



MINDFUL EMPLOYER

Line Managers' Resource

A practical guide to supporting staff
with a mental health condition

Foreword by
Dame Carol Black & David Frost CBE



Workways
Promoting mental health through learning and work



Devon Partnership **NHS**
NHS Trust



MINDFUL EMPLOYER[®]

MINDFUL EMPLOYER provides employers with easier access to information and support in relation to supporting staff who experience stress, anxiety, depression and other mental health conditions.

Run by Workways, a service of Devon Partnership NHS Trust, MINDFUL EMPLOYER was developed with employers in Exeter and launched in October 2004. This completely voluntary initiative has since attracted interest and commitment from hundreds of small, medium and large employers from all sectors throughout the UK.

The initiative provides a wide range of information and signposting to local, regional and national support services. A group on LinkedIn[®] and, where available, Local Employer Networks enable employers to have contact with other employers. The Charter for Employers who are Positive About Mental Health provides a voluntary set of aspirations for employers to work towards and allows signatories to use the MINDFUL EMPLOYER logo as a public, tangible demonstration of commitment to their staff.

Any employer, any size, any sector, anywhere in the UK can be part of MINDFUL EMPLOYER.

www.mindfulemployer.net

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As well as new and original material written by staff at Workways, this guide includes text previously published in the *Shift Line Managers' Resource* in 2009 and is used by permission. Shift was the Department of Health's programme to reduce the stigma and discrimination surrounding people with mental health conditions in England which ran from 2004–2011. The original *Line Managers' Resource* was published by Shift in 2007, itself an update of the Mind Out for Mental Health *Line Managers' Resource* published in 2003 by Forster. Other sources as acknowledged.

FOREWORD

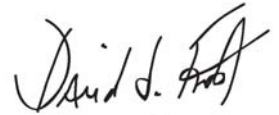
This guide comes out of a respected collaboration between employers in the public, private and voluntary sectors and an NHS vocational service. It is a further step to achieving openness in recognising and responding to the needs of people at work who bear the burden and threats of a mental health condition.

Despite the common experience of mental health problems, people are reluctant to admit them. A fear of stigmatisation and discrimination often means that working people hesitate to look for support from their employer and, most importantly, from their line manager. Yet these are the people who are best placed to recognise workplace factors that influence mental wellbeing and in a position to give the support and take the action necessary to enable recovery.

We owe much to MINDFUL EMPLOYER, to Workways and to the founding organisation, Devon Partnership NHS Trust, and we commend the approach exemplified in this guidance. Not only is it an authoritative inducement to enhance management practice, it also reflects a gathering movement through which the earlier necessary but narrow focus on a person's illness broadens into a fuller view of their health and wellbeing. It is a foundation for acceptance, inclusion and respect in the workplace with demonstrable recognition of their value to colleagues and to the organisation – each a part of the steps to what is now understood as recovery.



Dame Carol Black
National Director for Health & Work



David Frost CBE, Director General
British Chambers of Commerce



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RUNNING YOUR BUSINESS, SUPPORTING YOUR STAFF

'Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'

No Health Without Mental Health¹

Stress, anxiety and depression cause more working days lost than any other health problem². The financial cost to British business of mental ill health is an estimated £26 billion per year – that's equivalent to £1035 for every employee³ – and some place it as high as £40 billion⁴.

Since the 2008–09 recession, there's been an increase in work stressors such as job insecurity, work intensity and inter-personal conflict at work⁵. Absenteeism causes business critical issues, as does 'presenteeism': employees under-performing and struggling to work, perhaps for fear of losing their job.

The Equality Act 2010 has meant that employers can no longer ask about health and sickness before a job offer is made. The new 'Fit Note' allows GPs to recommend someone may be fit to return to work before being fully better. And it's well recognised that people don't feel comfortable about disclosing a mental health condition for fear of a negative reaction – especially if their job's on the line.

So, how, as a manager, do you keep the business going **and** support your staff?

Someone experiencing mental health difficulties may have plenty of support for themselves – but who's there to support you?

The *MINDFUL EMPLOYER Line Managers' Resource* is written with you, as a manager, in mind. It provides very practical information and guidance on how to support staff who experience stress, anxiety, depression or other mental health conditions.

This guide is about practice – not policies. It's for you to use to complement what's already in place in your organisation and to help you feel more informed and equipped to support your staff.

