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Community Partnerships Project  
2011-2012

**actioninmind**  
supporting positive mental health

# Working Well *with* **Mental Health** Promoting mental health in the workplace





## About the Authors

**Michel Syrett** combines a career as a business writer and researcher with work in mental health awareness training and research, based on his own experience of bipolar disorder.

As a visiting fellow of Cranfield School of Management, he conducted research into strategic HR management and is author of *Redefining Strategic HR* (Business Intelligence 2004).

As an honorary fellow of the Spectrum Centre of Mental Health Research and mental health champion at Action in Mind, he writes and lectures widely on mental health issues and is the author of *The Secret Life of Manic Depression*, the guide that accompanied the award-winning BBC documentary 'Stephen Fry: The Secret Life of a Manic Depressive'.

He is also editor of *Pendulum*, the quarterly journal of Bipolar UK, the charity that represents people with bipolar and their supporters.

**Suzy Johnston** is a writer and academic researcher on mental health. She is author of three books based on her own experiences of psychosis and depression including the bestselling autobiography, *The Naked Bird Watcher*.

As an honorary affiliate service-user researcher at the Institute of Health and Wellbeing at the University of Glasgow, she works on a number of projects exploring the use of psychological interventions in cases of psychosis and depression.

She is also a mental health champion at Action in Mind and, like Michel, lectures and writes widely on mental health issues.

Michel and Suzy are directors of The Cairn of Mental Health, a mental health training consultancy that conducts, in association with Action in Mind, mental health awareness workshops and line management training seminars.

# **WORKING WELL** *with* **MENTAL HEALTH**

**Promoting positive mental health in the workplace**

Michel Syrett and Suzy Johnston  
**Mental Health Champions**



# 2012

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## FOREWORD

**It was while working in the USA that I came across the book, *Working: People Talk About What They Do All Day and How They Feel About What They Do* - by the author, historian, actor and broadcaster, Studs Turkel (1912 - 2008). What I liked about the book was how the author portrayed ordinary people talking about an ordinary occurrence – their working day.**

When Action in Mind was selected to participate in the Scottish Parliament's Community Partnership's Project and chose employment as its project theme it was for good reason. With one in every four people at risk of developing some form of mental health condition, mental health should be everyone's concern. And yet, people experiencing mental health difficulties are one of the most excluded groups in society, and nowhere is this exclusion more visible than in the workplace.

Work is a gateway where people have opportunities to make real contributions to society through the use of their time, knowledge and skills. It also provides huge benefits for individuals through a sense of purpose, self-worth and self-esteem. As Studs Turkel says:

*"Work is about a daily search for meaning as well as daily bread, for recognition as well as cash, for astonishment rather than torpor, in short for a sort of life ..."*

It can be hard for many of us to imagine what life would be like if we were denied or rejected from the workplace simply because we were experiencing mental health difficulties. The road to mental health recovery is a difficult one without the added burden of having to deal with stigma and discrimination of mental health.

An important starting point for us in developing this guide was to identify good mental health practice – what employers were already doing, or planning to do, and whether they felt this was having positive outcomes for staff experiencing mental health difficulties.

An important learning from working with such diverse employers is the importance of defining what circumstances within the workplace contribute to employees experiencing mental health difficulties, and finding the right solution which benefits everyone. The employers must be congratulated for their innovative approaches to promoting positive mental health and, where necessary, responding to situations that were perhaps unique to their business and for sharing this openly and unreservedly with us.

While this project may now have come to an end, Action in Mind remains committed to promoting positive mental health in the workplace and we look forward to continuing this work with local employers.



Helena Scott  
**Executive Director, Action in Mind, March 2012**



## 1.0 Scottish Parliament's Community Partnerships Project (CPP)

**This guide was published under the auspices of the Scottish Parliament's Community Partnerships Project – the purpose of which is to help people to learn more about how the Parliament works and how best to engage with its democratic processes.**

Action in Mind was one of five organisations selected across Scotland to participate in the 2011 – 2012 Project.

We chose to focus on employment by encouraging employers to provide more effective mental health support in the workplace.

Our approach included producing a policy briefing on mental health at work, initiating discussions and meetings with MSPs, including the Convener of the Cross Party Group on Mental Health, and discussing with MSPs the possibility of proposing parliamentary questions and a motion to the Scottish Parliament.

Michel Syrett, one of our mental health champions, was invited to address the Scottish Parliament at Time for Reflection which was a welcomed opportunity to further highlight the importance of mental health at work.

## 2.0 REMIT AND SCOPE

**The purpose of this guide is to promote better understanding of mental health in the workplace and how to support employees experiencing mental health difficulties and their recovery.**

**It will cover:**

- the social case for the more effective employment and retention of people with mental health conditions;
- the business case for the more effective employment and retention of people with mental health conditions;
- what an effective mental health employment policy looks like;
- how the mental health policy is delivered;
- mental health in the workplace: what employers can do;
- recommendations for future action;
- Action in Mind's work supporting community mental health;
- where to go for information about mental health.

To research the topic, Action in Mind worked in partnership with five employers based in or around Stirlingshire – Artlink Central, The Matz Driving School, Scotcentral Credit Union, Stirling Council and Volunteer Development Scotland.

Our approach was to work directly with each employer to explore what was understood about mental health, and how mental health policies and procedures supported good practice in the workplace.

We facilitated training workshops and discussion groups, as well as conducted individual interviews with key personnel to help us identify what might be the main concerns of managing mental health at work, how to recognise early symptoms of mental support difficulties, and how best to provide support for anyone experiencing or recovering from mental ill-health.

We draw our conclusions from the work we undertook with these employers and which we have summarised through a series of case-studies.

