mhfa
mental health first aid england

Line managers' resource

A practical guide to managing and supporting people with mental health problems in the workplace.

Updated edition 1
Mental Health First Aid England CIC 2013

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

It was part of Shift's Action on Stigma initiative aimed at supporting employers to promote good mental health and reduce discrimination. The resource is a revised edition of the original Line Managers' Resource (LMR) published in 2007. The original LMR was itself an update of the Mind Out for Mental Health Line Managers' Resource published in 2003.

This edition has been developed by MHFA England CIC in 2013.

www.mhfaengland.org

Talking about mental health

Foreword

The Line Managers' Resource was first published in 2007, through the committed work of SHIFT - the government's initiative to tackle stigma and discrimination surrounding mental ill health in England. Since then it has become recognised as a valuable tool for line managers across private, statutory and community sectors. The resource offers a step-by-step framework on creating a healthier environment in the workplace, focusing on key areas such as; managing an employee experiencing mental ill health, reasonable adjustments, returning to work and signposting to key employment legislation.

In March 2011 SHIFT closed and through our extensive work in England we were approached to take on the development of this resource. It is with great pride that I am writing this foreword on behalf of MHFA England in this 3rd revision of the Line Managers' Resource. MHFA England has worked tirelessly since its inception in 2006 to increase mental health literacy across England. Six years later and we have trained 700 instructors who have delivered the MHFA and Youth MHFA courses to over 55,000 people. These Mental Health First Aiders are skilled in spotting the early signs of mental ill health and confident in their ability to support and signpost others in their recovery, both in their workplaces and their personal lives.

Although SHIFT and others have made great progress in this area, mental ill health still holds many stigmas and taboos which can feed some of the fear and misunderstanding surrounding mental health. One of the key learning points from this resource is that mental health, just like physical health, can be improved through some simple yet effective steps. For some, further intervention and support is needed and - alongside additional training - this resource offers guidance on how to assist anyone experiencing mental ill health.

MHFA's social objective is to increase the mental health literacy of the whole population, with an aim to train one in ten adults in England. Providing MHFA in any workplace not only contributes to a good Corporate Social Responsibility programme, but it also increases productivity and employee loyalty. The cost of mental ill health to UK business is huge, with the latest figures showing a £30.3 billion loss per year.[1] This equates to £1,206 per employee who has not been supported with their mental health needs. By skilling up staff in how to spot the early signs of mental ill health and giving guidance and support to stop an employee's mental health from deteriorating further, businesses will be creating a healthier workforce and making a potential cost saving.

People with experience of mental ill health are working effectively in all levels of employment. The Line Managers' Resource delivers clear, concise guidelines that, if utilised, will give those struggling at work the chance to stay in employment and flourish.

Poppy Jaman
Chief Executive Officer, MHFA England CIC

[1] The Centre for Mental Health (2010)

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Introduction

The importance of good mental health at work

The Foresight Programme's Mental Capital and Well-being Project, whose report was published in October 2008, defined mental health as:

"a positive sense of well-being; individual resources including self-esteem, optimism, and sense of mastery and coherence; the ability to initiate, develop and sustain mutually satisfying personal relationships; and the ability to cope with adversity (resilience)."

The workplace has an impact on people's health and well-being although it is not the only factor. Evidence shows that, in general, being in work is good for health and beneficial to well-being and the benefits apply equally to all employees.

Poor conditions in the workplace however, characterised by high demand, low levels of control and poor support, can have a detrimental impact on health and well-being and limit the benefits of working for some people.

Employers obviously want to maximise productivity as well as support their employees. Therefore it is important that line managers understand how to create conditions that support and encourage good mental health whilst also recognising signs of ill health and providing the appropriate support.

The stigma that unfortunately surrounds mental health creates a major obstacle. It can prevent employees from talking about their problems to colleagues or managers because they fear discrimination. This, together with a lack of awareness and confidence in knowing what to do, can further exacerbate the issue by preventing the underlying issues from being addressed.

The MHFA England Line Managers' Resource, along with attending an MHFA England training programme, provides practical support for you to create an environment that is healthy, initiate interventions to raise awareness and shows what you can do to support staff who may be experiencing problems with their mental health. By improving mental health outcomes at work you will benefit from:

- compliance with legislation such as the Equalities Act
- reduced grievance and discrimination claims
- demonstrable corporate social responsibility
- reduced staff turnover
- reduced sickness absence
- a healthier workplace
- better staff morale
- better customer service
- more committed staff, and
- skills retention.

How to use this resource

This resource is written for managers. We recognise that workplace settings are very diverse, but much of this guide will be relevant wherever you work. It offers practical advice on managing and supporting all your staff including employees who are experiencing stress and distress.

We have designed the resource in modules so that you can go directly to the section that is most useful. Our key message is the importance of talking openly and with trust. The resource suggests practical steps that both managers and employees can take together to:

- 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, and
- access sources of support and information.

By following these steps this resource aims to:

- provide you with advice and information on how best to promote the mental well-being of employees.
- provide you with practical guidance on how best to manage situations that can arise at work when staff experience mental ill health, and
- reduce the fear and lack of understanding around engaging with someone experiencing mental ill health.

It is worth noting that both employer and employee are responsible for looking after their mental well-being.

For this reason we recommend that both managers and their teams attend an MHFA course to better understand how to support themselves as well as others. This is the ideal way to create a healthier, more resilient team.

Research shows that anxiety, stress and depression were responsible for the most UK sick days (c. 70 million days every year) from 2001- 2008. The cost of mental illness to UK business is huge, with the latest figures showing a £30.3 billion loss, which equates to £1,206 per employee who has not been supported with mental health issues. By introducing Mental Health First Aid training into the workplace, businesses will be creating a healthier workforce and making a potential cost saving.

The Centre for Mental Health (2010)

What do we mean by 'stress'?

Stress

A useful definition of work-related stress is provided by the Health and Safety Executive (HSE) 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 will boost their energy and productivity levels . But when the pressure people face exceeds their ability to cope, it becomes a negative rather than a positive force – in other words, stress. Employees can also experience stress when too few demands are made on them. People can feel stressed when they are bored, under-valued or under-stimulated. Stress is not a medical condition but research shows that prolonged exposure to stress is linked to poor mental health, such as anxiety and depression.

