a quiet place to retreat to if they feel anxious or stressed.
- Consider offering childcare support, if appropriate.
- Give them a mentor or buddy.
- Give them time to exercise – so longer lunch breaks to go to the gym or have a run.
- Identify potential training needs and consider developing the skills of the individual and their colleagues. This might cover the specific requirements of the job the individual performs and/or enhance skills such as communication and time management for everyone.

- Consider transferring the employee to another role. This is usually a last resort once all reasonable adjustments have been fully explored in the individual's existing role.

Most adjustments are simple, inexpensive and need only be temporary. Some mental ill health can be episodic and so it may be better to agree certain adjustments on an ad hoc basis rather than introducing them all in a blanket fashion. However, many of the adjustments listed above could be seen as good management practice that will benefit all employees.

Remember the following.

- Don't make promises that you can't keep – be realistic.

- If you're not sure what will help someone, ask them.

- Review the adjustments regularly to ensure they are still working or still necessary.

What to do when an employee returns to work

Above all make sure you and the team make the person feel genuinely welcomed back into the workplace. You might consider offering them a mentor - a colleague or manager from elsewhere in the organisation - so that they can talk to someone who isn't their manager. This will ease their transition back into work.

Do...

- Ensure the returning employee doesn't have to face an impossible in-tray, thousands of emails or a usurped workspace.

- Be realistic about workloads – some people will want to prove themselves and may offer to take on too much. Instead, set achievable goals that make them feel they are making progress.

- Make the time to have frequent informal chats with them to give you both the opportunity to discuss their progress and/or problems in a non-threatening context. However, be careful not to make them feel that their work and/or behaviour is being overly monitored or scrutinised.

Don't...

- Make the person feel they are a special case as this can make both them and their peers feel resentful.

- Fail to deal with their work while they are away. If you discover that a backlog of unfinished work has built up, deal with it.

6. Returning to work and reasonable adjustments

Points to consider around staff who are on medication

- They may experience distressing side effects, which they might or might not want to discuss with you.
- Some side effects might look like manifestations of the illness the medication is treating, and they may be short-lived. Therefore the effects on the individual's work may be temporary. They may also need the medication for only a short time.
- For people with a longer-term health need, it may take doctors some time to establish the right medication and dosage, so the employee may not immediately know whether or not their medication will affect their ability to do their job.
- In either case, you need to make sure that you consider any side effects they experience against their job requirements – particularly in jobs where there are potential health and safety risks.
- It is important that the employee continues with medication until they have discussed stopping it with their doctor.

Managing reactions from colleagues and clients

Fear, ignorance and hostility from colleagues and clients can be a source of great distress. Many people who have experienced mental ill health describe this as a particular area of stigma and discrimination. Communicating openly about mental health/ill health is critical to eliminating the discrimination and stigma associated with it, and nowhere is this more vital to the employee's recovery and rehabilitation than at the point that they return to work.

Stigmatising behaviour typically arises from fear and ignorance rather than ill will. People are unsure what to say and find it easier to avoid the individual, the issue, or both.

To encourage honest open communication in the team or organisation, we advise the following.

- Try to talk to the employee and agree who will be told what, by whom and when. Think about the language you use. Be clear about confidentiality and boundaries.
- Be guided by the employee's wishes. Some people are prepared to be more open than others. Encourage the person to talk if they wish but don't pressurise them to do so.
- Treat people returning from absence due to mental ill health in the same way as you would those returning after physical ill health.
- Watch out for hostile reactions – stamp out any hurtful gossip or bullying promptly.

- Treat mental ill health in a matter-of-fact way – it is common and should not be a source of office gossip or conjecture.

- After a time, ask the employee how they are getting on with peers/clients. Review the support you're giving them, and if you don't already have initiatives in place to raise awareness of mental ill health, consider introducing them.

Avoid:

- Shrouding the issue in secrecy

- Making assumptions about someone's workload and their capacity to cope.

What happens if the return to work is not successful?

