



PEOPLE MANAGERS' GUIDE TO MENTAL HEALTH

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has 150,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

We're Mind, the mental health charity, based in England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding. We won't give up until everyone experiencing a mental health problem gets support and respect.

Good practice guide

People managers' guide to mental health at work

Contents

Useful definitions	2
Introduction: purpose of this guide	2
What is mental health?	4
Why does good mental health matter? The business case	9
Good practice in recruitment	11
Prevention: helping people to stay well and managing stress	16
Early intervention: spotting the signs of stress and poor mental health	20
Encouraging people to talk about their mental health: supporting staff to stay well and in work	22
Supporting people to return to work	30
Wider workplace well-being developments: the Thriving at Work Core Standards	35
Useful contacts	37
References	38
Appendix: WAP template	40
Endnotes	42

Acknowledgements

Mind and the CIPD are incredibly grateful to the employers, employees, disclosure experts and people with experience of mental health problems who gave their time to provide advice and feedback on the original version of this guide in 2011.

We would also like to thank the many people with mental health problems who have shared both positive and negative workplace experiences with Mind and enabled us to use their quotations and case studies to bring the tools to life. We are also grateful to those people who gave feedback on this updated version of the guide for 2018.

1 Useful definitions

For the purpose of clarity, when we refer to 'mental health' in this guide we are using it in the broadest possible sense. Some useful definitions are below:

Mental health: We all have mental health, just as we all have physical health. How we feel can vary from good mental well-being to difficult feelings and emotions, to severe mental health problems.

Mental well-being: Mental well-being is the ability to cope with the day-to-day stresses of life, work productively, interact positively with others and realise our own potential. When we talk about well-being we are referring to mental well-being.

Poor mental health: Poor mental health is when we are struggling with low mood, stress or anxiety. This might mean we're also coping with feeling restless, confused, short-tempered, upset or preoccupied. We all go through periods of experiencing poor mental health – mental health is a spectrum of moods and experiences and we all have times when we feel better or worse.

Mental health problems: We all have times when we struggle with our mental health. A mental health problem is when difficult experiences or feelings go on for a long time and affect our ability to enjoy and live our lives in the way we want. You might receive a specific diagnosis from your doctor, or just feel more generally that you are experiencing a prolonged period of poor mental health.

Common mental health problems: These include depression, anxiety, phobias and obsessive-compulsive disorder (OCD). These make up the majority of the problems that lead to one in four people experiencing a mental health problem in any given year. Symptoms can range from the comparatively mild to very severe.

Severe mental health problems: These include less common conditions such as schizophrenia and bipolar disorder. They can have very varied symptoms and affect your everyday life to different degrees. They are generally regarded as severe mental health problems because they often require more complex and/or long-term treatments.

Work-related stress: Work-related stress is defined by the Health and Safety Executive as the adverse reaction people have to excessive pressure or other types of demand placed on them at work. Stress, including work-related stress, can be a significant cause of illness. It is known to be linked with high levels of sickness absence, staff turnover and other issues such as increased capacity for error. Stress is not a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of depression or anxiety, or more severe mental health problems.

2 Introduction: purpose of this guide

Awareness of the scale and impact of poor mental health at work is increasing – in 2018, the Chartered Institute of Personnel and Development (CIPD) found that poor mental health was the most common cause of long-term sickness absence in UK workplaces and that stress-related absence had increased in nearly two-fifths of organisations (CIPD 2018), while a Mind survey found that one in ten employees rated their current mental health as

poor or very poor.¹ Of these, 26% said this was due to problems at work and a further half said it was due to a combination of problems at work and outside of work; 40% said they had taken time off as a result. We have seen employers begin to act on mental health; however, only 49% of employees felt their employer supports their mental health – so there is still work to be done. Disclosure is seen as the biggest barrier, creating a 'vicious circle' for both employees and employers.

The CIPD found that more than four in ten (43%) employees would not feel comfortable disclosing unmanageable stress or poor mental health to their employer or manager (CIPD 2016). A Mind survey found many employees did not feel comfortable disclosing their mental health problem, worrying that their employer will think they can't do their job and that they would be treated differently.²

Many people are also reluctant to speak up about their mental health because it could harm their promotion and career opportunities.

