

BARGAINING ON MENTAL HEALTH POLICIES

1. How branches can benefit from bargaining on mental health

We all know how busy branches are and the large caseloads stewards deal with, and that's often alongside the day job! Sometimes we spend so much time fire fighting we can't spare time for negotiating on wider issues. However, negotiating on mental health can have significant benefits for your branch and for your work as a steward.

Branch benefits of negotiating for good mental health policies include:

- i) **By agreeing good mental health policies the number of cases requiring steward representation may be reduced, freeing up steward time;**
- ii) **Branch activists increase their knowledge of issues such as reasonable adjustments and disability leave, improving their ability to represent members;**
- iii) **Reaching out to members not previously involved in the branch can increase the branch's activist base;**
- iv) **Engagement may result in setting up a disabled members self organised group in the branch which can focus on building activists and negotiating further policy improvements;**
- v) **Agreeing successful policies can be used as a local recruitment tool to demonstrate UNISON's clout with the employer and what we can deliver for our members.**



2. How to use this guide

This guide is designed to assist branches in ensuring that organisations treat mental health with the critical importance it deserves, that procedures protect the mental health of staff in general and maximise the assistance given to workers experiencing mental health problems in particular.

The guide is arranged so that you can “dip in and dip out”, focusing on the areas that are relevant to your employer. For example, you may already have a workplace mental health policy and an engaged employer so you may want to focus more on the later sections and on specific actions to support individual members. Or you may have a disinterested or hostile employer and need to particularly look at the section on the cost to business of not taking mental health seriously.

Specifically, the materials in this guide are designed to enable branches to:

- i) Initiate discussions with an employer to highlight the importance of mental health and make the case for jointly conducting a thorough review of the organisation's policy;**
- ii) Understand the minimum legal requirements that employers must be held to in their handling of mental health;**
- iii) Tap into the resources of established mental health campaigns in pushing forward a commitment to mental health;**
- iv) Consider how union activists may participate in raising awareness of mental health and communicating the assistance available;**
- v) Set out to employers the key features within a range of core policies that are needed to create a supportive environment for mental health;**
- vi) Press for standard practices and training that enables mental health problems to be identified and effective intervention to assist workers.**

The guide is arranged in sections covering all of these key themes, with a checklist of practical steps for the branch to consider on each topic.

3. What is mental health?

3.1 Introduction

Over the last decade, public services have faced an onslaught of intensified budget cuts, reorganisations and privatisations, frequently leaving fewer workers to face rapidly increasing workloads alongside diminished terms of employment.

Against this background, it comes as no surprise that mental health has emerged as an ever more acute issue in the workplace.

Everyone has mental health, just as everyone has physical health, and we all need to take care of our mental health and wellbeing in the same way as we look after our physical health. Mental health problems are far more widespread than is commonly assumed.

Key Facts

- i) **One in four of us will experience mental health problems at some stage in our working lives (Department of Health estimate)**
- ii) **At any one time one in six of us are estimated to be experiencing depression, anxiety or problems relating to stress.**
- iii) **15% of employees attribute their condition to work alone, 65% to both work and non-work factors, and just 20% entirely to non-work issues**

Mental health problems vary markedly from clinically diagnosed conditions such as schizophrenia or borderline personality disorder through to depression and general anxiety disorder (the full range of mental health problems are set out by Mind on this [link¹](#)).

Stress isn't a psychiatric diagnosis, but it is closely linked to mental health in that stress can cause mental health problems such as anxiety and depression or make existing problems worse, while mental health problems can in turn cause stress.



One in 10 people are thought to experience depression and a further **one in 10** experience chronic anxiety.

Those experiencing conditions such as schizophrenia and bipolar are less common, with around **1 in 100** of the adult population affected.

¹ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/>

3.2 Discrimination and fear of disclosure

Despite the numbers affected, a lack of awareness of the scale of mental health problems characterises many workplaces. The issue frequently bubbles under the surface, partly because of an understandable fear of disclosure by staff, as they perceive (often correctly) that it will lead to negative reactions and consequences for their employment.

Surveys have revealed how widespread discrimination and fear are:

- i) 38% of people with mental health problems have been teased, harassed or intimidated at work;**
- ii) A quarter of those said it was by their colleagues, with 16% saying that it was by their manager;**
- iii) Nine out of 10 people experiencing mental health problems say they face stigma and discrimination;**
- iv) 43% of people would feel uncomfortable talking to their employer about mental health problems;**
- v) 95% of employees calling in sick as a result of stress gave a different reason;**
- vi) 92% of the British public believe admitting to mental health problems would damage a career.**

4. Putting the case to employers

4.1 Starting the conversation

To initiate discussions on mental health with an employer, a model letter is set out in Appendix 1 to this guide. The first step in any such communication is making the case for why mental health policies should be subject to a thorough review.

The “business case” for agreeing good workplace mental health policies includes the potential to:

- i) Cut sickness absence;**
- ii) Reduce staff turnover and costs of recruiting replacement staff;**
- iii) Absorb less management time on return to work and sickness interviews;**
- iv) Raise productivity;**
- v) Improve morale across the organisation;**

Plus, it is simply the right thing to do.



Across the economy, eight out of 10 employers have no mental health policy in place and so achieving serious progress toward effective mental health policies will require a fundamental cultural shift that embeds a wide range of entirely new policies and practices. It is unlikely that such a target can be reached without convincing an employer both of their ethical duty to their staff and of the heavy cost to their organisation of failing to address mental health adequately.

In the public sector, it is more common to find some form of mental health policy already in place, though the regular review of arrangements to assess their adequacy remains of vital importance.

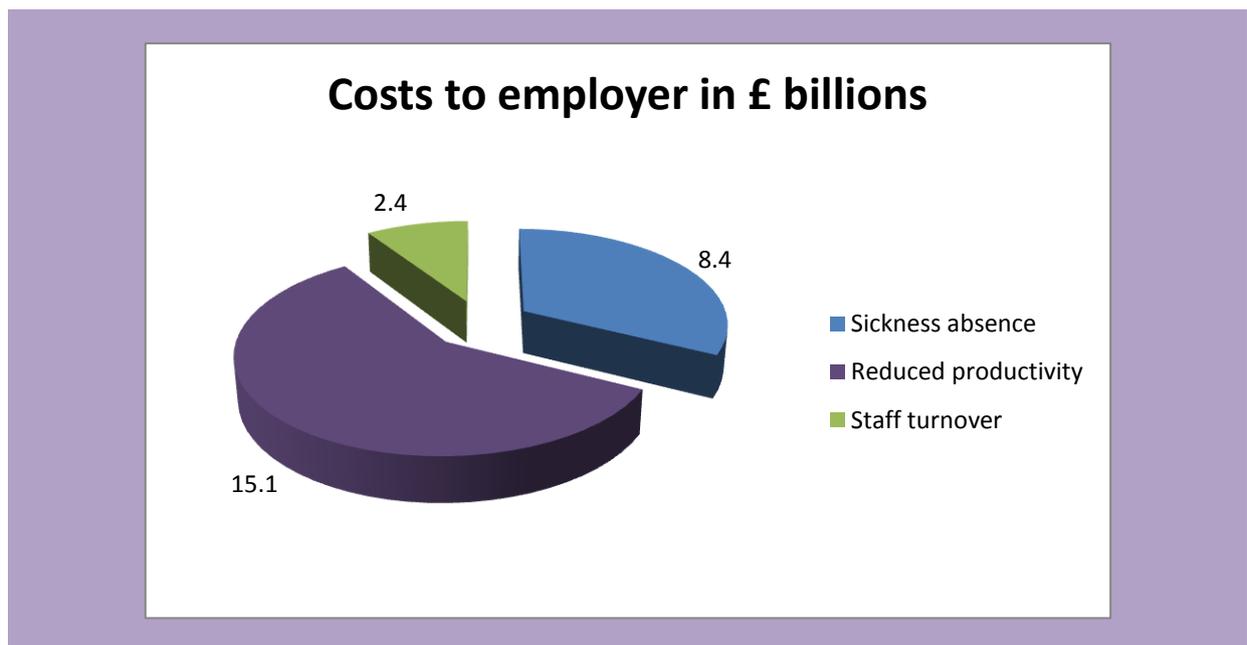
The section below sets out the startling figures on mental health that can be drawn upon in making the case to an employer, depending on which of these situations faces the branch.

4.2 Costs to employers

The impact of work in contributing to mental health problems was highlighted by an exhaustive survey by the Chartered Institute for Personnel and Development. This research found that 15% of employees attributed their condition to work alone, 65% to both work and non-work factors, and 20% entirely to non-work issues.

The full costs to business of mental health problems have been well documented by the Centre for Mental Health.

