

Promoting Positive Mental Health at Work

Mental health employer resources kit: Supporting discussion of mental health at work, and **action**

Essex Business School is a champion of responsible management and sustainable business. It believes in using creativity and innovation to inform social change and drive organisations forward and make them better places to work and do business.

FORWARD

Poor mental health is the largest single cause of disability in the UK. The 2017 Stevenson / Farmer review of mental health and employers estimated poor mental health to cost employers between £33 billion and £42 billion per year.

Workplaces are amongst the institutions that contribute to, and impact on, our mental health throughout our lives. This toolkit seeks to make a contribution to improving employer policy and practice in the management of mental health at work. I hope that you find the resources helpful in discussing and mobilising organisational change and progress.

Collaboration between organisational stakeholders, including people with lived experience of mental health conditions, is important in fostering better practice. I would like to thank all the participants in and contributors to the Essex Business School Employer Action Learning Set on the Management of Mental Health at Work, from which this employer resource kit arises.

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INTRODUCTION

BACKGROUND TO THE DEVELOPMENT OF THIS TOOLKIT

During 2016 Maria Hudson, a University Lecturer at Essex Business School, undertook a research project for ACAS on The Management of Mental Health at Work. The research involved undertaking employer case studies to develop examples of better practice, and map challenges in the management of mental health at work. The research report was published in November 2016 and is available at the following link http://m.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf

The following year Maria decided to develop an Employer Action Learning set that would share better practice on The Management of Mental Health at Work with employers in the public, private and social enterprise sectors in Essex and surrounding areas. The project was funded by the Impact Acceleration Account Impact Fund awarded to the University of Essex by the Economic and Social Research Council. The Impact Fund aimed to support projects in developing productive relationships with collaborators and research users in the private, third, or public sector.

An Action Learning Set (ALS) involves a group of six to eight people who meet regularly with an action learning facilitator in a safe space in which ground rules are set so that they can talk freely. Set members typically consist of peers at similar levels of responsibility, though perhaps different stages of a journey. It is important that set members are in a position to influence change. The action set meeting process is pivotal. It involves learning by doing in a structured environment.

The main objective of the ALS was to foster increased understanding and take-up of better practice in the area of employer mental health policy and practice, tailored to employer contexts. A key area for ALS discussion and activity was around existing policy and practice and how it might be strengthened, alongside the management of change to erode the gap between mental health policy and practice. One of the aims of the project was to develop an employer tool-kit as a vehicle for cascading the ALS learning to a larger number and broader range of employers, helping to foster a wider community of practice in the promotion of positive mental health.

THE TOOLKIT CONTENT AND SUGGESTIONS FOR HOW IT MIGHT BE USED IN YOUR ORGANISATION

Part 1: Vignette discussion

The vignettes presented in this toolkit are hypothetical stories about the lived experience of mental health that were designed to foster discussion of mental health at work during the Employer Action Learning Set meetings. The vignettes engage with a variety of issues linked to mental health at work and each vignette is followed by several questions, designed to foster discussion of the challenges, enablers and constraints in managing mental health at work in your workplace. At the back of the toolkit you will find an appendix providing 'indicative' answers to the discussion questions. These answers are not intended to be prescriptive because the issues that you and your colleagues might raise in discussion may vary due to the characteristics of your workplace context and experiences.

The vignettes were designed in partnership with Brentwood Community Print (BCP). BCP is a Community Interest Company in the printing sector which has used its expertise to support people with mental health needs to have a positive experience of working life, building confidence and skills and a mutually supportive workplace culture. BCP has also deployed its expertise to support improved awareness and practices amongst local businesses. Andy Woodcock led on the vignette design and facilitated employer discussion of the issues raised by the vignette exercises. You may find it helpful to have an external facilitator to support your discussions. Andy Woodcock is a BCP Director and leads the BCP Employer Outreach Team and can be contacted at andy.woodcock@brentwoodcommunityprint.org.uk.

Part 2: Learning from organisational case studies

The employers who participated in the Action Learning Set (ALS) emphasised that one of the things that they most valued was the opportunity to find out about policy and practice in the management of mental health at work in other organisations. They felt that this supported mutual learning. The second part of the tool-kit shares some of that learning through employer case studies. With the consent of participating employers, interviews were undertaken with each Action Learning Set (ALS) member at the start and end of your engagement with the ALS. These interviews have been drawn on to develop organisational case studies that provide some insight to the action that employers were taking to improve the management of mental health at work. The case studies are designed to share challenges, progress made and learning points.

Part 3: Other sources of support and information

These resources are supporting a journey in fostering better practice in the management of mental health at work. Sources of additional help and information are provided at the end of the toolkit.

Part 1: Let's talk about mental health at work – using group discussion exercises to support the mobilisation of organisational change

Vignettes 1 and 2	Developing written policies on mental health at work and understanding and engaging with the gap between policy and practice	p.6- p.9
Vignettes 3 and 4	Fostering the disclosure of mental health conditions at work	p.10- p.13
Vignettes 5 and 6	Reasonable adjustments and staff empowerment	p.14- p.19
Vignettes 7 and 8	Developing and implementing training interventions to support positive mental health at work'	p.20- p.23
Vignettes 9 and 10	Older workers and the management of mental health at work	p.24- p.27



Suggestion

Nominate a colleague to coordinate small group discussion of the following exercises in your organisation, perhaps scheduled as lunch-time meetings. Alternatively you might involve an external facilitator. Examples of organisations that you might contact for external support are provided in part 3.

Vignette one

Nigel works for a charity and has noticed a change in his demeanour over the last few months. Initially he thought this was due to various pressures he was experiencing at the time. Many of these perceived pressures have now passed but Nigel is aware that he is not feeling any better and his emotional wellbeing is not improving. Nigel has researched online how he is feeling and believes he has depression.

He is aware that his employer has a dedicated mental health policy in place. However, he perceives that management doesn't buy into it. This view was compounded a week ago. Whilst in the staff room having lunch, Nigel couldn't help but overhear conversations around the subject of mental health where disparaging language such as 'shirkers' and 'drains on productivity' was being used.

Nigel's employer is a long standing and well respected organisation. However, their working practises instil a culture among the workforce where targets and profits are of paramount importance; over and above anything else. This is manifested in an anxious workplace environment.

Struggling to meet deadlines, Nigel often finds himself unable to focus and concentrate on the tasks before him. Although he likes to think that he has a good working relationship with his line management, the stigma associated with mental health is preventing him from reaching out to management for support. As a result of this, Nigel's condition has deteriorated and other colleagues have started to notice a detrimental change to Nigel's behaviour and appearance. However, they feel unable to raise the subject either with Nigel directly or with management.

Last Monday morning Nigel arrived for work a little late and stressed due to travel problems. Upon arrival he was advised of a performance meeting later that morning with Human Resources. This was completely out of the blue from Nigel's perspective. Immediately Nigel started to have feelings of dread and nausea. He was surprised and disappointed that his manager had referred him directly to Human Resources without speaking to him about any performance concerns first.

At the meeting HR is very critical of Nigel's performance and reluctantly he feels compelled to divulge how he is feeling. As he is aware of the company's mental health policy he expects that the company will be understanding.

Unfortunately, Nigel's experience with Human Resources is far from the supportive experience he was hoping for. Nigel feels that Human Resources only paid lip service to the mental health policy in place.

Sadly, Nigel's mental health continued to deteriorate culminating in him being signed off work long-term.

Vignette one discussion questions



1. Why do you think the line manager responded to the situation in the way he did?
2. Why do you think the work colleagues were reluctant to raise the issue with Nigel directly or approach management?
3. What words might you use to describe how the individual with the mental health condition was feeling?
4. How can we best tackle stigma throughout the firm including the hierarchy?
5. How can we best facilitate a change in culture in the organisation in respect of mental health?
6. What part should awareness and training play?
7. How do we ensure policy is effectively and consistently implemented?
8. What do you see as the main strength and weaknesses in your own organisations' approaches to policy implementation?

Vignette two

Sally has been a long standing, respected and valued member of staff at a further education college. However, she has been absent from work for four months due to difficulties with her mental health.

Her employer, in general, is sympathetic to members of society with mental health support needs. They have a broad set of policies in place that are widely and effectively implemented and actively supported by the executive management team.

However, in this instance Sally has received no contact from her colleagues or management within her department throughout her period of absence.

Through engaging with support provided by her GP, local mental health team and mental health charities, Sally feels she has reached a point where returning to work would assist in her continuing recovery. This view is supported by her care team.

Sally has a latent fear and reluctance to return to work given the lack of communication she has had with her employer. Sally's concerns revolve around what could have changed? How will she be received and treated? What will her team expect of her?

To allay some of her concerns Sally has identified and accessed the company's relevant mental health policies on the internal company intranet.

As per policy Sally reached out to Human Resources and advised them of her desire to return to work. Sally's departmental manager and Human Resources agreed a return date between them but failed to discuss appropriate workplace adjustments that might need to be made. Sally was not a party to these discussions.

Upon returning to work it becomes apparent to Sally that the expectation of her departmental team is that she will pick up where she left off. It becomes clear to her that there has been no discussion of reasonable adjustments.

Work expectations prove to be too much for Sally and her mental health deteriorates to the extent that she is again signed off from work.

Through a casual conversation with one of Sally's co-workers a mental health champion from the company reaches out to Sally and provides her with an opportunity to share her experience and engage in a new initiative to refine policy and procedures in respect of returning to work. This results in renewed firm wide training with regards to people reintegrating into the workforce following a period of absence and the promotion of positive management of their mental health.

Vignette two discussion questions



1. Despite a supportive culture and management within the firm what went wrong? How did this impact on the individual?
2. What could have been done better to support the individual with a mental health condition?
3. How can active communication facilitate a transition back to work?
4. What benefits could be gained by inclusion of those with lived experience in the formulation of mental health policy?
5. To what extent is there inclusion of those with lived experience of mental health conditions in the formulation of your mental health policies? Why? Why not? What difference does it make?

Vignette three

Tim is a white middle aged male from a supportive and caring family background, married with children. However, whilst growing up Tim's parents were very emotionally reserved. Although Tim felt loved and valued, open signs of affection were very rare. Tim's father was very old fashioned in his views on parenting and relationships. Tim's mother was a housewife as his father felt that a woman's place was in the home. Tim didn't find it easy to communicate with either of his parents.

Following a hostile takeover of Tim's company he found himself with new management who introduced a corporate culture that he was uncomfortable with. As part of the corporate restructuring Tim was offered voluntary redundancy. He willingly accepted this in the expectation that he would secure alternative employment relatively easily given his level of experience.

18 months have now elapsed since Tim took voluntary redundancy. He has been actively seeking alternative employment but has received nothing but rejections from potential employers. Tim is starting to feel the pressure as his finances are now very strained.

Subconsciously, Tim recognises that he is not at his best mentally but is reluctant to admit this to himself. As a consequence of his life experiences, particularly his upbringing, Tim has a deep rooted reluctance to seek medical assistance. As a result Tim has started to self-medicate to alleviate the symptoms whilst ignoring the root causes.

Tim's relationship with his wife and children has become strained. Tim's wife has recognised the changes in him over the last few months and is concerned. On numerous occasions she has approached Tim to discuss how he is feeling but has found him uncommunicative.

In an attempt to help Tim, his wife has identified a volunteering opportunity with a local charity which supports individuals with mental health needs. To placate his wife Tim has reluctantly agreed to take on the voluntary role. After several weeks of volunteering one of the support workers at the charity recognises that Tim is exhibiting classic signs of anxiety and depression. This leads the support worker to have an informal and relaxed conversation with Tim which ultimately leads to Tim undertaking counselling.

Time has moved on and Tim finds himself feeling more confident and self-assured. He now feels he is better equipped to re-enter the market for a job.

Tim has been successful in obtaining an interview for a position in a small to medium sized company. He is more than adequately qualified for the position. With his renewed positivity and confidence Tim performs well at the interview. During the process Tim was keen to ensure the company has a positive attitude towards mental health in general. He is open about his voluntary role with the mental health charity but is still unable to bring himself to disclose his own lived experience.

Vignette three discussion questions



1. How might Tim's life experiences and family culture have influenced his willingness to talk about his mental health (a) to members of his family (b) potential employers and (c) mental health specialists?
2. In what ways do you think the 18 months of unemployment might have affected Tim's mental health?
3. As an employer would you expect a potential employee to disclose a mental health condition at interview stage? What might help and what might hinder this?
4. If you were in Tim's position how do you think that you would disclose a mental health condition? What factors would influence your decision to disclose?

Vignette four

A few years ago, at the age of fifteen, Rizwana came to live in the UK with her family. She currently lives with her parents and siblings who are practising Muslims.

Mental health, especially depression, was never talked about in her family and the subject would usually be kept hidden in her home country where education on eliminating stigma is scarce.

Depression in her country of origin was seen " as being possessed by the devil" resulting from " not practising your faith properly".

In her workplace, a large industrial factory, where Muslim employees are a minority, Rizwana is frightened of her colleagues who do not speak to her. She tries to ignore the feelings of being shunned and ignored by focusing on her job and working hard.

The factory has a mental health policy and an HR Department with people trained in Mental Health First Aid.

Recently, Rizwana has attended a compulsory presentation at work on good mental health in the workplace where the symptoms of depression and anxiety were talked about. She recognised that she was experiencing quite a few of the symptoms of both depression and anxiety and this has left her feeling very conflicted between thoughts, feelings and beliefs.

Sometime after, Rizwana returns home from work to news of an explosion in London where several people have been killed and for which ISIS has claimed responsibility.

She is terrified of going out, let alone going to work the next day, as she anticipates a back lash from the local white community and work colleagues. In a state of panic, the next morning she phones her supervisor to say that she won't be in work that day due to period pains.

Vignette four discussion questions



1. If Rizwana's employers have an HR Department delivering training in mental health why might her background make her reluctant to disclose her feelings of depression and anxiety?
2. If Rizwana had been born and raised in England, would the answer to (1) above still be the same? Explain why / why not?
3. As an employer, how can you prevent people from ethnic backgrounds potentially feeling isolated amongst your workforce? How significant are cultural/religious stereotypes in influencing lived experience of work?
4. As her employer, what action/s might you take if Rizwana is absent from work for more than the one days absence she indicated to her supervisor?

Vignette five

Erica has just successfully opened the second branch of her expanding automotive parts distribution business. She has been in business now for approaching eight years and her workforce has grown from an initial ten employees to her current number of thirty two.

Erica's business (European Motor Factors) supplies many of the local independent garages throughout the London area. Her employees have a variety of roles and responsibilities including telephone sales, warehouse management, and delivery driving as well as running a retail shop serving members of the public.

The demands of the business can be stressful due to the high daily workload. This is only likely to increase with the opening of the second branch of European Motor Factors.

Many of Erica's employees have been with her since the early days of the company and have proved to be loyal over the years. Erica recently undertook a staff survey of all of her employees asking for honest feedback on their experience of working for European Motor Factors. To make people feel reassured and encouraged to be honest and open this survey was carried out on an anonymous basis. Feedback was mostly positive with just a few minor things that Erica felt she could address.

Erica has always been interested in exploring ways to improve company morale and the working relationship between all of her staff regardless of their position within the company. Erica firmly believes that she and her management team should always be available to support the workforce in an appropriate and understanding way.

Unfortunately one of Erica's longest serving employees (Malcolm) has been absent from work for several months due to mental health difficulties including stress and anxiety.

