Mental Health Discrimination - summary of evidence

Summary

Nearly one in four adults (23%) in England suffer with at least one psychiatric disorder (Health and Social Care Information Centre 2009) and some of these adults will experience discrimination and stigma in the workplace. Research suggests that there is still a culture of silence within organisations regarding mental health issues, a recent report showed that 35% of employees did not seek support during their most recent experience of poor mental health (Business in the Community, 2016). Only 49% say they would talk to their line manager about their mental health and less than 4% would approach HR for support with a mental health issue (Business in the Community, 2016). Time to Change's recent research (2016) showed that amongst all organisations 18% of employees felt they experienced adverse treatment from their employer or manager after disclosing their stress or mental health problems. This type of treatment can result from certain beliefs employers have, for example, 40% of employers believed that organisations take a significant risk when employing people with mental health problems in a public/client facing role (Shaw Trust, 2010).

However mental health discrimination and stigma can be addressed in the workplace. Although there have only been a few interventions implemented in the workplace there are a couple of key campaigns and interventions that should be highlighted. Time to Change is a very successful anti-stigma programme that was launched in 2007. Research suggests it has had many positive impacts and is continuing to contribute to a greater awareness of mental health problems. The main programme that has been used not only to tackle discrimination but also to educate individuals in how to react to those who are suffering from a mental health crisis or developing a mental health problem is Mental Health First Aid. It is a 12 hour training programme that originated in Australia in 2000, it is now recognised in 23 countries. It is the most commonly evaluated programme and shows many positive impacts.

There is clearly a lot more to be done to raise awareness of common mental health problems, to support employees who are experiencing these problems in the workplace and to address the discrimination in the workplace that individuals often face, however there is a lot of positive evidence

suggesting that interventions can be very effective.

To explore these studies in more detail, please click on [Explore the Evidence].

What is Mental Health Discrimination and Stigma?

Stigma occurs when negative beliefs, views or attitudes are associated with a particular group of people for example those individuals who suffer with mental health problems. These negative beliefs, views and attitudes can result in prejudice and subsequently this can result in discrimination. People with mental health problems may therefore be treated unfairly due to their mental health.

It is illegal to discriminate against employees on the basis of their mental health. The Equality Act (2010) covers employees, contract workers and apprentices and it will protect these individuals when they are in work, dismissed from their job, in the process of applying for a new job or in particular situations a previous employee or worker (Mind 2016). However, the recent Business in the Community (2016) report found that 9% of employees who had symptoms of poor mental health experienced disciplinary action up to and including dismissal. This can result in a culture of silence within organisations, results have shown that 35% of employees did not seek support during their most recent experience of poor mental health.

This section only provides information and guidance on stigma and discrimination around mental health. Information on definitions, prevalence and management of Common Mental Health problems is not discussed in this section as more information is provided in the topic 'Common Mental Health Problems' within the Hub, for more information on Common Mental Health Problems, please click [here].

Why do people experience discrimination?

Research suggests that people with mental health problems can be discriminated against in the workplace which can be demonstrated in many different ways, for example, not being promoted due to employer beliefs about mental health and receiving unfair discipline relating to absence from work due to ill mental health. One study (The Mental Health Foundation, 2009) also demonstrated another type of discrimination, employees with cancer and heart disease were more likely to experience return to work processes in comparison to those with depression, also only about a quarter of those returning to work with depression and anxiety were invited to stress management training.

Research shows that in 2009, 23% of employers believed that individuals with mental health

problems are less reliable than other employees and 40% of employers believed that organisations take a significant risk when employing people with mental health problems in a public/client facing role (Shaw Trust, 2010). These type of beliefs could result in discrimination. On a more positive note, this research also found that 90% of employers agreed that they would be comfortable discussing mental health with employees.

Time to Change's recent research (2016) showed that amongst all organisations 30% of employees received a lot of support from their employer or manager to manage their mental health and the demands of their job. However, 18% felt they experienced adverse treatment from their employer or manager after disclosing their stress or mental health problems. There also appears to be a difference in beliefs of senior managers and board members and the experience of employees, Business in the Community (2016) found that 60% of board members and senior managers think their organisation is supportive of those with mental health problems however the report showed that just 11% discussed their latest mental health problem with their line manager.