- i) Mental health problems are estimated to lead to sickness absence with a cost of £8.4 billion every year to the UK economy.
 - a. The average employee takes seven days off sick each year, of which 40% are for mental health problems². This means that mental health accounts for 70 million lost working days a year, including one in seven directly caused by a person's work or working problems. Nearly half of all long term sickness absence is caused by mental health problems.
 - b. The average spell of absence for anxiety is 21 days, rising to 30 days for depression³.
 - c. A third of all fit notes issued are for mental health problems, according to NHS Digital.



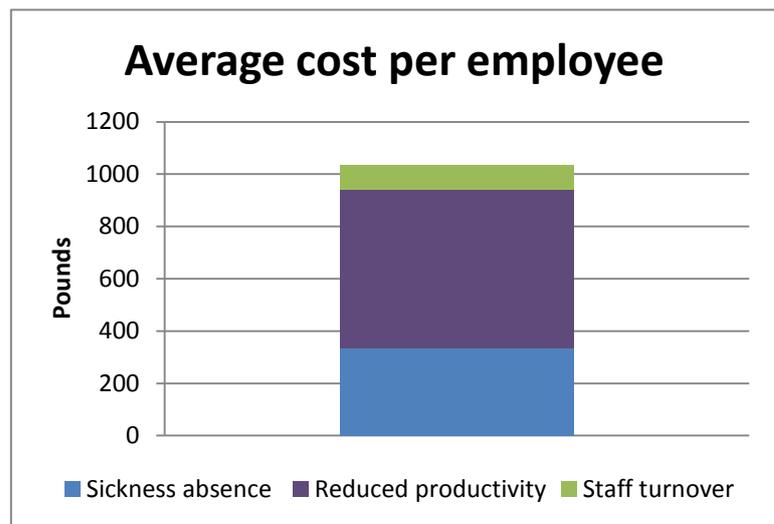
² Separate studies by the Health and Safety Executive found that mental ill health accounted for 37% of all work related ill health cases and 45% of all working days lost to ill health in 2015/16

³ Chartered Institute of Personnel and Development / Active Health Partners survey, 2007

- ii) Reduced productivity resulting from mental health problems is estimated to cost £15.1bn a year.
 - a. The ‘presenteeism’ of staff fearful of disclosing a mental health problem and taking time off carries a heavy cost both in terms of lost productivity and extended sickness absence as conditions worsen in the long term.
- iii) Staff turnover is estimated to cost £2.4 billion a year as a result of the costs of replacing staff who leave their jobs because of mental health problems.
 - a. Mental health problems are thought to contribute 5% to annual turnover figures.

Consequently, the total cost to employers of mental health problems among their staff is estimated at nearly £26 billion each year.

When these costs are spread across the UK workforce, it is apparent that, on average, employers face sickness absence costs of £335, reduced productivity costs of £605 and staff turnover costs of £95 for every employee – a total of £1,035 each year.



Mental health has a strong equality dimension. A survey conducted by UNISON in 2016 found that, whereas on average 25% of local government members had experienced a mental health problem mainly triggered by work in the last year, the figure rose to 30% among women, 36% among Black workers, 41% among LGBT workers and 51% among disabled staff.

The findings backed up general patterns seen in many studies of mental health.

For instance, women have been found to be 40% more likely than men to develop mental health problems, 75% more likely than men to report having experienced depression, and almost twice as likely as men to be diagnosed with anxiety.⁴ However, there is debate over whether such results are partly influenced by gender differences in the tendency to report mental health problems.

⁴ Professor Daniel Freeman, Oxford University

The flip side of the cost to employers of mental health problems are the benefits to employers of putting in place effective mental health policies. Two examples from major employers in the UK are set out below.

BT reported that its mental wellbeing strategy led to a reduction of 30% in mental health related sickness absence and a return to work rate of 75% for people absent for more than six months with mental health problems

EDF Energy found that it was losing £1.4m in productivity each year from mental ill health. The organisation offered psychological support to employees and trained over 1,000 managers to recognise psychological ill health and minimise effects. Productivity improvements saved £228,000. Job satisfaction rose from 36% to 68%.

4.3 Assembling local evidence

If the employer remains resistant despite the evidence, a branch survey of members may help to assemble evidence of the scale of the issue in the workplace. The questions set out in Appendix 2 of the Time to Change Mini Healthcheck, and available [here](#)⁵, can act as a useful basis for such a survey.

Confidentiality is clearly a crucial issue when conducting a mental health survey. The introduction to the survey should make clear that all individual responses will be treated as entirely confidential and questions should be avoided that are liable to lead to easy identification of the respondent. A written survey should allow return to a private location or through internal mail, but respondents are most likely to feel secure in responding through an electronic survey. Popular survey web sites such as [Survey Monkey](#) will generally provide an “anonymous” option which means that the IP address of the respondent’s computer is not recorded.

⁵ https://www.time-to-change.org.uk/sites/default/files/Time%20to%20Change%20Mini%20Healthcheck%20for%20Employers_2.pdf

5. The law and mental health

Though it is important to secure the voluntary commitment of an employer to advancing mental health policies, there are some steps in dealing with mental health problems that are not optional but are required under the law. An organisation's policies have to follow procedures that recognise these fundamental duties for protecting the mental health of staff.

5.1 Health and Safety Regulations

Health and safety legislation imposes a general duty of care on employers in their treatment of staff that has major implications for staff experiencing mental health problems.

The Health and Safety at Work Act 1974 and the Health and Safety at Work (Northern Ireland) Order 1978 require employers to ensure the health, safety and welfare of their employees as far as reasonably practicable.

The Management of Health and Safety at Work Regulations 1999 and Management of Health and Safety at Work Regulations (Northern Ireland) 2000 go on to require employers to assess the risks of ill health arising from work related activities, ensuring that the hazards are removed or proper control measures are in place to reduce the risk so far as is reasonably practical. Therefore, this duty includes identifying issues that may cause or worsen mental health problems.

Under these regulations, safety reps have the right to be consulted on who carries out risk assessments and any changes that affect health and safety of their members.

The Safety Representatives and Safety Committees Regulations 1977 give further rights for safety reps of value in pursuing mental health protections, most notably through the right to investigate health and safety matters and the right to inspect the workplace at least four times each year.

UNISON's detailed explanation of these regulations are set out in the following documents:

- i) The Health and Safety "Six Pack"
<https://www.unison.org.uk/content/uploads/2016/05/23568.pdf>
- ii) Risk Assessments
<https://www.unison.org.uk/content/uploads/2014/07/On-line-Catalogue221002.pdf>
- iii) Disability and Health and Safety
<https://www.unison.org.uk/content/uploads/2016/12/24124-1.pdf>
- iv) Health and Safety Inspections at Work
<https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue194653.pdf>
- v) Safety Representatives and Safety Committees
<http://www.unison.org.uk/catalogue/23188>



The implications of this legislation are set out in more practical terms within section six of this guide on changing workplace policies.

5.2 Equality Act

The Equality Act 2010 provides legal protections against discrimination in the workplace and a person experiencing long term mental health problems may be covered by the protected characteristic of disability. The Act, which applies to England, Scotland and Wales, requires that the employer:

- i) Makes reasonable adjustments**

This duty is at the heart of disability discrimination law. Employers must make “reasonable adjustments” to make sure that disabled workers, including those experiencing mental health problems, are not substantially disadvantaged in carrying out their jobs.
- ii) Avoids direct discrimination**

It is unlawful for an employer to treat a worker less favourably because of their condition or impairment than they would treat a person without that particular condition or impairment.
- iii) Avoids direct discrimination by association**

It is also unlawful to treat a worker less favourably because of their association with a disabled person eg a carer of a disabled person.
- iv) Avoids discrimination arising from a condition or impairment (a disability)**

It is unlawful to treat the worker unfavourably because of something arising as a result of their condition or impairment. For example, discrimination against someone who needs to work in a quiet space as a result of their condition or impairment.
- v) Seeks to prevent harassment**

Harassment takes place where, for a reason that relates to the disabled worker’s condition or impairment, or of someone the worker is associated with, the harasser engages in unwanted conduct which has the purpose or effect of violating the worker’s dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for the worker.
- vi) Avoids indirect discrimination**

Indirect discrimination occurs where the employer applies a provision, criterion or practice generally, which puts a disabled worker and others who have the *same* condition or impairment at a particular disadvantage. The only exception to this rule is where the employer can prove that applying the provision, criterion or practice is a proportionate means of achieving a legitimate aim.
- vii) Seeks to prevent victimisation**

Victimisation occurs when a worker is punished or treated differently as a result of complaining about disability discrimination or complaining that the employer has not made reasonable adjustments.
- viii) Avoids pre-employment disability or health enquiries**

Enquiries about the health and disability status of an applicant are not permitted before a job has been offered (on a conditional or unconditional basis). The only exceptions are where the questions are to determine whether the candidate will need reasonable adjustments to be able to undergo an interview / job assessment or to assess whether a candidate can fulfil a function that is “intrinsic” to the job.