## 3.0 The Social Case

**People with mental health conditions remain among the most excluded within our society and nowhere is this exclusion more evident than in the workplace.**

- In Scotland, 42 per cent of employment based benefit payments (made up of Employment and Support Allowance and Incapacity Benefit) are due to a mental health problem (Department for Work and Pensions, February 2011);
- In Scotland, less than 40 per cent of employers would employ someone with a mental health problem ('see me'. *General Public Omnibus Survey*, June 2004);
- 79 per cent of people with serious mental health problems are not in employment (*Disability and Employment in Scotland: review of evidence base* Scottish Executive 2005).

### **We know that:**

- suitable employment actively improves mental health and well-being;
- people with mental health conditions can and do pursue successful careers; and
- most people with a mental health condition who are out of work would like to be in paid employment.

And yet, a combination of stigma and discrimination, low expectations and failure to provide the necessary support continue to deny many people the opportunity to work. Too often this failure leads to despair and hopelessness on the part of the individual.

In the face of the negative images that surround people with a mental health condition, too many people give up on themselves and their possibilities: they resign themselves to a life on the margins of society.

It is therefore important that people receive positive messages of hope enabling them to contribute to society as equal citizens.

Employment plays a fundamental role in our society and is central to the lives of most people. Increasing access to paid work is essential in changing the way people with a mental health condition are viewed in our society.

Enabling everyone to develop their potential and contribute their talents through gainful employment can challenge common myths and stereotypes often associated with mental health.

The need for a greater focus on this topic is illustrated by personal testimonies from our service users of their experiences in the workplace:

### L's story ...

*"I was passed over for promotion because of my depression. My employers said that they were 'applying the stress management procedure and that it was for my own benefit'. It left me feeling disappointed, but more importantly that I was considered less able than my colleagues."*

### A's story ...

*"I found that I was overloaded with work and felt less able to cope. I was off work for several months because of my mental health difficulties and when I went back to work I discovered that my colleagues had been told I wasn't coming back, and also the reason why I was off. To say I was emotionally desolate is no exaggeration. I took my case to an employment tribunal which I successfully won on grounds of mental health discrimination."*

### P's story ...

*"I had a nervous breakdown when I was working for a large manufacturing company. My colleagues visited me when I was a patient in the local psychiatric hospital for about a year. When I went back to work my line-manager made it clear that if I were re-admitted to 'that place' he would not even call it by its correct title – he would get rid of me. I took my case to the Disability Discrimination Tribunal (Mental Health) and won my case."*

### D's story ...

*"I was off work following a back injury I got while working as a health care professional in the private sector, working mainly in management with some hands on care. Once back, my boss gave me a shift pattern which consisted of late shifts, followed by early shifts (I normally worked 9am – 5pm). The reason I was given was that they were short staffed and I would have to fit my management work around this. This became impossible and I found myself not only in pain because of my back injury but also very stressed by the situation. While off sick, my boss was phoning me at home to find out when I was coming back – this was followed by intimidating letters. I knew they were trying to fire me – I had seen them do this to others. Advised by my professional body not to resign there followed a long battle with my bosses who dug up old medical records which stated I had had an episode of depression in the past which they then used to fire me. This was one of the worst moments in my life."*

### D's story

*"I was a volunteer in a crèche for two and a half years which provided facilities for single or young parent families. For a long time everything seemed fine – I really enjoyed working there and staff all knew about my mental health problems and were really supportive. But it seemed to go wrong when a new nursery nurse started – I felt that she was trying to undermine me in all that I did. When I told my boss she said that the person was a fully qualified nurse whereas I was only a volunteer. I felt I had to leave. This experience left me feeling extremely low with no confidence."*

### S's story

*"I've had clinical depression since I was 12 years old but when I was 16 (in the late 1970s) I worked as a waitress for a large hotel. I seemed to get on okay with other staff as they were about the same age as me, the only down side was that my manager was 'a bit of a bully'. Staff found out about my depression and then my manager found out and started harassing me which led to rumours spreading everywhere. Things changed for me at work. I complained about the continued harassment and how others were treating me differently now. He went behind my back and discussed my complaint with all the staff so now even those staff that had been talking to me were now avoiding me. I told my father who went to see my boss who was told that the best thing I could do was leave and I was paid off."*

## 4.0 The Business Case

**Employers have good reason to focus on the challenge. In the UK, 40 per cent of lost working days are attributed to depression, anxiety or stress (Sainsbury Centre for Mental Health, 2007).**

A recent report by the Scottish Association for Mental Health, *What's It Worth Now: The Social and Economic Costs of Mental Health Problems in Scotland* suggests that staff absenteeism due to mental health costs Scottish employers over £2 billion a year (see Figure 1).

**Figure 1 The Cost of Mental Health Problems at Work**

	Total Cost	Cost per Average Employee
Sickness absence	£690m	£310
Presenteeism	£1,240m	£560
Staff turnover	£220m	£100
<b>TOTAL</b>	<b>£2,150m</b>	<b>£970</b>

Source: SAMH 2011

With one in four people likely to experience a mental health condition requiring medical intervention at some point in their lives, many of an employer's most talented and skilled workers are likely to require support during their career or face the prospect of weeks or even months off work. It is important that every person has the opportunity to develop their potential through a positive working experience as it is for employers to realise their training investment by retaining skilled and experienced staff.

It is also likely that front line staff may encounter customers with mental health difficulties that require a better awareness and understanding of mental health if the relationship with the customer is to be maintained effectively. This is particularly true of employers whose core activities may involve working directly with a range of vulnerable individuals and groups, such as a creative environment (see case-study of Artlink Central below).

### The Equality Act 2010

The Equality Act 2010 replaced previous anti-discriminatory legislation (including the Disability Discrimination Act 1995) to make the law simpler and to remove inconsistencies. The Act covers nine 'protected characteristics' which cannot be used to treat people unfairly, whether in the workplace or in the provision of goods, services or facilities. These include - age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity.

The Act also strengthened protection in some areas and has made it easier to define what is meant by disability. For example, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. In terms of mental health this includes conditions such as depression, schizophrenia, eating disorders, bipolar affective disorders, as well as personality disorders and some self-harming behaviours.

