

Promoting positive mental health at work

booklet

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Foreword

The 2011 Absence Management Survey from the Chartered Institute of Personnel and Development (CIPD) has reported that stress is now the most common cause of long-term sickness absence for both manual and non-manual workers.

This will come as no great surprise to many people. It's not hard to make the connection between the economic climate and the nation's mental wellbeing. When jobs are under threat, pay packets are being frozen, and workloads are increasing, employees' mental health is always likely to be affected.

Over the last ten years, we have all noticed the increasing impact of mental ill health in the workplace. Stress, anxiety and depression, albeit not all work-related, have led to higher rates of absenteeism and lost productivity due to presenteeism.

This Acas guide aims to help improve workplace cultures by getting managers and employees talking about their mental health. We also want to give managers more confidence in dealing with mental health problems.

Our message is straightforward: managing mental health should hold no fear for managers – whether they realise it or not, they already have many of the skills needed to look after their employees' wellbeing. Sometimes all it takes is an open mind.

Acas is indebted to MINDFUL EMPLOYER (a UK-wide initiative run by Workways, a service of Devon Partnership NHS Trust) for their support in producing this guidance and associated training. They have worked very hard for many years at raising awareness of mental health issues in the workplace and overcoming the stigma too often associated with mental illness.

Sir Brendan Barber
Acas Chair

MINDFUL EMPLOYER has published a line manager's resource for managing mental health at work which may be of interest to employers. It can be found at www.mindfulemployer.net. For contact details see Appendix 2.

About this guide

This guide has been written for employers and front line managers. It is intended to help you understand mental health and the impact it has on you, your employees and the effectiveness of your organisation.

By the end of this guide you should be able to understand:

- the importance of mental health at work
- some common causes of mental ill health
- how mental health impacts on an employee's working life
- the early signs of mental ill health and how to respond.

The second half of this guide offers practical advice on how to manage mental health by looking at four generalised states of mental wellbeing and invites you to:

- be aware of what you notice about your employees' mental health on the surface
- look a little deeper at your employees' personality traits and coping strategies
- develop a greater understanding of mental health by maintaining a watching brief and raising awareness of mental health conditions.

Small firms

The advice given in this leaflet is applicable to organisations of all sizes, but small firms may need to adapt the guidance to suit their specific needs. A 'Getting it right' factsheet on mental health, specially designed for small firms, is available at www.acas.org.uk/publications.

What is *mental health?*

Mental health is the mental and emotional state in which we feel able to cope with the normal stresses of everyday life.

If we are feeling good about ourselves we often work productively, interact well with colleagues and make a valuable contribution to our team or workplace.

Positive mental health is rarely an absolute state. One may feel in good mental health generally but also suffer stress or anxiety from time to time.

Mental ill health can range from feeling 'a bit down' to common disorders such as anxiety and depression and, in limited cases, to severe mental illnesses such as bipolar disorder or schizophrenia.

Mental health conditions may emerge suddenly, as a result of a specific event or incident, or gradually, over a period of time when the condition may worsen or improve.

Some illnesses are persistent and may be classed as a disability (see Appendix 1, p21), while others come and go, giving the individual 'good days' and 'bad days'.

What is and what is not a mental health condition?

✓ Depression

✓ Stress

✓ Schizophrenia

✓ Bipolar Disorder

✓ Anxiety

✓ Psychosis

✗ Learning difficulties

✗ Dyslexia

✗ Asperger's Syndrome

✗ ME/chronic fatigue

✗ Autism

✗ Epilepsy

Why is our mental health

important?

Mental health issues are important in the workplace because:

- **they are very common** – the Department of Health estimates that one in four of us will suffer from a mental health problem at some point in our lives
- **they cost your workplace** a lot of money – the Centre for Mental Health estimates that the total annual cost of mental health problems at work is over £30 billion.

A total of 91 million days are lost to mental health problems every year and nearly half of all long-term sickness absences are caused by a mental health problem (Centre for Mental Health, 2011).

But it's not just about absences. The Centre for Mental Health calculated that presenteeism from mental ill health alone – presenteeism is turning up for work when you are not well enough – costs the UK economy £15.1 billion per annum.

So, look around you. Are people either absent from work or at work but not performing at their best, due to mental ill health?

Perhaps the first question you should actually ask yourself is: how would I know? There are signs to look out for – and these are covered on p11 – but how comfortable your employees are about disclosing the nature of their mental health condition, says a great deal about how seriously you take mental health.