To be protected under the Equality Act a person has to have a physical or mental impairment which includes a mental health problem that “has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.” To qualify as “long-

term,” the condition has to last or be expected to last at least 12 months, though fluctuating conditions are accepted to lie within this definition when repeated occurrences extend beyond the 12 months.

These rights can only be enforced if the employee has disclosed that they are disabled and so the employer is aware of it.

UNISON’s comprehensive [“Proving Disability and Reasonable Adjustments” guide](#) advice on proving that an employee is disabled in accordance with the legal definition of disability and making the case for reasonable adjustment, along with some specific advice on those topics for mental health problems, can be accessed by stewards.

In **Northern Ireland**, different legislation applies. Section 75 of the Northern Ireland Act 1998 places a statutory obligation on public authorities in carrying out their various functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity.

The Disability Discrimination Act (DDA) 1995 requires public authorities to have due regard to the need to:

- i) promote positive attitudes towards disabled people;
- ii) encourage the participation of disabled people in public life.

The Act adopts the same definition of disability as the Equality Act and imposes the same requirement to make reasonable adjustments.

The Disability Discrimination (Northern Ireland) Order 2006 strengthened and extended the coverage of the DDA, increasing the scope of legislation to include more disabled people. For example, people with mental health problems no longer had to prove their condition was “clinically well-recognised”.

5.3 Public Sector Equality Duties and other legislation

The Public Sector Equality Duties detailed in the Equality Act place a general requirement on public bodies to have due regard to the need to:

- i) eliminate discrimination
- ii) advance equality of opportunity
- iii) foster good relations between different people when carrying out their activities

Therefore, a public sector organisation’s policies have to be consistent with achieving these three goals for people with mental health problems and the impact of organisational change on people with mental health problems also has to be considered in terms of these factors. The greater incidence of mental health problems among groups defined as possessing “protected characteristics⁶” under the Equality Act makes these duties an even more vital tool for advancing equality within an organisation.

⁶ The Equality Act defines protected characteristics in terms of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation

UNISON's general advice on the equality duties is available at <https://www.unison.org.uk/get-help/knowledge/discrimination/equality-duties/>
Specific local government guidance on using the duties to fight local cuts is available at <https://www.unison.org.uk/content/uploads/2017/09/24577.pdf>
The TUC also offers advice on utilising the equality duties effectively at https://www.tuc.org.uk/sites/default/files/extras/equality_toolkit.pdf

The Human Rights Act offers further protections that are summarised by the mental health charity Mind on this [link](#)⁷. Most specifically, it reinforces protection against discrimination for staff experiencing mental health problems under Article 14, though the conditions under which this right can apply are more limited than that of the Equality Act.

Step 1 Checklist

Initiate discussions with the employer to review the organisation's policies in terms of promoting mental wellbeing and supporting staff with mental health problems.

The case for a review should highlight the following points:

- a. The information set out above on the scale of mental health conditions in the workforce, the widespread fear of disclosure and the immense cost to employers through sickness absence, reduced productivity and higher staff turnover
- b. If needed, a confidential survey among members can bolster the case and bring home to the employer the issues that they face
- c. The necessity to regularly review policies to ensure that they are in accordance with legal requirements for protecting mental health, most notably:
 - i) Health and safety legislation
 - ii) The Equality Act (or equivalent legislation in Northern Ireland)
 - iii) The Public Sector Equality Duties (if applicable to the employer)



⁷ <https://mind.org.uk/information-support/legal-rights/human-rights-act-1998/overview/#.Wi-wEWzivcs>

6. Making a public commitment

A valuable starting point for any major overhaul of mental health policies may lie in encouraging an employer to sign up to one of the widely supported initiatives outlined below. Such a statement of public commitment from senior management can only assist in driving forward a mental health and wellbeing programme and the initiatives both offer a ready-made source of materials for practical implementation of a programme.

Mindful Employer

The Mindful Employer campaign is an NHS initiative run by Workways, a service of Devon Partnership NHS Trust. It aims to support people with a mental health problem to find or remain in employment. Developed as a purely local initiative, it has since spread throughout the UK to the point that it is now recommended as good practice by the government.



The initiative seeks to help employers deliver support for staff who experience stress, anxiety, depression or other mental health problems, through easy access to information on the law, good practice, managing mental health, training and organisations engaged in mental health.

Part of the initiative is a “Charter for Employers who are Positive About Mental Health,” which has been signed by over 1,200 employers since the initiative began in 2004. The charter does not represent an accreditation or a set of quality standards but is simply a statement of commitment to adapting recruitment and workplace arrangements to assist people with mental health conditions.

Signatories to the charter now include such employers engaged in delivering public services as the Care Quality Commission, Department of Health, Department for Work & Pensions, Great Ormond Street Hospital, HM Courts & Tribunals Service, Public Health England, Serco, The Children's Society, RWE UK, Leeds Teaching Hospitals NHS Trust and University of the West of England.

A copy of the charter is set out at Appendix 2. For more information, visit: www.mindfulemployer.net

Time to Change

Time to Change is a campaign run by the charities Mind and Rethink Mental Illness to challenge the stigma and discrimination facing people with mental health problems.

The campaign encourages employers to make a pledge that requires development of a plan detailing the tangible actions planned to tackle mental health stigma and discrimination within the workplace. After the plan goes to Time to Change for review, the employer is then recognised as a Time to Change Employer.

The 500 employers that have signed the pledge⁸ include around 100 health employers (mainly NHS trusts and Clinical Commissioning Groups detailed [here](#)), almost 100 educational institutions (mainly universities, but also some colleges and schools, detailed [here](#)), close to 90 central and local government employers (detailed [here](#)) and a range of voluntary organisations (detailed [here](#)). The police services for Leicestershire Police, Kent and Hampshire are signed up, as are utility employers National Grid, E-on, Severn Trent Water, Canal & River Trust and Thames Water. Major private contractors delivering public services are also on the list, in the form of Compass Group, Bluebird Care, Carillion and Mitie. UNISON itself has also signed up as a Time for Change employer.

Time to Change can act as a tremendous source for generating a mental health campaign, drawing on their range of leaflets, posters and social media graphics, which can be customised by any organisation and are available at

<https://www.time-to-change.org.uk/resources/create-download-materials>

For more information, visit www.time-to-change.org.uk/time-to-change-your-workplace



While Mindful Employer is a UK-wide initiative, Time to Change focuses on England and Wales.

The Scottish Association for Mental Health offers organisations the opportunity to become a corporate partner at

<https://www.samh.org.uk/get-involved/workplace/become-a-corporate-partner>

In Northern Ireland, Mindwise similarly offers charity partnership status at

http://www.mindwisenv.org/index.php?option=com_content&view=article&id=86&Itemid=111

The full range of mental health campaign organisations is set out in Appendix 3 and includes the charities working specifically in the four nations.

⁸ <https://www.time-to-change.org.uk/get-involved/get-involved-workplace/pledged-employers>

7. Raising awareness

Changing the culture of an organisation is likely to require an extensive awareness raising programme that outlines the different forms of mental health problems and their prevalence across workplaces.

The goal of such a programme is to help staff take an understanding approach to people with mental health problems and begin to encourage those experiencing mental health problems to believe that their employer will take a supportive approach to disclosure.

UNISON is well placed to assist in any programme for raising mental health awareness among the workforce and communicating policies to assist people with mental health problems.

The whole of the branch is responsible for raising awareness about mental health. However there are some key branch activists who will be able to offer specialist experience and resources in undertaking this work.

In their role of supporting members with lifelong learning and skills for life, **Union Learning Reps** can educate staff through materials explaining mental health problems and direct staff to training available on assisting people experiencing mental health problems.

Similarly, in their role of ensuring members with welfare issues receive effective support, **Branch Welfare Officers** can signpost access to support services and information on mental health problems.



UNISON's own welfare charity, There for You, offers advice to members on obtaining support. There for You can be contacted by telephone on 0207 121 5620 and its services are explained at <https://www.unison.org.uk/get-help/services-support/there-for-you/>

Union reps can also draw on the advice set out in UNISON's Mental Health Matters guide, produced in conjunction with Mind, at <https://www.unison.org.uk/content/uploads/2017/04/24299.pdf>. Though principally focused on emergency workers, the guide includes general advice on how to assist people with mental health problems.

UNISON's own training courses include the core Mental Health at Work two-day course and UNISON Wales has developed a highly successful Mental Health Champion course. For details, members should be encouraged to contact their Union Learning Reps.

Many branches will have **equality officers** or **disability officers** who can offer the branch more specialist support in raising awareness of mental health problems in the workplace.