The Act includes new areas of protection in the workplace for disabled people. For example, it is discriminatory to treat a disabled person unfavourably because of something connected with their disability, for employers to have a condition or policy (except in certain circumstances and only where this can be fully justified) which can disadvantage a job applicant or employee, or ask a job applicant about their health before offering them work.

Employers have a duty to make 'reasonable adjustments' in the workplace by identifying any practices or arrangements that create substantial disadvantage for a disabled person when compared with a non-disabled person (see below).

What is 'reasonable' for the employer will be judged according to a number of factors which include the extent to which the adjustment will prevent the problem or is practicable for the employer to make, and the extent of their financial or other resources to make the proposed adjustment.

The duty is a positive one and employers have been expected to show that they have paid careful attention to meeting it. However, the duty applies only where the employer has some knowledge that an employee (or job applicant) has a disability.

#### **In short, the business impetus for employers developing an effective mental health employment policy includes:**

- ensuring health and wellbeing throughout the company or organisation;
- establishing best practice in the recruitment and retention of staff;
- sustaining good relations between the company or organisation and its customers or clients;
- reducing unnecessary staff absenteeism due to mental health difficulties through workplace support and early intervention;
- demonstrating best practice in managing mental health in the workplace.

## 5.0 What An Effective Mental Health Policy Looks Like

**The mental health policies adopted by the employers we worked with focused on the following priorities:**

- eliminating stigma and discrimination in the workplace;
- recognising early symptoms;
- encouraging and supporting disclosure;
- providing the right support;
- creating and promoting mental health and well-being in the workplace.

### **Eliminating stigma and discrimination in the workplace**

Through the use of mental health awareness workshops and website campaigns, the employers we worked with sought to challenge and combat the common myths and stereotypes of mental illness that exist in broader society, and which may be subscribed to by their employees, managers and board directors.

**These include:**

- people with severe and enduring mental illness are completely disabled;
- mental illnesses are brought on by a weakness in character;
- people who are depressed could just snap out of it if they tried hard enough;
- they're lazy and not trying;
- people with mental illness are violent and dangerous;
- psychiatric disorders are not true medical illnesses like diabetes, for example:
- once people develop mental illness or experience poor mental health they will never recover;
- mental illness cannot affect me!

Discussions during the workshops highlighted the fact that even the most serious mental health conditions are episodic with people enjoying good health in between episodes and also being capable of normal working.

Interventions from contributors who had serious mental health conditions also suggested that managing this required great courage and character and that people who had managed a sustained recovery over a period of years were more 'emotionally intelligent' as a result, being more insightful and empathetic and better able to relate to other people.

It was also stressed that while some severe and enduring mental health conditions cannot be 'cured', more advanced psychiatric treatment and psychological interventions ensure that people living with these conditions are capable of 'recovering' their personal and professional lives through sustained absence of symptoms and self-management.

Finally, discussion focussed around the fact that with one in four people estimated to experience a mental health problem at some point in their lives which will require medical intervention, mental health is everybody's concern.

Among the most common triggers of mental health difficulties are work-related pressures, relationship breakdowns, money worries, bereavements as well as serious physical conditions, such as cardiovascular or chronic obstructive pulmonary disease, or Parkinson's Disease, for example.

Stirling Council placed great emphasis on the elimination of offensive language. Their mental health policy specifically prohibits the use of descriptions like 'demented', 'loony', 'maniac' and 'nutter' as well as the inappropriate use of terms like 'psychotic' and 'split personality'.

### Recognising early symptoms

Through the use of training for supervisors and line managers and supervisors, the employers we worked with encouraged the early recognition of symptoms of mental health distress so that appropriate interventions – either by the employer or the individual's own health care team – could prevent the episode reaching crisis proportion which might otherwise necessitate requiring weeks or even months off work.

The most common triggers of mental health conditions were discussed (see Figure 2). For example, supervisors and line managers who are aware that a member in their team has suffered bereavement, the onset of a serious physical illness or is about to experience the anniversary of a trauma or bereavement should be especially sensitive to their mental health needs.

Another example stressed during the training was the seasonal nature of many forms of depression or mood swing disorders, with individuals more prone, for example, to depression during months with limited daylight.

### Figure 2 Common Triggers of Mental Illness

- workplace stress;
- relationship breakdowns (inc sexual issues);
- money worries;
- family problems;
- bereavements;
- key anniversaries;
- physical illness and treatments;
- changes in medication;
- seasonal changes;
- guilt, imagined or real.

Source: *The Cairn of Mental Health 2011*

### Some of the key early symptoms supervisors and line managers were told to look out for included:

- sudden decline in performance;
- sudden increases in sickness absence;
- behaving out of character;
- change in personal appearance or body language;
- not eating or sleeping;
- drink/drug issues;
- declining interpersonal and social skills;
- withdrawal;
- anger and aggression;
- tearfulness;
- anxiety;
- disorganised trains of thought;
- obsessive behaviour;
- inappropriate behaviour.

Two key issues emerged from many of the discussions and from the training. The first is the importance of knowing the people under your care and/ or supervision in order to be able to judge what behaviour in each employee was 'out of character' – particularly given that symptoms of mental health distress often vary from one person to another.

The other is the difficult balance that needs to be maintained between treating any infraction of behaviour either as a 'health' or a 'disciplinary' issue. In cases where mental health conditions result in anger or aggression, for example, a supervisor or line manager will owe a duty of care to both the individual expressing these emotions and the employees who are subject to them.

### Encouraging and supporting disclosure

Through the use of training for supervisors and line managers, the employers we worked with encouraged sympathetic and (where appropriate) empathetic responses that should be given in situations where an employee is disclosing a mental health condition for the first time.

Consideration should be given to the fact that the employee may be reluctant to disclose their mental health condition because they may feel it will have an adverse affect on their job, career or standing at work. How 'safe' they feel in disclosing their condition, for example, will depend on whether they see the manager as part of the problem!