Mental health is still the elephant in the room in most workplaces – employees are reluctant to raise the subject, for fear of discrimination, while managers often shy away from the subject, for fear of making matters worse or provoking legal consequences. This culture of silence means undetected mental health issues can spiral into a crisis, resulting in sickness absence, higher levels of presenteeism and increased staff turnover. Also, many employers still feel uncertain about their responsibilities around protecting employees set out in the Equality Act 2010 and using health questionnaires during recruitment, as well as how to make suitable reasonable adjustments for employees experiencing a mental health problem

Mind and the CIPD have jointly developed this guide to help people managers overcome these challenges. We first produced the guide in 2011 but have reviewed and updated it for 2018 in line with developments in both employment and how organisations manage mental health at work. During our research with employers to inform this work in 2011, there was a clear demand for specific guidance on disclosure to be embedded within general guidance on mental health in the workplace. As such, the guide addresses the whole lifecycle of employment, from recruitment, through keeping people well and managing a disability or ill health at work, to supporting people to return to work after a period of absence. It contains information, practical advice and templates to help managers facilitate conversations about stress and mental health issues and put in place support so employees can stay well and in work – meaning they perform at their best for the business while the employer retains talent and expertise.

Who is the guide for?

We know employers come in all shapes and sizes, with different working practices and environments. This guide is designed to support anyone involved in managing people, from line managers in large organisations to owner-managers of small firms. We also hope it will be a useful professional resource for HR and occupational health teams. Please note that we are not providing legal advice, but practical guidance – employers may also need to obtain their own legal advice on the approach to take in any particular case.

While the contexts will differ, we hope the principles, checklists and practical templates for facilitating conversations about mental health will be useful across the board and easily adaptable for different workplace environments and relationships. The guide can be used both as a handy outline for individual managers to consult in their day-to-day roles and incorporated into HR policies and practices to be integrated across teams and organisations.

3 What is mental health?

*'Some employers have understood that having a mental health condition is something that can and does get better. After all, if I had epilepsy, many employers would understand that the fits do stop and they can be triggered by stress. It's just the same with having bipolar disorder: the best employers can see beyond a label or diagnosis to get the best from people.'*³

We all have mental health, just as we have physical health. Mental health, like physical health, can fluctuate on a spectrum from good to poor. Poor mental health can therefore affect any of us irrespective of age, personality or background. Mental health problems can appear as a result of experiences in both our personal and working lives – or they can just happen. Approximately one in four people in the UK will experience a mental health problem each year (McManus et al 2009), and in England, one in six people report experiencing a common mental health problem (such as anxiety and depression) in any given week (McManus et al 2016). Employees may be affected directly or indirectly, if partners, dependants or other family members have poor mental health, which in turn impact on the employee's own health. People can also be affected by friends' and fellow employees' experiences.

Poor mental health can affect the way people think, feel or behave. In some cases this can seriously limit a person's ability to cope with day-to-day life, which can impact on relationships, work and quality of life. However, many people effectively manage their mental health condition alongside the demands of a job and daily life, sometimes with treatment and support. Others may experience symptoms of poor mental health but may never be diagnosed with a condition.

The crucial thing to remember is that everyone's experience of poor mental health is different – two people with the same condition may have entirely different symptoms and coping mechanisms. That's why working with people on an individual basis is so important.

Impact of work and non-work issues on mental health

A common assumption is that mental health problems are just caused by issues at home, so some employers feel it is not appropriate – or indeed their responsibility – to intervene and support staff. In fact, in most cases people's mental health issues are a combination of problems they face at work and outside work. The CIPD's 2016 *Employee Outlook: Focus on mental health at work* survey found 54% of people reporting poor mental health said that this was due to a combination of work and non-work issues, 37% said their poor mental health was just down to personal issues outside of work, while 7% said their poor mental health was the result of work alone (CIPD 2016).