The branch may also want to consider establishing a branch disabled members self organised group so the experience of members is central to discussions with the employer. For more information on setting up a self organised group see UNISON's guidelines - <https://www.unison.org.uk/content/uploads/2014/05/On-line-Catalogue222252.pdf>

However, awareness raising has to be coupled with concrete changes to policies and practices if a mental health programme is to go on to make a convincing case that a supportive environment has been established. It is only on this basis that an organisation will be able to communicate clearly to staff the procedure for raising mental health problems, the

range of adjustments that can be made to help them in the workplace and the kind of assistance the organisation will provide.

Step 2 Checklist

- a. Encourage employer to make a high level commitment to a widely recognised mental health pledge or charter
- b. Highlight union capacity to assist in raising awareness of a mental health programme
- c. Consider seeking establishment of a joint employer / union working group to oversee taking forward the mental health programme.
- d. Consider setting up a branch disabled members self organised group



8. Changing workplace policies and practices

As noted earlier, stress is not a mental health condition, but it is a known factor in exacerbating mental health problems in the workplace.

Therefore, the control of stress is a crucial component in creating a working environment that minimises the incidence of mental health problems.

The Labour Force Survey has consistently identified that by far the most common cause of stress is workload. However, lack of support, facing some form of violence, threats or bullying in the workplace, and changes to working arrangements also figure prominently.

Against this background, the Health and Safety Executive (HSE) management standards⁹ frame assessment of the workplace in the following terms:

- i) Demands - encompassing workloads, conflicting priorities, unrealistic deadlines, emotional demands
- ii) Control - how much say a worker has in the way they do their work
- iii) Support - the support and encouragement workers get from their employer, manager and colleagues
- iv) Relationships - including procedures for managing conflicts and dealing with unacceptable behaviour
- v) Role - ensuring workers understand their roles and that these roles do not conflict
- vi) Change - how employers manage and communicate organisational change

For assessing these factors it recommends use of the indicator tool at

<http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf>

UNISON's general advice on tackling stress in the workplace is available on this link

<https://www.unison.org.uk/content/uploads/2014/10/On-line-Catalogue227032.pdf>

And UNISON's Stress Toolkit, for use with the HSE management standards, is available at

<https://www.unison.org.uk/content/uploads/2017/10/24660.pdf>

However, to take effective steps in controlling stress factors in the context of mental health will require a range of agreements that embed protection of mental health across workload, flexible working, bullying and harassment, organisational change, recruitment, supervision and sickness absence policies.

Guidance on agreeing model policies in all of these areas is set out in below. Even if your branch already has these policies in place, it is advisable to review them regularly in the light of best practice.

8.1 Workload policies

UNISON has specific guidance on reaching a workload agreement with an employer which is set out in full on this link - **Workload agreement**¹⁰. However, to successfully tackle workload as a major factor influencing mental health an employer should be pressed to deliver policies that expand on the following key points:

⁹ <http://www.hse.gov.uk/pubns/wbk01.pdf>

¹⁰ <https://www.unison.org.uk/content/uploads/2016/02/NEGOTIATING-A-WORKLOAD-AGREEMENT-WITH-THE-EMPLOYER.pdf>

- i) Recognition of the detrimental effect of consistently working in excess of contracted hours;
- ii) A commitment to monitor working hours arrangements to always ensure compliance with Working Time Regulations¹¹ in terms of limits on working time, gaps between start and finish times, rest breaks and annual leave;
- iii) A commitment to use the HSE indicator tool to identify parts of the organisation where workload pressures are excessive and take action to reduce workload;
- iv) A commitment to train managers to identify where workloads are exerting excessive pressures, take action to reduce or reallocate workloads, as well as work with staff in prioritising demands as part of workload management;
- v) A commitment to encourage staff to raise workload concerns, investigate those concerns and take appropriate action;
- vi) An appeal procedure to allow staff to raise workload concerns outside of their immediate line manager without immediately entering into an official grievance procedure;
- vii) A commitment to encourage staff to take their full annual leave and planning of workloads to maximise the opportunity to take leave

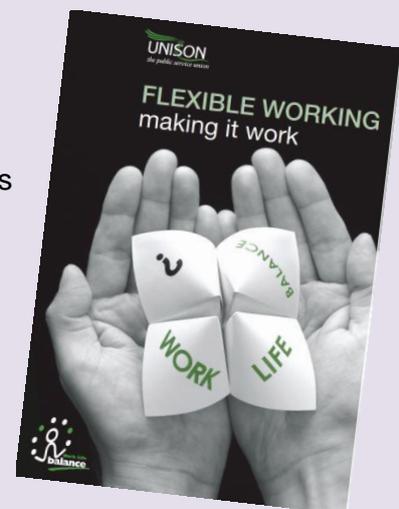
UNISON has an important role in assisting members to enforce their case for action on workloads by encouraging affected staff to record their hours worked.

8.2 Flexible working policies

Providing a range of flexible working options to staff helps maximise the chances of reducing mental health problems arising in the workplace by providing greater control over work-life balance. They also offer a ready-made set of options for workplace adjustments when mental health problems do arise.

UNISON's full guidance is available on the link [here](#)¹². The most common forms of flexible working that the employer should commit to provide are:

- i) Part-time working;
- ii) Flexitime, to vary start and finish times from the standard around a core time period;
- iii) Job sharing;
- iv) Compressed hours, such as a nine-day fortnight;
- v) Homeworking (though special care should be taken with this option, as set out later in this guide).



Employees with 26 weeks or more service have a statutory right to request flexible working and employers can only reject a request if they have a "sound business reason." However, agreements should seek to allow consideration of flexible working as early as possible after the commencement of employment.

¹¹ <https://www.unison.org.uk/content/uploads/2017/07/Hours-and-leaveJuly2017.pdf>

¹² <https://www.unison.org.uk/content/uploads/2014/09/On-line-Catalogue225422.pdf>

8.3 Bullying and harassment policies

The clear communication to staff of the organisation's bullying and harassment policy should act as a statement of how seriously the issue will be treated in relation to mental health problems, thereby serving both as a warning to perpetrators and as a helping hand to those experiencing bullying and harassment.

The policy should acknowledge that bullying and harassment around mental health problems may take the form of:

- i) Making public the nature of the person's mental health problem without consent;
- ii) Using offensive and discriminatory language to describe a person or their mental health problem;
- iii) Spreading malicious rumours about the person's mental health problem or their behaviours;
- iv) Belittling, ridiculing or undermining the person due to their mental health problem;
- v) Excluding the person from workplace or social activities.



UNISON's general advice is available on the [bullying and harassment web page](#)¹³, which carries the [Harassment at Work Guide](#)¹⁴ (containing a model Dignity at Work policy on page 27) and the [Tackling Bullying at Work Guide](#)¹⁵.

8.4 Organisational change policies

In order to establish a working environment where the management of change protects mental health effectively, the union should press for the following from the employer:

- i) Recognition that the uncertainty created by organisational change can greatly aggravate stress and lead to a greater incidence of mental health problems.
- ii) A commitment to conduct change through fair and consistent procedures that put communication with staff, listening to staff concerns and addressing staff concerns through negotiation with trade union representatives at the heart of the process.
- iii) A full set of procedures that can go some way toward achieving that goal, as set out in UNISON's **Model organisational change agreement**¹⁶
- iv) Recognition that the consequences of large scale change on mental health should form part of equality impact assessments, with a commitment to gauge the risks, consider the groups most affected and act on the findings of the assessment.

¹³ <https://www.unison.org.uk/get-help/knowledge/discrimination/bullying-and-harassment/>

¹⁴ <https://www.unison.org.uk/content/uploads/2014/05/On-line-Catalogue223942.pdf>

¹⁵ <https://www.unison.org.uk/content/uploads/2013/07/On-line-Catalogue216953.pdf>

¹⁶ <https://www.unison.org.uk/content/uploads/2016/01/Model-organisational-change-policy.docx>

8.5 Recruitment policies

Considerations about the mental wellbeing of staff should shape policy from the first engagement with a potential employee and induction of successful candidates into the organisation. An employer should be pressed to set out policies that:

- i) Recognise that employment of staff with mental health problems assists the organisation in developing mental health policies based on the real experience of people who face such conditions.
- ii) Require that recruitment materials make clear the importance that the organisation attaches to providing a supportive environment to staff with mental health problems.
- iii) Commit to job descriptions that give realistic information about the stresses and demands of a work role, especially any intensive work periods with tight deadlines.
- iv) Commit to person specifications that set out the demands of the job in terms of qualifications and competence rather than personality types, and the mental / emotional elements required are clear.
- v) Acknowledge that Section 60 of the Equality Act makes the asking of questions about disability and health before making a job offer unlawful, unless they can be justified under the following exceptional circumstances:
 - To test whether an individual can take part in a interview selection test or reasonable adjustments are necessary for the interview;
 - To find out of whether an individual can carry out an “intrinsic” requirement of a job (the example frequently cited is the ability to climb a ladder for a scaffolder, however in the context of mental health an emergency worker may legitimately have to deal with shocking injuries);
 - Where a form of disability is a requirement of a job;
 - To monitor diversity;
 - To enable some form of positive action to be taken for disabled people .
- vi) Ensure confidentiality for any essential disclosure by keeping questions separate from application forms and unseen by the recruitment panel unless absolutely necessary for a reason set out above.
- vii) Establish an explanation of the range of support staff can expect when experiencing mental health problems as part of induction processes.
- viii) Establish a mentoring scheme to help support new members of staff in getting to grips with their role or a buddy system which enables colleagues to support other colleagues outside the official line-management structure. (The branch may want to consider whether health and safety / welfare reps can help fulfil such roles.)