Iain Tulley
Chief Executive, Devon Partnership NHS Trust

**With the right support,
people with mental health issues can & do stay in work.**

**With the right support,
you can continue to deliver your business.**

WHAT IS MENTAL ILL HEALTH?

At least 1 in 4 people will experience a mental health problem at some point in their life¹

Everybody responds differently to the stresses and strains of modern life and it is common to describe ourselves as 'depressed', 'stressed' or 'anxious' at times. For some, these feelings can become serious enough to make it difficult to carry on with normal daily activities. Indeed, 1 in 6 adults have a mental health condition at any one time¹ – and among adults of working age that can be as high as 1 in 3⁴.

The definition of mental ill health covers a very wide spectrum, from the worries and grief we all experience as part of everyday life to the most bleak, suicidal depression or complete loss of touch with everyday reality. The most common diagnosable mental health conditions are briefly described below.

STRESS, ANXIETY & DEPRESSION

For some, the link between stress and mental ill health may be a new one. We all need and, to a degree, thrive on **pressure**: it gives us energy, helps with performance and inspires confidence. But excessive pressure can lead to **stress**.

Stress may become a problem when a person feels they don't have the resources to cope with the demands placed upon them. Symptoms may be emotional (e.g. irritability, tearfulness) and physical (aches and pains, high blood pressure etc). The person may find it difficult to make decisions or perform tasks and may be unable to attend work. Harmful levels of stress can lead to mental health difficulties such as anxiety and depression.

Anxiety becomes a problem when feelings of tension and fear prevent a person from carrying out everyday tasks. People with a generalised anxiety disorder find it hard to control their worries. The ability to think with clarity can also be affected. In some cases people may suffer panic attacks or phobias. Obsessive Compulsive Disorder (OCD) is a form of anxiety where people have recurrent, intrusive thoughts, which they may feel 'forced' to act on (e.g. fears of contamination leading to repetitive hand washing).

Depression is sometimes described as mild, moderate or severe. Symptoms include feelings of deep sadness that can last for a long time (weeks or months) and are serious enough to interfere with daily life. Motivation can be affected and people may experience thoughts of life not being worth living, which in some cases can lead to suicidal behaviour.

The cause of stress, anxiety or depression may not necessarily be work-related. The person concerned may be experiencing difficulties outside the workplace such as bereavement, financial problems, relationship breakdown or other family problems. Indeed, non-work related stress, anxiety and depression cause more sickness absence than work-related difficulties⁶. At such times, work may be the 'safe place': the place where they feel supported and valued, and your role will be an important one.

About 1 in 100 people will have severe mental health condition¹ such as...

BI-POLAR DISORDER (MANIC DEPRESSION)

Both these terms are used to describe this condition where a person may 'swing' between episodes of extreme low mood and depressive symptoms to being 'high' or elated. During a manic episode a person may have high energy levels, grand or unrealistic ideas and become reckless (e.g. taking risks, overspending). People may go through the mood cycles at different rates and times.

PSYCHOSIS & SCHIZOPHRENIA

Psychosis is a term used when a person appears to lose touch with reality. Schizophrenia is the most common form but is *not* a 'split personality'. People may hear, see or believe things that aren't real to others (e.g. hearing voices, feelings of paranoia). If the illness becomes chronic (long term) the person may withdraw from the outside world and neglect themselves.

RAISING AWARENESS

65% of line managers in medium and large businesses say they would like mental health awareness training⁷. Raising awareness helps increase understanding about mental health conditions and enables managers and colleagues to support staff experiencing such difficulties.



At Durham County Council line managers play a vital role in the identification and management of stress and mental distress. For example, they are likely to see the problems causing the stress first hand and will be in the best position to notice changes in staff behaviour that may indicate a stress-related problem or mental distress.

They will often be the first point of contact and the Council believes that it's essential that line managers are equipped with the correct skills and behaviours to be able to manage these situations.

The Council has a Stress Audit Tool and provides specific training to managers in its use. The training recognises that mental health plays a significant role in absenteeism and presenteeism figures in workplaces.

Health professionals from NHS County Durham and Darlington Mental Health Improvement Team deliver this training with the aim to equip line managers with these skills; to demonstrate how anyone with any form of mental ill health can be encouraged to gain, or to be retained in, employment; to offer a forum to discuss concerns and look at solutions to identified issues surrounding mental health and emotional wellbeing.