How do we view *mental ill health?*

In some contexts, we are happy to talk about the ‘mental’ as well as the ‘physical’ aspects of life. For example, sports men and women are often said to be good or bad at the ‘mental side of the game’ – meaning either that they are resilient and able to cope with the stress of competitive sport or have a tendency to crumble under pressure.

We are often less comfortable talking about mental health at work. Reference to an employee’s mental health may often be seen as a form of criticism and infer that someone is either weak or unreliable.

Illness is more easily understood if it is visible and mental illness may be less conspicuous than some forms of physical illness. An employee may also work very hard to disguise their symptoms, or they may develop other ‘secondary symptoms’ not directly related to the original problem – for example, the strain of coping with depression may cause someone to become dependent on alcohol or drugs.

A survey from the NHS, published in June 2011, showed that although

attitudes towards mental health are changing, for example:

- 77% of people surveyed thought ‘mental illness is an illness like any other’ – up from 71% in 1994
- 43% of people said they would feel uncomfortable talking to their employer about their mental health – down from 50% in 2010.

For some people, mental health still has a stigma attached to it:

- only 25% of people surveyed agreed that ‘most women who were once patients in a mental hospital can be trusted as babysitters’
- 16% of people thought that one of the main causes of mental illness is ‘a lack of self-discipline and will power’.

Depression v musculoskeletal disorder: what’s the difference?

Many employees and line managers are uncomfortable talking about mental health. Misconceptions about illnesses persist – mental health is often viewed as something disturbing or dangerous that lurks hidden beneath the surface of someone’s personality.

Managers may also be reluctant to intervene because:

- they feel they may have contributed to the poor mental health of the employee – perhaps by overloading them with work (see the Healthy and Safety Executive’s Management Standards for tackling stress at www.hse.gov.uk/stress)
- they do not have the confidence or knowledge to deal with an issue and may feel out of their depth.

Despite these barriers to recognising and dealing with mental health problems, why should a manager react so differently to someone with anxiety or depression, than they would to someone with a musculoskeletal disorder?

Clearly there are major differences – not least, in terms of the medical diagnosis, the experience for the individual and the specialist types of treatment – but there also similarities – particularly in the way people cope with their ill health in the workplace:

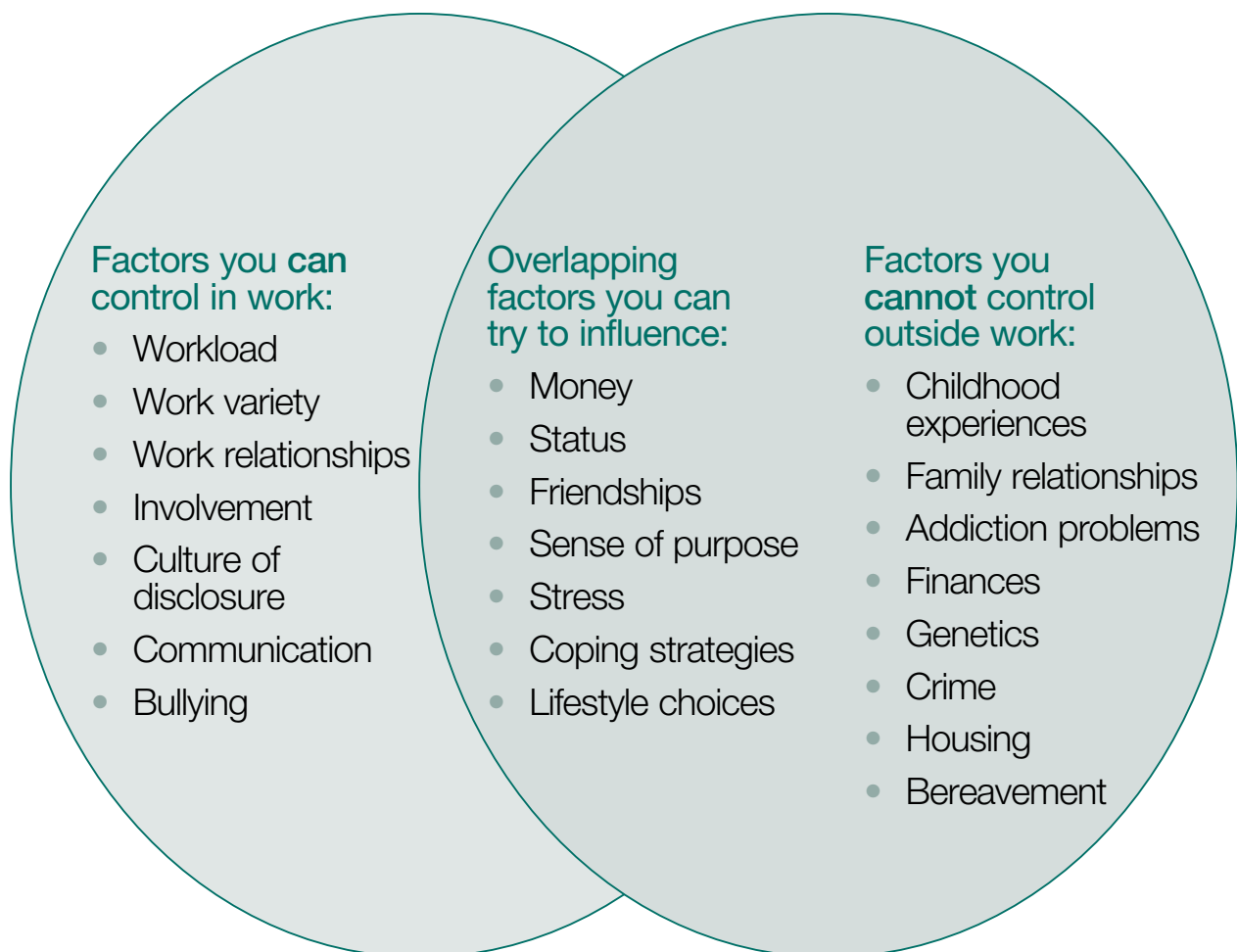
Musculoskeletal disorder:	Depression:
<p>Coping strategies may include:</p> <ul style="list-style-type: none"> ● diagnosis leading to medical treatment ● self-help: eg exercise routines ● working environment: ergonomics, having the right chair etc ● job design ● workload: avoiding certain activities such as lifting ● flexible working. 	<p>Coping strategies may include:</p> <ul style="list-style-type: none"> ● diagnosis leading to medical treatment ● self-help: eg therapeutic techniques ● working environment: managing interactions with colleagues ● workload: avoiding stressors that may trigger symptoms ● line management support/understanding ● flexible working.
<p>You do not necessarily need to be an expert or counsellor to manage mental health conditions. A good starting point is to manage physical and mental illness in the same way by focusing on:</p> <ul style="list-style-type: none"> – effective line management, particularly around communication – with the employee and other members of staff – awareness of the issues and the ability to empathise – feeling sympathetic may not be appropriate – the development of an open culture in which employees feel able to discuss their problems. <p>Learning about mental health will prevent managers from feeling they are getting out of their depth and to judge when they need to refer employees to outside help. Specialist sources of help and advice are given at Appendix 2.</p>	

What influences our *mental health?*

Many managers will be concerned that by addressing mental health issues they may get drawn into areas they are unqualified or unable to deal with. There is a self-perpetuating

cycle with mental illness – we don't know much about it so we don't talk about it so we are a little scared of it so we don't talk about it and so on.

Mental wellbeing: what influence does a manager have?



To break this cycle it is helpful for managers to identify those factors that they can control when it comes to mental health and those issues that they cannot control or have no influence over.

There are many possible causes of mental health conditions that can lead to a complex web of symptoms. Some of these causes may be related to workplace issues – a failure to get promotion, for example – but more often these will compound existing medical or personal problems.

The good news is that line managers already have many of the skills needed to promote positive mental health at work. They are usually well-versed in the importance of effective communication and consultation, and the need to draw up practical workplace policies and procedures. Add to these skills an open mind and a willingness to try and understand mental health problems, and organisations can make real progress in tackling the stigma often associated with mental health.

In difficult economic conditions, when redundancies and cutbacks are more common, managers may be aware of a sense of collective distress on behalf of their employees. For example, being under threat of redundancy, or even surviving a redundancy process, can be very traumatic. Such experiences can often cause episodes of depression or anxiety amongst large groups of employees and employers need to build in suitable support mechanisms when planning such major changes to the workplace.

What can you do to promote *positive mental health at work?*

What not to do

Don't:

- ✗ give advice about a mental health problem unless you are qualified to do so
- ✗ disclose a person's condition without their consent
- ✗ feel guilty – focus on identifying any work-related causes of the problem.