8.6 Supervision policies

One of the most crucial dimensions of effective mental health policy lies in the practices established for everyday engagement between staff and managers. The key features of these practices are covered in the section below on training in handling mental health problems. However, as a background to this training, the employer should be pressed to set out a commitment to the following procedures:

- i) Regular one-to-one meetings between staff and their line managers to allow issues to be raised on both sides.
- ii) A clear “open-door” policy to allow staff to raise concerns outside of scheduled meetings.
- iii) An assurance of confidentiality in the handling of issues raised.
- iv) An alternative path for staff to raise concerns outside their immediate line manager in case of difficulties in the relationship.
- v) Special arrangements for staff working in isolation (possibly because of extensive homeworking or because their work takes them on regular visits away from the workplace base) that specify clear and regular lines of communication, such as monthly meetings or regular phone catch-ups.

8.7 Sickness absence appraisal, capability and disciplinary policies

Policies on sickness absence, capability, appraisal, and disciplinaries require protections for people with mental health problems if they are not to perpetuate discrimination. The most important practical steps to achieve this are:

- i) Establish paid disability leave for people experiencing mental health problems rather than recording their absence as sick leave. (The EHRC Code of Practice states that “although employers are not automatically obliged to disregard all disability-related sickness absences, they must disregard some or all of the absences by way of an adjustment if this is reasonable. If an employer takes action against a disabled worker for disability-related sickness absence, this may amount to discrimination arising from disability.”)
- ii) Where mental health problems remain classified within sickness absence policy, establish exemptions that recognise that time off for mental health problems should not act as a trigger for action against an employee.
- iii) A clear commitment to respect the advice set out by a GP as part of a Statement for Fitness for Work, occupational health services as part of a Fit for Work assessment or medical specialists through an employee assistance programme.
- iv) Insert clauses into appraisal, capability and disciplinary procedures that:
 - Provide an opportunity for staff to disclose mental health problems impacting their work;
 - Require consideration of whether a mental health problem is impacting on the ability of staff to conduct their role and whether workplace adjustments would address any issues;
 - Recognise that it may be appropriate for a union rep to act on behalf of a

member facing a mental health problem to express their views and concerns effectively.

UNISON has a host of guides and model agreements that can be used as a template to assist in negotiating on these issues:

[Disability leave guide](#)¹⁷ / [Sickness absence guide](#)¹⁸ / [Model appraisal procedure](#)¹⁹ / [Model capability procedure](#)²⁰ / [Model disciplinary procedure](#)²¹ / [Model fit note agreement](#)²²

Some organisations may also have established [occupational health policies](#)²³ that should be reviewed to ensure they are consistent with any amendments to the areas set out above.

¹⁷ <https://www.unison.org.uk/content/uploads/2016/09/Disability-leave-factsheet.pdf>

¹⁸ <https://www.unison.org.uk/content/uploads/2014/11/On-line-Catalogue226602.pdf>

¹⁹ <https://www.unison.org.uk/content/uploads/2016/10/Model-appraisal-procedure.docx>

²⁰ <https://www.unison.org.uk/content/uploads/2016/05/Model-Capability-Procedure.docx>

²¹ <https://www.unison.org.uk/content/uploads/2016/10/Model-disciplinary-procedure.docx>

²² <https://www.unison.org.uk/content/uploads/2014/06/TowebModel-Fit-Note-Agreement1.doc>

²³ <https://www.unison.org.uk/get-help/knowledge/health-and-safety/occupational-health/>

National Grid Case Study

National Grid initiated a hugely successful mental health campaign in 2012.

The campaign started by specifying its key mental health targets:

- i) Address the stigma and discrimination associated with mental health problems;
- ii) Improve line manager capability and confidence;
- iii) Improve mental health “literacy” across the organisation;
- iv) Embed mental wellbeing into HR policy and practice;
- v) Provide an ongoing platform of support and material to sustain awareness and capability beyond the programme;
- vi) Attain recognition from Mind and Business in the Community as a mental health champion.



To achieve those goals, the organisation defined three forms of “intervention”:

- i) Primary interventions built around raising awareness across the workforce and preventing mental health problems occurring with targeted activity guided by use of the HSE stress indicator tool;
- ii) Secondary interventions to help at risk employees and teams maintain mental health, with training of managers and provision of information a key component;
- iii) Tertiary interventions utilising specialist support to help employees recover their mental health.

Within this framework, it then developed specific actions which included:

- i) Production of a range of Time to Change branded materials carrying an “elephant in the room” logo;
- ii) Establishing manager and employee guides, as well as an infonet site;
- iii) Promotion of support for employees and managers;
- iv) Recruitment of a “buddy network;”
- v) Promotion of the campaign on the back of key mental health events - Time to Change Day, Mental Health Awareness Week and World Mental Health Day;
- vi) Promotion of the Employee Assistance Programme

As a result, the National Employer Wellbeing Survey run by Business in the Community over 2016 found National Grid far outperforming national averages in all key indicators of mental health support.

Step 3 Checklist

- a. Take effective steps to creating a working environment that assists the mental health of all staff and puts in place supportive procedures for staff experiencing mental health problems by pressing for a full review of policies.
- b. Target employer commitments on the key areas of workload, flexible working, bullying and harassment, organisational change, recruitment, supervision, sickness absence, appraisal, capability and disciplinary policies.



9. Targeting support

Having established a general background of mental health procedures across a range of policies, consideration then has to be given to practical steps for targeting assistance where it is most needed and training in practices that effectively apply those procedures in the daily work of the organisation.

For an overview of mental health problems in the workforce, employers should be encouraged to commit to a regular assessment on at least an annual basis. Analysis of data on sickness absence, turnover rates, disciplinary and grievance incidents can provide a pointer to where mental health problems are most acute and a regular workforce survey will add greatly to the picture. The questions set out by the Health and Safety Executive in its stress indicator tool²⁴ are designed to identify where the pressure points are at their greatest in an organisation.

At a departmental level, this can act as a cue to conducting a risk assessment which should then lead to taking steps that reduce the factors causing stress.

UNISON's full guidance on how to check your employer's risk assessments is available at <https://www.unison.org.uk/content/uploads/2014/07/On-line-Catalogue221002.pdf>

Such analysis can be of great value in addressing issues at a departmental level. However, the ability to step in to help individuals will be closely linked to the quality of training given to managers.

Safety reps have an important role in examining employers' risk assessments and deciding whether they are suitable and sufficient.

The essential feature of risk assessments is that they are systematic and thorough, looking at what happens in real workplaces, not what employers believe *should* happen.



To ensure that risk assessments are adequate, safety reps should consider:

- i) Talking to people who do the jobs and have practical understanding of the hazards and risks involved;
- ii) Observing what happens by inspecting the premises;
- iii) Checking the written assessment and plans and make sure that all the risks are being covered. A clear strategy to improve health and safety in the workplace should be represented;
- iv) Checking that it's clear who is responsible for implementing the action;
- v) Challenging shortcomings;
- vi) Agreeing priorities for action with the employer.

²⁴ <http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf>

9.1 Training managers

Lack of awareness of mental health problems, inability to recognise symptoms and lack of confidence in knowing how to intervene constructively to support staff are commonplace among managers.

Training managers is of critical importance in the success of mental health policies as they will often set the tone for departmental attitudes toward mental health and are pivotal to early intervention and providing the assistance needed for staff to maintain their wellbeing.

9.1.1 Training in spotting early warning signs

Training should help managers to spot the physical, psychological and behavioural signs of mental health problems, as well as the potential triggers for mental health problems.

As noted earlier, common triggers at work can include:

- i) Long hours and no breaks;
- ii) Unrealistic expectations or deadlines;
- iii) High-pressure environments;
- iv) A poor working environment;
- v) Unmanageable workloads or lack of control over work;
- vi) Negative relationships or poor communication;
- vii) Poor managerial support;
- viii) Job insecurity or change management;
- ix) Lone working.