For example, someone experiencing severe anxiety due to a debt problem might find that the demands of their job, which under normal circumstances are manageable, are now beyond them. Conversely, someone who is under prolonged stress at work might find challenges in their life outside work, such as caring responsibilities, become unmanageable. This can then create a negative feedback loop which further undermines their performance and puts greater pressure on them in the workplace.

It's therefore impossible to disentangle the impact of various factors on someone's mental health, and so it's in employers' interests to actively support staff with mental health issues, whatever the original cause or trigger. The benefits for the employer can be significant, as many people with even a serious mental health problem can thrive at work if they feel supported and have the right framework in place, thus reducing potential sickness absence and increasing employee engagement.

Types of mental health problem

Mental health is just like physical health: we all have it and we need to take care of it.

Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health, you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.

Mental health problems affect around one in four people in any given year. They range from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder (see below).

The terms used to diagnose conditions are sometimes words that are in everyday use, such as 'depression' or 'anxiety'. Although this can make them seem easier to understand, their familiarity may lead to confusion. For example, employers should be mindful of the difference between clinically diagnosed depression and the use of 'depressed' to describe feeling a bit down.

There are many different mental health problems. Some of them have similar symptoms, so you may experience the symptoms of more than one mental health problem, or be given several diagnoses at once. Or you might not have any particular diagnosis, but still be finding things very difficult. Everyone's experience is different and can change at different times.

Below are some commonly diagnosed forms of mental health problems with examples of some of their symptoms. This is not an exhaustive list, as people will react and respond differently, and men and women can respond differently too, so it is important not to dismiss other symptoms. Research has shown that men tend to have less knowledge about mental health and are also less likely to report their own experiences of mental health problems, as well as less likely to discuss mental health problems with a professional (Time to Change 2017). Just over three in four (76%) suicides are by men and suicide is the biggest cause of death for men under 35 (ONS 2017).

When supporting staff, it's important not to label people by focusing on a diagnosis. Instead, talk to them about how it impacts on their work:

- **Depression:** Depression is a feeling of low mood that lasts for a long time and affects everyday life. It can make someone feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect self-esteem, sleep, appetite, sex drive and physical health.

In its mildest form, depression doesn't stop someone leading a normal life, but it makes everything harder to do and seem less worthwhile. At its most severe, depression can make someone feel suicidal, and be life-threatening.

Some types occur during or after pregnancy (antenatal and postnatal depression), or may come back each year around the same time (seasonal affective disorder).

- **Anxiety:** Anxiety is what people feel when they are worried, tense or afraid – particularly about things that are about to happen, or which they think could happen in the future.

Occasional anxiety is a normal human experience. But if feelings of anxiety are very strong, or last for a long time, they can be overwhelming. Someone might also experience physical symptoms such as sleep problems and panic attacks.

There are different diagnoses of anxiety such as generalised anxiety disorder (GAD), social anxiety (social phobia), panic disorder or post-traumatic stress disorder (PTSD). But it's also possible to experience problems with anxiety without having a specific diagnosis.

- **Panic attacks:** Sudden, unexpected bouts of intense terror leading to difficulty breathing; rapid, pounding heartbeat; choking sensations; chest pain, trembling; feeling faint. The memory of a panic attack can provoke fear and trigger another.
- **Obsessive-compulsive disorder:** Obsessive-compulsive disorder (OCD) is a type of anxiety disorder. The term is often misused in daily conversation – for example, people may talk about being ‘a bit OCD’, if they like things to be neat and tidy. But the reality of this disorder is a lot more complex and serious.

OCD has two main parts: obsessions (unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind), and compulsions (repetitive activities that you feel you have to do to reduce the anxiety caused by the obsession).

- **Phobias:** A phobia is an extreme form of fear or anxiety triggered by a particular situation (such as going outside) or object (such as spiders), even when it's very unlikely to be dangerous.

A fear becomes a phobia if the fear is out of proportion to the danger, it lasts for more than six months, and has a significant impact on how you live your day-to-day life.

- **Bipolar disorder:** Bipolar disorder (once called manic depression) mainly affects mood. With this diagnosis someone is likely to have times when they experience: manic or hypomanic episodes (feeling high); depressive episodes (feeling low); and potentially some psychotic symptoms.