There are three things you can do to help maintain the mental health of your employees and help those with mental health problems remain in work and productive:

1. **Spot the signs.** This may initially mean taking a note of what you see as you walk around or in team meetings and then choosing the right moment to intervene.
2. **Engage with the problem.** There are some good practical steps you can take to help with coping strategies, and some legal requirements you need to bear in mind, for example your duty to make reasonable workplace adjustments to the working environment in certain circumstances.

3. **Keep a watching brief.** This does not necessarily mean passively observing, although in some circumstances this may be the best option. Promote awareness of mental health issues and create a culture where employees feel they can talk to you about their concerns. Keeping communication channels open is critical.

Getting help

You should also consider using the help that is available to you

Some employers have Employee Assistance Programmes, designed to provide employees with counselling and advice for a wide range of personal and work problems. You may also be able to refer employees to local occupational health services. See Appendix 2 for useful contacts.

	What do you notice?	What do you do?
Spot the signs	<p>Common symptoms of mental ill health might include:</p> <ul style="list-style-type: none"> – an increase in unexplained absences or sick leave – poor performance – poor timekeeping – poor decision-making – lack of energy – uncommunicative or moody behaviour. 	<ul style="list-style-type: none"> • Start by having a quiet word – you may discover that something at home is troubling them and you just need to show understanding and patience. • If they are returning from sickness absence hold a ‘return to work discussion’ and try and find out the nature of the problem. • Reflect on what you know about your colleague: <ul style="list-style-type: none"> – is their mental health generally good? – are they usually happy to come to you with problems? • If the problem is very serious, the employee may need to seek specialist help.
Engage with the employee	<p>Developing a rapport with the employee will help you get a deeper understanding of their problem and identify:</p> <ul style="list-style-type: none"> – the best coping strategies for them to adopt – any specific triggers that set off symptoms. 	<ul style="list-style-type: none"> • If you haven’t already, plan to have a more formal meeting with the employee: <ul style="list-style-type: none"> – find a private location – no interruptions – turn your mobile off! – ask open questions like ‘I was wondering how you were doing?’ – give them time to answer – keep an open mind – give advice and support, where appropriate – agree what needs to be done and a review date. • Refer to the Health and Safety Executive’s Management Standards for tackling stress – www.hse.gov.uk/stress

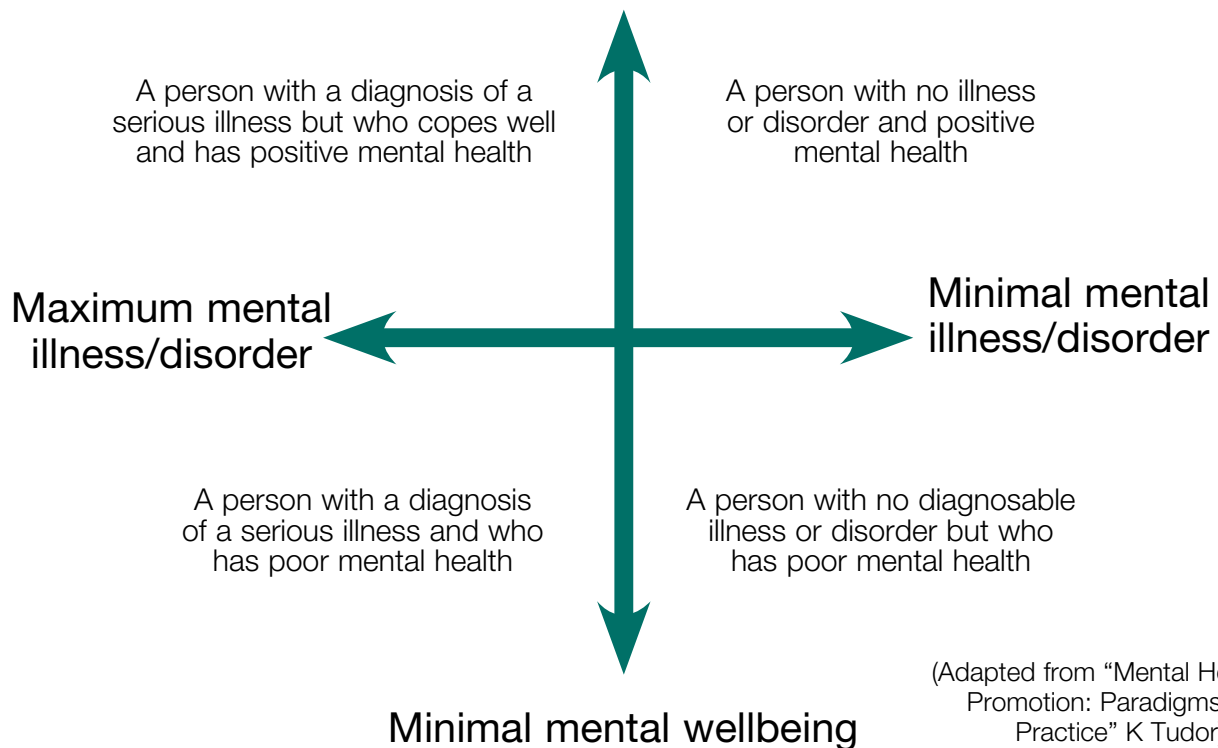
	What do you notice?	What do you do?
Keep a watching brief	<p>Mental health conditions can last for many years, so you need to be aware of:</p> <ul style="list-style-type: none"> – any changes, in terms of patterns of behaviour or medical diagnosis – general mental resilience to stressful situations – how the individual's condition is affecting the team – new sources of help that may be relevant. 	<ul style="list-style-type: none"> • If there is no diagnosis you will need to keep working on motivating and engaging the employee. • Education around mental health issues will help to fight the misconceptions people have about mental illness – induction procedures are a good way of setting out your policy on mental health. • Management of the team is important – agree with the employee what you will tell the team about their condition. • If the mental health condition is classed as a disability you have a legal duty to consider reasonable adjustments to help them stay in work or get back to work quickly – see p21. <p>Remember: you are not there to 'cure' people, only to help them manage their own conditions.</p>