Beware “resilience”

Branches should be wary of any programme for supporting mental health that seeks to incorporate “resilience” training for staff.

These programmes can often be used to shift the focus away from what the organisation should be doing to manage health and safety in the workplace, towards finding reasons to blame employees when something goes wrong.

UNISON is very clear that this approach is not good health and safety management.

Employers might rightfully help workers to develop coping mechanisms, strategies, or resilience in some particularly stressful workplaces, such as those facing social workers or nurses.

However, it is not appropriate to use such training simply as a means to try to make staff cope with the stress and ill-health symptoms caused by ever increasing amounts of work. Rather “resilience” should be built into workplace processes so that they do not generate prolonged excessive pressures on staff.

UNISON’s full guide on Resilience and Well-Being is available at <https://www.unison.org.uk/content/uploads/2016/10/24053.pdf>

9.1.2 Training in intervention

When mental health problems are identified, training should assist managers in knowing how to establish honest, open communications.

The key features of intervention are that managers should:

- i) Ask simple, open and non-judgmental questions that let people explain in their own words about their mental health problems, the triggers, how it impacts on their work, how their work impacts on their mental health and what support they need.
- ii) Not make assumptions about symptoms and the impact on the ability of an individual to do their job.
- iii) Listen to people and respond flexibly – everyone’s experience of a mental health problem is different so support will need to be adapted to suit the individual and involve people as much as possible in finding solutions to any work-related difficulties they’re experiencing.
- iv) Ensure confidentiality – people need to be reassured of confidentiality. Disclosures about mental health problems are sensitive information that should be shared with as few people as possible as the starting point. However, it may be appropriate to discuss with the individual what information they would like shared and with whom.
- v) Recognise that different types of mental health problems will require different types of responses. Some mental health problems may be more heavily affected by factors under workplace control than some others, which may be brought on or exacerbated by personal issues such as illness, bereavement or financial worries.
- vi) Work with the employee in conducting a risk assessment of the factors that may exacerbate a mental health problem. A risk assessment can be as simple as a discussion, but where appropriate it may require a more detailed examination of the factors impacting on an individual’s experience of working life.
- vii) Out of the risk assessment develop an action plan for providing adjustments that help remove the barriers that impact on the worker’s ability to carry out their job and develop a timetable for reviewing progress (some organisations utilise Wellness Recovery Action Plans (WRAPs) or Wellbeing Action Plans (WAPs) to frame these action plans). Examples of adjustments that can be considered are set out below.

Oxford University utilises Wellness Action Plans as part of their mental health policies, which include the following dimensions:

- a. Details of agreed adjustments to help the individual stay healthy in the workplace.
- b. A list of factors that can contribute to the individual becoming unwell.
- c. Early warning signs of an individual’s deteriorating mental health, and how they would like their employer to respond.
- d. Signs that the individual is unwell and how they would like the employer to respond.
- e. Contact numbers for the employer to call if concerned about the individual’s health.
- f. Agreement as to who may see the form.
- g. Signatures from employer and individual that the plan expresses their agreement.
- h. Review date.

The Employer's Forum on Disability provides a Tailored Adjustment Agreement Template, available [here](#)²⁵, to help begin and record a discussion on workplace adjustments between a disabled employee and employer.

“Reasonable adjustments” are only a legal requirement where an individual fulfils the definition of disability outlined earlier in this document, but branches should argue that adjustments should be available to anyone in the organisation experiencing mental health problems.

- viii) If appropriate, direct staff toward the range of medical and counselling services available (set out in section 11 below) to help address their underlying condition.
- ix) Provide reassurance – people may not always be ready to talk straight away, so it's important that managers make clear that they will always be available to discuss concerns and that the range of support available is made clear to staff if they feel that they need it.

Branches may want to consider whether to encourage employers to establish a training programme that creates “mental health first aiders” as an alternative route outside of the official management structure for staff to seek help.

- x) Document mental health problems and reasonable adjustments so that if there is a change of line manager, histories of health and support needs are not lost.

The TUC have produced specific advice on the intervention needed where an individual is believed to be having suicidal feelings. The guide is available at <https://www.tuc.org.uk/sites/default/files/work-and-suicide.pdf>

Step 4 Checklist

- a. Seek regular analysis to identify sections of the organisation where pressures are acute as a cue for a thorough risk assessment
- b. Press for management training that establishes best practice in spotting signs and sensitive intervention based around supporting affected staff
- c. Ensure “resilience training” is not used to avoid tackling working arrangements that exacerbate mental health problems
- d. Press for workplace adjustments to be made available regardless of whether the worker fulfils the legal definition of being disabled
- e. Consider union rep engagement with informal “buddy” or “mental health first aider” system outside of formal management structures, both to help members and assist in the task of representing members' interests effectively



²⁵ https://members.businessdisabilityforum.org.uk/media_manager/public/86/Resources/Tailored%20Adjustments%20Plan.docx

10. Providing support at work

10.1 Workplace adjustments

Where a mental health condition is covered by the Equality Act, consideration has to be given to three broad forms of what are referred to by the legislation as “reasonable adjustments”:

- i) Changing the way things are done;
- ii) Overcoming physical features;
- iii) Providing extra equipment.

When deciding what is “reasonable,” an employer can take into account:

- i) The size of the organisation and its financial situation;
- ii) The cost of making the change;
- iii) How helpful the adjustment would be to the individual;
- iv) How practical it is to make the change.

Examples of reasonable adjustments quoted by the Equality Act include:

- i) Changing equipment;
- ii) Providing aids – including extra support and equipment;
- iii) Changing the location of work;
- iv) Changing policies and procedures;
- v) Allowing extra time off work;
- vi) Allowing flexible working;
- vii) Changing the worker’s role or parts of the worker’s role;
- viii) Offering counselling or mentoring.

However, as noted earlier, the union should make the case that reasonable adjustments should not just be available to individuals who fall within the Equality Act definition of disability but should be available to any member of staff experiencing a mental health problem. The adjustment required by an individual will of course depend on the nature and impact of their mental health problem, but additional adjustments that could be negotiated include:

Working hours or patterns

- i) Adjust start/finish times and/or shift patterns
- ii) Allow paid leave for medical appointments
- iii) Allow flexible breaks, such as shorter but more frequent breaks
- iv) Allow annual leave to be spaced regularly throughout the year
- v) Allow working from home more regularly
- vi) Allow part-time working on a temporary or long-term basis, possibly without loss of pay
- vii) Allow additional time for workers to reach performance milestones
- viii) Allow consideration of redeployment to a more suitable role

Physical environment

- i) Minimise noise – for example, provide a private office, room dividers / partitions or a quiet space for breaks away from the main workspace
- ii) Offer a reserved parking space
- iii) Move the workstation – for example, to ensure that someone does not have their back to the door or next to printer.
- iv) Provide / allow for a light-box or seat with more natural light for someone with seasonal depression

Support with workload

- i) Increase frequency of supervision
- ii) Provide support for prioritising workload
- iii) Allow the individual to focus on a specific piece of work
- iv) Consider job sharing
- v) Reallocate tasks among workers

Other forms of support

- i) Provide a job coach
- ii) Provide a buddy or mentor
- iii) Provide mediation if there are difficulties between colleagues
- iv) Offer additional training on skills needed for the job

It is imperative that union reps document any requests for, and decisions made about, making adjustments in relation to mental health problems the member has in the workplace.

In particular, reps should make a note of:

- i) What work issues were of concern to the member;
- ii) What advice the rep sought about adjustments;
- iii) Evidence of how they supported their member to discuss with the employer what adjustments would be put into place;
- iv) What adjustments were agreed and a process for reviewing arrangements.

Unions should also encourage employers to document decisions they take about making adjustments. Both parties may need to provide this documentation for a grievance procedure or an employment tribunal. The member should also have a record of any such requests and what the outcome was.

Sources of advice and information on what adjustments may be required and for how long can include:

- a. The employee
- b. The employee's GP, such as through a "Fit for Work" Statement
- c. Any specialist mental health support that the individual may be receiving, such as a community psychiatric nurse or consultant psychiatrist occupational health services
- d. Any occupational health service provided by an employer
- e. Trade union reps, particularly through examples of adjustments made for other members or in other workplaces.

Access to Work programme

Employees with a disability or physical or mental health condition can apply to Access to Work for support to cover the cost of workplace adaptations, such as:

- i) Specialist equipment;
- ii) Adaptations to equipment;
- iii) Fares to work if the employee cannot use public transport;
- iv) A support worker or job coach to help in the workplace.

Access to Work's Workplace Mental Health Support Service provides free and confidential support to help employees to stay in work. It is run by Remploy on behalf of the Department for Work and Pensions.

Workplace advisors can help with:

- i) Advice for up to six months;
- ii) Coping strategies;
- iii) A wellbeing plan;
- iv) Workplace adjustments.