Everyone has variations in their mood, but in bipolar disorder these swings can feel very extreme and have a big impact on life. In between, there may be stable times where they experience fewer symptoms.

- **Schizophrenia:** Views on schizophrenia have changed over the years. Lots of people question whether it's really a distinct condition, or actually a few different conditions that overlap. But a diagnosis may be given if someone experiences symptoms such as:
 - psychosis (such as hallucinations or delusions)
 - disorganised thinking and speech
 - feeling disconnected from your feelings
 - difficulty concentrating
 - wanting to avoid people
 - a lack of interest in things
 - not wanting to look after yourself.

Because psychiatric experts disagree about what schizophrenia is, some people argue that this term shouldn't be used at all. Others think the name of the condition doesn't matter, and prefer to just focus on helping you manage symptoms and meeting your individual needs.

- **Personality disorders:** Personality disorder is a type of mental health problem where your attitudes, beliefs and behaviours cause you long-standing problems in your life. If you have this diagnosis, it doesn't mean that you're fundamentally different from other people – but you may regularly experience difficulties with how you think about yourself and others, and find it very difficult to change these unwanted patterns.

There are several different categories and types of personality disorder, but most people who are diagnosed with a particular personality disorder don't fit any single category very clearly or consistently. Also, the term 'personality disorder' can sound very judgemental.

Because of this it is a particularly controversial diagnosis. Some psychiatrists disagree with using it. And many people who are given this label find it more helpful to explain their experiences in other ways.

- **Psychosis:** Psychosis (also called a psychotic experience or psychotic episode) is when you perceive or interpret reality in a very different way from people around you. You might be said to 'lose touch' with reality.

The most common types of psychosis are:

- hallucinations
- delusions.

More detailed information is available from Mind.⁴

Is mental health protected in law?

Sometimes people who have mental health problems are treated unfavourably because of their mental health condition. This is called discrimination and, if someone experiences it, they may have a legal right to challenge it.

The Equality Act 2010 is the law that gives you the right to challenge discrimination.

To get protection under the Equality Act, people usually have to show that their mental health problem is a disability. 'Disability' has a special meaning under the Act.

The Equality Act protects from discrimination when someone:

- applies for work, is in a job, or leaves a job (see more information on discrimination at work⁵)
- uses services such as shops and hospitals
- deals with organisations carrying out public functions, such as tax collection and crime investigation
- is in education (including schools, colleges and universities)
- buys or rents property (see more information on discrimination and premises⁶)
- joins some private clubs and associations.

Organisations that are public authorities also have special legal obligations under the public sector equality duty. More information on disability is available from DirectGov.⁷

Employers also have duties under health and safety legislation to assess the risk of stress-related poor mental health arising from work activities and to take measures to control that risk. The Health and Safety Executive's (HSE) Management Standards are designed to facilitate this.⁸

Because poor mental health is likely to be a 'hidden' disability and many people are reluctant to disclose a condition, it is good practice for an employer to make adjustments for someone experiencing poor mental health even if they do not necessarily consider they have a disability under the Equality Act. The Equality Act's definition of a disability refers to 'long-term', meaning 12 months or more – because many mental health conditions can be fluctuating, the law doesn't adequately protect some people who may still need appropriate support and adjustments at work.

Managing stress at work

Managing stress effectively is a crucial part of a preventative approach to supporting mental health in the workplace, and organisations need to develop an organisational framework for managing the risks to people's health from stress. This should include carrying out a stress risk assessment as required by law.

Being under pressure is a normal part of life. It can help someone take action, feel more energised and get results. But if they often become overwhelmed by stress, these feelings could start to be a problem. We all know what it's like to feel stressed, but it's not easy to pin down exactly what stress means. When someone says things like 'this is stressful' or 'I'm stressed', they might be talking about:

- situations or events that put pressure on them – for example, times where they have lots to do and think about, or don't have much control over what happens
- the reaction to being placed under pressure – the feelings they get when they have demands placed on them that they find difficult to cope with.