Managers who have attended the course are very complimentary, with comments such as "A very useful course to give me the confidence to handle stress issues within my team."

**Susan Abson, Senior OD & Workforce Planning Officer
www.durham.gov.uk**

RECOVERY

People experiencing a period of mental ill health do get better

There are many different statutory, private, voluntary and charitable organisations offering help and support to people who have a mental health condition. The wide range of services on offer include telephone support lines, self help groups and advocacy services. Some may find useful information on the Internet or use the vast range of self-help literature available on any topic relating to mental health.

PSYCHOLOGICAL THERAPIES

There are many different types of therapies or 'talking treatments' which range from brief to long term. People can attend individually, with partners or families, or in a group setting. Therapy can involve talking over difficulties and feelings, changing the way they communicate or behave or make decisions that affect their lives. Some common talking treatments are counselling, cognitive behavioural therapy (CBT), and psychotherapy. Therapies can be offered through the NHS usually via GP referral or can be paid for privately. In some areas, Improving Access to Psychological Therapies (IAPT) teams have Employment Support Coordinators to provide additional help for people in work.

MEDICATION

Many people with mental health problems will be prescribed medication to help relieve their symptoms. Medication can be very effective especially if used alongside 'talking treatments', support from others and lifestyle changes. However, medication can also cause side effects or withdrawal symptoms and can require careful monitoring.

SPECIALIST SERVICES

If a person's symptoms are severe enough they may be referred by their GP to specialist or 'secondary care' mental health services. Support can be provided by Community Psychiatric Nurses, Social Workers, Occupational Therapists and Community Support Workers. They may also receive input from Psychiatrists and Psychotherapists. Some people may require a stay in hospital for specialist treatment.

RECOVERY IS POSSIBLE

Recovery is about seeing people beyond their problems, recognising and fostering the opportunities that harness their abilities, interests and dreams. Mental health conditions and social attitudes to them often impose limits on people experiencing ill health. Recovery looks beyond these limits to help people achieve their own goals and aspirations⁸. Unlike with a physical illness, it is not always possible to talk of a 'cure'. In a mental health context, recovery emphasises that while people may not have full control over their symptoms, they can have full control over their lives.

Further information about conditions, treatments and recovery is available at www.nhs.uk

A MENTALLY HEALTHY WORKPLACE

The workplace and other staff can be a source of valuable support

GETTING STARTED

*As design and manufacturing company **OKW Enclosures** discovered, it's natural to feel apprehensive and unsure about approaching the topic of mental health in the workplace.*



When we started to look at the issues of mental health awareness in the workplace, I realised that I hadn't got a clue if someone came to me with a concern or problem.

Discussing people's state of mental health is still regarded as uncomfortable. We all know sick pay reduces profits. Covering absent workers adds more pressure onto us as managers and loss of valued and talented people through absence costs more than just money. You lose a skill and ability that may be difficult to replace easily.

At one of my monthly briefings I raised the subject with my staff. This was a nervous time for me, as you're never sure how they may – or may not – react. I guess I didn't want anyone to react, as I wasn't confident I would know how to deal with a request for help. But I felt very strongly that they should all know quite clearly, that issues relating to their state of mind were important to me as an employer and would be treated with a sympathetic ear.

I felt that doing this may reduce sickness levels, and hence costs, because my staff will feel more comfortable. If we can talk about a problem, there may be a solution that we all feel happy with that keeps that person at work. This in turn can improve productivity.

Ultimately they are all individuals with their own personal situations and we as their employers should show them the respect they deserve.

Ian Cox, General Manager
www.okw.co.uk

For many people, 'work' means mobiles in the morning and Blackberries at bedtime, e-mails being sent at all times of the day and night, no such thing as a lunch break, and the office laptop being packed along with holiday suitcases. Employers have an important role in improving work-life balance and it is generally recognised that work is good for health and wellbeing⁹. Promoting practice that supports such wellbeing will help to create a more positive working environment.

Creating a mentally healthy workplace improves productivity, increases profit and brings the best out of everyone. It also costs less to support and retain experienced employees than recruit and train new ones. Good working environments can help recovery, prevent distress and reduce the likelihood of mental health conditions developing or worsening⁴.