Employees can apply for this service if they:

- i) Are in permanent or temporary employment (attending work or signed off sick)
- ii) Have a mental health condition (diagnosed or undiagnosed) that has made them miss work, or is making it hard for them to stay in work.

The Access to Work programme is available in England, Scotland and Wales and details of how to apply are available at <https://www.gov.uk/access-to-work>.

More information on the Mental Health Support Service is available at <https://www.remploy.co.uk/individuals/support-work/workplace/support-your-mental-health-condition>

The range of support available in Northern Ireland is set out at <https://www.nidirect.gov.uk/articles/employment-support-information>

11. External assistance

It is crucial for any mental health programme to be able to supplement workplace adaptations with clear signposting of resources available external to the organisation that can provide expert medical help or emergency advice.

11.1 National Health Service

Encouraging staff to seek advice from a GP may act as the first line of assistance. The GP can provide a Statement of Fitness for Work (or “fit note”). This advises people who are on sick leave for more than seven days on whether, with extra support from their employer, they could return to work. It then goes on to offer four broad categories of support needed in order to return to work:

- i) A phased return to work
- ii) Temporarily working different hours
- iii) Amended duties or tasks
- iv) Additional practical support, eg exemption from heavy lifting for patients with a back problem.

The government’s Fit for Work advice line service also provides what it describes as “free, expert and impartial advice to anyone looking for help with issues around health and work.”

The contact details for the service are as follows:

England/Wales - 0800 0326235 (English) or 0800 0326233 (Cymraeg) / <https://fitforwork.org/>

Scotland - 0800 019 2211 / <https://fitforworkscotland.scot/>

11.2 Advice lines

UNISON’s own There for You service, highlighted earlier in section five of this guide, can act as a point of contact for directing members toward more specialist support via the There for You helpline 0207 121 5620. Given that financial worries can be a factor in escalating some mental health issues, the free and confidential debt advice service ‘UNISON Debtline’ is also available on 0800 389 3302.

The major free advice lines to offer to staff in emotional distress for talking through their concerns with trained support workers are as follows:



SANE – UK-wide mental health charity offering an advice line 4.30-10.30pm every day of the year on 0300 304 7000 / Web: www.sane.org.uk/

Breathing Space – Scottish charity offering an advice line for anyone feeling low, anxious or depressed. Advice line available Monday-Thursday 6pm to 2am and Friday 6pm to



Monday 6am on 0800 83 85 87 / Web: <http://breathingspace.scot/>



Lifeline - The Northern Ireland crisis response helpline service for people who are experiencing distress or despair. Advice line available 24 hours a day, seven days a week on: 0808 808 8000 / Web: www.lifelinehelpline.info/

Samaritans – UK wide charity offering support for all forms of acute distress. The advice line is available 24 hours a day, 365



days a year on 116 123 / Web: www.samaritans.org/



Mind - England and Wales based charity that directs callers to sources of local support through its helpline available Monday to Friday, 9am to 6pm, on: 0300 123 3393 / Web: info@mind.org.uk

It also offers a Blight Light info line specifically for emergency service staff, volunteers and their families, during the same hours as the main line on: 0300 303 5999 / bluelightinfo@mind.org.uk

11.3 Employee Assistance Programmes

An Employee Assistance Programme (EAP) is a service made available to employees to seek support in dealing with mental health problems, frequently as part of wider occupational health programmes that offer regular health checks.

EAPs are normally available 24 hours a day, seven days a week, by telephone, although increasingly services can also be accessed through the internet. Such programmes generally include short-term counselling and referral services for employees and their household members.

As some local NHS trusts offer EAP services, employers should be encouraged to explore this option as a first preference for providing such services.

Step 5 Checklist

- a. Seek a wide range of workplace adjustments to be set out as available, built around the listing above
- b. Make the case that “reasonable” adjustments should apply regardless of whether an individual meets the legal definition of being disabled
- c. Ensure all requests and decisions on workplace adjustments are recorded
- d. Highlight the availability of funding for adjustments through the Access to Work scheme
- e. Consider pressing the employer to establish an Employee Assistance Programme with funding for counselling and referral to specialists
- f. Highlight UNISON’s There for You service and press the employer to advertise advice lines for emotional distress



12. Training in handling absence and return to work

The way organisations manage a period of sickness absence is key in shaping how well and how quickly people are able to return to work effectively once more.

Equally, the mishandling of work in the weeks and months following return can often lead to a recurrence of a mental health problem and a further period of sickness absence.

To effectively support staff to recover and return to work in a healthy condition, managers have to be trained to apply the following key practices during absence:

- i) Communicate the value the organisation places on the expertise and experience of the affected worker;
- ii) Maintain regular open and meaningful communication with the worker – agree together the frequency of contact early on and confirm this in writing;
- iii) Make clear that the organisation will support the worker during their absence and reassure them that their job will be there when they return;
- iv) Take a lead from how the worker chooses to communicate – whether by phone, email, text or face-to-face;
- v) Consider visiting the employee at home, but only with their consent;
- vi) Encourage communication between affected workers and their network of friends;
- vii) Particularly in cases where bullying and harassment in the workplace is a factor in mental health problems, ensure communications are not handled by individuals suspected of involvement in such behaviour against the worker.
- viii) Keep workers in the loop about important developments at work so they still feel connected;
- ix) Agree what information the affected worker would like shared with colleagues;
- x) Communicate clearly with the affected worker's team and ensure they understand the situation;
- xi) Constructively challenge any claims that the affected worker is receiving unfair special treatment;
- xii) Consider reallocation of work to ensure that work does not pile up for the affected worker on their return;
- xiii) Make clear that a return to work should not be rushed;
- xiv) Explore adjustments that might be required to aid the worker's return to work, including the option of a phased return that allows the affected worker to build up slowly and prevent a relapse.

The Highways Agency achieved an 18% drop in mental health related sickness absence after it embarked on a programme that incorporated the following main steps:

- a. Establishment of a joint management / trade union working group to drive the programme
- b. Establishment of a training course in the handling of mental health for all line managers.
- c. Rollout of a stress management toolkit across the organisation
- d. Agreement on a range of reasonable adjustments to be considered to facilitate improved mental health

Many of the same principles should be observed by the union in handling a period of sickness absence for a member experiencing a mental health condition. Sensitively handled regular communication should be used in gauging the assistance the union can provide in making the case for the member in the handling of sickness absence and setting the terms for a successful return to work.

To effectively support staff through the vital early stages of a return to work, managers should be trained to apply the following key practices:

- i) Hold a return to work interview that offers emotional support and builds on communications during absence to discuss the individual's mental health conditions, explore their worries about returning, agree workplace adjustments and flag external assistance available;
- ii) Agree with the individual what information will be shared with colleagues;
- iii) Brief staff on the return to work arrangements, including any adjustments;
- iv) Encourage colleagues to make sure that the affected individual feels welcome on their return;
- v) Agree regular meetings to monitor the success of the steps taken to assist the worker in restoring and maintaining mental health.

Step 6 Checklist

- a. Seek management training that establishes the best practice principles listed above in handling of sickness absence and return to work
- b. Observe similar principles when engaging with members about effectively representing their interests during sickness absence and return to work



If you wish to provide any feedback on the contents of this guide, particularly any suggestion for improvements, contact UNISON's Bargaining Support Group on bsg@unicon.co.uk. Any member who wants to become more involved in UNISON's structures for representing the interests of disabled members or has any wider points to raise about UNISON's representation of disabled members should contact their regional group listed at www.unison.org.uk/disabled-members/group-structure-and-contacts or UNISON's National Disabled Members Committee at disabilitymatters@unison.co.uk

Appendix 1 – Model letter to Head of HR or other appropriate manager

Dear

The trade unions believe that [organisation's] mental health policies are in need of review.

The immense scale of mental health problems across the UK workforce and the costs that inadequate mental health policies impose on an organisation are well documented.

The Department of Health estimates that one in four workers will have problems with mental health at some point in their careers, while one in 10 people are thought to experience depression and a further one in 10 experience chronic anxiety.

The importance of the working environment in shaping mental health has also been uncovered by Chartered Institute for Personnel and Development studies showing that 80% of employees attribute at least part of their mental health problems to their working experience.

However, research repeatedly finds that the scale of mental health problems in the workplace is hugely under-reported because of the stigma many staff feel about disclosure. In fact, 92% of the public believe that admitting to mental health problems would damage a career.

The Centre for Mental Health has estimated that the total cost of mental health problems in terms of sickness absence, reduced productivity and higher staff turnover adds up to nearly £26 billion across the economy every year – that's an average of £1,035 for every employee.

The intensified workload placed on many staff over recent years has raised the stress that staff feel under in their daily work, which has a proven link to exacerbating mental health problems. [The unions have collected evidence showing the scale of workload pressures and the prevalence of mental health problems as follows ...]