In many cases there is a complex interplay between the pressures people face at work and at home. For example, someone suffering from bereavement or a relationship breakdown may be temporarily unable to cope with a workload they normally find quite manageable. As an employer you will be supporting employees who are struggling to cope for whatever reason. Subsequently your attitude can have an impact on employee's attendance, behaviour and/or performance.

The effect of pressure on any employee will be influenced by a variety of factors including support systems at home and work, personality and coping mechanisms. What may be too much pressure for one person at a specific time may not be for the same person at a different time or for another person.

While this resource focuses on mental health rather than 'stress', the way you manage staff who may be experiencing pressures at home and/or at work will have a significant impact on their resilience and mental health. Where line managers have the appropriate people management skills, employees are more likely to develop healthier ways of coping with their competing pressures.

What you can do to support your staff

UK organisations who 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 your employees to spot the first signs of mental ill health and give them the knowledge and confidence to help those 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 find ways of preventing and managing 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 framework for line managers. It sets out the key behaviours to help managers mitigate and manage stress at work and helps them identify their strengths and areas for improvement.

Mental ill health

Terminology is important. 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" to describe distress a person may be experiencing.

We have not adopted the term mental health problems as we do not want to suggest to employers and others that experiencing mental ill health is always problematic in the context of employment. Mental ill health and experiencing well-being at work are compatible.

Our mental health is no different from our physical health. As such when employees who have lifelong, long-term or fluctuating mental ill health experience an acute phase which may require absence from work for treatment or recuperation, we refer to them as unwell.

Many more people experience symptoms of distress, such as sleeplessness, irritability or poor concentration, loss of or increased appetite, or drinking more alcohol without having a diagnosable mental health problem. The key differences are in the severity and duration of the symptoms and the impact they have on everyday life.

Usually, a general practitioner (GP) will be involved in any diagnosis and in offering treatment in the form of medication, talking therapies, self-help suggestions such as the importance of staying active and physical exercise, or a combination of all three.

A clinical diagnosis does not indicate what a person can or cannot do. Also the way in which someone experiences and lives with their mental health and the level of support needed will vary from person to person.

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

As a manager it is most helpful to try to understand an employee's problems or issues and work on the basis of the person's strengths and capabilities. The approach will be to talk to the employee, and get a clear understanding of what they can do, rather than what they can't do.

What the law says

The main areas of legislation that relate to mental well-being in the workplace are:

- The Health and Safety at Work Act 1974 (HASWA)
- Disability Discrimination Act 1995 & 2005 (DDA)
- Human Rights Act 1998 (HRA), and
- Management of Health and Safety at Work Regulations (1999)
- Equality Act (2010)

What is the Equality Act?

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) and ensures consistency in protection across groups.

The Act protects the same groups that were protected by existing equality legislation (the six strands of inequality: age, disability, race, religion or belief, gender, sexual orientation). It strengthens three further specific protected characteristics (gender reassignment, marriage and civil partnership, and pregnancy and maternity) which were previously included within the six strands of inequality.

Protection against discrimination is now extended for those who associate with people who have protected characteristics. For the first time, the concept of discrimination arising from disability is included, (i.e. discrimination against someone because of a consequence of their disability) and discrimination by perception (where someone is discriminated against because someone believes that they have a protected characteristic). In the case of disability, employers and service providers have a duty to make reasonable adjustments to their workplaces to overcome barriers experienced by disabled people.

Mental illnesses, such as depression, schizophrenia, eating disorders, bipolar affective disorders, obsessive compulsive disorders, as well as personality disorders and some self-harming behaviour, are considered disabilities under the Act.

Stigma and discrimination can seriously affect the health, welfare and quality of life of people with mental ill health. Under the 2010 Equality Act nobody is allowed to discriminate, harass or victimise another person if they have any protected characteristics. Mental ill health is included in the definition of disability, one of the nine protected characteristics covered in the act.

No health without mental health (2011)

No health without mental health is a cross departmental mental health outcomes strategy for people of all ages. It recognises that we all need to take responsibility for caring for our own mental health and that of others, and also that we need to challenge the blight of stigma and discrimination. It calculates that:

- mental ill health represents up to 23% of the total burden of ill health in the UK,
- it is the largest single cause of disability
- It takes up 11% of the secondary care budget, and
- More than £2 billion is spent annually on social care for people experiencing mental ill health

Whilst it recognises the personal cost of mental ill health, the strategy is clear that good mental health and well-being bring wider social and economic benefits, currently estimated to be worth £105 billion, including £30 billion of work related costs.

It aims to improve mental health outcomes by putting more power into people's hands at a local level, and by taking action through early intervention.

Specifically it is expected to:

- Ensure that mental health is high on the Government's agenda, overseen by a cabinet subcommittee on public health
- Make mental health a key priority for Public Health England
- Agree a national measure of well-being
- Prioritise early intervention
- Take a life course approach
- Tackle inequalities
- Challenge stigma and discrimination
- Invest £400 million in talking therapies over four years
- Improve access to mental health services for people in the criminal justice system
- Improve treatment for service and ex-service personnel
- Launch a set of recovery pilots to support recovery of service users
- Provide advice and support for GP consortia to commission effective mental health services
- Ensure close working between the departments of Health and Work and Pensions to help people enter into and return to work
- Publish a new cross-government suicide prevention strategy

For more information on reasonable adjustments, see page 26.

The recruitment process

In this section we offer some practical guidance to managers on the recruitment process.

Under discrimination law, the employer's duty is to assess whether the candidate is the best person for the job in terms of his or her skills, aptitudes and experience, fairly assessing the capability of a person with mental ill health to do the job, taking into account reasonable adjustments.

You cannot predict who will experience mental ill health and so issues around recruitment usually arise in respect of a person who has experienced mental ill health earlier in life or who has an ongoing problem.

Unfortunately, many people still assume that someone experiencing mental ill health will not be able to cope at work but neither diagnosis nor severity of symptoms are good predictors of likely employment outcomes. It is important to emphasise that the vast majority of people who have experienced, or are currently experiencing mental ill health can work successfully.

Evidence also shows that employers who do take on staff with existing or previous mental ill health, who have been recruited fairly and got the right person for the right job, have had a positive experience and have not regretted their decision.

Disclosure of information

While some people are prepared to acknowledge their experience of mental ill health in a frank and open way, others fear that stigma may jeopardise their current job, or prevent them getting a job in the future and may therefore not declare it on a form for fear of discrimination.