Erica is keen to assist Malcolm to return to work as soon as possible as he holds a key position within the organisation which requires specialist skills. Due to the unique nature of the role and the skill set required it has proved difficult to outsource Malcolm's work while he has been absent.

Yesterday Erica was informed by her managerial team that Malcolm has been in touch and has advised that he would like to attempt a return to work once he has discussed this with his family and General Practitioner. Malcolm is looking to return at the beginning of next month which is just under two weeks away.

Erica is happy to hear that Malcolm is going to be returning in the very near future and has scheduled a meeting with her management team to discuss how to support Malcolm and what steps should be taken.

The meeting is held the Friday before Malcolm's return and the following points are agreed upon –

- Malcolm will be transferred to the newly opened branch of European Motor Factors. It is felt by the management that this would be a positive step as the new site is less busy. He will still be able to carry out his duties at the new site and will have the equipment he needs.
- For the first month Malcolm will not be required to work weekends.
- Line management and Erica will make themselves available to Malcolm for support when requested. Although due to work requirements this may have to be carried out remotely via phone or possibly Skype.
- Malcolm will be given any leave he needs to attend medical appointments.

On Monday morning Malcolm arrives at work and is greeted by Erica and some of the managerial team, they are very pleased to see him. He is advised during a brief meeting of the measures being put in place to support him.

Malcolm is escorted to the new site and left to settle in. Unfortunately Malcolm's return proves unsuccessful and within a fortnight he is again absent from work due to his mental health. Several weeks later Malcolm tenders his resignation.

Vignette five discussion questions



1. What was positive about how this company handled this individual's return to work?
2. What do you think might have been the main reasons for the failure of Malcolm's return?
3. What could have been done differently, how and why?
4. How might the size of a company impact on possible reasonable adjustments, and their effectiveness?
5. What other factors need to be considered when arranging a planned employee return?

6. Vignette six

Louise is celebrating today after receiving an email to confirm that she was successful in her recent job interview and will be joining her new company (Clark Logistics) on the 23rd March 2018 as a customer booking agent. The role mainly involves speaking with customers on the phone and organising delivery routes.

Clark Logistics are a large multinational corporation with offices across the world including New York, London and Beijing.

Clark Logistics was one of the first large multinational corporations to sign up to the UK Government *Disability Confident Scheme*. The scheme consists of three levels -

- Level 1 – *Disability Confident Committed*
- Level 2 – *Disability Confident Employer*
- Level 3 – *Disability Confident Leader*

Clark Logistics are currently at level two (*Disability Confident Employer*) and are hoping to progress to level three later in the year.

As a Disability Confident Employer, Clark Logistics actively promote the scheme through all their advertising and recruitment literature. The scheme is taken very seriously within the corporation and has become one of their core values.

Before her interview, Louise did some research into Clark Logistics and was pleasantly surprised by how committed the corporation was to employing individuals with disabilities, including those with mental health difficulties.

Louise felt so empowered by what she had read that this encouraged her to disclose her own diagnosis of Bipolar disorder during her interview. Louise was reassured by the interview panel after her disclosure that her diagnosis was not an issue or barrier and reasonable adjustments could be made to support and accommodate her needs should she be the successful candidate.

It's the night before the big day and Louise is feeling understandably anxious about starting her new job tomorrow. Unfortunately for Louise she has entered a manic phase of her disorder which has been partly triggered by her anxiety. Symptoms of her mania include – insomnia, feeling full of energy, being easily distracted and talking very quickly.

Louise arrives early for her first day and is greeted by her line manager and introduced to the small team of six people she will be working with. The office is organised around the concept of hot desking which is new to Louise. Her first day proves to be very busy and Louise goes home exhausted and self-critical of her performance during the day. She is also preoccupied and concerned about what her new colleagues thought of her.

Over the next few days, Louise finds the whole concept of hot desking hard to deal with and has “overheard” a comment from a colleague that members of the team find

her behaviour erratic and makes them feel uncomfortable. This overheard comment really upsets Louise and as a result her work performance suffers and she struggles to keep on top of her workload.

After a couple of weeks, things unfortunately come to a head at work when Louise for the third time, forgets to inform a customer about a change to their delivery. This leads to an unplanned performance review meeting with her line manager on a Friday afternoon. Her manager, aware of her Bipolar disorder decides the best course of action is to reduce her workload as it is evident to him and other team members that Louise is struggling to keep on top of things. This leaves Louise with mixed feelings of anger, worthlessness and self-loathing. Louise spends the weekend catastrophising that she will ultimately lose her job.

Over the weekend, Louise decides the best course of action is to speak with Human Resources (HR) to arrange a meeting to discuss her situation and lodge a complaint regarding her treatment. Louise feels things could and should have been handled differently, especially as her new employer is aware of her mental health difficulties.

Much to Louise's surprise the HR meeting proves to be very supportive and she is reassured that the last thing the organisation wants to do is terminate her employment. Instead they want to learn how to better support and understand her needs to enable her to feel comfortable and improve her performance. Although Louise has struggled it's not gone unnoticed by management that she does possess some great qualities and skills. This goes a long way to reassure Louise and help reduce her feelings of anxiety. The management team actively sit down with Louise to start to put together a support plan for her.

Vignette six discussion questions



1. After Louise's disclosure of her mental health diagnosis, what questions would you have asked during the interview if you were part of the interview panel and why?
2. How can hot desking be problematic for some individuals with a mental health condition? Have you come across examples of other working arrangements that have been problematic for people with some mental health conditions?
3. Knowing about Louise's Bipolar disorder, what would you have done before and on Louise's first day of work if you were:
 - a) Louise's manager?
 - b) Louise's co-worker in her work team?
4. What steps can be implemented by Louise's manager to help empower her to complete tasks in a timely manner and meet deadlines when in her manic phase? **(Please see handout for symptoms of Bipolar).**
5. Bipolar is a complex mental health disorder. There are five basic types of Bipolar disorder and all of them involve changes in mood and behaviour to a varying degree. Episodes of mania and depression can last from a few days to several weeks or months. In our vignette Louise is in her **manic** Phase. How could Louise's management adapt their approach to supporting Louise when she is in the **depressive** phase of her condition? **(Please see handout for symptoms of Bipolar).**
6. What else as an employer can you put in place to empower Louise to feel part of the team?

Handout on Bipolar disorder symptoms (supporting discussion of vignette six)

What are the symptoms of a *manic episode*?

- **High Energy Levels** – symptoms can include feeling ‘wired’ and ‘hyper’ these can be exacerbated by insomnia. Concentration can be difficult and judgment is often impaired.
- **Irritability** – this can include symptoms of angry / frustrated outbursts and a general impatience towards others.
- **Inappropriate Behaviour** – This can take many forms including but not limited to the following, increased consumption of drugs and alcohol, excessive gambling and out of control spending habits which often lead to debt problems. Increased libido and lack of sexual inhibition is also reported.
- **Racing thoughts** – difficulty in following a train of thought, not always making sense and randomly moving from one subject to another.
- **Speech** – rapid talking, louder and often incoherent.
- **Rapid Emotional Changes** – rapid cycling of emotions such as frustration and anger to laughter and contentment.

What are the symptoms of a *depressive episode*?

- **Lack of energy and fatigue** – marked reduction in energy and reduced interest in activities usually found enjoyable. This is often coupled with withdrawal and sleep problems.
- **Anxiety** – Commonly reported during depressive episodes.
- **Recurrent negative thoughts** – These can include feelings of worthlessness, self-loathing, guilt and negative self-image (feeling over / under weight or ugly).
- **Decreased ability to think rationally** – Thoughts can be overwhelmingly negative. Concentration as well as decision making ability is often impaired.
- **Physical symptoms** – These can range from increased restlessness, moving from task to task before completion, pacing and tapping of fingers/feet.
- **Significant change in appetite** – This can include both an increase and decrease in food and beverage intake.

Vignette seven

Hastings Industries based in Kingston Surrey are a supplier to the aviation industry providing components for commercial and freight aircraft.

It's a busy time for Hastings Industries as they were recently successful in acquiring two large new contracts which have helped secure employment for the workforce for the foreseeable long term future.

The company has a busy and vibrant environment in which the wellbeing of employees is recognised as being an important aspect of the company's culture and ethos. This approach has successfully led to a reduction in staff turnover, absence and presenteeism.

There was not always a focus on recognising workforce wellbeing within Hastings Industries. This lack of focus manifested in a high turnover of staff, many periods of absence lasting beyond 21 days and a general feeling of low morale and negative attitudes amongst employees towards their employer. A new Managing Director was brought in several years ago and made it a priority to address these issues and turn things around. General feedback from recent employee satisfaction surveys have indicated that the organisation is in a much better position than it was several years ago.

Carl has been an employee of Hastings Industries for nearly a decade and is well respected in the organisation. Over the years Carl has progressed in the company to a point where he is now middle management and has a small team of eight employees who report directly to him.

Although generally able to manage his stress levels, Carl has recently begun to feel at times overwhelmed by the increased workload that new contracts have brought. He has become distant from his team and easily upset. This has led to several outbursts with colleagues. It has been noted by others that Carl is struggling and that his quality of work has declined. In the last month Carl has been absent from or late for work on several occasions.

After discussions with his wife Carl acknowledges (albeit reluctantly) that he is struggling and agrees to seek help through the employee wellbeing services provided by Hastings Industries.

Through part of their refocus on workforce wellbeing, Hastings Industries introduced a raft of new initiatives. These initiatives were designed and implemented by a dedicated focus group. The group worked on a company-wide marketing and education campaign which has included leaflets, posters, online resources and presentations.

Carl feels sufficiently empowered and reassured to approach his upper management for support and advice. Carl's approach to his management proves beneficial and a SMART support plan is put in place to support him during this difficult period.

Vignette seven discussion questions



1. Why do you think Carl was initially reluctant to acknowledge that he was struggling?
2. Why do you think that Carl's wife rather than his co-workers were a catalyst for a 'conversation' about how he was feeling and the support that he might access?
3. How might the company's approach to addressing workforce wellbeing have supported Carl's eventual disclosure to his employer that he was struggling?
4. What do you think might be the benefits of Hastings Industries having a dedicated focus group to support action on workforce wellbeing? Who do you think might be the key stakeholders that should be involved in that focus group?
5. How might an education campaign and programme be designed to improve the likelihood of disclosure? Are there related steps that you think could be implemented in your own organisations to assist with improving workforce wellbeing?

Vignette eight

Lisa is finding living in central London very different from North Devon where she grew up. Lisa finds the daily commute on the tube particularly difficult and stressful. Everything seems to move at such a faster pace and she is the first to admit that it is taking some getting used to.

Lisa moved from Devon around 6 months ago to take up a position at a leading London solicitor.

It's proved to be a busy time at work over the last few months and the demands on Lisa have started to take a toll. She has noticed that she constantly feels tired but is struggling to relax at home and get a good night's sleep. Things to do at work are always on her mind from the moment she wakes up till she eventually falls asleep. Lisa's eating habits have also changed and she is smoking and drinking more. Friends, family and colleagues of Lisa have noticed a change in her personality and personal appearance and that she isn't in contact as much as she used to be.

After a long and sometimes difficult and emotional conversation with her mother, Lisa makes an appointment with her GP to discuss how she's feeling.

As a result of her conversation with her GP, Lisa completes a PHQ9 questionnaire and is prescribed anti-depressive medication and signed off of work for a short period of time. Her GP also recommends that she discuss her current workload difficulties with her line manager when she returns.

Lisa does schedule a meeting with her line manager as suggested by her GP. She has done some research on her employer, by accessing information on the company intranet, and uncovered that the company do in fact have a mental health policy in place. She was previously unaware of this. On reading the policy documents Lisa becomes aware of some online mental health awareness training provided by her company. The training is a short module of multi answer questions which links to a professional company's website using very clinical terms. Lisa finds that she has to Google the terms and ends up being more confused than reassured about her mental health difficulties.

On her return to work, before meeting with her line manager, Lisa asks a colleague who she is friends with if she was aware of the virtual training and the mental health policy. Her friend remarks that she vaguely remembers something being introduced a few years ago with a huge fanfare when the previous HR manager was in post, but hasn't heard anything about this since.

Lisa meets with her manager for the standard return to work interview. He greets her with "boy am I happy to see you back. It's been so busy and we've still got lots to catch up on". Lisa tentatively asks him "I wanted to ask you if you know about the mental health policy and online training that was introduced a few years ago. My GP has said that I am suffering from depression and anxiety and I wanted to know if I could get any help returning to work". Her manager groaned and said "I'm not aware of any policy or training; I just hope you aren't thinking of going off sick again soon".

Let me talk with HR and see what they suggest". "You okay if I do that later today as I must get this legal conference organised".

A couple of weeks have passed and Lisa has had no follow up from her initial meeting with her line manager. Lisa feels she is back to where she started and again is under extreme pressure due to her workload. Lisa has repeatedly emailed her manager for a follow up meeting. The emails included a delivery and read report so Lisa is aware they have been read.

Eventually Lisa's manager does reluctantly have a very brief follow up meeting with her only to tell her that the guidelines in the mental health policy need updating and could not be implemented at this time due to a lack of staff and the current workload.

Dismayed Lisa is left unsupported to struggle on with her workload. This continues to have an adverse effect on her overall wellbeing leading her to return to her GP.

During the GP consultation it is recognised that Lisa's wellbeing has deteriorated further. At this point her GP refers her to the local NHS mental health support services and signs her unfit for work for a minimum of two months.

Vignette eight discussion questions



1. Do you think the regional move from Devon to London has impacted on Lisa's mental health and if so why?
2. Online mental health training is becoming more commonplace. What are the benefits and drawbacks of this resource?
3. How commonplace do you think the above barriers to support encountered by Lisa are?
4. If you were appointed as wellbeing officer for this company what would be your first actions to address the barriers to support encountered by Lisa?
5. How could the line manager's approach be improved?
6. Could Lisa's GP have done more to support her?

Vignette nine

It's early on Thursday morning and Paul as usual is stuck in what seems like endless traffic trying to get to the office. He is already feeling stressed and the day has hardly started.

Paul is particularly anxious this morning as the organisation he works for (Elite Engineering) currently have an external company onsite to conduct a time and motion study across the organisation.

Elite Engineering was recently acquired by a larger international company who are looking to modernise and streamline the organisation. The overall aim of this is to make Elite Engineering more profitable.

Paul has been with the organisation for over 30 years working within sales and customer service. He is well liked and respected by his colleagues. Last year due to other commitments in his life Paul reduced his hours and now works part time.

Paul has never been a fan of change and feels that having someone come in to carry out a time and motion study is intrusive and unnecessary.

Outside of work, life has become increasingly challenging for Paul in recent years. He has various responsibilities he has had to learn to juggle, these include caring for his wife who has developed a degenerative disease as well as supporting his daughter through her marriage break up. The break up has resulted in his daughter becoming a single mother and Paul often being asked to babysit his 2 year old granddaughter.

At 56 Paul often finds himself struggling to cope with his responsibilities and often feels lonely and somewhat isolated.

Several weeks have passed since the time and motion study was carried out at Paul's workplace. The management have called a meeting with each department to discuss the findings and advise employees what changes they intend to implement as a result.

After the meeting Paul is left feeling fearful, angry and unsure of his future as his management spoke about a 'new look to the future' and how important it was to 'engage with a younger demographic with fresh ideas to help drive the organisation forward'. Paul is also advised that new operating software will be introduced during the coming months. Although Paul has many years of experience the language used by his managers and the changing workplace environment makes him feel like a dinosaur.