Remember, as a line manager, you're not expected to be a therapist or a counsellor – but you do have a valuable role in promoting a productive workplace, a healthier team and a supportive environment. You won't change the culture of the organisation overnight but you may be able to take some first steps. So, why not try and aim to:

- Develop a culture where open and honest communication is encouraged, and support and mutual respect are the norm.
- Encourage an ethos where staff know it's OK to talk about mental health to help reduce stigma and misunderstanding. 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 every employee has the right level of skills for the job.
- Make sure that staff have a manageable workload.
- Operate flexible working hours (where business structures allow) so that employees can balance the demands of home life with work.
- Check the work environment and eliminate unnecessary stressors such as flickering lights or unnecessary noise as these factors can aggravate anxiety in particular.

For many employees (yourself included, perhaps), the only way they know they're doing OK is when they're not being criticised. A workplace culture where it's the norm to say 'thank you' to people for the work they've done, where ideas are welcomed and good pieces of work are acknowledged will be healthy for everyone.



SUPPORTING YOUR STAFF

*At performance and risk management company, **Covalent Software**, great emphasis has been placed on being a good employer to work for.*

Covalent Software offers an open environment where physical and mental health issues are accepted, discussed and supported. We offer flexible working with working from home and time off (in work time) for appointments. We do not link pay to performance and (shock horror!) we do not monitor or punish sick leave. We also aim to encourage a healthy lifestyle with free fruit, mineral water and herbal teas for all staff.

We provide multiple channels of communications – weekly updates, staff e-mails, intranet, blog, MSN, quarterly staff briefings, and an open door policy with managers within their team. On Fridays we finish at 4.30 and 'Meet the Neighbours' for drinks and snacks with colleagues. We reward success in a variety of ways, including BECOD (Beyond the Call of Duty) bonuses and BIB (Bright Idea Bonuses of £50) and arrange 'Anniversary Dinners' for employees (with partner) on the anniversary of their Covalent joining day. '10% Projects' encourage every employee to use 10% of their working week on a project outside their day job, such as working towards formal qualifications/training, research projects, or voluntary work.

Covalent is about being an Employer of Choice and we want to get the best out of staff and also enable staff to get the best out of Covalent by having a safe, comfortable, productive, dynamic, creative environment in which to work. We are continually looking for new and innovative ways to keep staff satisfied, whilst continuing to challenge and develop them. Ensuring that staff are happy, supported, encouraged and challenged means that we have a more productive, effective and customer-friendly team. Feedback from customers reflects this, with customers commenting that they like working with Covalent because of the 'attitude and vibrancy of staff', their 'friendly and responsive' outlook, 'approachability' and 'can do' attitude.

Tricia White, Senior Manager
www.covalentsoftware.com

LET'S TALK

Talking at an early stage is vital. But who starts the conversation?

LET'S SAY IT'S YOU...

Perhaps you've become worried about a member of staff or colleagues have raised concerns. Some of the key things to look out for are **changes** in an employee's usual behaviour. This may be poorer performance, tiredness or increased sickness absence. Maybe a normally punctual member of staff starts turning up late. Conversely, an employee may begin coming in much earlier and working later. Other signs might be tearfulness, headaches, loss of humour, changes in emotional mood or having problems with colleagues.

Alongside these insights, as a manager you'll 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.

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 I 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 offer the support that is needed.

Where performance is being affected, you may be concerned that giving criticism is going to cause your colleague distress or undermine their confidence and self-image even more. This is difficult. But it is important to be open and honest – hiding the problems won't make the situation any better. 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 if there was a problem."

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

- Don't assume work pressures affect everyone in the same way.
- Don't assume it has to do with work – it could be something going on at home that is affecting them.
- Make adjustments if a person is not coping.
- Conversations should be **positive and supportive** – explore the issues and how you can help.

AND IF THEY COME TO YOU...

In one sense, you are to be congratulated – you've created a healthier working environment, one which has given staff the confidence to think they can talk to you.

All the same, this could have been a really big step for your colleague to take. 59% of employees feel uncomfortable talking to their manager about their mental health condition¹⁰. That survey also found that the main reason for that discomfort is fear of losing their job, followed by concern about their colleagues finding out.

It's important to understand that reluctance to talk. Think back to when you have found talking to someone about something difficult. Ask yourself this question – how would you feel if you were about to tell somebody something about you that you really didn't want them to know?