For this reason, the obligation to respect confidentiality is a paramount duty that should be spelt out in any mental health policy. Supervisors and line managers should discuss the matter in a private setting, maybe even in a neutral place away from the office. They should be sensitive to the issues the employee is facing, reassuring and positive about the help that is available, and clear about the limits to their confidentiality (for example, when there are health and safety concerns involved that may need to be discussed with others).

In the training sessions undertaken by the employers we worked with, it was also stressed that the supervisor or line manager should not try to solve the problem themselves or get personally involved, but seek to refer the employee to the most appropriate source of specialist support (whether in or outside the company or organisation), and that they should refrain from attempting a diagnosis of the condition – a process that can take professional consultants or specialists many years to achieve accurately.

### Providing the right support

The support that could be provided by each of the employers we worked with varied according to their size and resources. In the case of larger employers (eg Stirling Council or Volunteer Development Scotland), there was dedicated or shared occupational health and counselling services to which the individual could be referred, if this was deemed appropriate.

In the case of smaller employers, the individual was encouraged to seek support from their own healthcare team (a GP in the first instance) and/or a telephone listening and counselling service operated

by a charity or mental health agency (see section on where to get information about mental health).

One priority for all employers was the provision of ‘reasonable adjustments’ (as defined by The Equality Act 2010) that can help the individual re-adjust to normal working conditions during or after an episode of experiencing mental health difficulties.

Most of the attention currently devoted to reasonable adjustments at work by UK employers has focused on how they apply to physical disabilities. However, mental health charity Bipolar UK recently listed examples of what might be deemed reasonable adjustments in the case of mental health conditions (see Figure 3).

### Figure 3: Examples of Reasonable Adjustments for People with Mental Health Conditions or Mental Illness

- extending flexible working rules to allow commuting outside of rush hours, particularly in relation to core hours of working;
- accepting lower levels of output for a defined period;
- making physical adjustments to premises by putting screens up in an open plan office;
- allowing an employee to be absent during working hours for rehabilitation, assessment or treatment;
- transferring the employee to fill an existing vacancy;
- providing training or mentoring (whether for the disabled person or any other person) - this can include mental health awareness, for example.

Source: Bipolar UK 2009

Providing flexible working hours (including part-time work) and accepting lower levels of output for an agreed period were the most common adjustments made by employers. In one case, an employee was excused from working with a particularly challenging team and, in another, an employee was given access to a private working space in an otherwise open plan working area.

**Consideration was also given to developing work-based ‘relapse prevention plans’ which would provide supervisors and line managers (on a voluntary basis) with details of the possible triggers and early symptoms of mental distress in each employee’s case, such as:**

- agreeing a first point of contact (eg mentor or team leader);
- specifying preventative actions to be taken, and
- providing contact details of family and medical practitioners.

Relapse prevention plans are commonplace in the personal recovery plans of many people with severe and enduring mental health conditions but have not been used in the workplace, to date.

## Creating and promoting mental well-being in the workplace

**Many of the employers we worked with built their mental health policies around an existing commitment to promote health and wellbeing in the workplace. Among the measures adopted were the use of internal websites, workplace briefings and noticeboard campaigns to promote:**

- team objectives for good mental health linked to goals like ‘making a difference’ and ‘being there for each other’;
- tips under headings like ‘feeling under the weather mentally’ or ‘eating for good mental health’;
- participation in Scottish Mental Health Week, each October.

A common resource in Stirling used by local employers and organisations is Moodjuice, a website run by the NHS in Forth Valley and designed to help people think about emotional problems and work towards resolving them. The website covers issues like healthy living, mindfulness and dealing with stress, anxiety and depression caused by work, housing problems and debt.

**<http://www.moodjuice.scot.nhs.uk/>**

## 6.0 How Mental Health Policies are Delivered

The mental health policies developed by the employers we worked with were delivered in a combination of ways. The most important are:

- mental health awareness workshops;
- training for supervisors and line managers;
- dedicated or shared occupational health and counselling services;
- internal website campaigns;
- formal mental health policies.

Mental health awareness workshops were aimed at the whole workforce and were used primarily to break down or eliminate stigma and discrimination and promote mental wellbeing at work.

Issues under discussion included the prevalence of mental health problems in society as a whole, challenging the common myths and stereotypes about mental illness (see above) and promoting the idea that with one in four people likely to suffer from mental illness at some point in their lives, mental health is everybody's concern.

Mental health awareness workshops were also used by some of the employers to promote the idea of a formal mental health policy and discussion as to what issues should be raised and resolved by the Policy (see case-study of Artlink Central and Volunteer Development Scotland).

### Training for supervisors and line-managers

**As the people most likely to have first contact with the mental health difficulties of employees, supervisors and line managers were seen by the employers we worked with as the frontline of any mental health policy. And yet, supervisors and line managers are often ill-prepared to perform this role. For example, a survey of employers by Great Places to Work and the Employers Forum on Disability in 2008 found that:**

- most line managers have under-estimated the prevalence of mental ill-health amongst the UK population and within their own companies;
- line managers have a very differing capacity to change different day to day working practices in order to accommodate people with mental health conditions;
- the highest proportion of line managers (35 per cent) stated that they need more support from their employer in the form of training;
- a high proportion of line managers also said that their company needs to support them in dealing with mental health conditions in the form of better company policies and guidelines.

Training for line managers was a priority. The training focused on informing supervisors and line-managers how to recognise the early symptoms of mental distress in employees for whom they had a duty of care, how to respond effectively, which source of professional support (internal or external) to refer them to and the legal responsibilities of employers under the Equality Act 2010.

## Occupational health and counselling services

Two out of the five employers we worked with had either dedicated or shared occupational health and counselling services which employees with mental health problems could be referred to, if appropriate.

All had policies and procedures which govern contact between employee and employer during their sickness absence and all but one conducted 'return to work' procedures which set out what reasonable adjustments should be made to the employees' working conditions to help them re-adjust to their occupational responsibilities.