The above news together with his ongoing personal responsibilities has started to take a toll on Paul. He constantly worries how he is going to cope in his personal life and with all the changes at his workplace. This starts to affect how well he sleeps. One of his major concerns is how secure his future employment will be if he struggles to adapt to the changes.

Paul shares his thoughts with some of his colleagues who suggest that he talks with the management team to voice his concerns.

Although grateful for the advice Paul decides not to approach the management of Elite Engineering at this time.

Vignette nine discussion questions



1. Why do you think Paul feels that the time and motion study is intrusive?
2. How might Paul's personal responsibilities be impacting on his work life?
3. Why do you think Paul doesn't approach the management team to discuss his concerns about the workplace changes?
4. How could the management of Elite Engineering support Paul through the proposed workplace changes? What can be done to support Paul with his home responsibilities from an employer point of view?
5. How could Paul's many years of experience be a benefit to the 'new blood' (younger people) coming into the organisation?

Vignette 10

It's 6.45pm and for the third time this week Mary (aged 53) has stayed behind at the office to try to catch up with her ever increasing workload. Being employed in a small family business has its perks but it also means that she is the only person qualified to carry out her role in the accounts department.

Life both in and outside of work has become increasingly difficult for Mary over recent years. Her father passed away last year and her Mother is in her mid 80's and not in the best of health. Unfortunately Mary lives many miles from her mother which usually results in her completing a 160 mile round trip to visit her at weekends. As an only child she has no other siblings to share this responsibility with. As well as helping care for her mother Mary is a single parent to a 15 year old boy. Lately Mary's son Peter has got in with the wrong crowd and this has led to a visit from the police on several occasions. As well as managing her own household Mary has also taken on the responsibility of managing her mother's finances as she is too unwell to cope with this.

Mary constantly feels that she is being pulled in different directions and always feels tired and anxious. She also feels somewhat guilty for wanting to have some time for herself, and sometimes finds herself feeling angry towards her mother and son. Over the last few months she has started to experience other symptoms including struggling to sleep at night, hot flushes, headaches and palpitations. Also Mary has noticed that she has difficulty concentrating at work which isn't helpful when she is already behind on her work. Initially Mary put these symptoms down to the stress she is under.

As a result of the above Mary does eventually visit her GP who diagnoses her difficulties as menopausal symptoms. This makes sense to Mary due to her age but she feels like it is yet another thing she has on her plate to manage.

On Friday morning Mary receives a call from Alpha Care, the social care organisation who visit her mother during the week to advise Mary that her mother has had a fall at home. This news results in Mary having to ask her employers for unplanned emergency leave at short notice. Although granted by her Manager, Mary could tell from the tone of his voice that it was an inconvenience. During the conversation it is mentioned that when Mary returns to work a meeting will be held to discuss her current work performance and attendance.

This leaves Mary feeling deflated and tearful as she feels that she can no longer cope with what seems like a constant uphill struggle.

It's Wednesday morning and Mary is returning to work after her emergency absence. While driving in Mary is feeling physically sick with worry and is anxious about her meeting.

On arriving at her desk, Mary has barely had time to open her emails before she is called into the office by her manager.

During the meeting Mary's manager informs her that her performance is not where it needs to be and that her attendance and focus is lacking. This proves to be the final straw for Mary and she is reduced to tears. Her manager suggests that she 'pulls

herself together' and leaves Mary in the office while he leaves to go to another meeting.

After a short while Mary (visibly upset to her co-workers) picks up her belongings and goes home without saying anything to her colleagues on her way out of the office.

Vignette ten discussion questions



1. Are there any steps that Mary herself could have taken to improve her situation at work?
2. How could the manager's handling of the meeting with Mary, the issues raised and her visible distress be improved?
3. How could workplace reasonable adjustments help Mary?
4. Why is the open discussion of the menopause, including the impact that it can have on mental health, still a somewhat taboo subject? How can this be changed?

Part 2: The employer case studies

Case study 1	Empowering people with lived experience of mental health needs at Essex County Council	p.29
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Suggestion...

You can draw upon these case studies to support discussion of the challenges that you/your organisation experience in the management of mental health at work. For example you might consider:

1. What might be the links between **working conditions** in your workplace and negative mental health? What are the signs of any negative mental health?
2. In what ways can **organisational change** have a negative impact upon mental health at work? Can you think of examples at your workplace?
3. How appropriate is the **leadership** that your organisation currently has around improving mental health in the workplace? What is currently enabling good leadership? What is constraining it?
4. What might be the advantages of having someone/more people in work teams with **lived experience** of mental health needs?
5. In your organisation is the **moral case** as strong as the **business case** for taking more action to improve the management of mental health at work?

Essex Business School Employer Action Learning Set

Case study 1: Empowering people with lived experience of mental health needs at Essex County Council

This case study looks at how a County Council drew on its involvement in an Essex Business School Action Learning Set, on Promoting Positive Mental Health at Work, to support the Council's aim of embedding co-production in the organisation's programmes and activities.



About Essex County Council and Mental Health Commissioning of Services

Essex County Council is an upper tier local authority with statutory responsibility for the provision of a range of services. The County Council employs approximately 7000 people across multiple sites located in larger and smaller towns across the county of Essex.

The role of the County Council's Mental Health Commissioning Team is to identify population needs and plan the services that will help meet those needs. The team has a focus on looking for solutions. This sometimes involves expenditure on new initiatives, but often involves maximising the potential of existing resources and may involve stimulating communities to meet their own needs.

The Management of Mental Health at Essex County Council

The mental health and well-being of the Essex County Council (ECC) workforce has been monitored for several years. One of the main monitoring tools is the annual employee survey. Regular individual and team stress risk assessments and discussion of wellbeing should also be a part of everyone's regular 1:1 with their line manager. Like many organisations, stress, anxiety and depression are the main mental health conditions that are experienced by its staff. However, a range of other mental health conditions are also represented in the workforce, for example bipolar disorder. In recent years austerity has increased the

pressure that staff are working under, as explained by Matthew Barnett, a member of the ECC Mental Health Commissioning Team:

‘The kind of work that people are doing is often challenging, and I think people who enter public service often do so with motivations to help people, and actually what they’re finding themselves doing is finding the best ways to manage with less and often having some very difficult conversations around what services we can provide and what we don’t, and that’s stressful’. (Mental Health Commissioner, Essex County Council)

While this is a difficult climate in which to promote positive mental health, ECC is keen that mental health at work is better managed and that support is provided for all mental health conditions disclosed by members of the workforce. Since 2017 a range of measures have been introduced to better support mental health and well-being at work. For example, the development of awareness raising campaigns, the introduction of Mental Health First Aid Training and a new Employee Assistance Programme. Senior leaders at ECC are reported to be open-minded about how staff are managed, which may be having a positive influence on the workplace culture. A sign of this is ECC’s interest in collaboration with service users in support of co-production in the development of services. For ECC the concept of co-production means that all stakeholders need to be involved in the planning, design and delivery stages of service delivery. Empowering service users, as well as their family members and carers, is key. As explained by one of ECC’s Mental Health Commissioners:

‘One of the core themes in our strategic approach is around co-production, and making sure that people who are needing to access support have an equal footing in designing and delivering that support’ (Mental Health Commissioner, Essex County Council).

Reasons for getting involved in the Essex Business School Action Learning Set

The County Council joined the Essex Business School Action Learning Set (ALS) in November 2017. The ECC participant in the ALS was Matthew Barnett who has worked as a Mental Health Commissioner since 2015. A strand of his work

involves the area of mental health and employment. National policy drivers were an important reason for getting involved in the ALS. As this participant explained:

‘The agenda around mental health and employment is particularly pressing at the moment. ... In the NHS Five-Year Forward View, they’re talking about doubling access to individual placement and support, which is a method by which you get people with severe and enduring mental health needs into work. There’s a clear recognition from central government that we need to do more on this. ... This [Action Learning project] to me seemed to be an opportunity to learn and to also challenge some of our own thinking’. (Mental Health Commissioner, Essex County Council)

ECC was also keen to learn from the experiences of other organisations.

An organisational challenge: Embedding co-production

The challenge that the Mental Health Commissioner chose to present to an ALS meeting, and continue to work on over the life of the ALS, was that of developing **meaningful co-production** in ECC’s practice. This choice was influenced by his activity around mental health and employment as well as the County Council’s strategic goals around co-production. The importance of empowering workers was a main theme in Acas funded research undertaken by Essex Business School on the Management of Mental Health at Work (Hudson, 2016). Research undertaken by ECC resonated with this in indicating that improvements in mental health could be secured by giving people the opportunity to demonstrate their abilities to themselves and to others (Ballantyne and Temperley, 2015). In other words, giving people with lived experience of mental health a **‘voice’** in shaping and designing services and becoming part of the ECC workforce. Traditionally, ECC has engaged people with mental health conditions, however, bringing someone into the Commissioning Team was felt to be a way of ensuring that co-production was at the heart of everything ECC did.

The Mental Health Commissioning Team had the opportunity to recruit a local person with lived experience of managing a long-term mental health condition. Supporting a piece of work around the County Council’s mental health accommodation pathway was to be the main activity of the person appointed,

working towards more independent living across Essex communities. The Commissioner and his team felt that, in the spirit of co-production, it was important to employ someone who had direct experience of living in the County Council's supported accommodation schemes. The team became aware of a potential candidate, a woman who had lived experience of requiring support with accommodation as a result of her mental health. As the Mental Health Commissioner explained:

'So we, through another service became aware of a person who had direct experience of living in those schemes, and had experience, or had some cause during her childhood, and adolescence, and beyond to requiring places of safety and support with building a life which included skills to maintain a tenancy. So she'd had a range of experiences across various different provision. She'd never worked in an office environment, but we thought what she could bring would be really powerful'.

(Mental Health Commissioner, Essex County Council)

Mary (not her real name) had been in paid employment on and off for a number of years working on temporary contracts. The challenge that the Mental Health Commissioner brought to the ALS was what might be some of the key considerations in empowering her through making reasonable adjustments within the workplace to allow for her fluctuations in mental health. The ALS provided an opportunity to discuss areas such as how to provide support if her mental health condition and needs fluctuated and changed over time; the kind of contract on which she should be employed; as well as what kind of working time pattern might work for her.

Following discussions amongst the team, with Human Resources and with Mary, by mutual agreement Mary was appointed to the team on a short-term contract. This was to allow for any necessary changes and also to accommodate if Mary felt the position was not working out. The initial term was for a period of three months to see how Mary settled into the workplace and role. Mary's agreed working hours have been shaped by:

- A need to balance her working pattern because of her health needs;
- Options for employing her within the local authority;
- Any potential conflict between her paid working hours and benefit rules.

Mary agreed to work flexibly for up to 16 hours a week, mainly two afternoons. To maximise her flexibility and scope to vary her hours, she was paid on an hourly

rate. After a few months, things were going so well that the Council agreed to extend her contract for a full year. The Mental Health Commissioner explained:

‘Describing the arrangements to Human Resources, and why [we wanted to work in this way], was interesting, because it was the first time that they had come across that kind of scenario. Where we’re saying; we’re actually bringing somebody on board who we know is fragile, obviously we thought about what we needed to have in place to support that person, but we wanted Mary to have the same working experience as any other employee. We have had to make some adjustments, but not many’. (Mental Health Commissioner, Essex County Council)

One of Mary’s early contributions has been to support some co-production work around the Council’s recommissioning process for supported accommodation. In so doing she has facilitated useful insights from other people with lived experience of mental health. As the Mental Health Commissioner explained:

‘She is able to get insight from other people that we could not do. She gets to the nub of the issue far more quickly so she has a unique skill and position, and kind of authenticity when she’s speaking to other people as somebody who’s been through it herself. She has empathy that puts people at ease and people disclose things to her which are incredibly useful for us as commissioners; that they wouldn't do for anybody else’. Mary is also a role model for other people with Mental Health, supporting others to think that there is a future. (Mental Health Commissioner, Essex County Council)

The Team were determined that Mary was treated like any other employee but have had to adapt while Mary has adjusted to the office environment, for example getting used to communicating clearly via email. Her life experience means she has had no office working experience. With support she has grown into the role, helping to shape it while adapting over time:

‘And what I’ve noticed is that she has begun to adapt. She’s smart, begun to adapt to the office environment, and the team dynamic. And you can tell that she’s getting a sense of self-worth, and pride from it as well. So it’s been a good outcome’. (Mental Health Commissioner, Essex County Council)

As expected, there have been periods when Mary has been less well and additional support has been provided at these times, for example adjusting deadlines to avoid her feeling too pressurised.

There have also been challenges along the way. For example Mary has built a strong rapport with some colleagues providing additional support. When these colleagues have been on annual leave she has sometimes been reluctant to come to work. Learning from this experience, Mary’s colleagues are working to ensure that she does not become too dependent on any one member of the team, so

that a colleague's absence does not affect her ability to work. As the Mental Health Commissioner explained it is important for both Mary and the rest of the team to think ahead as to how her role and career might develop:

'[Mary] has not relapsed severely, there have been just a few instances of sickness, but I think the job has given her, as we hoped it would, a real focus. Mary is committed to making a difference for others and tells us that she is now beginning to see how her work will make a difference. The job needs to go somewhere I think, and I think that was something that we discussed at the Action Learning Set, so what happens next, because that work won't be there forever. We've got a longer period than we originally signed up for, based on her input, and ability. ... You can't offer somebody a job for life. I'm hoping it's building Mary's self-esteem, making her think about what she could potentially do.

(Mental Health Commissioner, Essex County Council)

The Commissioning Team are supporting Mary to think about what development needs she has and are facilitating shadowing within other teams to support her with her decision making.

The Mental Health Commissioner feels that there is likely to have been some positive knock on effects of this co-production experience for ECC's organisational culture. Not least, the dialogue that has taken place to get Mary in post has made it easier to apply these kinds of arrangements for other recruits in the future. As he noted:

'Mary being a key member of the team has really made us think differently about our workforce'. (Mental Health Commissioner, Essex County Council)

Essex County Council's key learning points and advice for other organisations:

- There are huge advantages to having someone within a team who has lived experience of mental health needs. It ensures we really think about the working environment for everyone and it brings a richness to those ad hoc conversations that happen in the office. 'It keeps it real'.
- The quality of our work has improved as Mary has helped us understand the issues and has supported us to re think 'how we do things' to get better outcomes.
- To empower people with mental health conditions to work in mainstream employment, it is important to be open and honest. Working in partnership with them to mutually agree working arrangements will help to ensure that the transition into paid work is sustainable.
- To arrive at an appropriate set of working arrangements, your organisation may need to be open to working in new ways.
- There has to be a level of flexibility because of fluctuating mental health needs.

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Essex Business School Employer Action Learning Set

Case study 2: Rethinking governance in the management of mental health at work in a Government Department

This case study centres on a Government Department that delivers a public service. The Department's staff works with customers who present with a wide range of mental health conditions. The case study looks at (a) some of the influences on the mental health of staff; (b) recent initiatives to help foster the better management of mental health at work and support the Department's duty of care to staff, and (c) the importance of having the right resources and structures in place to support and extend those initiatives.