We would also remind you that both health and safety legislation, as well as equality legislation, requires that policies are monitored to ensure the company's approach to the mental health of the workforce is compliant with the law.

Therefore, we wish to propose a meeting to establish a joint working group that should take forward a review of mental health policy and consider possible actions on the following key points:

- i) Making a clear commitment by signing up to a nationally recognised mental health campaign that can also provide resources for taking forward the campaign within [organisation];
- ii) Changing workplace policies to create a working environment that assists the mental health of all staff and puts in place supportive procedures for staff experiencing mental health problems;
- iii) Possible union involvement in raising awareness of the mental health programme among staff;
- iv) Establishing regular analysis to identify sections of the organisation where pressures are acute as a cue for thorough risk assessments;

- v) Management training that establishes best practice in spotting early warning signs of mental health problems and sensitive intervention based around supporting affected staff back to health as far as possible;
- vi) Management training that establishes best practice principles in handling of sickness absence and return to work for staff with mental health problems.

An early response would be much appreciated and we would hope that a meeting can be arranged at the earliest opportunity.

Yours sincerely

Appendix 2 - Mindful Employer Charter

As an employer we recognise that:

- i) People who have mental health problems may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- ii) Whilst some people will acknowledge their experience of mental health problems in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- iii) Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing problems.

As an employer we aim to:

- i) Show a positive and enabling attitude to employees and job applicants with mental health problems. This will include positive statements in local recruitment literature.
- ii) Ensure that all staff involved in recruitment and selection are briefed on mental health problems and The Equality Act 2010, and given appropriate interview skills.
- iii) Make it clear in any recruitment or occupational health check that people who have experienced mental health problems will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- iv) Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- v) Provide non-judgemental and proactive support to individual staff who experience mental health problems.
- vi) Ensure all line managers have information and training about managing mental health in the workplace.

Appendix 3 - Reference list of organisations offering mental health advice

<p>Mental Health Foundation – UK wide charity whose stated goal is to “help people understand, protect and sustain their mental health”. It specialises in research and policy development, but does not advise individuals directly on their personal circumstances. Web: www.mentalhealth.org.uk / Tel: 020 7803 1100</p>
<p>Mind - A charity operating in England and Wales that provides advice and support on mental health problems. It campaigns to improve services, raise awareness and promote understanding about mental health. Web: www.mind.org.uk / Email: supporterservices@mind.org.uk / Tel: 020 8519 2122</p>
<p>Rethink Mental Illness - A charity based in England that provides information and advice, runs mental health services and support groups, and campaigns on mental health policy. Web: www.rethink.org / Email: info@rethink.org / Tel: 0300 5000 927</p>
<p>Time to Change - An anti-stigma campaign run by mental health charities Mind and Rethink Mental Illness. Web: www.time-to-change.org.uk / Email: info@time-to-change.org.uk / Tel: 020 8215 2356</p>
<p>Mindful Employer - A UK-wide initiative run by Workways, a service of Devon Partnership NHS Trust, to increase awareness of mental health at work and support people with mental health problems to find or remain in employment. Web: www.mindfulemployer.net / Tel: 01392 677064</p>
<p>Centre for Mental Health - Works to improve the quality of life for people with mental health problems by influencing policy and practice in mental health and related services. It focuses on criminal justice and employment. Web: www.centreformentalhealth.org.uk / Email: contact@centreformentalhealth.org.uk / Tel: 020 7717 1558</p>
<p>The Scottish Association for Mental Health - Mental health charity for Scotland, providing community based services for people with mental health problems, as well as national programmes of policy and campaigning work Web: www.samh.org.uk / Tel: 0141 530 1000</p>
<p>Support in Mind Scotland - A charity seeking to support and empower all those affected by mental health problems, including family members, carers and supporters. Web: www.supportinmindscotland.org.uk / Tel: 0131 662 4359</p>
<p>Inspire - A charity and social enterprise based in Northern Ireland which promotes mental health wellbeing among a range of supports services Web: www.inspirewellbeing.org / Tel: 028 9032 8474</p>
<p>MindWise – A Northern Ireland charity that works to support those at risk of, and affected by, mental health problems. Web: www.mindwisenv.org / Tel: 028 9040 2323</p>

Hafal - Charity based in Wales for people with serious mental health problems and their carers.

Web: www.hafal.org / Tel: 01792 816 600

Shaw Trust - Charity that provides training and work opportunities for people who are disadvantaged in the labour market due to disability, ill health or other social circumstances.

Web: www.shaw-trust.org.uk / Tel: 01225 716300

Appendix 4 – Checklist summary

Step 1

Initiate discussions with the employer to review the organisation’s policies in terms of promoting mental wellbeing and supporting staff with mental health problems.

The case for a review should highlight the following points:

- i) The information set out above on the scale of mental health conditions in the workforce, the widespread fear of disclosure and the immense cost to employers through sickness absence, reduced productivity and higher staff turnover
- ii) If needed, a confidential survey among members can bolster the case and bring home to the employer the issues that they face
- iii) The necessity to regularly review policies to ensure that they are in accordance with legal requirements for protecting mental health, most notably:
 - o Health and safety legislation
 - o The Equality Act (or equivalent legislation in Northern Ireland)
 - o The Public Sector Equality Duties (if applicable to the employer)

Step 2

- i) Encourage employer to make a high level commitment to a widely recognised mental health pledge or charter
- ii) Highlight union capacity to assist in raising awareness of a mental health programme
- iii) Consider seeking establishment of a joint employer / union working group to oversee taking forward the mental health programme
- iv) Consider setting up a branch disabled members self organised group

Step 3

- i) Take effective steps to creating a working environment that assists the mental health of all staff and puts in place supportive procedures for staff experiencing mental health problems by pressing for a full review of policies.
- ii) Target employer commitments on the key areas of workload, flexible working, bullying and harassment, organisational change, recruitment, supervision, sickness absence, appraisal, capability and disciplinary policies.

Step 4

- i) Seek regular analysis to identify sections of the organisation where pressures are acute as a cue for a thorough risk assessment
- ii) Press for management training that establishes best practice in spotting signs and sensitive intervention based around supporting affected staff
- iii) Ensure “resilience training” is not used to avoid tackling working arrangements that exacerbate mental health problems
- iv) Press for workplace adjustments to be made available regardless of whether the worker fulfils the legal definition of being disabled
- v) Consider union rep engagement with informal “buddy” or “mental health first aider” system outside of formal management structures, both to help members and assist in the task of representing members’ interests effectively

Step 5

- i) Seek a wide range of workplace adjustments to be set out as available, built around the listing above
- ii) Make the case that “reasonable” adjustments should apply regardless of whether an individual meets the legal definition of being disabled
- iii) Ensure all requests and decisions on workplace adjustments are recorded
- iv) Highlight the availability of funding for adjustments through the Access to Work scheme
- v) Consider pressing the employer to establish an Employee Assistance Programme with funding for counselling and referral to specialists
- vi) Highlight UNISON’s There for You service and press the employer to advertise advice lines for emotional distress

Step 6

- i) Seek management training that establishes the best practice principles listed above in handling of sickness absence and return to work
- ii) Observe similar principles when engaging with members about effectively representing their interests during sickness absence and return to work

Appendix 5 - Mental health and language

People with mental health problems use different ways to describe their experience and it is important to support people in using the language that they feel most empowers them and best reflects their experience.

In putting together this guide to negotiating mental health policies in the workplace, UNISON uses the phrase 'mental health problems' when referring to the range of different experiences people have. This language is also used by mental health organisations such as MIND.

Some people may use the term “mental health issues” to explain their experience but for others the word “issues” downplays or trivialises the often significant impact of their experience.

Others, including the medical profession, use the term “mental health conditions.” However many people with mental health problems are never diagnosed with a mental health condition.

The term “mental health problems” offers a broader understanding of mental health and includes those who, for reasons that can include fear of stigma and discrimination, never receive a formal diagnosis.

However, everyone with mental health problems should be free to describe their experiences in the way that best reflects their experiences and that offers them the best route to empowerment.

MIND state the following on their website, which is in line with UNISON’s approach:

“We choose to use the phrase 'mental health problems', as many people have told us this language feels most helpful for them. But words can have different meanings for different people. You might be more familiar with terms such as 'poor emotional health', 'overloaded', 'burnt out' or 'overwhelmed' to describe mental health problems. Or you may feel that terms such as 'mental illness' or 'issues' describe your experiences better, or are easier to explain to other people in your life.”

The social model of disability

UNISON, along with the Disability Rights Movement, subscribes to the social model of disability, which clearly states that people are disabled not by their impairment or health condition but by the way that society is organised, by attitudes, environmental factors, organisational practices, and by barriers to employment and participation. The social model looks at ways of removing these barriers that restrict choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living or participating in society.