By 'return' here, we mean either return after a one-off absence, or successive attempts to return by someone whose illness is ongoing.

If the return is unsuccessful, review the process again to see if you could make any further adjustments, and talk further to the employee. If things really aren't working, talk with the employee about the most realistic way to move forward. For example, you may agree that transferring them to another job is the best option.

If the issue is one of performance, attendance or conduct, rather than one relating primarily to the individual's health or disability, you should use normal procedures. If you can't resolve matters this way, then terminating their contract may be the only option. Whatever the outcome, you must continue to treat the individual with respect and consideration, and help them to move on with dignity. You should, of course, fully explore options such as any health-related benefits they may be entitled to – including health-related retirement and pension.

Managing an ongoing illness while at work

Most people who have ongoing mental ill health can continue to work successfully with either minimal support or no support at all.

This section discusses how, where someone does need support, they can work with managers to ensure that support is sufficiently flexible to suit what might be their varying health needs.

It is discriminatory to make assumptions about people's capabilities, promotion potential and the amount of sick leave they are likely to take, on the basis of their health. You must treat people with mental ill health exactly the same as you would any other member of staff, unless they ask for help or demonstrate through their performance or behaviour that they need help.

6. Returning to work and reasonable adjustments

Using regular management processes to monitor needs

If a person has had a period of sickness absence, discuss with them the format of their return and reintegration before they come back to work. It can be useful to agree a documented plan, which might include how you can both identify when they have reached the stage of 'business as usual'. Once they've reached this point, you can revert to normal management processes to review their performance, needs and work planning.

Advance statements

As we explained earlier, it is best practice for an employee to draw up an advance statement to which explains how they wish to be treated if they become unwell at work.

Coping strategies

Most individuals are encouraged to develop coping strategies as part of their care. This often involves noting signs of a possible relapse and taking pre-emptive action to avoid it. Such actions might include cutting down on work or social activity, reducing or eliminating alcohol intake, taking exercise and finding time to relax.

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

It is worth noting that employees who have developed coping strategies are often better equipped to deal with pressure than employees who have never experienced mental ill health.

Supported work projects

There are many projects around the country that offer support both to employees who have experienced mental ill health and to employers. These projects have an excellent track record in placing people in employment and in supporting them to be effective in the long term. In fact, many people require only minimal support once they have been given the opportunity to work. They are also useful points of contact.

You can find information on supported work schemes through the disability employment adviser at your local Job Centre Plus.

7. Sources of further help and information

Helpful resources, campaigns and guidance

ACAS (Advisory, Conciliation and Arbitration Service)

Phone: 0300 123 1100

Website: www.acas.org.uk

Acas provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law. Supports good relationships between employers and employees, but also provides conciliation services to resolve workplace problems.

BITC (Business in the Community)

Phone: 020 7566 8650

Email: info@bitc.org.uk

Website: www.bitc.org.uk

Business in the Community is the Prince's Responsible Business Network. Its members work together to tackle a wide range of issues essential to building a fairer society and more sustainable future. BITC provide a range of services, practical guidance and creative solutions that help businesses review, improve, measure and report. BITC has also launched a toolkit resource, helpful for all organisations that are exploring how to embed a wellbeing strategy into their organisation.

Available here: http://wellbeing.bitc.org.uk/all-resources/toolkits/mental-health-employers (Accessed 07/07/2016)

DoH guidance on workplace adjustments for mental health

Available from: www.nhshealthatwork.co.uk/images/library/files/Government%20policy/Mental_Health_Adjustments_Guidance_May_2012.pdf (Accessed 07/07/2016)

The Department of Health published this advice on providing reasonable adjustments for mental health conditions, outlining examples of adaptations and good practice on applying any adjustments.

FDF workplace wellbeing guidance

Available from: https://www.fdf.org.uk/publicgeneral/Workplace%20Wellbeing%20doc_13.pdf (Accessed 08/09/2016)

This resource created by the Food and Drink Federation provides a best practice guide of tools and case studies on supporting wellbeing in the workplace.