The influences on mental health in a Government Department

At the Government Department, there are several factors that may pose a challenge for the mental health of staff. These include working with vulnerable customers; older workers who are struggling with the move to a digitalised service; some staff with mental health conditions for whom the work environment may be unsuitable; and an organisational context of constant change. We will briefly look at each of these in turn.

Working with vulnerable customers: One of the pressures on the mental health of staff in the Department is the vulnerability of the customers that they work with on a daily basis, many of whom present with a wide-range of mental health conditions. For example it can be particularly difficult to cope with the mental and emotional stress that staff experience when customers commit suicide. As a Senior Manager explained:

‘So our people are dealing with lots of really difficult situations and we need to make sure that they're supported in the difficult conversations they are having on a daily basis’. (Operations Manager, Government Department)

Coping with the digital age: As service delivery becomes increasingly digitised some members of staff are struggling to cope with the change. One of the manifestations of this is stress at work which has become evident in several staff performance capability cases. A gap between the digital ability of older and

younger colleagues is becoming more and more apparent. As a Senior Manager, part of the Senior Leadership Team, explained:

‘The recent recruitment has brought in a group of young people, usually graduates. We’ve got a lot of bright young things in the organisation who are entirely fabulous and they’re so grounded and they’re so down with the digital. They’ve been brought up on it. And I think the gap is starting to show’. (Operations Manager, Government Department)

Person-environment fit: There are also some members of staff with longstanding and severe mental health conditions for whom the work environment may be having a negative effect on their health. Staff should be talking about this with their line managers, but these conversations do not always take place. Sometimes the situation can escalate.

Ongoing organisational change: Staff are also under pressure to quickly adapt to the organisational change that comes with the introduction of new initiatives. In the Government Department, staff not only need to engage with internal assessment of their performance, but also public criticism of their service delivery. Research has shown that although change is normal, the management and communication of organisational change is a critical issue in the management of mental health at work (Hudson, 2016). At Government Department there are targets to meet and capacity issues and staff can feel that they lack control in their day-to-day lives.

The Management of Mental Health in a Government Department

In the last three years the Senior Leadership Team at the Government Department has prioritised challenging the stigma that surrounds mental health. This stigma can limit both individual disclosure of mental health conditions and an appropriate management response to that disclosure. Tapping into national **awareness raising campaigns** run by MIND, the Department has supported **Time to Talk about Mental Health Days** and **Stress Awareness Days**.

Mental Health Champions were first introduced by the Department’s Operation Manager in 2016. Today each worksite has a champion and they have an important function in support of staff and customers. Not only do they help to

ensure that the department's staff are resilient in terms of their personal mental wellbeing, Champions also strive to ensure that staff can work with, and support, customers presenting with mental health conditions.

The organisation has also been striving to promote the **building of stronger relationships at work** to support improved staff disclosure of mental health conditions. A key message being communicated to line managers is that while performance management and targets are important, successful working lives require strong relationships to be embedded in the organisational culture, , supporting the Department's duty of care to staff:

'We are saying to line managers 'How are your one-to-one meetings with your team members being held?' This is a conversation, it's not a box-ticking exercise, it is not all about performance. And I think through that change people are having more real conversations and are getting to the stage where they are ready to disclose health issues that they have not disclosed before'. (Operations Manager, Government Department)

Reasons for getting involved in the Essex Business School Action Learning Set

An important motivation for the Government Department getting involved in the Essex Business School Action Learning Set was the publication of the Stephenson-Farmer Independent Review Into Workplace Mental Health: **Thriving at Work** (Stephenson and Farmer, 2017). The Thriving at Work Report recommends that employers adopt "mental health core standards", and the public sector is being encouraged to lead by example. The standards are as follows:

- Produce, implement and communicate a mental health at work plan;
- Develop mental health awareness among employees;
- Encourage open conversations about mental health and the support available when employees are struggling;
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development;
- Promote effective people management through line managers and supervisors;

- Routinely monitor employee mental health and wellbeing.

The Stephenson and Farmer report has recommended that ‘the Health and Safety Executive revise its guidance to raise employer awareness of their duty to assess and manage work-related mental ill-health’ (Stephenson and Farmer, 2017: 9).

Work is occurring around all the Thriving at Work core standards in the Government Department, supporting its duty of care, though the reach of initiatives across the Department can be patchy.

Discussing her reasons for getting involved in the Essex Business School Action Learning Set, the Operations Manager participant noted her own lived experience of mental health and how passionately she feels about it. She also conveyed her awareness that, despite the progress made in recent years, the organisation remains more reactive than preventative in its approach to the management of mental health at work. However there is a desire to change this. And she noted:

‘It’s really an opportunity to look at things differently. We don’t often get the time to sit down and do proper action learning’ (Operations Manager, Government Department)

Looking at things differently through Action Learning Support:

On joining the Essex Business School Action Learning Set (ALS), the Government Department participant felt that while there are good initiatives underway, there remains an organisational disconnect between mental health policy intent and operational delivery.

The challenge that she presented to the group, that illustrates this disconnect, was the management of capability cases linked to mental health. As the Operations Manager explained:

‘And I think at the time when I was doing my presentation to the ALS group I’d had a lot of capability cases to handle. I could see a clear pattern emerging where people were so anxious or stressed or in poor mental health that they were making mistakes and generating problems, which were becoming disciplinary issues. And so you get a case across your desk which is a disciplinary case and some of them are quite serious. But that

had been caused by the fact that they couldn't really cope with the job'.
(Operations Manager, Government Department)

Through the discussions it became apparent that there was a lack of safeguarding training to help managers support people who were not coping on the job, and that was giving rise to capability concerns.

Engaging with the ALS gave this participant an opportunity to reflect on how far she had been able to drive forward better management of mental health at work, and also gave her the space to consider her workload and commitments as an Operations Manager. It gave her the space to question whether she was the best person to take things forward given the other claims on her time. This required consideration of resources and expertise.

In response to these reflections, and following internal discussion, in August 2018 the Operations Manager subcontracted the management of mental health initiatives to a new project team. The idea of the project was to recruit people from the third sector with a range of expertise, including the expertise on mental health that might help to bridge the policy-practice gap.

A key activity of the project team is that of introducing a new safeguarding policy and then embedding it into practice. This is being done by incorporating it into the mental health training of middle managers with a view to supporting them in holding better one-to-one meetings with team members, facilitating the kinds of conversations that need to happen more routinely. As a member of the new project team explained:

'We're basically trying to teach the line managers how to do more effective management. One area of focus is professional boundaries which is really important but very inconsistently practiced. ... Hugging is always the contentious one that everyone likes to argue over. Would you hug your customers? "Oh yes, I hug them if they make a break through, I'll hug them". And another one it's like: "Oh my god, no, don't touch me". So you get the picture. There's a lot of difference going on and I find the middle managers are the key for me'. (Manager, New Project Team)

An important strand of this activity involves better training of managers to recognise negative mental health. The goal is to make line managers much more pro-active in their approach. As the manager of the new project team noted:

'It is important to identify the problems even before they become problems. Our hope is that line managers will start to notice because we're going to be talking to them about some of the signs, for example, noticing

a lack of concentration, lack of energy. ... I had it with a member of my staff this week and I thought I know they experience anxiety but this is like 30 per cent more than what I'm used to. I can almost feel it coming off in waves. And I spoke to them and they've had a very, like quite serious personal thing going on over the last week. And if I hadn't asked about the behaviour change they wouldn't have told me. ... And by doing that they've now thought, oh okay I need to take a bit of a breather and they're going to take some flexi time for a couple of days'. (Manager, New Project Team)

This exercise is partly about creating a culture where mental health support needs can be worked through rather than emerging issues evolving into a crisis. There are a variety of managers who are currently at different stages in the ability to have these kinds of pro-active conversations. While it is early days, equipping them to do so may be key in minimising the number of staff who enter capability procedures due to problems not being identified early on.

Since joining the ALS the Operations Manager has also commissioned Designated Safeguarding Adult Lead training from its local Adult Safeguarding Board to cover all Higher Executive Officer's and their deputies, so that now all sites will know what to do if a Safeguarding issue becomes apparent. She sees this as important in improving Safeguarding awareness amongst senior managers with a view to improving the reach of Safeguarding across both the Department's staff and work with customers.

Through meeting a Mental Health First Aid provider at the ALS, the Operations Manager has extended the Department's engagement with Mental First Aid Training to include over fifty more colleagues. The manager of the New Project Team has also provided the Department with some excellent workshops raising suicide awareness.

All this activity is seen as having been joined up thorough the introduction of Mental Health Awareness Workshops that that the New Project Team has set up and delivered.

Overall the Government Department reported that she enjoyed the opportunity to participate in the ALS, which helped build the momentum for change, the Operations Manager commenting:

'And for me personally it was really good to think about things perhaps on a different level. I'm not an academic at all and to actually be in that environment where you've got a mix of academics and practitioners and experience. I thoroughly enjoyed it which is sometimes allowed!' (Operations Manager, Government Department)

Key learning points around leadership and governance:

- The Thriving at Work report (Stephenson and Farmer, 2017) is exhorting employers to take stock of their progress in the management of mental health at work. 'Core Mental Health Standards' are being signalled to help employers benchmark their progress. Public sector organisations are being encouraged to lead by example, including by improving their ability to Safeguard the wellbeing of their employees in a variety of ways.
- Even where progress is being made on the management of mental health at work, it is important to reflect on whether the existing organisational approach to fostering change is sufficient to mobilise change and sustain progress. This can be as much about the structures and resources that are in place to support change, as the initiatives themselves.
- The mobilisation of leadership is a key consideration in building the momentum for change. Dedicated project teams can be set-up and designed to support capacity building and joined up working in the management of mental health at work.

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Essex Business School Employer Action Learning Set

Case study 3: Supporting the disclosure of mental health conditions in an SME

This case study centres on a family run SME in the manufacturing & retail sector. It considers some of the challenges experienced in managing mental health at work as well as some positive developments, particularly around supporting the disclosure of mental health conditions. In what follows the company is anonymised and described as FamCo. The participant in the Essex Business School Action Learning Set is also anonymised.

The Management of Mental Health at an SME

Historically, the Human Resource Management offering from FamCo's head office has been admin-based and reactive in its people management including on mental health. While there is an external occupational health provider, their

About the case study organisation

FamCo has been a family run business for a little over one hundred years. It is a multi-faceted business involved in the manufacture, retail, and wholesale of consumables.

This company is an SME with a workforce of approximately 150 people many of whom have worked for FamCo all of their working life. However, the workforce size fluctuates throughout the year as some employment is seasonal and occasionally met through agency workers. Three quarters of the workforce are men. Most workers are in low paid roles, in part a reflection of the low profit margins in the sector.

Human Resource Management at FamCo is undertaken by one person, Kris Brown, who is part of the Senior Management Team based at Head Office, and has worked at the company for almost three years.

focus is on physical health though they do signpost workers to mental health support where a need is identified.

FamCo has a well-being policy in the form of a written document. However, the working conditions in the manufacturing side of the business, which is based at the head office site, are hard and unpleasant. Many of the non-retail staff work in an environment that is exposed to the elements, so depending on the weather they can be very hot or very cold. As well as working in low paid roles, there is little in the way of canteen facilities and no showers despite the foul smelling nature of some of the work tasks. Some staff are very isolated in their work environment with a lack of opportunity to engage in banter with colleagues. Staff also tend to work long hours and lack control over the pace of their work. Kris Brown, the Human Resource Manager, feels that this work content can have a knock-on effect on mental health and wellbeing. Kris also perceives there to be a high degree of presenteeism, at least in part fuelled by the fact that if staff do not come into work they do not get paid. The approach to absence has been driven by a business case for limiting payment for absence. Management perceived that some of the manual workforce were abusing paid sick leave. While management continued to be paid for absence linked to ill-health, FamCo decided to take out an insurance policy for manual workers. For the first month of absence manual and retail workers may receive discretionary sick pay, not in all cases. Thereafter, their wages are paid for up to six months providing they meet the policy criteria. There is no trade union at the company that might help challenge this approach.

Kris Brown feels that many people in the UK lack an understanding of the nature of mental health and how it can fluctuate:

‘With mental ill-health, you can’t really plan for that. It won’t necessarily last a month. It could just be that people need a day to recharge. ... I don’t think anything in the UK is set up to cope with the nature of mental ill-health, the flexibility and how changeable it can be. As a business, I think we try.. Decision Makers don’t face the same issues that the manual workforce does.... I think there’s an element of just a lack of understanding’. (Human Resource Manager, FamCo)

Influences on mental health within and beyond the workplace tend to interact. Relationship breakdowns, debt and gambling have all been complicit in mental ill-health. As the FamCo Human Resource Manager explained, staff can have complicated lives:

‘The guys do long hours and I think that has a knock-on effect. Some of the shift work might have a knock-on effect outside of work. As a business, we offer emergency loans. ... And that’s to get people out of sticky situations We’ve had more than a few splits, long-term relationship or marital breakdown. Someone’s leaving but they haven’t got any money. And they can’t sleep in the car. That’s certainly not in our interest because when they come to work, they won’t be well. So, we will help them’. (Human Resource Manager)

Given the small numbers of staff in particular workgroups it is often easy for them to get to know each other and pick up on when someone is feeling ill, as the Human Resource Manager explained:

‘The boys here are so funny. They’ll tease each other, something rotten. But they really do care about each other so, they’re really good at noticing when someone’s moved away from that sort of baseline. ... I’ve worked for big and small companies. I think in the bigger ones, it’s harder to get things done and it’s easier to get things lost and it’s easier to ignore things as well. I think, perhaps, one of the benefits of having a low turnover of staff in certain areas is that they are really well-knitted’. (Human Resource Manager, FamCo)

During 2016 Kris Brown attended a **Mental Health First Aid** training course. Following this, Kris returned to work and designed a two-hour Mental Health First Aid session. This was targeted at influential people within the business, who staff might approach if they had a problem. For example Team Leaders or Forklift Trainers. Delivering this training was a real eye-opener for the Human Resource Manager as Kris discovered that some participants were already having some of the conversations that they needed to have with colleagues about their mental health and well-being. It was also an eye-opener for some of the participants who were given the opportunity to reflect on how people management is more than about managing workload, important as that might be, but also about caring for colleagues.

A driver for Kris Brown’s proactive engagement with Mental Health First Aid has been FamCo’s lived experience of mental health. Kris has been open about their

mental health at work and this has encouraged colleagues to approach each other and speak about their own mental health conditions. As Kris explained:

‘I found because I’ve always been quite open about my own experiences with mental ill-health, that people will seek me out to talk to me ... people feel that they don’t have to be so guarded about where they are with their mental health’. (Human Resource Manager, FamCo)

This has been more evident at Head Office as Kris Brown has less of a profile in the retail strand of the business. However, on the retail side of the business it is easier to make reasonable adjustments for people with mental health conditions as it is possible for staff to swap days and easy to decrease and increase hours, including getting additional staff in for peak periods. As Kris Charles explained:

‘It’s much easier to balance the needs of the business with the needs of the individual in a retail setting than it is for the warehouse workers at head office. I think maybe the nature of retail and the nature of part-time being very common in retail, perhaps that’s more socially acceptable. Whereas, here, it’s Monday to Friday and there is a reluctance to deviate from that’. (Human Resource Manager, FamCo)

While good relationships at work are very important in supporting disclosure, there remain some negative and dismissive mind-sets about mental health amidst the more positive behaviours, as the following quotation illustrates:

‘There’s certainly an element of some people within the business don’t understand mental ill-health, don’t want to understand, and don’t even want to acknowledge it exists. But there’s enough people dotted around the business that are quite open and honest and offer support and do that of their own accord. No one said to them, can you do this? They’ve done it, perhaps they’ve had a conversation with me or they’ve had a conversation externally and they might be aware that something’s wrong with someone else. So, they’ll offer that hand and that’s taken and that’s really, really lovely’. (Human Resource Manager, FamCo)

During 2017 there was an increase in disclosure of absence related to mental ill-health at FamCo. This is seen as a sign of improving awareness.