## Internal websites

**All but one of the employers used internal websites to support their mental health policies, in a number of ways including:**

- summarising the employer's formal mental health policy, if one existed (see below);
- referring individuals to internal sources of support (eg counselling services and Employee Assistance Programmes) external sources of support provided by charities and government agencies (eg helplines or websites);
- running campaigns linked to the employer's health and wellbeing policies;
- highlighting the employer's support for Scottish Mental health Week each October.

## Mental health policies

One employer we worked with had a formal mental health policy at the start of the partnership and three others developed one as a result of the partnership.

### Each mental health policy:

- was developed in **consultation** with key stakeholders, either through formal existing procedures (for example with trade unions based on the site) or through mental health awareness workshops conducted with the workforce;
- specifically addresses **recruitment** to ensure that potential employees aren't discriminated against because of their mental health history;
- clearly **defines mental ill health** and its prevalence as well as providing some indicators of early symptoms (see above);
- Provides a **clear understanding of the role of line managers and supervisors** including practical steps to encourage the disclosure of mental health problems in a sympathetic, empathetic, non-judgmental and confidential manner;
- clarifies the **role and responsibilities of the human resources team** in supporting line managers in their role and providing a point of contact for employees with mental health problems;
- clarifies the specific **roles and responsibilities of employees**, in allowing them to take basic steps to assist friends and colleagues and behave in a generally supportive manner;
- includes a **commitment to promote awareness** and understanding of the Policy, usually through an internal website;
- provides a **list of local and national key sources of support and advice**, either through charities or government agencies;
- includes a **designated contact for further information** about the policy and that it is **reviewed on a regular basis**.

Details of the policies developed by the employers we worked with are included in the case-studies below.

## 7.0 Mental Health in the Workplace: employer case-studies



### Artlink Central

Artlink Central is a leading arts agency and charity in Central Scotland developing artist-led creative programmes for people who lack the opportunity to participate in the arts due to mental health difficulties, disability or other social barriers. Music, literature, storytelling, visual and performing arts are used to remove barriers that create or sustain inequality, and to discover and nurture creative talent in people, particularly emerging disabled artists.

There are four key areas of programming which include:

- **Artspace** programme creating access to regular arts opportunities for people experiencing mental health difficulties in the community;
- **Arts and Health** programme which delivers arts experiences targeted at people with dementia or mental health difficulties, physical illnesses such as strokes as well as sick children in 31 hospital wards across NHS Forth Valley;
- **Arts, Transition and Social Inclusion** programmes in schools, including Creative Leavers programme for young disabled artists leaving school supporting them to create, exhibit and sell work in a professional setting and build a portfolio to support their adult aspirations;
- **Artreach** cross art form programme for adults with learning disabilities supporting participation, audience development and emerging talent across the Stirling area.

As an employer, Artlink Central has a core team of one full time director and six part time staff, with governance through a board of trustees. The agency develops and manages opportunities for artists, musicians and other creative professionals to engage in participatory arts programmes. The team contract out work to a peripheral team of 60 artists working on community-based arts projects in areas such as health, disability, prisons and young people.

Artlink Central's success is based on the close relationship between its artistic programmers and its teams of contract artists in shaping innovative approaches

to engaging participants in a quality artistic process that delivers community learning and development results for the contractor or host partners. Many of the artists work with participants in highly institutional settings, often with people with significant mental health conditions and often in quite isolating and difficult environments. Therefore, when the agency decided to focus on better mental health awareness, it was keen to ensure that its contract staff were included in the project.

**The first workshop, run by Action in Mind in December 2011, was targeted exclusively at contract artists and practitioners. The artists that attended identified three main reasons why mental health awareness should be an integral part of the agency's employment practices:**

- that artists work on community projects which require close contact and interaction with emotional vulnerable people who may have mental health problems – requiring a sympathetic, empathetic and non-judgemental approach;
- that artists work in close creative teams requiring mutual support, including an awareness of each other's emotional states;
- the routine stress that artists encounter working as a freelancers (eg. meeting deadlines, working on their own, self-management, money problems).

**The workshop concluded by asking participants to list four ways in which Artlink Central could work with its contract artists to foster better mental health and a healthy and supportive working environment; these were focused on developing the contract teams as learning communities and pre-project, through and follow-up support to artists:**

- access to a mentor or counsellor through the company with whom they could discuss emotionally sensitive encounters with vulnerable people on the projects they were working on;
- scheduled programme planning meetings prior to each project which include outlining to all contract artists, the emotional and mental health challenges they might encounter and offering support;
- cross-team de-briefings attended by contract staff working on different projects which highlighted and captured lessons captured by artists in dealing with specific emotional or mental health problems;
- an interactive blog or space on the company's internal website allowing contract staff to exchange ideas and solutions to the challenges they faced as freelancers.

A second workshop, also run by Action in Mind, was held in February 2012 to consider these requests. It was attended by the agency's director, Kevin Harrison and its three programme directors, Julie Law, Sarah Pearson and Sylvia Woodford, administrator Di Stewart as well as the chair of the agency's board of trustees, Anita Smiley.

Although the workshop focused initially on the needs and requests of contract staff, the workshop explored the needs of its core staff relating to mental health.

It was pointed out by staff that over and above the fact that it was hard for an agency of Artlink Central's size and resources to replace core staff such as programme directors if they took sick leave due to mental health problems, the individual would still be in the early stage of recovery on their return – precisely the time when they would be placed under considerable stress catching up with work that had accumulated in their absence. There was therefore a need for reasonable adjustments that would see the individual return to work on a staggered basis.

Some of the proposals, particularly those made by the freelance artists at the first workshop, were pushing through an open door, as Artlink Central was already undertaking a pilot by creating learning and mutually supporting online communities.