The Mental Health Continuum

- No absolutes

Maximum mental wellbeing

- The continuum...



6

7

The Mental Health Continuum

The state of mental wellbeing is fluid – it changes over time and, as the diagram above shows, it can be misleading to attach too much meaning to labels. For example:

- an employee with a diagnosis of a serious mental health condition may in fact have very positive mental health

- an employee with no diagnosis of a mental health condition may have poor mental health over many years.

The following case studies look at the four very generalised states of mental health set out in the mental health continuum. These are only provided for illustrative purposes and many people may fluctuate between different states of mental health or be on the border between one state and another.

Mental Health Continuum Scenario 1:

Someone with positive mental health and no diagnosis of any mental health condition

You work in sales with Younis as his line manager. A few weeks ago Younis' mother died.

What's Younis like normally?

Younis is a good worker overall, if a little bit unpredictable. He's a real livewire, very extrovert and when he's channelling his energy into his work he is very effective but he can be easily distracted.

How did you hear about his bereavement?

A work colleague told me a few weeks ago while we were out socially.

Has his behaviour/work performance changed?

Not that I have noticed. He may be a little quieter at times but at other times you'll hear him cracking jokes around the office.

Have you tried speaking to Younis?

I did mention it in passing but he didn't seem to want to talk about it and it didn't seem appropriate to push it.

Is there anything else you plan to do?

I'll keep an eye on his performance and how he's behaving in the office. I may ask him if there are any particular problems he wants to talk about at his annual appraisal.

Learning points:

Many employees will have generally good health, like Younis, with no diagnosis of mental health conditions. Traumatic personal events, such as bereavement, can trigger episodes of anxiety or depression but people deal with things in their own way. Younis does not give the impression he wants to discuss personal issues at work but ask yourself:

- Would he approach you if he did want a sympathetic ear?
- When should you intervene? It never hurts to give someone the opportunity to talk, but it's not always necessary to intervene – keeping a watching brief can be proactive enough, depending on the individual circumstances.

Keep an eye out for how Younis reacts to stressful situations in the near future. You are not looking for any sign of weakness, but for any possible support he may need.

Mental Health Continuum Scenario 2:

Someone with poor mental health and a diagnosis of a serious mental health condition

Sally is part of a team who you manage. One Friday afternoon she asks to have a word with you.

What does Sally say?

She says that she's been diagnosed with depression. She went to the doctor because she had been feeling tired and unhappy for a few weeks and had found it difficult to get motivated for anything at work or home.

She was put on anti-depressants. She wants me to take her illness into account when assessing her performance.

Had you noticed anything was wrong?

Sally is very quiet as a rule. She's very focused, you know, so no I didn't really pick up on anything. Looking back, her performance probably slipped but I let it go.

What did you do next?

She seemed very relieved to have told me about her diagnosis. I just said that we should talk again soon and let me know if she was having any difficulty with her work duties.

Is Sally still at work?

No. Two weeks after we spoke she went on sickness absence and she hasn't been at work for three months.

What do you plan to do?