Under the terms of the Equality Act some people with mental ill health are classified as being 'disabled'. Some people do not consider themselves to be disabled but nonetheless have rights under equality legislation. Under the Equality Act a 'disabled' person does not have to tell an employer about their disability.

Pre-employment questionnaires

Some organisations use a pre-employment health questionnaire as part of the recruitment process. This usually includes questions on mental health status and/or asks for explanations for long periods away from work. The questionnaire can help employers to plan for reasonable adjustments that potential staff may require including adjustments to the recruitment and interviewing process. However, they are not reliable indicators of likely future sickness absence patterns. Asking for this information prior to an interview can deter people with mental ill health applying for jobs, because they anticipate discrimination – even if this isn't always justified. Discrimination can be unconscious and unintentional.

Often the greatest barrier people face is the chance to prove their effectiveness when it is known they have experienced mental ill health. As managers, it is therefore advisable to ask for health and/or disability-related information only after the provisional job offer has been made. This eliminates both the possibility of the pre-employment questionnaire being seen or used as a device to screen out people with mental ill health and of employers inadvertently missing out on talent.

If however, the information is requested before the interview, by the occupational health department for example, then this data should be kept separate from the application and not be seen by those who are interviewing the candidate and who are involved in making the final decision.

It may be appropriate to ask health-related questions at the start of the recruitment process where jobs have specific health and fitness requirements. This is because, in these instances, it would not be advisable for people with certain health conditions to take on particular roles for health and safety reasons. As with any other candidate, it is good practice to ensure that the candidate understands both

the particular demands of the job and the working culture of the organisation, such as shift patterns, the cyclical nature of the business and deadline pressures.

By using the HSE managements standards you can conduct a risk assessment for the job in relation to work-related stress. This assessment can then be reviewed if problems develop during employment and form the basis of a referral to occupational health or other health professional.

What to do when a potential employee does disclose their mental ill health after the job offer has been made

If your future employee discloses that they have experienced mental ill health in the past or currently have mental ill health, you can then make any necessary reasonable adjustments to the workplace environment before they start work. A clinical diagnosis does not necessarily indicate what a person can or cannot do and the level of support needed, if any, will vary from person to person.

In larger companies there may be an occupational health check which can provide an opportunity for any reasonable adjustments to be discussed and how any subsequent episode of mental ill health will be managed.

In companies where there is no occupational health service, it is important to ask future employees if they would require any kind of adjustment or additional help. You can then seek advice if you need further professional guidance.

Managers and occupational health advisors should avoid:

- asking for information about treatment, the history of the illness or any information that is not relevant to the work situation, and
- assuming that a person with mental ill health will be more vulnerable to workplace stress than any other employee.

What happens when a potential employee does not tell you about their mental ill health?

Some people with mental ill health are too frightened of discrimination to apply for jobs. Those who do apply may not provide information about their mental ill health in a health questionnaire or tell you about it because they think that they may not be treated fairly or may not get the job. It is vital then for employers to make every effort to create an environment that facilitates and enables potential new employees to feel able to communicate their individual needs and abilities. Sometimes a potential employee may mention mental ill health at interview. Again, the person should be considered in terms of whether or not they can do the job.

It might be worth asking at interview if they would require any kind of adjustment or additional support from you or the organisation to help them to do the job as specified.

It is good practice to:

- include a positive statement about employing people with disabilities in job advertisements
- make sure the recruitment process is fair - if a person with mental ill health fulfils all the selection criteria, their health should not be a barrier
- make sure that you can give fair and truthful justification to a person with mental ill health or a disability who is turned down, and
- make sure you understand and have policy and practice in place to manage reasonable adjustments.

Promoting well-being

As a manager, your first step to improving the mental health of your workforce is to discuss it with employees so they become more aware of the issues that might have an impact on their well-being.

Sometimes people do not know that making healthy choices, like eating a balanced diet, taking exercise and having a work-life balance, can protect their mental health in the same way that it does their physical health.

When an employee does experience mental ill health, they may not recognise some of the early symptoms or they may be anxious about seeking help.

As a manager, you are not expected to have specialist knowledge of mental ill health but you are well placed to help all of your team by providing information on how they can look after their mental well-being and where to access services and support.

By starting off the issue in terms of well-being rather than mental ill health you may find it overcomes barriers around stigma and achieves early buy-in from staff. If employees are more aware of what well-being means they will be better equipped to look after themselves as well as sensitive to the needs of others.

If you recognise the problems of colleagues at an early stage you can help them more effectively and give appropriate support. Good general line management skills will often be enough to help support and maintain the well-being of your team. Your investment in promoting the mental and physical well-being of your staff will be repaid many times over in terms of productivity and morale and loyalty.

Taking the time to invest in initiatives within your organisation will pay dividends in the short and long term. Running well-being events, creating space in team meetings and supervision/ appraisals to talk about how everyone is feeling and ensuring key messages about well being are reinforced throughout the organisation - especially by senior management - show a true commitment to investing in a healthier work environment.

Tips for supporting the well-being of your team

Promoting practice that supports people's well-being will help to create a more positive working environment.

Aim to:

- 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 where staff know that it is OK to talk about mental health and that it is safe to disclose their experiences will help reduce the stigma that surrounds it. It will also allow staff to tell you if they need any adaptations to working practice that will support them in doing their job
- give employees control over their work. Lack of control is known to increase 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, and
- check the work environment and eliminate stressors such as flickering lights.

Five steps to improving your mental well-being

Based on an extensive review of the evidence, five simple steps were identified in the Foresight Mental Capital and Well-being Project about how people can improve their mental well-being.

As a manager you can help by making staff more aware of these steps and the other healthy choices that they could be taking advantage of.

Connect…

1. With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in them. Building these connections will support and enrich you every day.

Be active…

2. Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fittness.

Take notice…

3. Be curious. Catch sight of beautiful things. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning…

4. Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give …

5. Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

A holistic approach to well-being at work

The chart on the next page presents some ideas for a holistic approach to well-being. It is based around an employee's journey within an organisation and how their experience can be positively shaped by their line manager and at an organisational level from initial recruitment, through a mental ill health and back into work.