Fit For Work

Phone: 0800 032 6235

Website: www.fitforwork.org

Fit for Work is a voluntary service that offers the wider working population access to occupational health (OH) advice and support. Employers can refer employees who've been off work for four weeks or more a free 'fit for work' assessment. On the website you will find more information, an employer's guide and a stress risk assessment tool.

7. Sources of further help and information cont.

Health in Construction Leadership Group

Phone: 0113 261 5368

Website: www.healthinconstruction.co.uk

Health In Construction Leadership Group works with construction CEO's to improve health within the sector, with a current focus on mental health. Brings together contractors, clients, the Health and Safety Executive, professional bodies, trade associations and trade unions.

The City Mental Health Alliance

Email: cmha@citymha.org.uk

Website: www.citmha.org.uk

The City Mental Health Alliance is a coalition of organisations that have come together to create an environment in the City of London where mental health is discussed in the same way as physical health. Championed by senior business leaders, it is closely supported by UK mental health organisations MHFA England and Mind.

Education Support Partnership

Phone: 0800 0562 561 (Freephone, 24 hours a day, 7 days a week)

Text: 07909 341 229

Email: support@edsupport.org.uk

Website: www.educationsupportpartnership.org.uk

Provides free confidential counselling for teachers, including online chat services.

Mental Health Foundation workplace resources

Website: www.mentalhealth.org.uk/tags/workplace

The Mental Health Foundation has developed a range of resources aimed at tackling mental health in the workplace. This includes the helpful guide 'Managing mental health in the workplace', produced with employee benefits specialist Unum. Available at the link above.

Mindful Employer

Phone: 01392 677 064

Email: info@mindfulemployer.net

Website: www.mindfulemployer.net

Mindful Employer aims to increase awareness of mental health at work and provides easily accessible information to organisations and supports for staff who experience stress, anxiety, depression or other mental health conditions.

Mind's guide to workplace mental health

Website: www.mind.org.uk/workplace/mental-health-at-work

Mental health charity Mind's dedicated website section on workplace mental health provides guidance to help employers take care of themselves and their staff. Mind has also published the *Employers' Guide to Mentally Healthy Workplaces*, which discusses what poor workplace wellbeing is, what a mentally healthy workplace looks like, and how to create mentally healthy workplaces. Available from: www.mind.org.uk/media/43719/EMPLOYERS_guide.pdf (Accessed 07/07/2016)

Richmond Fellowship

Phone: 0207 697 3300

Website: www.richmondfellowship.org.uk

The Richmond Fellowships is one of the largest voluntary sector organisations providing support for people with mental health problems. Its aim is to work towards a society that values everyone with mental health issues, through providing supported housing and employment support services to help people find work or stay in work.

This is Me

Website: www.thelordmayorsappeal.org/power-of-diversity/this-is-me

A City wide mental health campaign, first developed by Barclays as part of the Lord Mayor's 2016 Power of Diversity programme, run in partnership with Business Healthy and the City Mental Health Alliance and supported by City AM. Aims to reduce stigma around mental health in the workplace and raise awareness of wellbeing.

Time to Change's guide to workplace mental health

Website: http://www.time-to-change.org.uk/get-involved/get-your-workplace-involved/support-managers

Anti-stigma campaign Time to Change has a dedicated website section providing guidance, tips and tricks on many aspects of dealing with mental health in the workplace, including legal guidance and onwards signposting to additional resources.

Shaw Trust

Phone: 01225 716 300

Website: www.shaw-trust.org.uk

The Shaw Trust is the UK's largest third sector provider of employment services for disabled and disadvantaged people.

NICE is currently developing some new quality standards - *'Healthy workplaces: improving employee mental and physical health and wellbeing and lowering sickness absence'* - which are due to be published in January 2017.

Appendix 1: MHFA training

MHFA training courses give people the confidence and communication skills to support colleagues and teams experiencing mental health issues. Below is a selection of comments from MHFA-trained line managers.