Her latest Fit Note said that she may be able to return to work on reduced hours but the doctor indicated that it would need careful handling.

I am going to speak to her on the phone today and see if we can help get her back to work, but I'm not that hopeful. As I said, she's quite a reserved person.

Learning points:

Just because someone has generally poor mental health – perhaps low self-confidence or a tendency to be self-critical and moody – does not mean they will develop any mental health condition.

Mental Health Continuum Scenario 2: (Continued)

With Sally you could have:

- Intervened sooner. The signs were probably there if you looked. By talking to her in more depth before she went on leave she may have trusted you a little more. You may have been able to identify some modified work routine before her lengthy sickness.
- Managed performance more closely. Performance management systems are an easy way for you to discuss problems in a non-judgemental way.
- Kept in touch during her sick leave. Research has shown that the longer someone is off sick, the more difficult it becomes for them to return to work and the less likely they will return to work at all. You may also need to talk to her GP or think of other ways of help – for example, an employee assistance programme or counselling.
- Worked on your interpersonal skills – perhaps with some training in managing difficult conversations (for details of Acas training events visit www.acas.org.uk/training).
- Been more aware of the law – you are legally required to consider making reasonable adjustments to help employees with a disability stay in work or get back to work – flexible working is often a good option for someone with a mental health condition. Some forms of depression are classed as a disability and others are not – for more information visit www.nhs.uk.
- Promoted awareness of mental health in the team – this would help overcome any anxiety Sally might have about coming back to work or how her condition might be viewed by her colleagues.

Note: If an employee refuses to acknowledge that they have a mental health problem, but it is clearly affecting their performance, you may have to use your internal disciplinary procedures to tackle the situation. More information on managing poor performance can be found in 'Discipline and grievances at work: the Acas guide', available at www.acas.org.uk.

Mental Health Continuum Scenario 3:

Someone with poor mental health but no diagnosis of a mental health condition

You recently started managing your new team. The attitude of one member of staff, Colin, concerns you and you have asked to talk to him.

Why are you concerned about Colin?

Looking at his annual reports he seems to have been performing satisfactorily for many years. But my own observations, together with what I hear on the grapevine, tell me that he is a 'difficult' person to work with. The team is going to undergo some major changes and I need everyone on side.

How does the meeting go?

OK. Colin likes his job and, by and large, the people he works with but he clearly doesn't like change. Reading between the lines he seems to have a low stress threshold. Just talking about the re-organisation was making him anxious.

What do you decide to do?

I decide to get Colin and the team involved as soon as possible in talking about the changes and helping to plan how they will be introduced. I've also looked into what training might help to boost Colin's confidence and help him deal with stress.

Up till now Colin has had little input into how his work is organised. I asked him if he had any ideas for improving things. He didn't offer up any ideas but I told him we'd keep talking about it.

The company is currently doing a staff attitude survey so it's a good opportunity to see how we can boost levels of engagement.

Learning points:

Someone with poor mental health will not automatically be resistant to change but they may find changes and new situations more stressful than those with a more positive outlook. It may take them longer to adjust and they may need more one-to-one time to keep them positively engaged.

Mental Health Continuum Scenario 3: (Continued)

With Colin you have the chance to improve:

- Levels of engagement: one of the key drivers of engagement is employee trust in management.
- How you communicate – your personal style is an important tool in helping to unlock resistance to change.
- Employee involvement – allowing employee's a say in decision-making is one of the best ways of combating stress (see the Acas guide 'Stress at work' at www.acas.org.uk).
- Change management: people go through a range of emotions when dealing with major change – from anger and denial to resignation and, hopefully, positive acceptance (see the Acas guide 'How to manage change').

Mental Health Continuum Scenario 4:

Someone with positive mental health and a diagnosis of a serious mental health condition

During a performance appraisal one of your most able colleagues, Joan, tells you that she suffers from bipolar disorder.

How do you react?

I am not sure how to react at first. To be honest, I'm not sure what bipolar disorder is. I assume it's some kind of depression. I tell her that I am surprised as she is always so positive and well-motivated.

What else does she tell you?

She tells me that she has been on medication for ten years but that bipolar – or manic depressive illness – does not affect her day-to-day work in any way.

Joan has told me about her mental health because she is concerned about one of her colleagues, Simon. He has been diagnosed with anxiety and is on sickness absence. Some of the team are making derogatory remarks about the 'so-called illness' and Joan feels something should be done about it.

Mental Health Continuum Scenario 4: (Continued)

What do you do?