There's no medical definition of stress, and healthcare professionals often disagree over whether stress is the cause of problems or the result of them. This can make it difficult for people to work out what causes their feelings of stress, or how to deal with them.

The HSE defines stress as '*the adverse reaction people have to excessive pressure or other types of demand placed upon them*'. Of course, a certain level of pressure in a business environment is desirable. Pressure can help to motivate people and may boost their energy and productivity levels, but when the pressure individuals are under exceeds their ability to cope – and particularly when there is no respite – it can become a negative rather than a positive force; in other words, unmanageable stress.

People can respond to emotional stress as if it were a physical threat; muscles will tense, heartbeat and breathing will quicken as the body goes into 'fight or flight' mode, and various hormones, including adrenaline, are triggered. Unmanageable stress can have physical, psychological and behavioural symptoms which, if not addressed, can lead to mental health problems.

Whatever the personal definition of stress is, it's likely that someone can learn to manage stress better by:

- managing external pressures, so stressful situations don't seem to happen to them quite so often
- developing emotional resilience, so they're better at coping with tough situations when they do happen and don't feel quite so stressed.

Stress can be linked to physical ill health, including heart disease and back pain. Stress isn't a psychiatric diagnosis, but it's closely linked to mental health in two important ways:

- Stress can cause mental health problems, and make existing problems worse. For example, if someone often struggles to manage feelings of stress, they might develop a mental health problem such as anxiety or depression.
- Mental health problems can cause stress. Someone might find coping with the day-to-day symptoms of a mental health problem, as well as potentially needing to manage medication, healthcare appointments or treatments, can become extra sources of stress.

More detailed information on the signs and symptoms of stress is available from Mind.⁹

4 Why does good mental health matter? The business case

'When I returned to work on a graduated return, the positive way the company treated me meant that I felt even more engaged and energised than before, which meant I was more productive than ever. I was made to feel valued and given time and support to get back to firing on all cylinders. Even without knowing the figures, this made the business case for investing in staff well-being crystal clear to me.'

Managing and supporting people's mental health at work is a critical and growing challenge for employers. Most people will be affected in some way by poor mental health, either personally or through family and friends, so mental health is an issue for every organisation in the UK.

Equally important are the positive business reasons for supporting staff mental health. The world of work is changing, with employee engagement, flexible working, resilience and talent management now common currency. Positively managing mental health underpins these approaches and can reap rewards in terms of staff morale, productivity and loyalty.

Costs of poor mental health at work – key facts

Thriving at Work: the Stevenson-Farmer review of mental health and employers found that, in addition to the human costs of mental illness, the 'economic costs to employers, directly to Government and to the economy as a whole are also far greater than we had anticipated' (Stevenson and Farmer 2017).

The review commissioned new analysis from Deloitte on the costs to employers of mental health illness, which amounts to a cost per employee of between £1,205 and £1,560 per year – between £33 billion and £42 billion a year (Deloitte 2017). This is made up of:

- absenteeism cost: £8 billion
- presenteeism cost: £17 billion to £26 billion
- staff turnover: £8 billion.

Employee engagement

Attempts to boost employee engagement will be undermined unless employers proactively manage mental health at work:

- Growing evidence supports the links between employee engagement and well-being, resilience and absence, as well as work engagement being associated with higher levels of psychological well-being (MacLeod and Clarke 2014).
- CIPD research finds that it's the combination of employee engagement together with health and well-being that enables performance outcomes to be sustainable over time (Lewis et al 2014).

Absence

Stress and other mental health problems are the biggest cause of absence from work:

- The CIPD found that poor mental health is now the number one cause of long-term sickness absence (four weeks or longer) across the UK workforce, while stress is the third top cause (CIPD 2018).
- The estimated cost of absence per employee varies across sectors, ranging from £1,119 to £1,481 per year in the private sector to £1,551 to £1,878 in the public sector (Deloitte 2017).