Reasons for getting involved in the Essex Business School Action Learning Set

In October 2017 Kris Brown joined the Essex Business School Action Learning Set (ALS) on the Management of Mental Health at Work. Funding for the development of practice in this SME is a big challenge as the businesses profit margins are low. Therefore one attraction of the ALS was that it was free, but also of interest was the opportunity to network and tap into knowledge on better practice in other organisations that might influence the approach at FamCo. Kris explained:

‘I just thought it was an amazing opportunity to be part of something that didn’t cost. It was free. ... There’s loads of good stuff going on out there. You’ve just got to find it and replicate it. So, I was excited by the opportunity to network and to see what other people have done and what’s gone well and what the pitfalls were and bring it back to the organisation’. (Human Resource Manager, FamCo)

An organisational challenge: Further improvements to opportunities for disclosure

In engaging with the ALS, Kris Brown was very conscious about the links between physical and mental health. Kris felt that changes to the onsite facilities for manual workers was very important in terms of their overall well-being as for a good proportion of the year they spend so much time outside in the cold. For example, better rest facilities for when they are on their breaks such as a soft seating area, a proper shower block and for their employer to have their uniform laundered so that they can come to work, and after having a proper wash, leave work in their own clothes. In presenting this challenge Kris conveyed that what might be done is limited by the lack of space available at the work site and lack of funds.

Kris Brown found it empowering to find that even larger organisations with more resources still encountered challenges in the management of mental health at work. At the same time the ALS provided validation of what Kris Brown had been doing on mental health at work. The knowledge and understanding

that Kris gained from interaction with other organisations helped FamCo to build the momentum for change. In terms of the benefit for FamCo:

‘It gave me the ability to go back to the business and say, actually, there are people in this group from public, from private, from big, small, medium businesses, and they are all doing, all these things that I’ve been moaning at you lot about, they’re doing that, too. So, to be able to go back and say, look, we are doing this right and we need to do more, and I think it gave me what I needed to be a bit more sure with it’. (Human Resource Manager, FamCo)

Consequently Kris felt that engagement with the ALS led to FamCo being more proactive in their approach. In so doing it was important that Kris reflect on what Kris could do to make an impact within FamCo’s limited resources available for action. Concerned that issues around mental health needs were sometimes only being disclosed at the start of disciplinary proceedings, Kris chose to focus on building on progress on disclosure by improving **opportunities for disclosure at the point of recruitment**. As Kris had a lot of autonomy in FamCo’s HRM role, they felt able to implement several changes, as Kris explained:

‘Because I was head of department, I was able to affect quite a lot of change without really consulting a large number of people. The ALS discussions gave me the kick that I needed to say, no, those things that you were thinking about, go do them because other people are doing them. Like yes, let’s do it’. (Human Resource Manager, FamCo)

Linked to learning in the ALS meetings, Kris updated employee details forms that are sent to new starters. The forms now include a direct question on whether individuals want to disclose a mental health condition and, if so, any symptoms to look out for and any reasonable adjustments that might help; and whether they want to provide a best person to contact if they are unwell. This means that at the start of employment in the company there is an emphasis on fostering dialogue around mental health and well-being. As recent research (Hudson, 2016) has shown, disclosure affords the potential to be signposted to appropriate support. While it is still early days on new developments, short-term feedback from new starters suggests that the changes have eased some of the

fears of disclosure. Kris Brown feels very positive about the developments too, noting:

‘To have new people entering the business and receiving that positive feedback, I loved that. And to have new people entering the business and actually disclosing that at offer stage that they had stuff going on, that really made me feel like I’d achieved something. For them to feel comfortable enough to share their mental health conditions. I didn’t tell FamCo that I had a mental health condition when I started to work for them three years ago’. (Human Resource Manager, FamCo)

Key learning points from FamCo's experience:

- Having a mental health champion with lived experience of mental health can help to foster organisational change through their leadership and commitment. If the champion is part of the Senior Management Team this can further help to facilitate change.
- Just a simple action like providing an opportunity for disclosure of mental health conditions at the start of employment can help individuals to share their mental health histories and needs.
- Having Mental Health First Aid embedded in the organisation can increase emotional intelligence around mental health and in so doing enable manager and co-worker support for colleagues with mental health conditions once they are in post.
- Cross-organisational action learning can help provide validation of what organisations are doing well as well as provide an impetus for further change, even in challenging work contexts.

Reference

Hudson, M. (2016). The Management of Mental Health at Work. Available at: http://www.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf

Essex Business School Employer Action Learning Set

Case study 4: Improving the Management of Mental Health at Work in Provide

This case study centres on Provide, a social enterprise delivering a range of health care services. It considers some of the challenges to the mental health of staff within and beyond the workplace. The case study also provides an insight into key initiatives that have supported the organisation in addressing those challenges.

About the case study organisation



Provide is an employee owned community interest company (CIC) that came into existence in April 2011, as part of Government policy to separate the commissioning and provider roles of the local NHS. It was formed by staff previously employed at a Primary Care Trust. Each member of staff pays a pound to have a share in the organisation. Providing a degree of bottom-up management, fifteen staff are voted as staff governors by organisation members and the governors work with the Executive and the Board to develop Provide's business strategy. The company is required to invest any surplus back into its services or the communities it serves which imparts a degree of commercial orientation in its operation.

With its head office based in Colchester Provide runs community health and social care services across multiple sites. Core areas of activity include the running of three community hospitals which support patients' journey from needing acute care to returning home and district nursing in people's homes. Provide also runs a range of specialist services for adults, for example cardiac rehabilitation and diabetes, as well as a range of specialist services for children, including speech and language therapy and consultant paediatric care. While originally its main service provision contract was for mid-Essex, with a business strategy focused on diversification and growth, Provide now delivers services across Essex, Peterborough and Cambridge and in the London Borough of Waltham Forest. In what continues to be a challenging period for the NHS, with growing demands on services alongside fewer resources, Provide has continued to experience annual growth. The company has approximately a thousand staff and an aging workforce.

In early 2017 Provide services were rated as good by the Care Quality Commission with a rating of outstanding in its care and compassion, particularly in its children's specialist services.

Why try to improve the management of mental health at Provide?

Provide sees the management of mental health at work as being about both change at the level of **the individual** and **the organisation**. Over the last two years Provide has seen increases in staff mental health issues due to challenges on NHS services. This has heralded the introduction of measures to support the positive mental health of Provide staff within an organisational development approach. There are three main challenges to the mental health of staff.

1. **Combining caring in both a professional and personal sense:** A number of staff provide support and care to older members in their family as well as delivering care services to the community. Mental stress can arise from bereavements and illness that have happened in the family lives of clinicians, as well as from loss and illness in some of the families that they work with.
2. **Organisational change:** The degree of change occurring at a system level can also have a significant effect on mental health. Provide has career clinicians whose experience is of an NHS public service ethos and some can find the transition to the commercial realities of Provide's need to win and renew contracts a difficult transition. A further element of change that staff can find difficult is the delivering of new models of care. A key development here is that of moving away from hospital delivery into keeping people with multiple complex conditions in their homes. In practice this means that workloads have increased and there is little down time for staff adding to the sense of pressure at work, as explained by Richard Atienza-Hawkes, Executive Director for Human Resource & Organisational Development at Provide:

'So I think some of our staff feel like they are never quite delivering their best and that's quite a burden for some of our staff. They want to deliver a Rolls Royce top quality service and what they have to do is to deliver a good quality service but actually they know that there are things that they would want to do that would enhance that and make a real difference but we're just not funded to deliver it, and we don't have the resource or capacity to deliver it'. (Richard Atienza-Hawkes, Executive Director for Human Resource & Organisational Development at Provide)
3. **Management effectiveness:** Aspects of poor management can also mean that staff with mental health needs do not access appropriate support. For example in the past there have been instances of poor management

of workflows and insufficient management acknowledgement of their responsibility for mental health at work.

As noted by a range of research (for a discussion see Hudson, 2016) fostering an organisational culture supportive of individual disclosure of mental health needs is important. Richard Atienza-Hawkes thinks that there are two main reasons why Provide staff might fear disclosing their mental health conditions. One is that clinicians tend to feel that they cannot show signs of vulnerability as others are depending on them. The other is the ongoing stigma surrounding mental health and staff feeling that if they disclose they will be seen as less capable and consequently be performance-managed.

Sharing Provide's experience at the Essex Business School Action Learning Set (ALS):

Richard Atienza-Hawkes was a participant in the Essex Business School ALS. He decided to get involved in the project because he has a longstanding interest in mental health particularly in relation to grief and loss and also because of the opportunity to engage with a wider range of employers.

Richard shared a range of good practice with ALS participants, including (a) work undertaken by Provide to improve communication about mental health and support a reduction in sickness absence and (b) work to promote healthier living in the workforce.

Improving communication and dialogue on mental health: In the last few years Provide identified one problem area as being long-term sickness absence where absent staff had no communication with their line manager for several months. This is seen as a sign of Provide having had a 'conflict-averse' organisational culture that prevented important conversations about mental health taking place. One step towards tackling this has been for Sickness Absence Statistics to be made more visible for staff. Moreover, coaching managers on the conduct of Individual Sickness Absence Reviews has also played an important part in challenging the conflict-averse culture. A typical approach to building management capability in this area is for a manager to run their first Sickness Absence Review with their manager present and actively involved in the review. The second review would be done by the manager with their line manager in turn providing feedback, and the third review the manager would do on their own. The reviews have encouraged greater dialogue about reasonable adjustments and better supported **wider conversations**, Richard explained:

‘Our new procedure actually forces the conversation that says, what can we be doing to support you, not when are you going to be back and that kind of conversation, but really what can we do to support you. And that's been really difficult because it is a formal process that could end in contract termination but actually that's quite rare. And what we find now is that making adjustments in the workplace is much more inscribed in the process and in the culture. So we make adjustments, we have those conversations, we look at what else we could do to help: can we modify the roles, can we reduce the hours, can we change the tasks, can we redeploy? So it's a much wider conversation’. (Richard Atienza-Hawkes, Executive Director for Human Resource & Organisational Development at Provide)

Practical support from senior leadership is seen as being important in organisational development and cultural change. Thus every two months Richard Atienza-Hawkes meets with the Assistant Directors of various teams to review every absence case to discuss the support structure in place, for example vis-à-vis occupational health referral. More widely there is a bigger picture of organisational vision and development supporting the shift:

‘So, there are things around conversations we've had with staff around values and the staff participating in our vision for the organisation, our values for the organisation, and then through the governors being involved in the strategy of the organisation and the direction of the organisation. So all of those things put together are about how senior managers lead, but at the end of the day it's down to individual managers to deliver that’. (Richard Atienza-Hawkes, Executive Director for Human Resource & Organisational Development at Provide)

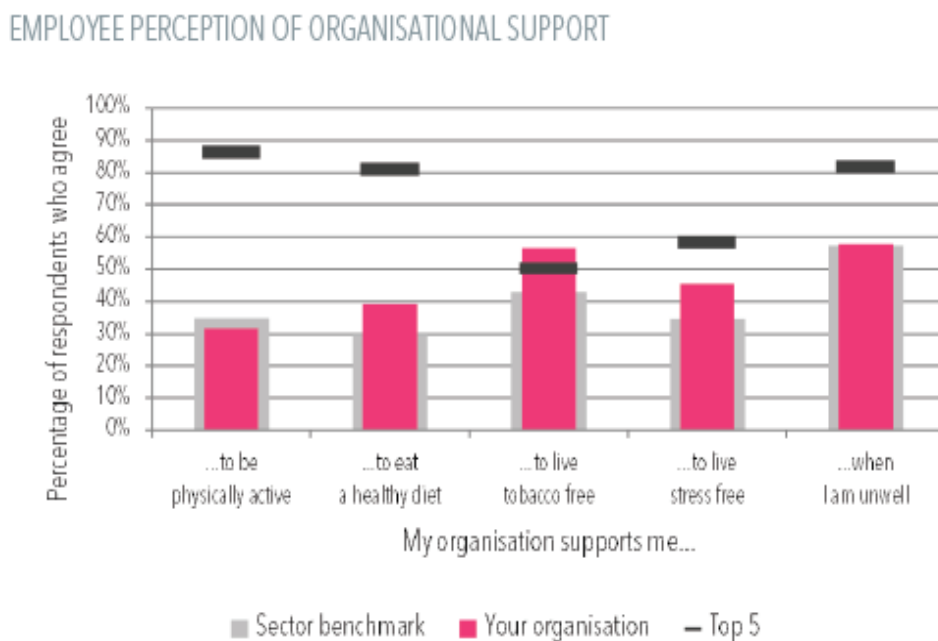
Today organisationally, Provide has one of the lowest sickness absence rates of the health sector.¹

Promoting Healthy Living: In the delivery of its services Provide is doing a lot of work on behaviour change in local communities including promoting the potential for better self-care and self-management in improving individual health situations. Lyn Mowforth manages Provide’s Working Well in the Workplace Team, part of the Essex Lifestyle service. This Essex wide service is a free programme that delivers health promotion advice and support services to small, medium and large workplaces in the private, public and voluntary sectors across Essex. Lyn has also taken a very active role in working with the Provide Leadership Team around engagement of staff to improve their well-being both mental and physical. This has led to a group of staff volunteering to be trained as **well-being**

champions running a range of activities such as mindfulness programmes. Lyn has also become trained as a Mental Health First Aider, subsequently cascading the training to twenty staff who can now provide some mental health support to colleagues in crisis. In the ten months from December 2017 to October 2018 Mental Health First Aiders employed by Provide delivered 112 interventions to its staff.

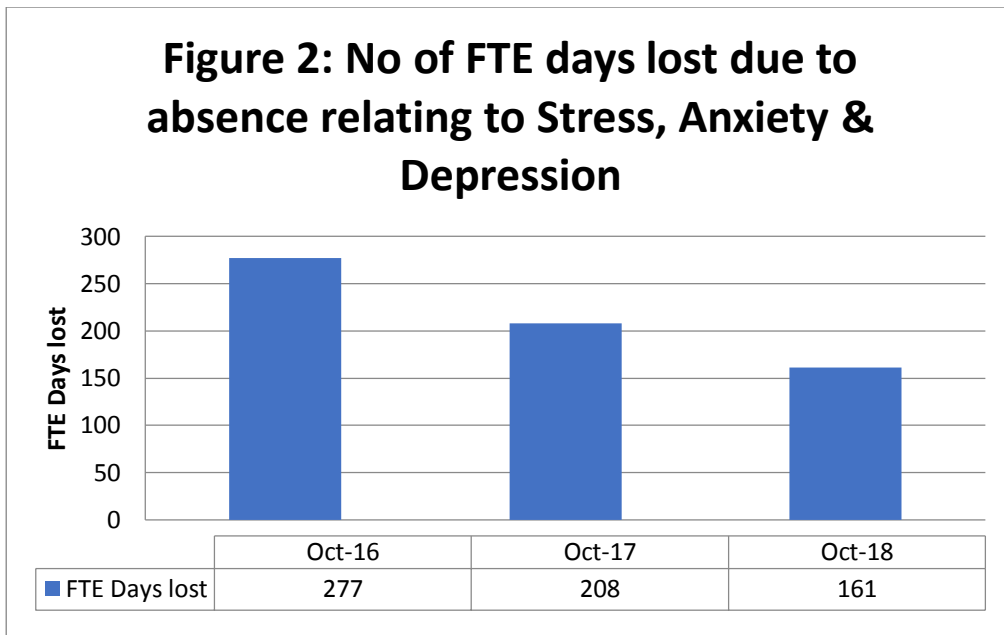
Figure 1 below is taken from the Provide’s feedback from Britain’s Healthiest Workplace Survey 2017. The graph indicates that employees generally feel well supported, compared to the sector benchmark.