**Artlink Central's director Kevin Harrison explains:**

*"We had just begun experimenting in our work for dementia communities to create online sharing communities and the setting up a mentoring service that provides pre-and-after care for artists. The idea of nurturing and supporting our artists really appeals to me. They are on contract and therefore have less legal rights but they are at the heart of our community and they make our services come alive."*

Regarding measures that would enable programme directors take time off for mental health reasons without incurring yet more stress on their return, Artlink Central is experimenting with new planning systems that will capture and codify the work of the programmers enabling other staff, including freelance artists, to cover easily for them while they are on leave and to help them ease back into work at a time when they still in the early stages of recovery.



**Kevin says:**

*“We were facing problems in that as programmers became more specialised in their work it has become less easy for their colleagues to replace them when sick. This resulted in them placing undue pressure on themselves and ignoring their mental health by not taking time off when they needed to, or by not sharing and communicating their workload pressures.*

*However, we are introducing new planning systems which record and communicate the information other people need to step in and support each other. These include freelance artists who we use frequently and who have the ability to take on more responsibility, enabling us to build our capacity to cover for and re-integrate our core programmers gradually without the need to take on additional permanent staff.”*

Kevin acknowledges that Artlink Central’s mental health policies are continuing to be developed and builds on earlier work they had undertaken some three years ago on disability equality planning, and that working with Action in Mind on positive mental health in the workplace had focussed their attention on what remains to be done. **He says:**

*“Our artists want to contribute to helping other vulnerable people in the communities in which they work and they have a real empathy about the task. But there is still so much stigma to overcome and we are aware that some of our freelancers may still have worries about disclosing any mental health problems they are experiencing.*

*There has been a slow but deliberate shift in culture at Artlink Central towards being more open about the topic, particularly at a Board level, by reassuring our staff that they will be supported if they have mental health difficulties and that we will make reasonable adjustments, where possible. But, a key priority of the next year will be to reach the point where all stakeholders understand not only the barriers and access requirements of people with mental health difficulties using our services, but embrace the social capital and social impact of artists with mental health difficulties also as they openly deliver services in the community to others with similar mental health difficulties demonstrating the positive outcomes of employability through cultural activity for those with a talent who struggle to see a future without stigma.”*



## The Matz Driving School

**The Matz Driving School is one of Central Scotland's leading forces in driver training providing learner, advance, refresher, defensive and instructor training, as well as confidence building courses.**

Gregor Mathieson, owner of the Matz Driving School, which operates as a franchise, felt that raising mental health awareness was important as many of the franchisees found themselves encountering mental health difficulties among the pupils they taught.

### As one of the franchisees commented:

*“The relationship between a driving instructor and his or her pupil is often a confessional one. After all, you are seeing each other on a regular basis in a private setting during which the individual is going through a stressful activity. If you are doing your job properly, you will be looking to put that person at their ease but aspects of their personal lives do surface as part of the conversation.”*

With Gregor's collaboration, Action in Mind adapted the training course usually targeted at supervisors and line managers to the needs of the driving school's instructors. Driving instructors emphasised that learning to drive was an emotionally demanding task, with one in three pupils reporting that they felt stressed while behind the wheel.

The training course also highlighted the fact that sometimes driving stress can manifest itself as a 'driving phobia' which can, in many instances, be linked to a bad experience with a former driving instructor from a different school where the individual has been told that they will never drive. This can result in the person experiencing a serious loss of



confidence. A 'driving phobia' can also be affected by a life changing experience or a recent traumatic event such as a road traffic incident.

Like their supervisors and line managers, Matz driving instructors were introduced to the most common triggers of mental illness, and how to recognise and respond to the early signs of mental distress in a sympathetic, empathetic and non-judgmental manner.

Although the company decided not to draw up a formal mental health policy, Gregor stresses that the workshop in itself provided driving instructors with an important new set of knowledge and skills.

### He concludes:

*“All of the group found the day very informative and have found themselves on lessons being more aware of pupils' needs and adapting their training style to suit the individual more.*

*I have put aside time each week for each instructor to speak with me with regards to pupils or themselves in respect of any stress issues.”*

## Scotcentral Credit Union (SCU)

**Like most credit unions, SCU aims to provide its members with a source of saving and credit services, to promote financial responsibility and to promote public awareness of the work of credit unions in financial partnership with the wider community.**

Based in Stirling, SCU employs one permanent member of staff and therefore relies primarily on volunteer support. Due to its small size and resources, the SCU felt 'limited in its options' for dealing with mental health but was keen to establish a template of good practice that could be followed by members of staff.

**With Action in Mind's support, The SCU Board developed a mental health policy appropriate to its size. The key paragraphs of the policy read as follows:**

SCU is a not-for-profit organisation that relies primarily on volunteer support, employing only one permanent member of staff. Relevant legislation covers employment rather than volunteering. SCU, due to its small size, is limited in its options for dealing with mental health issues. Whilst recognising this, SCU will endeavour to observe best practice, in relation to both any employees and volunteers as far as is possible and practical, and with that caveat in mind will, more specifically:



- aim for early identification of mental health issues;
- make relevant changes to work patterns, type of work, working conditions;
- cater for the effect of any medication taken;
- deal with any issues discreetly and sensitively;
- not discriminate against any employee or volunteer with mental health difficulties;
- plan and monitor a return to work following a period of mental health related illness;
- comply with relevant legislation.

Deborah Wagner, SCU Board says:

*“At Scotcentral, we try to adopt best practice in most things where we can. We came to the conclusion that we could not emulate a larger organisation and have detailed mental health policies and procedures. However, we felt it was necessary to put something in place and to take certain practical steps to cover the mental health difficulties of both employees and volunteers.”*

## Stirling Council

**Stirling Council developed a detailed mental health policy in 2010. As a local authority, it is subject not only to the disability discrimination legislation passed by successive governments but the Public Sector Equality Duty which requires all public authorities to give top priority to actions designed to address the most significant inequalities within their remit, including those connected with all forms of disability.**

However, the mental health policy was mainly developed to compliment the Council's Supporting Attendance Policy that aims to ensure that early interventions and supports were provided to employees to enable them to attend their work. The Council was mindful of the fact that mental health problems had consistently been one of the top two reasons for sickness absence, and that absences, or potential absences, for reasons of mental health had to be supported from the earliest possible stage.