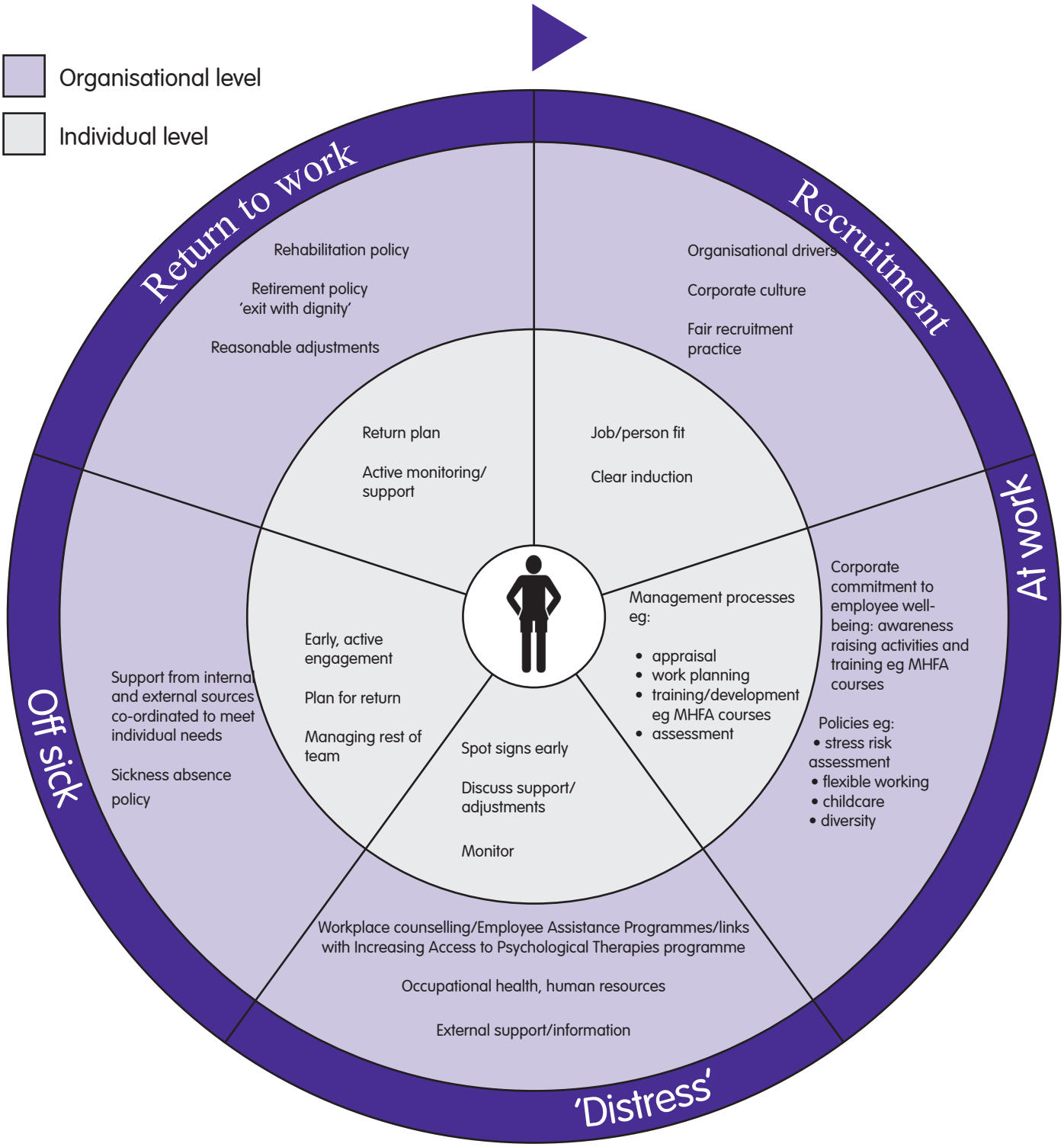
The chart recognises that each employee's journey will be different and the support provided will operate at different levels and in multiple ways. At the corporate level, for example, it is good for an organisation to have policies, structures and appropriate processes in place to cope with an employee's physical and/or mental well-being as and when problems arise.

It is equally important however that managers watch what is happening at work on a day-to-day basis – especially the interaction between the employee and their immediate manager and colleagues or team.

Most of the ideas presented here are just good management practice. The way forward is to bring mental well-being within the boundaries of normal working life, rather than focusing on it as out of the ordinary and thereby something 'different' and therefore potentially stigmatised.

NICE is also developing further guidance for employers on promoting mental well-being through productive and healthy working conditions.
www.nice.org.uk/guidance

Chart: An holistic approach to managing an individual



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

Identifying the early warning signs & talking at an early stage

Presenteeism

Presenteeism is a term used to describe someone at work who is not working to their full capacity because of ill health. Some employees turn up for work even though they feel unwell because they fear the possible repercussions e.g. stigma and discrimination, increased number of sickness/ absence days as well as loyalty and commitment to their role/ team/ organisation and the impact a member of a team has on others workloads

Ideally, if an employee is experiencing mental ill health at work then they should feel able to raise this with you, their manager.

Sometimes employees may not realise they are becoming or are already unwell. You are not expected to diagnose their health but as their manager, the earlier you notice that an employee is experiencing mental health difficulties the quicker you can take steps to help them. The longer you leave a situation like this the harder it is to solve the problem and indeed the employees' health may get worse.

Identifying early signs of distress

Some of the key things to look out for are changes in an employee's usual behaviour, e.g. poor performance, tiredness or increased sickness absence. You might notice an increased use of alcohol, drugs or smoking. A normally punctual employee might start turning up late or experience problems with colleagues. Conversely, an employee may begin coming in much earlier and working later.

Other signs might be tearfulness, headaches, loss of humour and changes in emotions or mood. As a manager you should be aware of the wider organisation's impact on employees. It might be the case that certain tasks, work environments, times of the day or particular teams are more likely to be associated with employees experiencing difficulties.

Usually the key is a 'change' in typical behaviour. Your responsibility then as line manager is to know your staff.

Using ordinary management procedures to identify problems and needs

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

You might find it helpful to use open questions that allow the employee maximum opportunity to express concerns in his or her own way. For example:

"How are you doing at the moment?"
"Is there anything we can do to help?"

If you listen and are empathetic, an employee will feel more able to open up and be honest with you thus making it easier for you to then offer the support that is needed.