Figure 1:



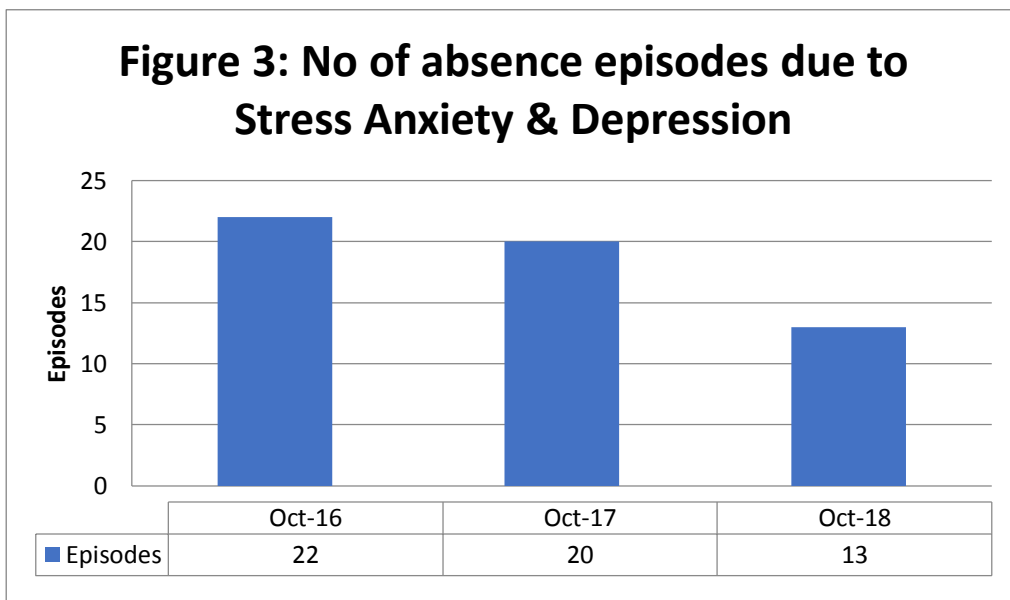
Source: Business in the Community, Britain’s Healthiest Workplace Survey 2017

Figure 2 below shows the reduction in FTE days lost due to stress anxiety and depression at Provide CIC through comparing the monthly data from October 2016, 2017 and 2018.



Source: Provide internal data

The same pattern can be seen when comparing the number of episodes of absence due to stress, anxiety and depression over the same time period (see Figure 3)



Source: Provide internal data

Ongoing challenges: engaging staff and evaluating progress

In sharing these developments, Richard Atienza-Hawkes emphasised that while Provide has introduced a range of positive initiatives building organisational intelligence around mental health, Provide still has work to do in engaging individuals. As he explained:

‘We participated in a national survey and had some very valuable data which said, as an organisation, we’re pretty well equipped in terms of the right sorts of interventions. And if anything, we had lots of interventions that weren’t necessarily recognised, used or considered by our staff. And so, whilst we did well organisationally, individually we didn’t do so well’. (Richard Atienza-Hawkes, Executive Director for Human Resource & Organisational Development at Provide)

During the Essex Business School Action Learning Set the participants discussed whether focusing on some key interventions might make a difference to individual staff engagement. However, it was difficult to say what was making the difference. More evaluation of interventions might help but there is a need to accept that not all outcomes can be quantified. It is also important to ensure that a focus on evaluation of initiatives does not discourage staff participation, engagement and experimentation:

‘I don't think any one of these things is the answer, I think it's a combination of lots of those things. ... Perhaps we should be more selective, doing much more evaluation of each of the activities. But when you have enthusiasm from people who are really engaged in wanting to improve the well-being of staff, I don't want to dampen that by saying well, the evidence suggests that it's just this bit that works, and your idea is going to be shelved. Actually sometimes the engagement is enough to drive people's freedom to try out new approaches and see whether they work or not. It didn't work this time, that's interesting, well let's not do that again, let's try something else’. (Richard Atienza-Hawkes, Executive Director for Human Resource & Organisational Development at Provide)

¹ NHS Digital publication for the quarter between April to June 2018 shows the overall sickness absence percentage for the NHS in England was 3.84% and the Health Education England Region - East of England was 3.73%. Further, the data shows that overall the percentage for Community Provider Trusts was 4.27%. Compared to this data Provide is showing an excellent position for the quarter between April to June 2018 with 2.72% sickness absence which is also lower from the previous quarter. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2018-to-june-2018#key-facts>

Provide's key learning points:

- To foster progressive change in the management of mental health at work requires development, and buy-in, at the individual level and the organisational level.
- Improving staff-manager dialogue around mental health at work requires the ability to not only have 'difficult conversations' about how a colleague may be feeling and why but also 'wider conversations' about reasonable adjustments and support to help foster positive mental health.
- Monitoring absence data and sector benchmarking can help to gauge organisational performance and progress in the management of mental health at work.
- Even where the outcomes of mental health initiatives cannot be evaluated, they may still be worth doing because of the positive benefits generated by empowering staff to engage with their mental health.

References

Hudson, M (2016). The Management of Mental Health at Work. Available at: [http://www.acas.org.uk/media/pdf/2/p/Mental health report 11 Nov 2016.pdf](http://www.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf)

Part 3: Additional sources of information and advice

Useful websites

- Finding external support for employer efforts to improve policy and practice in the management of mental health at work

ESSEX BASED

Brentwood Community Print (BCP), is a Community Interest Company in the printing sector which has used its expertise to support people with mental health needs to have a positive experience of working life, building confidence and skills and a mutually supportive workplace culture. BCP has also deployed its expertise to support improved awareness and practices amongst local businesses.

See <https://brentwoodcommunityprint.org.uk/>

Provide's Working Well in the Workplace Team is part of the Essex Lifestyle service. Working Well delivers health promotion advice and support services to small, medium and large workplaces in the private, public and voluntary sectors across Essex.

See <https://www.essexlifestyleservice.org.uk/working-well/>

NATIONAL

ACAS is a government agency that provides expert and impartial advice on good employer practice, and support in finding solutions when relationships go wrong.

See: <http://www.acas.org.uk/index.aspx?articleid=1900>

- Other useful sources of information on better practice in the management of mental health at work

Business in the Community is a business-led charity that exists to build healthy communities with successful businesses at their heart. They focus on the practical action needed by companies and their leaders to help respond to the enormous economic, social and environmental issues in the world and drive a successful responsible business and a fairer society.

See: <https://wellbeing.bitc.org.uk/all-resources/toolkits/mental-health-employers-toolkit>

CIPD champions better work and working lives. See:

<https://www.cipd.co.uk/knowledge/culture/well-being/mental-health-factsheet>

Healthwatch Essex is an independent voice for the people of Essex. It gathers and represents the lived experiences and views of residents about health and care services in the county to help improve them.

See: <https://www.healthwatchessex.org.uk/>

What Works Wellbeing is an organisation that seems to develop and share robust, accessible and useful evidence that governments, businesses, communities and people use to improve wellbeing across the UK.

See: <https://whatworkswellbeing.org/>



BRENTWOOD COMMUNITY PRINT
a *community interest company*
2, The Keys, Eagle Way, Brentwood, Essex, CM13 3BP

Further information about Brentwood Community Print

Brentwood Community Print (BCP) a Community Interest Company, was formed in April 2011. BCP is a social enterprise that is managed and run by people with lived experience of mental health illnesses. Together the team of 11 staff members plus 3 Directors (one voluntary), have built a thriving and successful business that is a print and graphic design shop based in Warley, Essex.

Employer workshops on good mental health in the workplace

BCP have always been very pro-active when it comes to creating awareness of mental health and recognising the financial impact that mental illness has on the economy. In 2014 BCP began to deliver workshops on good mental health in the workplace to local businesses and local council departments. The aim of these workshops is to equip employers with the tools to support employees who may be in mental distress and how to “have the conversation”.

Their work has been recognised in several ways, for example BCP being a case study in ACAS funded research on The Management of Mental Health at Work, as well as the Government commissioned report , ” Thriving at Work”. More recently BCP delivered workshops to a Global Consultancy Company and to the Ministry of Defence at Whitehall in 2018.

BCP feel very proud and honoured to have worked with Dr Maria Hudson at the University of Essex Business School, during 2017 and 2018, supporting the **Employer Action Learning Set on Promoting Positive Mental Health at Work**. BCP were invited to deliver vignette based discussions at bi-monthly sessions with employers attending the action learning sets, based on the organisation’s lived experience of mental health illnesses.

For further information on the employer support that BCP can provide please telephone Andy Woodcock 01277 320662.

APPENDIX 1:

Indicative answers to vignette discussion questions

Indicative answers vignette one

1. **Why do you think the line manager responded to the situation in the way he did?**

Key points

- **The management of difficult conversations:** Nigel's line managers struggled with difficult conversations around the subject of mental health. This was due in part to a lack of training and understanding around the subject. Individuals can be promoted into line manager positions without adequate people skills and this can have negative consequences particularly for people with mental health conditions.
- **Ownership of the support role:** Nigel's direct manager did not want to own the problem. Rather than approach Nigel himself he handed the issue directly to Human Resources. There is evidence that managers / colleagues can be aware that staff members are struggling with mental health difficulties but are reluctant to raise concerns directly with the individual. This is due to a range of factors including lack of understanding and training and personal feelings, which can all contribute to misconceptions around mental health.
- **The role of organisational culture:** The lack of line management support is indicative of a broader problem in workplace culture. Unfortunately there remains a strong feeling of stigma with regards to mental health throughout the UK with many instances of employees / employers either reacting negatively or not reacting at all.

2. **Why do you think the work colleagues were reluctant to raise the issue with Nigel directly or approach management?**

Key points

- **The stigma surrounding mental health:** Individual personal perceptions and views/beliefs around the subject of mental health issues can influence colleagues. However, stigma is only part of the picture.
- **Co-worker awareness of mental health issues and confidence in engaging with them:** Co-worker confidence may also be a factor. Many of Nigel's colleagues may have felt uncomfortable and believe they do not possess the skills required to discuss the subject of mental health.

3. What words might you use to describe how the individual with the mental health condition was feeling?

Key points

Individuals in a similar position to Nigel are likely to feel a range of emotions, including for example:

- **Vulnerable and** reluctant to show that vulnerability (feeling that this is frowned upon in the workplace culture)
- **Helpless**
- **De-humanised**
- **Ambushed and isolated**
- **Betrayed** by the manager
- **Distrusted** by the manager

4. How can we best tackle stigma throughout the firm including the hierarchy?

Key points

- **The importance of policy:** A dedicated mental health policy is a positive first step in tackling workplace stigma around mental health. However creation of policy is the relatively easy part.
- **The importance of implementation:** Implementation can and does prove to be more difficult. There needs to be an overall change in workplace practice. This requires an action plan and regular training and ongoing monitoring of what is happening in practice.
- **Leadership and communication are important:** Senior management need to lead by example as part of the process of sending a strong message to other management levels and general employees of what changes in behaviour and practice are being sought, why and how they will be achieved. Over time this should start to change the workplace culture to reflect a more positive view of mental health difficulties. This may help to encourage more individuals to disclose and discuss their mental health needs.
- **Practical initiatives:** Various methods can be used to foster a positive view of mental health within the workplace, for example signage and publicity surrounding Employee Assistance Schemes.
- **Sensitivity to the implications of organisational size:** The size of an organisation can also play a part in the decision of an employee to disclose a mental health problem. Many people may feel that a larger organisation will offer a higher level of anonymity allowing for more privacy for the individual. In contrast in smaller organisations.....

- **The need to tackle misconceptions and poor awareness:** More discussions and training are required to dispel some of the misconceptions surrounding mental health. Anxiety / Depression are the most common mental health symptoms in the UK but there is still a lack of awareness of how to support individuals experiencing these conditions. More workplace discussions need to take place around these two very common diagnoses. At the same time diagnosis of conditions such as psychosis, personality disorders and bi-polar are often misunderstood and misinterpreted by the general public. Misconceptions and poor awareness can in turn lead to little or no support to individuals who begin to exhibit symptoms of mental health conditions in the workplace.

5. How can we best facilitate a change in culture in the organisation in respect of mental health?

Key points

- **Recognising the role of pressure at work:** While work can be good for your mental health, certain factors can undermine this potential. These factors include increasingly pressurised working environments and the intensification of work that can accompany the requirement to be proficient at many different things.
- **Tackling stigma and management mind-sets:** Current cultural stigma around mental health can and is shaping the mind-set of managers. This in turn creates a barrier for employees like Nigel to approach management to seek help and assistance. Managers and employees in supervisory roles need to be encouraged and trained to engage in supportive conversations with their employees if they start to notice a change in behaviour that might be indicative of negative mental health.
- **Early intervention:** Early intervention together with an open mind and non-judgemental approach can often help greatly when supporting employees who begin to exhibit mental health symptoms. Organisations need to start building non-judgemental and supportive conversations into their day-to-day management culture.
- **Recognising the impact of stress and managing it:** High levels of stress are present in many workplaces. Although stress to a certain degree can be motivational there is a tipping point where it can start to impact people's emotional wellbeing. Organisations need to take notice of how stressed their employees are and take appropriate action to understand their support needs. Individuals also need to be encouraged to better manage their own wellbeing by taking steps to address workload stress. This is not always possible and in some cases individuals may need to rethink their position or job role if all else fails to improve work related stress.

- **Recognising the need for a cultural shift:** A cultural shift towards more understanding and acceptance of mental health illness will take time and will be a long term aim. Currently many people don't consider depression or anxiety as serious illnesses. This in part is due to the above mentioned stigma and misconceptions around mental health.

6. What part should awareness and training play?

Key points

- **Achieving a cultural shift:** Training and awareness are key to moving towards a cultural change. Unfortunately the language used within mental health circles can fuel fear and misunderstanding. For example.....
- **Mental Health First Aid Training:** To help combat Mental Health First Aid training can help challenge this fear and allay many misconceptions around the subject (see <https://mhfaengland.org/>)

7. How do we ensure policy is effectively and consistently implemented?

Key points

- **Change is not always easy...:** In reality some managers will continue to be either unwilling or ineffective when supporting individuals with their wellbeing needs. This could be in part due to continuing stigma or a lack of wanting to engage in difficult and very personal conversations with colleagues.
- **The need to recognise that there are untrainable managers:** Unfortunately certain elements of emotional intelligence can't be learned and this will result in human consequences.
- **Change will not happen overnight:** Effective policy implementation will take time to achieve. Managers and organisations need to be wellbeing focused and not only driven by performance targets.
- **Recognising the importance of how you implement change:** The key to changing the overall culture of mental health and wellbeing in the workplace lies in effective policy implementation. An action plan and resources to support it are essential. This coupled with effective systems and open minded, non-judgemental and trained management will start to challenge and address the mental health crisis currently being experienced by UK employers and employees.