Therefore, although there are calls to discuss mental health and employers are happy to discuss it, employees can be reluctant to disclose and discuss mental health as negative attitudes do still exist. Only 49% say they would talk to their line manager about their mental health and less than 4% would approach HR for support with a mental health issue (Business in the Community, 2016).

What can be done to address mental health discrimination and stigma at work?

There has been a lot of research into preventing mental health discrimination amongst the public but a lot less research exists that focuses specifically on the workplace. Campaigns such as Time to Change have been very popular and research suggests they have had positive effects.

Time to Change is a very successful anti-stigma programme that was launched in 2007. This is aimed at everyone but also has elements that are specific to the workplace. The aim of the campaign is to change how we think and act about mental health problems. In 2016 Time to Change reported that 57% of employees are cognisant of mental health support that is available to them and 46% of employees are confident their manager could implement support tools (34% however did not feel confident). Henderson, Williams, Little & Thornicroft (2013) reported changes in employers' knowledge, attitudes and practices between 2006 and 2010. They found that in 2006, 31% of employers thought that no employees would experience a mental health problem in their working life however this decreased to 4% in 2010. The results suggested that there was a greater awareness of common mental health problems, there were a higher number of organisations who have formal policies on stress and mental health at work and that there have been improvements in employment discrimination. Improvement in many areas is still needed but in general the research suggests a

positive change and it is thought that this is associated with Time to Change.

Malachowski & Kirsch (2013) reviewed 22 studies of anti-stigma programmes amongst employees, such as Mental Health First Aid, web based programmes and workshops. They concluded that a crucial component of many of the interventions is education. One of the most common and commonly evaluated interventions to reduce stigma is Mental Health First Aid. It is a 12 hour training programme, the aim of which is to educate the public about how to react to individuals who are suffering from a mental health crisis or experiencing the development of a mental health problem. It has been shown to be effective at the individual, manager and organisational level.

Individual Interventions

At the individual level, Bond, Form, Kitchener and Reavley (2015) examined Mental Health First Aid training amongst Australian medical and nursing students. The results showed that amongst nursing students who received the training, online or face to face, there were significant positive changes on various measurements including recognising depression, confidence, knowledge and some of the stigma scores. Amongst medical students who received face to face or online training there were also significant changes in intentions, confidence, knowledge and personal stigma scores. These findings suggest that Mental Health First Aid training can be given face to face or online with positive benefits for all employees within organisations.

Manager Interventions

Mental Health First Aid can also be used specifically at the manager level. Moffitt, Bostock and Cave (2014) evaluated different interventions amongst managers in the fire service. They found that Wellbeing at Work – a two day training course – and Mental Health First Aid – a 12 hour training programme - both had a positive impact on managers' attitudes towards mental health problems and knowledge of mental health problems. However, attitudes and knowledge were only measured post intervention so conclusions about the long lasting impact of these changes cannot be drawn.

Organisational Interventions

Hanisch, Twomey, Szeto, Birner, Nowak & Sabariego (2016) examined a variety of interventions, such as Mental Health First Aid or an adapted form of the programme, online training, workshops and role play. The research demonstrated that amongst interventions focusing on knowledge and changing behaviour, almost all were successful. Those interventions aimed at changing attitudes had varied results (although 9 studies showed a positive impact). A couple of the studies also showed a secondary positive effect on the mental health of the participants. 5 studies carried out a long term follow up (2 years was the longest follow up), and the results indicated that positive changes (knowledge/attitudes/behaviours) were to some extent maintained over time.

Szeto and Dobson (2010) concluded a limited number of interventions exist to reduce stigma and discrimination towards people with mental health problems in the workplace. Although many studies have evaluated the Mental Health First Aid intervention, few others have been evaluated. This means that knowledge regarding the long term results of anti-stigma programmes is very limited.   Another conclusion that was drawn was that many of the intervention programmes are an element of general workplace mental health and wellness courses rather than programmes solely aimed at reducing stigma.

Overall there are two key initiatives and programmes that have been used to address mental health discrimination and stigma at work. Time to Change is a key campaign and research suggests there is a link between this campaign and greater awareness of mental health problems, a greater number of organisations having policies regarding mental health at work and improvements in employment discrimination. Mental Health First Aid is the most commonly used programme to tackle mental health discrimination, it has been shown to be effective at all levels and research shows it's not only used to educate the public about how to react to individuals who are suffering from a mental health crisis or experiencing the development of a mental health problem but also to tackle discrimination. It is also unusual in that is has been evaluated so thoroughly.

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