If you have specific grounds for concern - such as impaired performance, it is important to talk about these at an early stage. Ask questions in an open, exploratory and non-judgmental way. For example,

"I've noticed that you've been arriving late recently and wondered how you are?"

When talking to an employee there are three useful points to remember:

- don't assume work pressures affect everyone in the same way.
- make adjustments if a person is not coping, and
- 'chats' should be positive and supportive – exploring the issues and how you can help.

Understanding patterns of absence

If someone is having frequent short bursts of sickness absence with a variety of reasons such as stress, migraines, and back pain or there is no reason given, there may be an underlying, mental ill health issue that should be discussed.

If you are to look systematically at patterns of absence, staff need to be able to trust you. They need to be reassured that your motive is to improve healthy working, not to castigate. After reviewing absences you may therefore need to communicate with staff what changes are being made to improve peoples' health and well-being at work.

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

Using the term 'stress' is not always helpful as people use it to mean different things. A distinction therefore needs to be made between 'pressure' and 'stress'. We all feel under pressure some of the time but not everybody suffers the adverse reaction of stress. We all react differently - one person's spur to action is another's nightmare and may mean they become less effective at work.

A person's ability to work under pressure may vary depending on what's happening outside work. Remember that, in law, it is your duty to ensure that your employees are not made ill by their work. Failure to assess the risk of stress and mental ill health and to take steps to alleviate them could leave you open to costly compensation claims. Investing now in ensuring your workforce is confident and able to support themselves and each other is beneficial not only in financial terms but also in team morale, productivity and loyalty.

There is now considerable case law in this area. Fortunately, in most cases, adjustments can be made easily and inexpensively and most adjustments are about good management practice that will help others. For more information about assessing the risks or good management practice on work-related stress see HSE's website (www.hse.gov.uk/stress).

Talking at an early stage

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

Firstly, you need to reassure the employee that your talk is confidential, although in certain situations you may not be able to guarantee total confidentiality (see below). Then you should consider - from the employee's point of view why he or she might be reluctant to talk. Are they fearful about being judged or even of losing their job? Is it really safe for them to be open with you? Will any disclosures be treated sympathetically and positively? If this employee has seen others with similar problems being discriminated against then from their point of view they are wise to be cautious.

You need to be realistic. You may not be able to change the culture of the organisation overnight but you may be able to take some first steps.

In the short term you can meet the person in a private confidential setting. You could even meet outside the office, in a cafe or somewhere the employee feels comfortable. If it is too difficult for the employee to talk now reassure them that your door is always open.

Before the meeting ask if the employee wants to bring an advocate, trusted colleague, friend or family member to support them in a meeting. Indeed some people might find it easier to talk to someone of their own choosing, e.g. someone of the same age, gender or ethnicity - or someone who is not their line manager.

In larger organisations the occupational health advisors may liaise with staff. In cases where employees are reticent about contacting the occupational health department you might choose to intervene. Whichever approach is adopted clear communication between you as line manager and the occupational health department is needed to ensure that contact with the member of staff is co-ordinated and supportive.

You must be clear about confidentiality and who will be told what. You can clearly explain the limits of your confidentiality (personal information is confidential but issues that may have a health and safety risk to the employee or colleagues will need to be discussed further).

You should agree with the employee how problems will be monitored. If adjustments are being made, ask how they wish this to be communicated to other staff.

Make sure you deal with any hurtful gossip or bullying promptly and effectively. It is your responsibility to ensure that employees are not bullied or harassed on account of any disability or additional needs.

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 has the employee 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 might like to talk about and/or it would be helpful for you to know about? (You should not put pressure on the person to reveal external problems)
- is the employee aware of possible sources of support such as: relationship or bereavement counselling, drugs/alcohol services/advice, legal or financial advice?
- ask the employee if there is anything that you can do to help and make sure that they are aware of any support that the organisation may provide such as reference to occupational health, counselling, Employee Assistance Programme (EAP), brief psychological therapies, health checks and that if they access them it will be confidential if that is the case
- is there any aspect of the employee's medical care that it would be helpful for you to know about? (For example, side effects of medication that might impact on their work). While you have no right to this information, the employee should be aware that you cannot be expected to make 'reasonable adjustments' if you are not informed about the problem
- does the employee have ideas about any adjustments to their work that may be helpful? These could be short or long term
- do they have any ongoing mental ill health that it would be helpful for you to know about? If so, is it useful to discuss their established coping strategies and how the organisation can support them? (See section 7 for more information). It is the employee's choice whether to reveal this but you can explain that it will be easier for you to make reasonable adjustments for a health issue you know about
- establish precisely what they wish colleagues to be told and who will say what. Any inappropriate breach of confidentiality or misuse of this information might constitute discrimination, and
- agree what will happen next and who will take what action

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 so then you will need to undertake a stress risk audit followed by team-based problem solving. Discuss this with your health and safety department, (you might consider bringing in someone from outside the department or an external expert to help).

It is important that you record all conversations accurately – not just to protect the organisation and the employee, but also to show that the actions have been carried out fully. Once the conversation has been recorded it is best practice to provide a copy to the member of staff involved to obtain their agreement to its accuracy.

Managing an employee who becomes tearful and upset

Try and be calm yourself.

Emotions are a natural part of life and sooner or later it is extremely 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 of work. When this situation arises:

- 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
- ask if there is anyone they would like contacted or if they would like to choose someone to be with them
- make sure the employee is offered and provided 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 to go and have a hot drink or for a short walk to give the person time to collect themselves. They may wish to go alone. However, it would be best not to let the person leave the building alone if they are still very distressed. They may also nominate someone else to go with them
- be respectful towards what the employee would like to do. Once they have recovered sufficiently, they may want to carry on working or take a break or possibly go home
- reassure the employee that they are valued and that you support them, as they may feel embarrassed about what has happened, and
- never just ignore the person even if you are worried how they will take your intervention - doing nothing may make the situation worse.

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 and take on board 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 discussion will continue at a pace that suits them.

Problems can build up over time and whilst you may feel the pressure to take action immediately, it may be better to take some time to calm yourself, reflect and consider the options. Try to distinguish, with the person, between what is urgent and what is important.

You may also need support in managing this kind of situation but do take into account the confidentiality of the employee. If the session is not proving helpful for the employee you could then rearrange for another time in the near future to discuss the issues when the person is less upset.