Indicative answers vignette two

- **Despite a supportive culture and management within the firm what went wrong? How did this impact on the individual?**

Key points

- **Policy implementation:** Although Sally's workplace demonstrated a positive move towards including a dedicated mental health policy in their workplace there were still widespread problems with implementation. A range of factors including a lack of training/understanding of mental health issues, stigma and little inclusive communication all contributed. Supportive and inclusive Implementation is key to a successful outcome for all concerned. With the correct training and a non-judgemental approach management will feel more empowered to fully engage and implement policy with their employees.
- **Policy monitoring:** Writing mental health policy is only part of the challenge. Policies need to be implemented and monitored on a regular basis to gauge their effectiveness. Any gaps in training should be addressed at the earliest opportunity. Mental Health First Aid training can help address training needs (see <https://mhfaengland.org/>)
- **Impacts on the individual:** Sally may have felt excluded from decisions about her return to work. This may have had a negative impact on her self-esteem and confidence in returning. Although her employers did have a policy in place they failed to consider the impact decisions being made without consulting Sally would have on her.

2. **What could have been done better to support the individual with a mental health condition?**

Key points

3. **The employee needs to be consulted and involved in decisions:** A crucial point overlooked by Sally's employers was the need to communicate with and include Sally in the plans being made for her return. In many cases the individual with the mental health difficulties can provide invaluable insight and suggestions on what will and won't work for them with regards to returning to the workplace. This can be particularly valuable when it has been identified that the workplace was a factor in triggering the period of mental illness.
4. **More understanding of the needs and concerns of individuals who are returning to work after a period of mental illness need to be taken into consideration:** Everybody is different and a personal approach needs to be taken with each individual. What may be a small issue to one person may be a huge obstacle for another. Some common concerns can include the following –

Has there been a change to the staff team? Is the management structure the same? Has the office layout changed? Have fellow team members been briefed about my return? Regular and ongoing consultation with employees looking to return to work can lead to a more supported and successful outcome.

5. **The individual with the mental health problem knows their illness the best:** A key strategy to remember is that the person with the mental health difficulties should be encouraged and supported to engage with the planning process. Some individuals however may feel pressured to agree to something that they feel uncomfortable about. Honest, open and supportive dialogue should help to combat this.

3. How can active communication facilitate a transition back to work?

Key points

- **Lack of personal control:** Sally felt that she had no control over the plans being made for her return. This is often reported by individuals who are attempting to return to work after a period of mental illness. This can lead to increased anxiety for the individual concerned. Including the individual at every stage of the action plan construction is vital and can make the difference between a return to the workplace being successful or not. The best time to make contact with someone can vary. A manager might maintain some contact with the individual while they are absent, showing their support without putting them under pressure. Managers need to actively listen to the individual.
- **Empowerment of the individual:** Individuals feel more valued, understood, empowered and in control if they are included in conversations that are about their return to work journeys and support needs.

4. What benefits could be gained by the inclusion of those with lived experience in the formulation of mental health policy?

Key points

- **Unique perspective:** Including people with experience of mental health difficulties can bring a unique perspective to the table when designing and helping to implement mental health policies. They can advise on various aspects of proposed policy through their own lived experience. For example, when and how often they should be contacted by their employer when they are absent from work.
- **Empathetic approach:** People with a lived experience of mental health difficulties will be able to understand the feelings of others experiencing mental health difficulties, because they have often experienced those feelings.

5. To what extent is there inclusion of those with lived experience of mental health conditions in the formulation of your mental health policies? Why? Why not? What difference does it make?

Key points

- **PR stunt / tick box approach:** Mental health awareness and understanding is improving within UK workplaces. Many major companies have publically announced the creation of mental health policies. However whether these policies are being monitored and implemented on a regular and ongoing basis remains unclear. Efforts must be made to ensure that policies are taken seriously and do not become watered down into what seems easier to do and implement rather than what is needed.
- **Engaging with lived experience is not without potential problems:** Although much valued information can be obtained through engagement with people with lived experience of mental health conditions some care must be taken to ensure the individuals concerned are well enough to engage and advise.

Indicative answers vignette three

1. How might Tim's life experiences and family culture have influenced his willingness to talk about his mental health (a) to members of his family (b) potential employers and (c) mental health specialists?

Key points

- **Family:** Although Tim was brought up in a stable environment his parents especially his father had a very traditional and somewhat outdated view on parenting and relationships. This fostered an emotionally reserved family environment where displays of emotion were seen as a sign of weakness. This atmosphere of emotional suppression has led to Tim never being able to discuss his emotions openly with others. These are issues that are still very common across the country, particularly in older men. Over the last few years there is evidence that there are the beginnings of a slow cultural shift towards the importance of being able to openly discuss emotions regardless of age or gender.
- **Employers:** Emotionally reserved men are even less likely to openly discuss mental health issues with current or potential employers. In Tim's case this is again down to a mixture of upbringing and life experiences. Corporate culture can also play a large role and can be pivotal in whether an individual is willing to discuss their mental health.
- **Mental health specialists:** As above Tim's family history comes into play as he would again find it difficult to discuss his mental health even to trained professionals. Tim like many men often lack a language to have a conversation about mental health. There may also be an element of fear that surrounds talking and disclosing issues to health services. Tim, again like many others, may have irrational fears that they may be sectioned or have no say in possible treatment plans.
- **In what ways do you think the 18 months of unemployment might have affected Tim's mental health?**

Key points

- **Fall in confidence:** A general fall in confidence is to be expected the longer you remain unemployed. Also a negative mind set can set in as well as a fear that your skill set is becoming outdated. Added to this is likely to be the anxiety that can arise if personal finances are starting to run low.

- **As an employer would you expect a potential employee to disclose a mental health condition at interview stage? What might help and what might hinder this?**

Key points

- **What might help:** If an employer is seen to be open around the subject of mental health this can help lead to disclosure from those already employed and potential employees at interview stage. However organisations need to promote their willingness to have open and productive discussions around mental health. Providing information such as mental health policies and testimonials on company websites can be a way to encourage this. There does however need to be more than just a policy in place. The importance of bringing an ethos to the whole organisation is very important and cannot be overlooked. Many people are still very reluctant to disclose mental health issues to employers, either current or potential. Employers can help address this by being proactive and creating dialogue amongst their employees.
- **What might hinder:** Many employers focus on profit margins and shareholders while underestimating the value of a happy workforce. Employees in a workforce with low morale are far less likely to disclose a mental health issue and seek support at work. A dismissive culture around mental health issues in the workplace can again negatively influence disclosure.
- **If you were in Tim's position how do you think that you would disclose a mental health condition? What factors would influence your decision to disclose?**

Key points

- **Mental health disclosure:** Many people are frightened of saying the wrong thing during disclose and fear the consequences. Some people, for a variety of reasons, are reluctant to discuss issues of such a personal nature. With this in mind it is very important that employers are careful and supportive with how they approach the subject. Individuals need to feel safe and confident to encourage disclosure. As already mentioned employers can help foster this by making information about their efforts to support positive mental health visible to their workforce and the wider public.

Indicative answers vignette four

1. **If Rizwana's employers have an HR Department delivering training in mental health why might her background make her reluctant to disclose her feelings of depression and anxiety?**

Key points

- **Cultural background:** Rizwana's ethnic and cultural background could influence her views on mental health. Mental health illness is still not recognised in certain ethnic cultures. In some cultures there is a belief that symptoms of mental illness are actually signs of demonic possession. This leads to people looking for faith based support to address these issues. There may be a generational dynamic to the above. The impact of being in a minority at her workplace may have also influenced Rizwana's reluctance to disclose her feelings of depression and anxiety. Being in a minority can lead to feelings of isolation. Rizwana may feel there is a negative attitude towards her ethnicity within her workplace, with colleagues holding views held by some members of the general public. Receiving mixed messages from her personal and professional life is likely to be very confusing and frustrating for Rizwana.

2. **As an employer, how can you prevent people from ethnic backgrounds potentially feeling isolated amongst your workforce? How significant are cultural/religious stereotypes in influencing lived experience of work?**

Key points

- **Diversity:** More workforces across the country are becoming ethnically diverse. Diversity should also be celebrated and this can lead to people feeling more included. Work should also be undertaken to break down the stereotypical attitudes towards certain ethnic minorities. We can all have biases and these can be unconscious as well as conscious. Diversity training can help to tackle bias and provide an opportunity for exchanges that may help to erode isolation. Open and constructive dialogue is essential to help combat isolation in the workplace.

3. **As her employer, what action/s might you take if Rizwana is absent from work for more than the one days absence she indicated to her supervisor?**

Key points

- **Approach and policy:** Regardless of ethnicity, care and sensitivity need to be employed when dealing with the above situation. However, awareness of cultural background may help. Although organisations will have a policy which needs to be followed, common sense should also be employed. Any actions that are taken need to be carefully thought out as to what effects they may have on the individual concerned. For example, making an unannounced home visit may cause further distress and delay a return to work. Having a crisis form in place which gives employers advice on what to do if an employee is experiencing mental health difficulties can prove effective and is also proactive. Staff members should be encouraged to look out for each other and any concerns should be raised with the appropriate member of staff.

Indicative answers vignette five

- **What was positive about how this company handled this individual's return to work?**

Key points

- **Employer meeting:** Malcolm's employer was proactive in holding a meeting to discuss Malcolm's needs which suggests they are open to exploring reasonable adjustments. Positive points raised during the meeting included a possible change to work location and hours as well as reiterating the right to attend medical appointments.

- **What do you think might have been the main reasons for the failure of Malcolm's return?**

Key points

- **Lack of involvement:** It was recognised that dialogue between employer and returning employee is an absolute priority and that the employee needs to be consulted before plans are put in place. Often the employee (in this case Malcolm) can provide crucial guidance on what will and won't work for them.
- **Lack of stability and suitable transition plans:** A key error in Malcolm's return was that although his employer had the best of intentions and was trying to be supportive they failed to understand the importance of structure and stability to enable a successful return. Points raised included a lack of a phased return and a misconception that a one size fits all policy will be successful. Employers also need to be careful about making assumptions regarding best practice. For example regular brief support sessions to enable both employer and employee to feedback should also form part of the return action plan. As going back to work can feel like, and prove to be, a huge step for returning employees it is in the employer's interest to plan any return together with the returning employee. This approach should help the employee feel more secure and supported in their return. Employers also need to ensure that employees are mentally fit to return to their duties. Unfortunately in certain circumstances resignation is the best outcome.

- **What could have been done differently, how and why?**

Key points

- **Employer contact:** Regular contact and communication is key. For example, regular contact could help Malcolm and his employer discuss the scope for a gradual transition back to work, monitor when the time might be right for this

and what this might involve. Without this it can be difficult for people to achieve a suitable return plan for getting back to work.

- **Home visit or neutral ground:** A key point is the decision regarding where best to hold a meeting to discuss return plans. The workplace may not be the best location especially if work has been a factor in the development of mental ill health. A home visit may also be problematic as the employee may consider their home environment as their safe space. Neutral space such as a coffee shop may be more beneficial for both parties. If the employee feels unable to leave his or her house then skype or texting may prove to be more successful and beneficial.
 - **Staggered hours:** Re-establishing a routine with a staggered/phased return to work may help with supporting recovery. Reasonable adjustments need to be an ongoing conversation with a finite end.
 - **Work buddy:** Providing a dedicated work buddy for an employee returning could be helpful as part of a wider return plan. However the employee should be consulted regarding this possibility.
 - **Reassurance:** Many employees like Malcolm may need to be prompted and reassured to speak up during support meetings.
-
- **How might the size of a company impact on possible reasonable adjustments, and their effectiveness?**

Key points

- **Reasonable adjustments:** Larger employers have more resources and scope for change but may have an emphasis on survival of the fittest. This needs to change. There are different perceptions of what is reasonable with regards to work adjustments. While the law says reasonable adjustments should take into account employer size and costs of potential adjustments, those adjustments are not necessarily costly even for smaller organisations. For example providing a buddy can ensure that the returnee has ongoing informal social support within their work team as long as this is needed.
-
- **What other factors need to be considered when arranging a planned employee return?**

Key points

- **Dialogue:** Regular and constructive dialogue between all parties involved.
- **Trust:** Trust needs to be built to help support dialogue.
- **A change of role:** In certain circumstances redeployment or a downgrading of job role may be appropriate but this would need to be thoroughly discussed

with the employee concerned in order to support their sense of ownership of and empowerment in the return to work.

- **Adjustment failure:** Unfortunately it is recognised that in some cases even with reasonable adjustments and the correct inclusive support there are a percentage of cases where a return to work will fail. This however should not prevent or discourage employers from trying. Specialist advice, for example from an occupational health adviser may be helpful in minimising the likelihood of failure.

Indicative answers vignette six

1. **After Louise's disclosure of her mental health diagnosis, what questions would you have asked during the interview if you were part of the interview panel and why?**

Key points

- **Possible questions:** Possible questions that could be asked would include -
 - How do you prefer to be managed?
 - Do you require any particular support to manage your condition?
 - What kind of support/reasonable adjustments might you need?
 - If it is her first job, ask about her bipolar and how this can affect her day-to-day activities?
- **Fairness and possible discrimination:** The importance of asking all candidates the same questions at interview is directly linked to fairness. However there is the need for some caution as discriminatory treatment is wrong and may lead to an Employment Tribunal claim. Also interviewee (Louise) should have some responsibility for what SHE asks. An example of this would be to enquire if the organisation has an active wellbeing or mental health policy in place.

2. **How can hot desking be problematic for some individuals with a mental health condition? Have you come across examples of other working arrangements that have been problematic for people with some mental health conditions?**

Key points

- **Hot-desking:** is fast becoming a fact of life in today's working environment. However change can prove to be stressful and this can be especially true if you are managing or in recovery from a mental health illness. Hot-desking is something that Louise may not have expected and may clash with her previous ways of working and expectations of the job. Including a site tour as part of the interview process may prove a beneficial way of demonstrating the working environment to potential employees before accepting a job offer. If this was offered to Louise during her interview this may have influenced her decision on whether to accept the job offer.
- **Workspace ergonomics:** Employers need to be mindful that lighting and noise levels together with an open plan setting can also prove to be a challenging environment for some individuals.

3. Knowing about Louise's Bipolar disorder, what would you have done before and on Louise's first day of work if you were Louise's manager / co-worker?