"A few months after I took the course, one of my counselees was diagnosed by their GP with depression. He came to tell me about it, as was advised by his GP. While it was still a new experience for me to deal with, having attended the Mental Health First Aid training was a huge help. I knew what to say to him, and what resources to point him to. More importantly, I knew to reassure him that it does not stop his career from progressing and the firm will support him through this challenge. After a course of treatment and a few weeks off work, things have improved for him. He is now happy to be back at work. I am really glad I had the training and had the knowledge and tools to be there for him."

"I have been more aware of my own illness and have been able to acknowledge the impact that it can have on my day-to-day life. I have had the confidence to discuss this with my counsellor and management team and to take steps to start identifying triggers and adapt my working pattern and relationships in order to manage my illness and begin to reduce the negative impact it has on my life."

"Someone called me deeply upset prior to going into one of our offices (not her home office). She felt she was having a panic attack and reached out for support, knowing I had attended the Mental Health First Aid training. I recalled how to provide immediate support. Long story short, she was suffering from stress due to work and has subsequently been supported by her counsellor and the occupational health team, had a period off work and has since had a successful managed phased return."

"The learnings from the Mental Health First Aid course were useful when one of my counselees was signed off work with depression a few months later. Knowing what support was available and how to access it meant that we got the individual into the appropriate care pathway immediately, and having attended the course I could be absolutely confident that my employer expected and wanted me to focus on their personal needs rather than the needs of the organisation. Being clear about this priority made a difference to how I approached the situation, and now that the individual is back at work we are able to have an honest and ongoing dialogue to try and prevent issues building again."

"Having various close friends with depression, I had seen mental illness close hand. I had used the internet to find out more, and tried to help as best as I could, but the Mental Health First Aid course gave me further insight, helped me deal better with my emotions, and allowed me to offer help in a more useful way to my friends. In particular, I learnt that my role as a friend was not to 'fix' their depression, but rather to be open for conversation, and to understand that because I am not a professional I can help guide them to the correct source of help. Furthermore, I found that the difficult topic of suicide was discussed openly and skilfully, and I found it especially useful to be given guidance on how to discuss suicide with someone who has been thinking of, or has attempted, suicide. It was refreshing to hear difficult subjects being approached head-on, stripping away the taboos

associated with them, and allowing us to have a much better understanding of what people with different types of mental illness go through and how we can help."

"Following the MHFA course I have been able to help a colleague to seek the support needed in respect of a family member suffering with an undiagnosed (at the time) psychotic illness who was refusing help."

"I have used the learning from the course to help my sister who currently has severe postnatal depression. I have helped her think about coping strategies and persuaded her to seek professional help."

"I took the MHFA course in 2015 in order to more effectively support my colleagues and friends in crisis or difficulty, and to learn more about my own mental health and how to support myself in difficult times. I found the course very informative and directly useful in my daily work life and personal life. Personal difficulties and work stress do affect our mental wellness and learning the tools to better support others at work and in our personal lives is incredibly valuable. Being able to honestly and compassionately deal with adversity is key to resilience and overall wellbeing."

Appendix 2: The small things

The #smallthings campaign from Time to Change highlights all the little ways you can help someone you know who has a mental health issue. See the links below.

https://www.youtube.com/watch?v=46-1Rv13gXQ&index=2&list=PLW8cG1kJhcvemCxldyQ7XHv_BhtAHbOQl

https://www.youtube.com/watch?v=ZPK9RK2BdhE&list=PLW8cG1kJhcvemCxldyQ7XHv_BhtAHbOQl&index=3

https://www.youtube.com/watch?v=_Jmuv2rffgA&list=PLW8cG1kJhcvemCxldyQ7XHv_BhtAHbOQl&index=4

https://www.youtube.com/watch?v=BUy2y9QLVDg&list=PLW8cG1kJhcvemCxldyQ7XHv_BhtAHbOQl&index=5

https://www.youtube.com/watch?v=ZZLyOlfNy64&index=6&list=PLW8cG1kJhcvemCxldyQ7XHv_BhtAHbOQl

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Notes

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