As such, the policy is detailed and comprehensive. It was developed jointly by Officers of the Council, members of the trade unions and appropriate specialists. The project was led by Pamela Forsyth, HR Manager.

The policy is divided into a brief summary and specific targeted guidance documents for both managers and employees. The policy covers many of the points of good practice outlined in this guide, placing emphasis on the need for openness and transparency on behalf of management, the need to recognise early symptoms of mental distress and the ability to respond in a sympathetic, empathetic and non-judgmental manner. However, in Stirling Council, managers are also supported in implementing the

policy through e-learning and case study training sessions.

The policy is also backed up with robust reporting procedures and regular analysis and action of monitoring information.

**An extract from the manager's guidance document reads:**

*"You need to promote a work environment in which all employees feel able to talk about their mental wellbeing and share understanding of how challenges and circumstances they may face might best be managed.*

*If employees are more aware of mental well-being and mental health problems, they will be better positioned to help themselves and be more sensitive to the needs of others. For anyone experiencing a mental health problem, action taken at an early stage can help prevent the problem escalating so, if they feel more comfortable discussing their illness, or if you can spot the signs early, the sooner support can be provided."*



**Respect for confidentiality is also a priority. The policy reads:**

*“You must make sure the individual understands that you will treat anything they confide to you in a confidential manner. However you may, where support and treatment required is more serious, need to advise your own manager, especially where a significant work adjustment of some kind has to be made. However, they may not need to know the employee’s diagnosis or other personal information, unless the employee wants to disclose this.”*

The same caveat appears in the employees guidance document.

**The policy has proved easy to implement and is popular with front line managers. Alison Hall, a service manager at the Council, stresses one of the reasons why the policy is linked to an e-learning module available on the organisation’s internal website when she says:**

*“It was not previously a requirement of a manager to have training that would help them respond effectively to the mental health problems of staff. There was certainly no preparation or acknowledgement of the problem. Now it is different.*

*I like e-learning. It suits my style. When it had been necessary to find information about mental illness in the past, it was hard to do. It is useful to have a forum that fills the gap.*

*The necessary support is there when you need it. You look at each individual on the basis of his or her circumstances. You need to ask the right questions and make yourself available and ensure that you keep anything that is said in strictest confidence.*

*You can then, adopting this approach, ascertain what support you need to draw on. You can use occupational health referrals or referrals to more specialist mental health services.*

*There have been instances where the individual does not want to tell me the root cause of the condition – and that’s fine. Although you need to stress that you knew some more, maybe you could help some more. But I wouldn’t place the individual under any kind of pressure if that makes them uncomfortable.”*

**The policy has also been fully endorsed by trade union representatives. James Douglas, branch manager of Unison who is based at the Council’s main offices concludes:**

*“When it comes to mental health, people themselves tend to have a stigma. That for me has always been quite a challenge. An expression used to me was ‘if you have a broken arm, you can see the injury clearly; if you have a broken mind, you can look perfectly healthy’.*

*For us it is just trying to get the message across that lots of people have mental health issues at some lives. We say one in four people are likely to have mental health problems at some point in their lives but it could be more than that because there will still be people who will not admit to it. It’s about saying that this is not anything that you should be ashamed of and that you will be very well supported by the organisation.*

*I like to think that Stirling Council is in the forefront of good practice. The management here are quite open to good practice and good ideas and this has certainly been the case in mental health employment policies.”*

## Volunteer Development Scotland (VDS)

**As Scotland's Centre for Excellence in volunteering, Volunteer Development Scotland leads the way in informing and modernising approaches to volunteering policy, enhancing practice and improving the quality of the volunteering experience for the people in Scotland.**

Volunteer Development Scotland is based at Jubilee House in central Stirling, and currently employs approximately 50 staff.

Their website and literature prominently displays their aims and values which are founded on openness and honesty, integrity, accountability, equality and respect, and mutuality; this was a principal reason why Volunteer Development Scotland decided to focus on mental health.

Volunteer Development Scotland already had a policy on health and wellbeing and wanted to extend this to include the same level of openness and transparency but in terms of mental health. In addition, Volunteer Development Scotland recently underwent a painful downsizing programme and wanted to reaffirm its values with staff who had experienced the process yet remained at Volunteer Development Scotland.

Like Artlink Central, Volunteer Development Scotland wanted to precede and inform the development of a mental health policy with feedback from staff and managers. A mental health awareness workshop, run by Action in Mind, was attended by both as well as the chief executive and HR practitioners of Volunteer Development Scotland. A working group was set up to brief Action in Mind on the areas they would like covered and to distil feedback from the event into the formal mental health policy.

### **Kirsteen Scott, Volunteer Development Scotland's HR manager, explains:**

*"We had undertaken a lot of work on establishing an occupational health service. We had done a lot of work on establishing the employee counselling service. Topics such as stress and mental illness at work were coming up more frequently and it seemed to be desirable to create a culture where that could be talked about.*

*We had also gone through a downsizing of the organisation and an important duty at the time was the duty of care for employees looking after one another. The kindness agenda was something that had come to the forefront.*



*We designed the workshop to include both employees and line managers, which was helpful for us. We work in a matrix approach. We could have chosen to hold two different workshops. That would have been equally effective but the sharing of thoughts between employees and line managers was very helpful and something that was fed back to us by the people who had attended.*

It was enjoyable and there was a great deal of feedback from employees that they hadn't previously worked in organisations that had approached running a workshop in this way and that they welcomed being able to talk openly about mental ill health."