I start by doing a bit of research and finding out about some of the different forms of mental health conditions. Once I know what I'm talking about I plan to talk to each member of the team about the issue individually and try and overcome some of the stigma associated with mental health problems.

Learning points:

Many people, like Joan, have mental health conditions that they are able to manage effectively. They often have very good coping strategies and demonstrate very positive mental health. An employee with a mental health condition:

- May or may not wish to disclose their condition to you but it is good practice to try and create a workplace culture in which they would feel comfortable doing so. The Equality Act 2010 makes it illegal to carry out pre-employment health checks.
- Will not necessarily wish to act as an advocate for mental illness.

Your discussion with Joan and the team gives you the chance to:

- Raise awareness of mental health conditions.
- Introduce a policy on mental health.
- Think about how your organisation would react in future – for example, what would your organisation do if someone revealed at interview that they had a mental health condition?

Summary

One of the biggest challenges we face at home and at work is the need to normalise the issue of mental health. Mental health is an integral part of how we feel about our jobs, how well we perform and how well we interact with colleagues and customers. It affects the productivity of every organisation.

A good starting point for this normalisation process is to learn more about mental health and mental health conditions. A list of useful contacts and sources of information is given at Appendix 2.

In terms of day-to-day management in the workplace, many managers and employers already have many of the skills needed to successfully manage the mental health of their employees.

If you or your managers feel you need to work on your interpersonal skills or how you deal with specific issues like health and wellbeing, absence or managing change, Acas has a range of training packages that can help. Visit www.acas.org.uk/training for more details.

Appendix 1: *the Equality Act 2010* *Reasonable Adjustments*

If your mental illness affects your ability to carry out day-to-day activities then you are likely to be covered by the Equality Act 2010. The Act also covers people who have had a disability in the past. The Act does not provide a list of impairments that are covered, but instead considers the effects of an impairment on a person.

For example, someone with a mild form of depression with only minor effects may not be covered. But someone with severe depression with substantial effects on their daily life is likely to be considered as disabled under the Act.

Guidance from the Equality & Human Rights Commission states, “Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the **duty to make reasonable adjustments**.”

“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. When the duty arises, employers are under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles a disabled worker or job applicant faces.”

Here are some ideas and issues to consider when providing the right support for people experiencing mental ill health. The kind of adjustments that are reasonable for you will partly depend on the size of your organisation and available resources:

1) **Schedule modification**

- ✓ allowing more frequent breaks
- ✓ allowing workers to allocate their break time according to their own needs, rather than by a pre-determined schedule
- ✓ allowing workers to shift schedules earlier or later

- ✓ allowing workers to take a prolonged lunch break to attend a support meeting (e.g. AA)
- ✓ allowing workers to use paid or unpaid leave for appointments related to their health
- ✓ allowing an employee to work part-time temporarily (eg when first returning from absence).

2) Job modification

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

3) Environment modification

- ✓ providing an enclosed office
- ✓ providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces
- ✓ offering a reserved parking space (eg to workers with phobias or anxiety disorders)
- ✓ blocking noise (eg by reducing the pitch or volume of telephone rings)
- ✓ increasing 'personal space'
- ✓ positioning the worker as far away as possible from noisy machinery.

4) Policy changes

- ✓ extending additional paid or unpaid leave during a hospitalisation or other absence
- ✓ allowing additional time for workers to reach performance milestones
- ✓ extending the probationary period
- ✓ allowing an employee to make phone calls during the day to personal or professional supports providing private space in which to make such phone calls
- ✓ providing a private space for employees to rest, cry, or talk with supportive co-workers
- ✓ allowing an employee to work at home.

5) Providing human assistance

- ✓ allowing a job coach to come to the work site
- ✓ participating in meetings with the worker and his or her job coach or other employment service provider
- ✓ paying for part or all of the net costs of a job coach.

6) Providing 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 workday.

7) Special supervisory considerations

- ✓ offering additional supervisory sessions
- ✓ offering additional training or instruction on new procedures or information
- ✓ offering information and training in the worker's preferred mode (verbally, visually, written or experiential)
- ✓ insuring the supervisor is available throughout the work day
- ✓ re-assignment to another supervisor.