Managing your own mental health

There may be times when you experience distress yourself. It is important to look after your own mental health. Finding support whether it is internally within the organisation or externally with friends and family for example, can be extremely helpful towards re-establishing well-being.

Managing the rest of the team

Be aware of the impact one employee's mental ill health could potentially have on the rest of the team. This could be in response to:

- the person's particular symptoms or behaviour while unwell
- any reasonable adjustments that are made, and
- an increased workload for staff if the person is not well enough to work.

In these instances it would be advisable to;

- be honest and open with the team as long as it does not breach any agreed confidentiality with the employee concerned
- identify working conditions that may negatively influence the well-being of the team, and change them where necessary
- create an environment where staff can air their concerns openly to avoid gossiping and any resentment towards the member of staff who is off work due to mental ill health, and
- treat all staff fairly otherwise staff may show lower commitment to their job. If a member of staff experiencing mental ill health is offered flexible working hours as a reasonable adjustment for example, then it maybe appropriate to offer the same conditions to all staff. Staff do not have to have the same experiences for you to create flexible arrangements. The important thing is to focus on promoting the well-being of your team. Employees who feel stable and supported will help improve performance and retention of staff through increased employee contentment and loyalty.

Communicating with colleagues

You should agree with the employee whether and precisely what they wish colleagues to be told. In general it is best to talk to someone experiencing mental ill health in an honest, matter-of-fact way - that is in the same way you would deal with someone's physical health problems.

If the person takes sick leave you could send them a card as you would if they were off work with a physical problem. You should ask whether they want to be visited and respect their wishes.

The person's requests may change very quickly or over time. If they initially request little contact, this may change as their mental health improves. Someone experiencing mental ill health should be treated in exactly the same way as any other sickness absence.

If your organisation has a written absence policy, you will be in a position to discuss with the person at the start of absence how often contact should be made. The employee then has a right to expect that frequency of contact.

Recognising when professional/clinical help is needed

Although someone does not have to be 100% well to work and in general work is good for mental health, in some instances an employee may really not be mentally well enough to work. If someone continues to show signs of distress despite the reasonable adjustments and support you have provided then you should seek advice from human resources (HR) and/or refer the individual to the occupational health (OH) department. Sometimes people refuse to be referred for an OH assessment and in these instances you can tell them that you want them to see their GP before coming back into work.

If you work for an organisation without an OH or HR department you can encourage people to see their own GP and seek appropriate help. You can state what their job involves in a referral letter.

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

- extreme heightened activity, and/or
- loss of touch with reality, hallucinations, and distortion of the senses e.g. seeing or smelling things that aren't there.

In these rare instances, an employee may behave in ways that impact on colleagues or clients. In this situation you need to be aware 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 on the next page) 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 go with them to the surgery – if they so wish.

Be aware that if someone is experiencing hallucinations or heightened senses, they may not be able to take in what you are saying. In this case the person may need immediate medical help.

If an employee is disturbing others and refuses to accept help, you should seek advice from your occupational health provider if you have one, or from the person's GP if you know whom that is otherwise contact NHS Direct, or the ambulance service if the problem is really urgent.

This situation is rare and when it does happen it is usually not completely 'out of the blue'. This is why early identification of changes in behaviour and prompt action are so important.

Advance Statements

Some people find it useful to draw up an 'advance statement' (Sometimes know as a WRAP - 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 indicate that the person is becoming unwell, who should be contacted or provided with information (perhaps a close relative, care coordinator or GP), what sort of support is helpful and what is not, practical arrangements as well as treatment preferences.

If an employee draws up an advance statement in agreement with you, it is important that you put the statement into practice as agreed, if and when the employee becomes unwell.

Some organisations make it mandatory for all staff to prepare an advance statement to reflect the fact that, a) anyone can develop mental ill health, b) an inclusive process increases the likelihood of people completing such a form, and c) it makes people consider their mental health and the mental health of others.

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 Clinical Excellence (NICE) evidence based guidance shows that psychological therapies can help people overcome depression and/or anxiety.

People with these health issues are also being offered more talking treatments, through significant Government investment in the Improving Access to Psychological Therapies (IAPT) programme. The programme focuses on cognitive behavioural therapy (CBT) but it will be extending to the other NICE-compliant treatments as the programme is expanded.

Employment advisors will also be part of the IAPT programme and will work alongside therapists, providing information, advice, and guidance support to help working people remain, gain or return to work. For more information go to http://www.iapt.nhs.uk

Keeping in touch during sickness absence

Managers often fear that contact with someone who is off sick will be seen as harassment but lack of contact or involvement from you can actually make an employee feel less able to return. The overwhelming view from people who have experienced distress is that appropriate contact is essential and beneficial.

Early, regular and sensitive contact with employees during sickness absences can therefore be a key factor in enabling an early return and this view is endorsed by companies that have pioneered active absence management.

Employees should be informed that they too have a responsibility to keep in contact.

If your company does have access to occupational health support, it is important that you co-ordinate approaches to the individual. This helps to ensure clarity about professional roles and about what personal support is offered.

While the employee might not wish to be 'out of sight, out of mind', too much uncoordinated contact from different people can be overwhelming.

If an employee rings in sick, you should, as their line manager, take the call personally. The best outcome from this initial call is to agree that the employee will make a follow-up contact. (It might be useful to agree with the employee how this will be made. They might prefer to do it by text or e-mail.)

If the employee does not make contact in the agreed way, you should still get in touch. At an early stage, the fact of being in contact may be more important than what is actually said.