Key points

- **Manager:** Louise's manager may need to have a direct and open conversation with Louise about her diagnosis and possible support needs. It may also be prudent to seek advice from occupational health. Louise's manager could also be proactive and increase his awareness of the signs and symptoms of bipolar. Sources of advice might include, for example, occupational health and information about mental health conditions that might be accessed on the organisation's intranet or a Mental Health First Aid course.
- **Co-worker:** Telling fellow staff members about Louise's bipolar diagnosis may provide a good support mechanism but this must be authorised by Louise herself. Her line manager or HR representative may need to explain to Louise why this may be a good idea. If Louise felt comfortable a team Q&A session with her may help reduce the stigma and misconceptions around bipolar. It may also be a proactive step for organisations to equip co-workers with a basic knowledge of Bipolar and other mental health conditions as part of developmental training.
- **Personality or Illness:** Care needs to be taken to understand that it can be hard to divide a person's illness from their personality. Is this an illness or an attitude issue? Again developmental training can help.
- **Self-care and personal responsibility:** Co-workers and management should be supportive of Louise but part of the responsibility for managing her condition lies with Louise. This on occasion can prove problematic as the individual may not have a clear idea as to what may be supportive and beneficial. To aid with this, linking up with established mental health charities and mental health community support teams would again be proactive as they will be able to help guide and advise individuals like Louise on what help is available and what steps they can take in their personal lives to support the management of their condition.
- **Time:** It will take time and patience to learn how to support team members like Louise. Part of the key to success with this is to understand the person and the illness. Frank, non-judgemental and open dialogue between all parties involved is key to ongoing success.
- **Act on symptoms:** Remember that it is an error for employers not to act on symptoms and signs of mental ill-health as it may be detrimental to Louise, those who work with her and the organisation.

4. **What steps can be implemented by Louise’s manager to help empower her to complete tasks in a timely manner and meet deadlines when in her manic phase?**

Key points

- **Possible steps:** A range of possible steps are available. These include, moving away from hot-desking for Louise and the use of headphones to block out sound/noise to help with sensory management. It would be important not to make an individual like Louise feel isolated. It is crucial to discuss and include the person concerned with any proposed recovery plans, thus empowering her in the management of her condition.

5. **Bipolar is a complex mental health disorder. There are five basic types of Bipolar disorder and all of them involve changes in mood and behaviour to a varying degree. Episodes of mania and depression can last from a few days to several weeks or months. In our vignette Louise is in her manic phase. How could Louise’s management adapt their approach to supporting Louise when she is in the depressive phase of her condition?**

Key points

- **Support approach:** Bipolar symptoms can vary from good to bad days which can also vary in length. This needs to be recognised and considered when planning support. Dedicated ‘to do lists’ with simple and clear instructions could prove beneficial and help the individual to remain grounded and focused. Completion of to do lists could also aid a sense of recovery and wellbeing. Changes to working hours and working from home may also be possible positive options. However, there should not be a one-size fits all approach. For example, working from home can also prove to be difficult for some and can become isolating.

6. **What else an employer can you put in place to empower Louise to feel part of the team?**

Key points

- **Empowering:** Employers can help Louise and individuals like her by implementing a range of measures to help them feel empowered and accepted. These measures could include –
 - Managers, co-workers and Louise to work together and share ideas.
 - Keeping a Bi-polar diary can help increase self-awareness.
 - Be aware of potential catastrophizing and how co-worker behaviour may help fuel this. By the very nature of her illness Louise will be

reading body language and expressions on the faces of her co-workers in her day-to-day interactions.

- Building a routine can be part of the path to recovery and stability.
- In certain circumstances, work can be a sanctuary but concerns about dehumanisation of work in the present and future is likely to impact on the benefits to self-esteem that work can bring.
- Louise with support (and if she wanted to) could take the lead on mental health awareness within her company. This may benefit others, in learning from her lived experience, as well as helping to reinforce her own self esteem.
- See the person as well as understand the illness.

Indicative answers vignette seven

1. Why do you think Carl was initially reluctant to acknowledge that he was struggling?

Key points

- **Culture:** Carl may well be influenced by the current UK culture around mental health. Although the subject is discussed now more than ever, there is still a reluctance to openly admit to mental health difficulties and to seek help. This is especially true with the male gender. There are many possible reasons for this which can include amongst others –
- A sense of pride, reflecting that mental health difficulties are often seen as a sign of weakness.
- The role of masculinity, that is a set of behaviours and roles associated with men. For example feeling that you are the provider for your family.
- Career impact concerns, linked to awareness of the stigma surrounding mental health, and fear of discrimination.
- Lack of self-awareness that mental health difficulties are being experienced.
- Self-denial that difficulties are being experienced.
- The tendency to assume a 'Stiff upper lip' (perhaps also reflecting how mental health difficulties are often seen as a weakness).

2. Why do you think that Carl's wife rather than his co-workers were a catalyst for a 'conversation' about how he was feeling and the support that he might access?

Key points

- **Nature of relationships:** The nature and type of relationships we have with people can have an impact on how we discuss our mental health. In the workplace co-workers can feel ill equipped to be able to support a colleague showing signs of mental distress. Co-workers may worry about making things worse if they raise the subject of mental health with a colleague. This concern can be lessened with the appropriate mental health first aid training. Being able to access support from Co-workers with a lived experience of mental health difficulties may also prove to be beneficial and give valuable insight in how to have the conversation. It is important that the co-worker is someone who is empathic and wants to understand and help. Unfortunately in a busy work environment it can often feel the easier option to decide to not deal with the situation. This however can lead to more serious issues in the future. Carl may well find it easier to discuss his feelings with his wife due to the trust between them and the nature of their relationship.

3. How might the company's approach to addressing workforce wellbeing have supported Carl's eventual disclosure to his employer that he was struggling?

Key points

- **Wellbeing culture:** Carl's employer had taken serious steps to implement a wellbeing culture and policy across the organisation. Various aspects of this policy helped Carl to feel more empowered to discuss his difficulties. To enable this workplace culture to be effective and yield results it needs to be embraced by all and led from the top down.

Monitoring translation of policy into practice (credibility of policies) is also crucial to enable ongoing employee wellbeing success.

Organisations across the UK are signing up to become Disability Confident, however achieving this accreditation involves the employer setting out their stall rather than necessarily being a sign that they are doing what they need to do.

4. What do you think might be the benefits of Hastings Industries having a dedicated focus group to support action on workforce wellbeing? Who do you think might be the key stakeholders that should be involved in that focus group, and why?

Key points

- **Stakeholders:** A focus group provides an opportunity for the voices of a wide range of stakeholders to influence policy and practice development. One advantage of this inclusive approach is that it may enable a marketing campaign on workplace wellbeing to capture all pertinent audiences. It is important that lived experience is represented by people who are willing to be public about their mental health challenges. However careful consideration needs to be taken by focus group participants when deciding just how much to disclose and make public. Terms of reference are also important for the focus group. Any policy that is created will need to be fluid and amended when appropriate to reflect lessons learned during implementation and organisational change.
- **External resources:** Support and advice from organisations such as Mind (www.mind.org.uk/) and Acas (www.acas.org.uk/) can also prove to be beneficial in helping to create a successful wellbeing policy.

5. How might an education campaign and programme be designed to improve the likelihood of disclosure? Are there related steps that you think could be

implemented in your own organisation to assist with improving workforce wellbeing?

Key points

- **Design process:** During the design process it is important to recognise the points listed below -
 - The links between physical and mental health.
 - The importance of tailoring the language you use towards your target audience. For example emotional wellbeing campaign or emotional resilience campaign could be used instead of the term mental health campaign.
 - The links between mental health and various aspects of life including Family, housing and debt.
 - The stigma surrounding mental health issues and the need to challenge this.

Indicative answers vignette eight

1. Do you think the regional move from Devon to London has impacted on Lisa's mental health and if so why?

Key points

- **Pace of life:** Lisa may well have experienced a cultural shock when moving from Devon to London as the pace of life in a large city tends to be of an increased intensity. Lisa may also feel isolated as she is away from her social support network and might be missing more regular contact with her family and friends.

While Lisa might soon adapt to this lifestyle change, she also runs the risk of feeling overwhelmed by life in the city. Her personality and the ability to cope with major changes in her life will help shape such outcomes. Expectations that Lisa is putting on herself can also be a factor in her ability to cope.

2. Online mental health training is becoming more commonplace. What are the benefits and drawbacks of this resource?

Key points

- **Benefits:** The benefits of online mental health training include anonymity and the perceived opportunity to be more honest about how you feel. Also pre learning can give an overview of what to expect from mental health training. This can help increase confidence.
- **Drawbacks:** There are some recognisable drawbacks to online mental health training; these include –
 - Possible feelings of isolation (compared with face-to-face learning). Physical contact can be important in mental health support, training and ongoing treatment.
 - The use of technical language and assumed knowledge.
 - The danger of self-diagnosis.
 - A lack of ability to tailor and personalise the information provided.

3. How commonplace do you think the above barriers to support encountered by Lisa are?

Key points

- **Potential barriers:** There are several potential barriers to support that may be encountered, these could include –
 - A manager who is stretched, under time pressure and lacking in people skills / empathy.
 - Out of date on-line resources.
 - Impact of resource constraints / austerity on available resources. Online support websites are often out of date or no longer supported by the host.
 - A change of management structure which can lead to individuals having to explain their situation repeatedly to new people.

4. If you were appointed as wellbeing officer for this company what would be your first actions to address the barriers to support encountered by Lisa?

Key points

- **Possible actions could include:**
 - Face-to-face training.
 - Undertaking a staff survey to find out what employees perceive to be the key issues and how they want these to be addressed. This may help them take ownership of policy and practice changes and feel empowered to engage with changes and new approaches to mental health and well-being at work.
 - A questionnaire provided before an individual commences with the company could help to identify potential training opportunities around the subject of mental health workplace wellbeing.
 - Provision of regular onsite drop in counsellor sessions. This may help to encourage individuals to actively seek support with workplace issues. Approaching a third party may be easier than approaching management directly.
 - More consideration of whether the position held by a person experiencing mental difficulties is right for the employee? In some circumstances a tough decision may be needed by employee or employer if the job is not suitable for the employee.

5. How could the line manager's approach be improved?

Key points

- **Management style:** To be successful in providing support during times of emotional distress managers need to have a level of empathy and

understanding. Care needs to be taken with the language used and the approach taken. Managers need to consider their approach carefully. Unfortunately there are people in managerial roles who lack empathy and the willingness to understand when faced with employees who may be experiencing emotional difficulties.

Keeping in regular contact and the ability to engage in non-judgemental conversation with employees is crucial.

6. Could Lisa's GP have done more to support her?

Key points

- **GP support:** Overall Lisa's GP was supportive in the limited time available. There were however some other steps that could have been taken. These could include –
 - Completion of a PHQ9 questionnaire to help monitor Lisa's emotional wellbeing. A PHQ9 questionnaire is generally used by mental health professionals and General Practitioners to determine the degree of depression severity that an individual has experienced during the last two weeks.
 - Follow up appointments to monitor Lisa's mental wellbeing.
 - Regular medication reviews.

Indicative answers vignette nine

1. Why do you think Paul feels that the time and motion study is intrusive?

Key points

- **Feelings of uncertainty:** Time and motion studies can cause feelings of uncertainty among the workforce. This uncertainty can be generated by the lack of control that individuals involved in the process have. People can also experience negative feelings which can impact their pride. Paul may also be lacking in confidence and is perhaps getting a message of 'out with the old'. Positive conversations about Paul's contribution to the workplace were not happening. As a result of this lack of communication between management and Paul he feels like he is being watched.

2. How might Paul's personal responsibilities be impacting on his work life?

Key points

- **Family responsibilities:** As well as working for Elite Engineering, Paul is also a carer for his disabled wife as well as helping to support his divorced daughter. Paul may often feel like he is managing a balancing act between work and family. As a result he may not always be able to give 100 per cent of his focus to his job. Paul may also feel that his family livelihood is at risk due to the developments at work. Paul may also view his workplace as a 'comfort zone' where he can get away from the pressures in his personal life. He may also be concerned that this is at risk.

3. Why do you think Paul doesn't approach the management team to discuss his concerns about the workplace changes?

Key points

- **Management/employee relationships:** There are several factors that may have an influence on whether Paul approaches his management to discuss his concerns. Paul may be scared of making things worse for himself or adding additional stress to the management team. He may also be wondering whether if he expresses his concerns to management that they will see this as a sign of weakness (this may be linked to his upbringing). Paul may also be scared to raise concerns in case as a result he is 'first out of the door'. Generally within the workforce of Elite Engineering there may be a feeling of them and us between general employees and management this would add an additional barrier to Paul feeling able to speak up.

4. How could the management of Elite Engineering support Paul through the proposed workplace changes? What can be done to support Paul with his home responsibilities from an employer point of view?

Key points

- **Need for clear communication:** It was identified that the management of Elite engineering needed to be more transparent in their communication to employees. Management could have tailored conversations with staff members during this potentially unsettling time. For example managers could have scheduled private 1:1 meetings with members of their teams. Clear and honest communication could help against misinformation being circulated 'on the grape vine'. This approach may also help against the development of a toxic working environment.
- **Reassurance and time:** Management need to understand the feelings of anxiety during times of change. Regular meetings where employees can be updated and have their questions answered honestly would be beneficial. Employees will need time to adapt to changes in the workplace and appropriate training would need to be provided. The development of a carers and employers strategy may also prove beneficial.

6. How could Paul's many years of experience be a benefit to the 'new blood' (younger people) coming into the organisation?

Key points

- **The advantages of experience:** Paul's many years of experience would be very useful in a role as a mentor to newcomers to his industry. Paul would be able to provide on the job guidance and share techniques and tips he has learnt over his long career.

Indicative answers vignette ten

1. Are there any steps that Mary herself could have taken to improve her situation at work?

Key points

- **Communication:** If Mary had approached her management to disclose her home situation they may have been able to put workplace adjustments in place to support her.

2. How could the manager's handling of the meeting with Mary, the issues raised and her visible distress be improved?

Key points

- **Knowing your workplace team:** Knowing and understanding the different personalities within your workplace team can prove beneficial and make situations like Mary's easier to approach. Line managers could show genuine interest in the wellbeing of their teams and get to know them as people rather than just as employees in the workplace. This can help generate a one team mentality rather than a 'them and us' atmosphere in the workplace. Managers could help foster this atmosphere by sharing information about their lives outside of work.

3. How could workplace reasonable adjustments help Mary?

Key points

- **Regular support:** Mary could benefit from closer support and supervision from her line manager and colleagues. Regular dialogue to check whether her workload is becoming unmanageable and if she is feeling overwhelmed would be required. Mary's manager could also take a close look at her working arrangements to see if any alterations could be made to her working week to make her commitments outside of work easier to manage. Mary may also be encouraged to consider what steps could be taken to either move her mum closer to her or to gain additional support via an Adult Carer Service.

4. Why is there not more open discussion of the menopause, including the impact on mental health? How can this be changed?

Key points

- **Raising awareness:** While there is some discussion of the menopause taking place and symptoms are presented in health advice, many people still find it an uncomfortable subject to discuss. More discussion is needed to cascade awareness not only of symptoms but also their interactions with

workplace experiences. For example through women's leadership development networks (where some discussion is already taking place) and other workplace networks. Health and mental health campaigns might do more to incorporate greater engagement with the menopause and mental health and wellbeing, in campaigns run at the employer, local and national level.

- **Examples of research and discussion around the menopause and mental health:** Below are some useful links to research into this topic including information from trade unions.

<https://www.nhs.uk/conditions/menopause/>

<https://www.cwu.org/wp-content/uploads/2017/11/University-of-Leicester-Research-Workplace-Menopause-Study.pdf>

<https://theconversation.com/menopausal-mood-swings-can-signal-more-serious-mental-illness-90307>.

<https://www.unison.org.uk/content/uploads/2013/08/Briefings-and-CircularsMenopause-Factsheet2.pdf>.

https://www.cwu.org/media/6689/cwu_1249381652_menopause_factsheet.pdf)