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

Be clear about confidentiality and who will be told what. Explain the limits of your confidentiality – personal information is confidential but you may feel you need to seek advice from occupational health, HR or others. In such cases, agree who is going to be told what.

Agree with the employee how best to review the situation. If changes are being made, ask how they wish this to be communicated to other staff.

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

DO	DON'T
Have a conversation in a private space – maybe outside the office, in a café or somewhere where the employee feels comfortable and conversations can't be overheard.	Don't attempt to start a conversation in front of everyone else.
Make sure there are no interruptions. Switch your mobile phone off.	Don't initiate a conversation if you've got another appointment looming.
Be focused. You only need information that will help you achieve the goal of supporting your employee.	Don't attempt to diagnose. Remember you're not a doctor or a counsellor.
Ask open, non-controlling questions. For example, "I was wondering how you were doing?"	Don't ask questions that could create pressure like "What's wrong with you, then?" or "Are you stressed or something?"
Use neutral language. For example, "How are doing today?"	Don't use medical language linked to illnesses like "You seem depressed" unless the employee uses it.
Always allow the person time to answer.	Don't push for an answer. Be patient. And don't rush in with another question without listening to the answer you've been given.
Try and put yourself in the other person's position and see things from their perspective.	Don't tell the person what to do.
Make arrangements for a follow up meeting to review the situation.	Don't leave things up in the air.

Adapted from 'It's Good to Talk'
Shaw Trust – www.tacklementalhealth.org.uk

ISSUES TO TALK ABOUT

- Ask open questions about what is happening, how they are feeling, what the impact of the stress or mental health condition 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. Is it useful to discuss their established coping strategies and how the organisation can support them? 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 condition you know about.
- 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? (Don't 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 and alcohol services, legal or financial advice?
- Ask the employee if there is anything that you can do to help and make sure they are aware of any support the organisation may provide such as occupational health, counselling, Employee Assistance Programme (EAP), brief psychological therapies or health checks.
- 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 under the terms of The Equality Act if you are not informed about the problem (see also page 15).
- Does the employee have ideas about any adjustments to their work that may be helpful? These could be short or long term.
- Establish precisely what they wish colleagues to be told and who will say what to whom.
- Agree what will happen next and who will take what action.

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 and obtain their agreement to its accuracy.

RESPONDING TO DISTRESS

Emotions are a natural part of life and sooner or later it is possible 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.
- Ask if there is anyone they would like contacted or if they would like 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 coffee or a short walk to give the person time to collect themselves.
- 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 or ashamed about what has happened.
- Never just ignore the person even if you are worried how they will take your intervention, doing nothing may make the situation worse.

In all conversations, 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 (unless of course that is a genuine, factual concern which is causing distress), 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 for yourself 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.

LEADING THE WAY

Devon Partnership 
NHS Trust

In his report on staff health and wellbeing¹¹, Dr Steve Boorman wrote 'The NHS should lead the way... as part of their staff health and wellbeing strategies, NHS Trusts should put in place arrangements to identify mental health issues affecting staff and ensure that these are tackled at an early stage.'

In any management position, productivity, performance and budgets will be your motivator to improving your service or business and often the true wellbeing of your workforce can be shielded away from either through ignorance, intolerance or fear.

I strongly believe that you must treat people as you would want to be treated and that if you were to build a team culture based only on that belief then you will, over time, reap the benefits.

Building a culture of openness and an atmosphere in which people feel safe to come and talk takes time, but investing your time in building relationships, getting to know your staff, and the way they behave and respond, often allows you to pick up at an early stage changes in someone's wellbeing. The way you as a manager behave on a daily basis will impact on staff feeling able to make that first step in seeking advice and support. Being calm, fair and interested may not seem the most dynamic attributes of a manager but will by far create a lasting impression on those you work with.

For me those attributes have had a direct impact on the success of keeping someone in the workplace whilst giving them the space to recover. For another person, it allowed them to come to the difficult but honest decision to move into a role less stressful and for another to find a way to work more flexibly to support their long term wellbeing. For me, the satisfaction came in knowing they have felt listened to, supported and safe.

**Catherine Keane, Exeter Adult Locality Service Manager
www.devonpartnership.nhs.uk**

RECOGNISING WHEN PROFESSIONAL HELP IS NEEDED

Although people don't have to be 100% well to work and, in general, work is good for mental health, 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 occupational health (OH).