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 already low self-esteem. Inviting them to social events will show that you still think of them as one of the team
- when the employee calls in sick you can suggest and agree a time you will call them next. At the end of each exchange you can then agree on when the next follow up call will be
- you could explore different means of contact, e.g. telephone, email, face-to-face meetings in a neutral setting. If the employee requests it they could ask someone of their choice to accompany them to these meeting, and
- ask the employee who they would prefer to have as their main contact. Either you as their line manager, their second manager, HR or OH advisor. This may be particularly important if the employee's relationship with their primary contact is poor or if that person contributed to the individual's absence in the first place
- early intervention is key. Sometimes the longer someone is off work the harder it is for him or her to return. It is therefore advisable to refer an employee to OH early on
- you should reassure the employee about practical issues such as their job security and deal with financial worries

- give the employee the chance to explain the problem and what is happening by asking open questions
- ask if there is anything you as their manager can do to help
- ask if there are any work-related issues that are contributing to their absence
- reassure them that you understand medical and personal boundaries and will respect them
- be prepared for the possibility of the employee being distressed, hostile or remote when you communicate with them. These reactions may or may not be symptoms of their illness or medication. You must still ensure that any concerns raised by the employee are investigated and dealt with quickly
- review their needs/wishes for support
- if the employee is too unwell to be contacted directly, explore whether there is someone else such as a family member or friend who can keep in touch on their behalf. As soon as the employee is well enough for direct contact then this should be arranged and followed up immediately
- our families often play a key role in our support and recovery when we are feeling unwell. 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 important go-betweens and potential partners in helping an employee back to work. Confidentiality must be respected, but don't assume that the employee would not want you to engage with the family, indeed they may be very relieved that you have offered to work with their families
- depending on the severity of the illness, explore if 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
- you may wish to encourage the person to come into the workplace informally beforehand
- plan a phased return to work as they approach fitness for work
- it is helpful to think about the support you would offer to someone with a physical problem. Do you have a different approach for stress/distress, and if so – why? Visiting the employee in hospital, cards, flowers etc can be appreciated – but ask. The main thing is to let people know they are not forgotten
- you could ask whether they are receiving any treatment and what impact this is having although it is important to remember not to put pressure on the person to divulge personal or medical information – it is their choice to reveal this or not, and
- ask if the employee feels able to do some work despite their health issue and when they think that they will be able to return to work. It's important to remember however that when someone is in crisis it may be impossible for them to know how long recovery will take. The decision as to when it would be best for them to return to work will be assisted by their GP using the 'fit note', formerly known as the medical certificate.

It is always good practice to have a 'return to work' interview when someone returns after any absence. This can be just a quick informal chat but it is also a good chance to ask how someone is.

What to do if the person requests no contact

Sometimes employees do not want to be contacted. Do not accept this at face value and sever all contact with the employee – all the evidence shows clearly that this hinders the person's 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 – a sympathetic manner, being sensitive and treating the person normally can help to overcome that.

Sometimes the request for no contact arises because you, the manager, are perceived to have been a factor in the employee becoming unwell. In such circumstances, options include offering the services of another manager and/or making use of an intermediary such as a colleague, family member or trade union official. If there are work issues (real or perceived) it is essential that these are addressed or it will be unlikely the person will return to work. You may wish to revisit this tactfully. As the person begins to recover, contact may seem less daunting.

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

It should be remembered however that there are mutual rights and responsibilities in managing sickness absence and rehabilitation. If you have made all reasonable efforts to communicate with an employee and they refuse to remain in contact with you then you cannot be expected to anticipate what reasonable adjustments might help the individual to 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.

This role of the GP will be supported with the new statement of fitness for work or 'fit note', which replaced the current medical statement or certificate in April 2010.

The new statement focus' GP's advice on what people can do rather than what they can't. It helps improve information flow between employers, individuals and GPs by enabling patients to pass on information to their employer about when the GP thinks they may be ready to go back to work and what adjustments may help them return to work.

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

A copy of the consent form should be included with your letter to the GP.

Please note that if the employee does not wish you to contact their GP that is their absolute right.

GPs and occupational health

If you have access to occupational health (OH) support, then it would be sensible to refer the employee to OH as a management referral. OH in turn would then write to the employee's GP. The employee would need to give their written consent for this. OH can share with the GP what the employer can reasonably facilitate at work in the way of adjustments.

GPs may feel easier about sharing such information with other health professionals. The use of an intermediary occupational health practitioner, acting on behalf of the employer would therefore be advantageous. OH can ask specific questions of the GP about diagnosis, functional disturbance as this relates to occupation, prognosis and treatment issues.

The GP's confidential report then goes back to the occupational health practitioner. It is then up to the OH practitioner to provide the employer with guidance/recommendations on how best to support the employee based on this confidentially held knowledge of their medical background.

At some point, as a manager, you will have to make decisions about the employee based on the information that you have.

Returning to work & reasonable adjustments

Most people who experience an episode of distress or mental ill health recover completely and can resume work successfully. Effective planning between the individual and the line manager will maximise the chances of success. So will support and monitoring at the early stages of return. You have made an investment in that individual and in most cases, a planned return to work will be more cost effective than early retirement.

In larger organisations managing mental health and employment including the recovery process will not just be down to the individual line manager but will involve collaborative working between other services, the GP, OH and HR.

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

Planning the return

You should develop, in discussion with the employee, a return to work action plan. Discuss whether any adjustments need to be made to ease their return (see page 28 for some ideas).

You should discuss with the employee any factors at work that contributed to their absence that could realistically be changed or accommodated.

You will also need to discuss honestly the things you can change and those you can't. Some organisational factors are out of your control. Can they be mitigated?

You can then agree how their progress will be monitored.

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

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.

Waiting for people to be become 100% fit for their work before allowing them back is therefore unrealistic - it lengthens absences unnecessarily and may ultimately even compromise their future employability.

It is common sense to adjust work in the early days after an extended spell of absence to promote full recovery and to ease the individual back into productive employment.

In some cases applying 'reasonable adjustments' will be required to meet your duties under the Equality Act.

What is a 'reasonable adjustment'?

As an employer you have a duty to make changes to jobs and workplaces that will enable a 'disabled person' to carry out his/her functions as an employee or to assist an applicant for employment. These changes are known as 'reasonable adjustments' and are made to ensure that everyone has equal opportunities in applying for and staying in work.

Whose responsibility is it to provide and implement 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 is possible. Every reasonable adjustment is unique to the individual's specific needs and abilities and whether the employer can accommodate them.

If necessary you should obtain a report from the employee's GP, with permission, or consultant and in some cases, where applicable, liaise with the employee's key worker/care co-coordinator to request advice as to what kind of adjustments may be required.

For larger organisations you can refer the employee to your occupational health department for an assessment and also ask the human resources department about potential adjustments and what would be reasonable. The individual should always be part of the discussion to ensure that the adjustment will be effective for them.

Adjustments should be agreed, not imposed.

What is reasonable?

What is reasonable will be judged according to the following factors:

- the extent of disruption, if any, that may be caused to your organisation or other employees by making the adjustment
- how much the adjustment will cost and how much budget you have
- whether it is practical to make the adjustment
- how effective the adjustment will be in helping the employee do their job, and
- whether or not you can get financial or other assistance to make the proposed adjustment from schemes such as the 'Access to Work Programme'.