The workshop was held in late November 2011 and the formal mental health policy was launched in February the following year. Drawing on the feedback from employees and line managers, it set itself a remit to:

- outline the commitment that Volunteer Development Scotland (VDS) aims to provide a healthy working environment for all and where all understand the benefits of positive mental health and wellbeing;
- promote a culture which acknowledges pressure and where staff feel they can be open with colleagues and managers about issues affecting their wellbeing including, but not limited to, stress and mental ill health;
- promote an organisational responsibility to create, develop and maintain wellbeing for individuals in the workplace;
- ensure that all staff are aware of the provision of support for individuals experiencing the effects of mental ill health;

- provide line managers and work colleagues with guidance on how to respond effectively to early signs of poor mental health;
- manage absence due to mental health problems, and the subsequent return to work, consistently and effectively;
- provide guidance about managing wellbeing and mental ill health in the organisation, however, it is important to recognise that there will be circumstances where it is more appropriate to encourage the member of staff to seek professional help.

### **Kirsteen Scott concludes:**

*"The feedback from the workshop was really helpful in establishing a different way in how we would go about producing a mental health policy: what people wanted and what they found helpful was included.*

*I think in the past we would have sat in our offices, done a little desk research and produced something that was pretty much off the shelf. We were keen, because this was such a personal subject, and an issue that touches lots of different aspects of working life. It was important that we produced something that staff would really engage with."*



## 8.0 Recommendations for Future Action

**Employers should focus attention on mental health in the workplace through the following actions:**

- developing and launching a mental health policy, in consultation with the workforce, which highlights the extent of the mental health issues facing the organisation, the legal obligations owed to people with mental health issues, how the organisation will respond, the responsibilities of line managers and the HR function and how employees can support the policy;
- ensuring the policy is enacted and 'owned' by the organisation through intranet campaigns, mental health awareness workshops and regular consultation with the workforce;
- ensuring that line managers are properly prepared to perform the roles specified in the policy through training and mentoring support;
- building mental health into the general health and wellbeing of the organisation, by creating a healthy working environment that is stress-free and supportive and a culture that is transparent, open, interactive and non-judgmental.

**Action in Mind will:**

- build on and develop employer focused briefings on mental health in the workplace, including good practice guidelines;
- provide workplace-based training on mental health awareness and the development of mental health policies geared to individual employers;
- develop and promote a new confidential counselling service to local employers at low cost to support early intervention and support to employees experiencing mental health difficulties;
- develop and promote stress-management courses to local employers for their employees;
- promote and develop 'positive about mental health' awards for local employers.

## 9.0 Action in Mind: supporting community mental health

**Action in Mind is the leading local mental health charity working across Stirlingshire and Clackmannanshire.**

We support people who experience mental ill-health and their recovery by providing community mental health services which are person-centred and outcomes focused, We also challenge stigma and discrimination of mental health by promoting positive mental health.

### Service development

Our services range from counselling for people experiencing mild to moderate symptoms of depression, anxiety or stress to volunteer-based befriending for children and young people (aged between 12 and 18 years) and adults (aged 18 and over). People experiencing severe or enduring symptoms are supported through our social care service to continue to live independently in the community, and for those living in remote or rural areas we offer support through our rural access service. The Hub, based at our premises in Riverside, offer service users opportunities for participation in different group activities and peer support.

We also offer an information and signposting service about how and where to find support for people experiencing mental health difficulties, as well as directing callers to related support services such as alcohol and substance misuse or carer support.

Many of our services are underpinned by volunteer support – such as our volunteer befriending services or The Hub (group activities and peer support) with volunteering offering their steadfast support and commitment. All volunteers are trained and supported during their volunteering experience with us.

### Policies and campaigns

Influencing mental health policy and local campaigning can bring about positive improvements in service planning, design and delivery, but if we are to change public attitudes towards mental health we need to win the hearts and minds of people first and foremost.

Our new mental health supporter scheme which we are proposing to launch later this year builds on our successful service-volunteer programme and will further develop our service-user engagement group.

We are also looking to involve people with some shared experience of mental health, whether as a family member, friend or colleague to support us as an individual mental health supporter. Some people may prefer to form their own mental health supporter group and help to raise mental health awareness in their social or sports centres, schools, local college or university, or in the workplace. Either way, mental health supporters can help to make a difference to the lives of people experiencing mental health difficulties and make our communities much more understanding of mental health.

If you feel you can help, we would be delighted to hear from you, please contact us at

Action in Mind  
Telephone: 01786 451203  
Email: [info@actioninmind.org.uk](mailto:info@actioninmind.org.uk)

## Where to go for further information about mental health

**Action in Mind**, information and signposting service; community mental health service provider for children and young people aged 12 – 18 years, and adults aged 18 and over. Tel: 01786 451203 Email: [info@actioninmind.org.uk](mailto:info@actioninmind.org.uk)  
[www.actioninmind.org.uk](http://www.actioninmind.org.uk).

**Breathing Space** is a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety. The phonenumber is open 24 hours at weekends (6pm Friday - 6am Monday) and from 6pm to 2am on weekdays (Monday - Thursday) - call 0800 83 85 87.

**Moodjuice Forth Valley** is a self-help resources site to offer information and advice to those experiencing troublesome thoughts, feelings and actions.  
[www.moodjuice.scot.nhs.uk/](http://www.moodjuice.scot.nhs.uk/)

**NHS Forth Valley Services Information Directory (SID)** contains over 800 services and more than 2000 resources such as guidelines, pathways and policy, and a further 2400 patient support resources. [www.sid.scot.nhs.uk/](http://www.sid.scot.nhs.uk/)

**Samaritans** aims to benefit society by improving people's emotional health in order to create a greater sense of well-being. They offer a confidential 24-hour source of support on the telephone, by email, letter or face to face.  
Tel: 01324 622066. [www.samaritans.org/](http://www.samaritans.org/)



Action in Mind  
19 Dean Crescent, Riverside  
Stirling FK8 1UR

T: 01786 451203 F: 01786 449185  
Email: [info@actioninmind.org.uk](mailto:info@actioninmind.org.uk)  
Website: [www.actioninmind.org.uk](http://www.actioninmind.org.uk)



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