If you work for an organisation without HR or OH advisors you can encourage people to see their own GP and seek appropriate help. The Health for Work Adviceline (0800 0 77 88 44) provides valuable assistance for SMEs and do involve other specialist services – see page 13 for an example and page 16 for details of other organisations.

KEEPING IN TOUCH

For some, a short period of time off may be valuable & it's important to stay in touch

We've already considered the importance of communication but managers often fear that contacting someone who is off sick will be seen as harassment. However, lack of contact can actually make an employee feel less valued and less able to return and the overwhelming view from people who have experienced distress is that appropriate contact is essential.

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

If your company does have access to occupational health support, it is important to 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 THE PERSON REQUESTS NO CONTACT

Sometimes employees do not want to be contacted. Do not accept this at face value – 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, trade union official or a local vocational service. 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.

Employees have a responsibility to keep in contact and 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 them return to work.

It is worth considering a policy of 'light touch' regular contact for all people off sick. This is a neutral, non-stigmatising way to engage with all employees. A person with a mental health condition is then much more likely to react positively and as they begin to recover, contact may seem less daunting.

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. As far as possible, someone with a mental health condition should be treated in exactly the same way as with any other sickness absentee.

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 a mental health condition in an honest, matter-of-fact way – in the same way you would deal with someone's physical health problems. If the person takes sick leave you could all 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 by colleagues and respect their wishes.

Be aware of the impact one employee's mental health condition could potentially have on the rest of the team. This could be in responses to the person's particular symptoms or behaviour while unwell, any reasonable adjustments that are made and an increased workload for other 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 wellbeing 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.
- Treat all staff fairly otherwise some colleagues may show lower commitment to their job.

GETTING PAST THE ILLNESS



**HM Courts
& Tribunals
Service**

*When Gisela Wrest was off sick for 8 months from her job at the
HM Courts & Tribunals Service due to depression,
line manager Kerry Clorley maintained contact throughout.*

“I wanted to offer Gisela personal support, workplace support and occupational health referrals,” Kerry recalls. “Prior to being signed off she was an extremely competent member of staff who was and still is valued by her fellow colleagues. I felt that it was important to keep relaying that message back to her as I wanted to show her that we could get past the illness through working together. We eventually agreed a phased return in order to get her used to being back in the workplace.”

“My employers were very understanding throughout,” said Gisela. “A month before my return to work date, we planned how best to help me build up the stamina and energy to return to work. For the first couple of weeks I worked half days. I was surprised at how tired I felt. Before my illness I could work 9-10 hours per day but after 4 hours I was more than ready to go home. When I got there all I was able to do was have a cup of tea and go to bed! But if it were not for the opportunity to build up my hours, I am not sure I could have coped with a full working day and may have suffered a relapse.”

“Over the coming weeks I sat with Gisela daily to discuss tasks and how she felt she was coping,” said Kerry. “This in turn led to her being able to return to working her normal hours. So, all in all, a great success all round.”

“Kerry didn’t give up on me. The fact that she kept on saying that she wanted me back did get into my consciousness and helped me to hold onto how I used to be. I am so glad it is all over as I am sure Kerry is too. Work is keeping me on the straight and narrow and I have a very supportive manager, mother, family, friends and therapist!”

Gisela Wrest
Regional Estates Support Services Manager
www.hmcourts-service.gov.uk

Kerry Clorley
Regional Estates Performance & Compliance Manager

RETURNING TO WORK & REASONABLE ADJUSTMENTS

Most people recover completely and can resume work successfully

Talking, keeping in touch and effective planning between the individual and the line manager will maximise the chances of success. So will support and regular reviews at the early stages of return. You've made an investment in that individual and in most cases, a planned return to work will be more cost effective than early retirement or having to let them go. Before the person returns to work, meet (either at their home, in work or on neutral territory) to discuss:

- Any factors at work that contributed to their absence that could realistically be changed or accommodated.
- Things you can change about the work and the workplace and those you can't.
- What's been happening at work – social aspects as well as work developments.
- The Return to Work Action Plan – see page 14.

It can be very helpful to involve another organisation in supporting the situation – for example, the Disability Employment Advisor at the local Jobcentre Plus office and some mental health NHS Trusts have a specialist vocational service (such as Workways). They can offer help and support for you and your employee. Specialist mental health charities and employment-focused organisations may also be able to assist. Visit www.mindfulemployer.net/contact.html for details of some organisations near you.