What is 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 some reasonable adjustments you could consider may include;

- a phased return to work if the person has been on sickness absence- starting with part-time working and building up
- looking at aspects of the job that the person finds particularly stressful and rearranging responsibilities
- allocating some of an employee's duties to another colleague and adjusting the content of the job
- allowing the employee greater control over how they plan and manage their time and workload
- offering the option of working at home for some of the time
- allowing time off for attending therapeutic sessions, treatment, assessment and/or rehabilitation
- changing shift patterns or exploring different work options such as part-time, job-share, flexible working
- altering working hours e.g. reducing hours worked or offering a later or earlier start to avoid rush hour travel and review if any provisions are necessary or useful in terms of their physical health
- look at their physical environment and review what adjustments would be desirable. E.g. moving away from a busy corridor, allowing a person to use headphones to block out distracting noises
- offer a quiet place where they can go if feeling anxious or stressed
- if relevant, you could consider offering support with childcare
- identify training needs and provide support to develop the skills of the individual and their colleagues; e.g. specific job requirements and/or around skills enhancement such as communication skills or time management, and
- transferring the employee to another vacancy within your organisation. This should usually be 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 maybe better to agree adjustments when they are needed rather than agreeing one or more specific adjustments that will apply all the time.

Remember;

- don't make promises that you are unable to keep. Be realistic
- if you are not sure what will help someone – just ask them
- review the adjustments regularly

Returning to work

What to do when an employee returns to work

Above all make sure you and the team make the person feel welcomed back. You might consider a mentoring scheme with another employee so that the person returning can talk to someone who isn't their manager.

Remember to:

- make sure the employee doesn't return to an impossible in-tray, thousands of emails or a usurped workspace.
- be realistic about workloads - be aware that some people will wish to prove themselves and may offer to take on too much. Instead, set achievable goals that make them feel they are making progress.
- take the time to have frequent informal chats so there is an opportunity to discuss progress/problems without a formal (and possibly intimidating) session. Do ensure however that the employee does not feel that their work and/or behaviour is being overly monitored or scrutinised.

Avoid:

- making the person feel they are a special case - this can cause resentment both with the individual and with peers, and
- failing to deal with their work whilst they have been off work. Check whether a backlog of unfinished work has built up and deal with this also.

Points to consider around staff who are on medication

If the employee is on medication they may experience distressing side effects. They may or may not feel able to discuss this with you. However it may be helpful to consider that it can be easy to confuse side effects with the illness. Any effects on work may be temporary and/or the person may only take medication for a short time.

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

It is important an employee continues with medication until they have discussed stopping it with their physician. You also need to make sure that any side effects they experience are considered against their job requirements. This is crucial in jobs where there are potential health and safety risks.

Managing reactions from colleagues and clients

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

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

It is advisable to:

- 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 those with physical ill health
- watch out for hostile reactions - stamp out any hurtful gossip or bullying promptly, and
- treat mental ill health in a matter-of-fact way - they are 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 if there is any support that you can give, and consider mental health awareness raising for all.

Avoid:

- shrouding the issue in secrecy, and
- making assumptions about workloads and capacity to cope.

What happens if the return to work is not successful?

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

In this scenario, try to go through the reviewing progress, options for making further adjustments and talking to the employee. Then talk realistically with the employee about the best way to move forward. For example, if all reasonable adjustments have been made in the current post, it may be necessary to consider transfer to another job.

Use normal procedures if it is a performance, attendance or conduct issue rather than one relating primarily to health or disability, and if matters cannot be resolved then you may have to move to termination. You should help the individual to move on with dignity and concerns such as health related pension benefits (e.g. medical retirement) should be fully explored.

Managing an ongoing illness while at work

Most people who have ongoing mental ill health can continue to work successfully without, or with, only minimal support.

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

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

Using regular management processes to monitor needs

If a person has experienced a period of sickness absence and re-entry to work, you should discuss the format of their return to work and integration back into their job in advance of any return date. A documented plan can be valuable. You both might want to agree how you can identify when the member of staff has reached the stage of 'business as usual'. At this point, the most appropriate response is to use normal management processes to review their performance, needs and work planning.

Advance statements

As previously explained on page 21, it is best practice for an employee to draw up an advance statement.

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. For example, cutting down on work or social activity, being careful about drinking alcohol, taking exercise and finding time to relax.

It is important 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 may be better equipped to deal with pressure than employees who have never experienced a 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 excellent success records in placing people in employment and in supporting them to be effective employees in the long term. In fact many people require only minimal support once they have been given the opportunity to work. They are also useful points of contact.

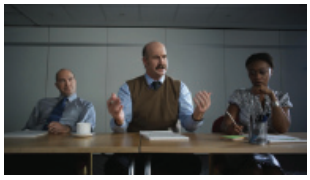
You may wish to advertise a post through your local supported work project or you can contact them for advice. People should find information on supported work schemes from the Disability Employment Advisor at their local Jobcentre Plus.

Notes

Life in the Office

A series of short films to encourage discussion of mental health in the workplace

The Interview



When being interviewed for a job, the greatest barrier people face is the chance to prove their effectiveness when it is known they have experienced mental ill health.

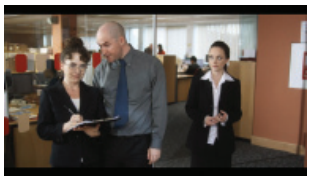
This film highlights the stigma and discrimination that can occur when interviewing and recruiting someone with mental ill health.
(Available online at: https://vimeo.com/3598541)

The Breakdown

Mental ill health in the workplace are much more common than people realise with one in five employees experiencing mental ill health at any one time. There is still a lot of fear and ignorance surrounding mental ill health at work which simply perpetuates its stigma and leads to people being discriminated against.

This film highlights the fear and ignorance that can occur when someone shows signs of having mental ill health at work.
(Available online at: https://vimeo.com/3598602)

The Return



When someone has been off work due to mental ill health it is important to remember that most people will recover completely and have the capability to resume work successfully. When someone first comes back to work there is often fear from managers and colleagues around what to say and what not to say.

This film highlights some of the issues that can arise when someone returns from sickness absence due to mental ill health.
(Available online at: https://vimeo.com/3598670)

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