8) Proactive steps that may make the overall work environment more accommodating of people with psychiatric disabilities

- ✓ offering specialised training to help employees advance and achieve promotions
- ✓ creating and advertising permanent, part-time positions
- ✓ modifying a job description to suit an employee's unique talents and limitations
- ✓ specifically stating that employees may use sick leave for physical or mental reasons
- ✓ training supervisors to customise their management style
- ✓ training supervisors to temper negative feedback by providing positive feedback simultaneously

- ✓ training co-workers to increase their sensitivity to the experiences of persons with disabilities
- ✓ assigning a co-worker to act as 'buddy' or 'mentor'
- ✓ establishing incentives for co-workers to serve as 'buddies' or 'mentors'.

Source: Adapted by MINDFUL EMPLOYER from Bob Grove et al, IAHSF King's College London. Adapted from studies of the workings of the Americans with Disabilities Act as reported in The Journal of the Californian Alliance for the Mentally Ill (Maida, P. Mediation and Reasonable Adjustments, JCAMI, 38 p40).

Funding for some of the above may be available through Access to Work – contact the nearest Jobcentre Plus office for more details.

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

Appendix 2:

useful contacts

Mental Health

Information and advice on a wide range of mental health problems, including depression, anxiety, phobias, bipolar disorder, and schizophrenia.

- **Mindful Employer**

MINDFUL EMPLOYER is a UK-wide initiative run by Workways, a service of Devon Partnership NHS Trust. Developed, led and supported by employers, the MINDFUL EMPLOYER initiative is aimed at increasing awareness of mental health at work and providing support for businesses in recruiting and retaining staff.

Tel: 01392 677064

www.mindfulemployer.net

- **Mind**

Mind is the leading mental health charity in England and Wales. It campaigns to create a better life for everyone with experience of mental distress.

Tel: 0300 123 3393

www.mind.org.uk

- **Rethink Mental Illness**

Rethink is the largest national voluntary sector provider of mental health services with 340 services and more than 130 support groups. It helps over 48,000 people every year through its services, support groups and by providing information on mental health problems.

Helpline: 0300 5000 927

www.rethink.org

Mind and Rethink are running an anti-stigma campaign to end the discrimination that surrounds mental health. The campaign is called 'Time to change' and more information is available at **www.time-to-change.org.uk**

- **Employers' Forum on Disability**

The Employers' Forum on Disability is the world's leading employers' organisation focused on disability as it affects business. Funded and managed by over 400 members, it aims to make it easier to recruit and retain disabled employees and to serve disabled customers.

Tel: 020 7403 3020

www.efd.org.uk

- **NHS Choices**

The NHS website has a wide range of advice and practical tools for raising awareness of mental health issues, self-management of symptoms and sources of further specialist help.

www.nhs.uk/livewell/mentalhealth

- **Centre for Mental Health**

The 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.

Tel: 020 7827 8300

www.centreformentalhealth.org.uk

- **Shaw Trust**

Shaw Trust is a national 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.

Tel: 01225 716300

www.shaw-trust.org.uk

Acas Training

Our training is carried out by experienced Acas staff who work with businesses every day. They will show you the value to your business of following best practice in employment matters and how to avoid the common pitfalls. We also run special training sessions on new legislation.

Look at the Acas website for up-to-date information about all our training or if you want to book a place online, just go to www.acas.org.uk/training or call the Acas customer services team on 0300 123 11 50.

Training sessions are specially designed for smaller companies and our current programme includes:

- Managing discipline and grievances at work
- Managing absence at work
- Employment law update
- HR management for beginners
- Having difficult conversations
- Contracts of employment: how to get it right
- New employment legislation
- Redundancy and restructuring.

We also have free online learning to help you – just go to www.acas.org.uk and click on e-learning to look at the topics covered.

Acas Publications

*Book time with you
Employment specialist*

Whether you need to know how to write a contract of employment, how much holiday you are entitled to or about the latest employment legislation, our range of publications give practical information and advice for both employers and employees on employment matters.

View and order online at www.acas.org.uk/publications

You can also sign up for Acas' free e-newsletter. It will keep you informed about the latest developments in employment legislation as well as best practice advice on a range of employment-related topics.

If you would like to join our mailing list, subscribe online at www.acas.org.uk/subscribe

Information in this booklet has been revised up to the date of the last reprint – see date below. For more up-to-date information please check the Acas website at www.acas.org.uk.

Legal information is provided for guidance only and should not be regarded as an authoritative statement of the law, which can only be made by reference to the particular circumstances which apply. It may, therefore, be wise to seek legal advice.

Acas aims to improve organisations and working life through better employment relations. We provide up-to-date information, independent advice, high quality training and we work with employers and employees to solve problems and improve performance.

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September 2014

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