TAKING AWAY THE PRESSURE

For **LV=**, the involvement of a supporting organisation was invaluable.



When Judith was admitted as an inpatient to her local psychiatric hospital, she was acutely unwell and any thoughts of returning to work were unimaginable. “Basic level concentration and daily functioning were very difficult for me,” she recalls. But as she improved, Judith met a patient who recommended Workways. “I built up my level of activity slowly after being discharged. The structure of appointments to keep with Workways and a workbook to work through helped with the transition back into the workplace.¹² To know that I had a third party involved took away some of the fear and pressure surrounding returning to the workplace.”

Having a family member who has bi-polar disorder, line manager Amanda felt particularly sensitive to Judith's situation. “I didn't want Judith to feel that we were ‘enquiring’ as to her health in an attempt to get her back to work for work's sake and I genuinely cared about her wellbeing,” said Amanda. “It can be difficult to get across your best intentions, so for me it was really helpful to have a third party involved that Judith trusted and felt comfortable interacting with so that we could all feel comfortable with planning a way forward.” With the agreement of Judith and Amanda, meetings with Workways planned a return to reduced hours and lighter work duties. Six months later, and Judith is working full time and on full duties.

“Judith should be really proud of and take credit for her return to work,” said Amanda. “She is a much valued member of the team and it's great to hear that she is enjoying her role and being back at work.”

“I feel as if I've never been away!” said Judith. “Workways helped with the transition of being acutely unwell to being in a position where I could manage my work duties in a supportive environment. Without the joint support of Workways and my employer it would have taken a lot longer for me to return and there was a cost saving for my company as I did not need the intervention of human resources or occupational health.”

Judith, Medical Tele Interviewer
www.lv.com

Amanda, Customer Service Manager

THE RETURN TO WORK ACTION PLAN

The Return to Work Action Plan may cover:

- Adjustments which need to be made to ease their return (see page 15 for some ideas).
- What they will say in response to the inevitable 'How are you?', 'What was wrong?' type questions they will be asked by colleagues and customers.
- Visiting the workplace – taking that first step back can be a daunting one: why not invite them in simply for a coffee and to say 'hello' to colleagues. People who have been off sick because of a mental health condition may worry about how their colleagues will react – and are often surprised when they are greeted so warmly.
- **A Phased Return** In many cases a phased or gradual return to normal hours within a fixed timescale is a key way of helping your employee back to work. There is no single pattern that suits everyone. The crucial things are a gradual 'stepped' approach and regular reviews – here's an example for someone who works 30 hours per week:

Week 1 – 3 hours per day for 3 days per week

Week 2 – 4 hours per day for 3 days per week

Week 3 – 5 hours per day for 3 days per week

Week 4 – 5 hours per day for 4 days per week

Week 5 – 6 hours per day for 4 days per week

Week 6 – normal hours

At the end of the week...

Meet to Review progress and adjust accordingly

Meet to Review progress and adjust accordingly

Meet to Review progress and adjust accordingly

Meet to Review progress, discuss overall situation and set next review

During a phased return, it's important that the employee sticks to the agreed hours. Hopefully, as they get used to being back at work, they will feel better – but they do need to resist the temptation to work longer hours.

- Discuss in advance with your employee any impact a phased return will have on their pay and whether or not they need to take annual leave to cover the non-working periods.
- Agree duties in the phased return – are there aspects of their work that cause more stress than others? If possible within the business demands, try and agree that in the phased return those duties are not part of their role or make some other adjustments to reduce negative impact.
- Talk about how colleagues will be told about the return and agree how they will be made aware that the employee will not necessarily be doing their full duties – the rest of the team will need to respect that and not make extra demands.
- Recognise that coming back to work will have its difficulties. The person may, for example, experience additional fatigue, sleep disturbance or worry about remembering how to do their job – and this may cause them anxiety or concern about their condition. Reassure them that these are normal responses for anyone who's been off for a while – and that it doesn't automatically mean they're becoming unwell again.

When an employee returns to work, make sure you and the team make them feel welcomed back. When possible, try to:

- Avoid making the person feel they are a special case – this can cause resentment both with the individual and with colleagues.
- Make sure the employee doesn't return to an unachievable backlog of work 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.

... and keep talking!

THE EQUALITY ACT 2010 & REASONABLE ADJUSTMENTS

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of barriers and/or providing extra support for a disabled worker. The duty to make reasonable adjustments aims to make sure that a disabled person has the same access to everything that is involved in getting and doing a job as a non-disabled person, as far as is reasonable. Employers have a positive and proactive duty to take steps to remove or reduce or prevent the obstacles a disabled worker or job applicant faces. Many people with a mental health condition will not consider themselves to be 'disabled' but the requirements of the Act may still apply.

Here are some ideas for providing the right support for people with a mental health condition:

Schedule Modification

- .. allowing workers to shift schedules earlier or later
- .. allowing workers to use paid or unpaid leave for appointments related to their health
- .. allowing an employee to work part-time temporarily (e.g. when first returning from absence)

Job modification

- .. arranging for job sharing
- .. re-assigning tasks among workers
- .. redeployment to a vacant position

Environment modification

- .. providing an enclosed office or partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces to help block noise (e.g. by reducing the pitch or volume of telephone rings)
- .. offering a reserved parking space (e.g. to workers with phobias or anxiety disorders)
- .. increasing 'personal space'

Policy changes

- .. extending additional paid or unpaid leave during a hospitalisation or other absence
- .. allowing additional time for workers to reach performance milestones
- .. providing a private space for employees to rest, cry, or talk with supportive co-workers

Human assistance

- .. allowing a job coach to come to the workplace
- .. participating in meetings with the worker and his or her job coach or other vocational service provider
- .. training other staff in Mental Health First Aid to provide additional support

Technological assistance

- .. providing a personal computer to enable an employee to work at home or at unusual hours
- .. providing software that allows the worker to structure time and receive prompts throughout the working day

Supervisory considerations

- .. offering additional supervisory sessions
- .. offering additional training or instruction on procedures or information
- .. offering information and training in the worker's preferred learning style

More information about The Equality Act and reasonable adjustments can be downloaded from www.mindfulemployer.net/law.html

Funding to cover some reasonable adjustments may be available through Access to Work – contact the Disability Employment Advisor at your local Jobcentre Plus office or visit www.direct.gov.uk.

There's also lots of helpful information for employers, employees and job applicants available from the Equality & Human Rights Commission (www.equalityhumanrights.com). ACAS (www.acas.org.uk) and the Health & Safety Executive (www.hse.gov.uk) have also produced valuable resources about stress at work, health and employment, related legislation and good practice.

SOURCES OF FURTHER HELP, INFORMATION & TRAINING

You have a business to run and a service to deliver – you want staff who can do the job... and information and support to help you?

Finding the right information and support can be very time-consuming. So, to help makes things easier for you, the MINDFUL EMPLOYER website aims to carry most things in one place.

www.mindfulemployer.net

- Examples of **good practice** by employers
- Details of **mental health awareness** workshops, courses, conferences and events
- Links to local, regional and national **employment and mental health organisations**
- **Booklets and leaflets** about mental health, the law and managing staff
- Information about the **Charter for Employers who are Positive About Mental Health** and a list of current signatories in your part of the UK
- Details of **Local Employer Networks** and **support services near you**
- **Links to other managers** through the MINDFUL EMPLOYER Group on LinkedIn®

Other useful sources of information and advice include:

- ACAS www.acas.org.uk 0845 7 47 47 47
- Health & Safety Executive www.hse.gov.uk
- Health for Work Adviceline – NHS advice for employers with less than 250 staff 0800 0 77 88 44
- NHS Choices www.nhs.uk – and don't forget to contact your local NHS mental health services
- Mental health organisations and charities as listed in the phone book and on the internet.

We can also put you in touch with other employers facing similar issues and direct you to local support services – contact us to talk things through on 01392 677064.

ONE FINAL COMMENT...

During the work I lead looking at the health and wellbeing of the NHS workforce, managers and staff consistently identified mental health issues as a key concern.

Simple practical steps can make a real difference and this excellent Resource provides effective, authoritative advice on the steps to be taken. This is a timely and useful aid to assist managers in their key role of supporting their staff and I am delighted to have been asked to review and support its contents.

Dr Steve Boorman
Lead Reviewer, NHS Workforce Health & Wellbeing

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