Presenteeism

The cost to business of poor mental health is not just related to absence. Some people with poor mental health come to work when they are unwell, which can undermine performance. This is not a sign of a healthy workplace:

- CIPD research shows that 86% of HR professionals had observed presenteeism in their organisation, with over a quarter of these reporting that it had increased over the past 12 months (CIPD 2018).
- The annual cost to employers of absence due to mental health-related presenteeism (people coming to work when ill) is higher than the cost of absence, estimated at between £17 billion and £26 billion in the UK (Stevenson and Farmer 2017).

This shows why managing and supporting people experiencing poor mental health in the workplace is just as important as managing their absence and supporting their return to work.

The CIPD *Employee Outlook* survey shows how poor mental health can impact on performance and productivity if people don't take time off when needed or aren't properly supported at work (CIPD 2016). Feeling the need to turn up to work when unwell can potentially make someone's condition worse, depending on the individual case. Nearly all of the people with poor mental health said they had 'always' or 'sometimes' gone into work when experiencing stress, anxiety or depression, and the vast majority said it had affected their performance as a result of:

- taking longer to do tasks (64%)
- having difficulty making decisions (54%)
- finding it more difficult juggling a number of tasks (48%)
- being less patient with customers or clients (48%)
- putting off challenging work (42%)
- being more likely to get into conflict with others (37%)
- finding it difficult to concentrate (85%).

However, poor mental health does not equate to poor performance. It's important to understand that *'an individual can have a serious mental health problem but – with the right support – can still be thriving at work'* (Stevenson and Farmer 2017). Many people with mental health issues perform at a high level, some with and others without support or adjustments.

It also needs to be understood that people's mental health fluctuates in the same way as their physical health. It's normal for people to experience some periods of poor mental health and for performance to dip at times in line with this.

Staff turnover

Minimising the risk of losing valued employees is another reason to invest in managing mental health at work:

- The evidence shows that those with a long-term mental health condition lose their jobs every year at around double the rate of those without a mental health condition, and at a much higher rate than those with a physical health condition – amounting to around 300,000 dropping out of the labour market annually (Stevenson and Farmer 2017).
- The average cost of recruiting new staff is substantial, ranging from £6,000 for senior managers and directors to £2,000 for other staff – which does not include the investment in training and development that is lost when employees leave (CIPD 2017a).

Conflict at work

Stress and mental health problems can lead to costly and time-consuming conflict at work, but conflict at work can also be a significant cause of stress and poor mental well-being:

- CIPD research shows that the most common impact of conflict at work is that people find it stressful – underlining the need for employers to foster healthy working environments that have a zero-tolerance approach to bullying (CIPD 2015).
- The impact of conflict at work also tends to be felt beyond the individuals in dispute, with the performance of wider teams potentially affected, for example by employees feeling they are covering for a colleague or if conflict leads to increased absence.

Corporate governance and employer brand

Employers who fail to manage mental health at work effectively risk damaging their employer brand as a result of costly and potentially high-profile litigation through the courts, through common law personal injury claims, unfair dismissal or discrimination claims, or as a result of breach of contract.

Conversely, embracing positive management of staff mental well-being can be part of a comprehensive corporate responsibility agenda, as advocated by Business in the Community (BITC), the business-led charity promoting sustainable and responsible employment practices. For more information, see BITC's public reporting guidelines.¹⁰

5 Good practice in recruitment

'I was working when I had depression and I self-harmed. I had to leave my job. When I started applying for work again, I called it "stress" to employers because of mental health stigma, but even then I think they declined to employ me because of the stigma around having stress. [...] Out of nearly 90 jobs that I applied for, I was invited to only one interview, where I didn't get the job. I felt worthless.'

Many job applicants will be fearful of disclosing information relating to their mental health problems in a job application or at interview stage, because misunderstanding and prejudice about poor mental health is still widespread. Under the Equality Act 2010, job candidates are not required to disclose they have a mental health condition to their prospective employer. Since the Act came into force, it is also unlawful for employers to ask candidates questions about health during recruitment, except in very limited circumstances. However, there are ways to facilitate disclosure lawfully to ensure people with a mental health condition have equal access to job opportunities, are offered any support they need to take up a post, and are not discriminated against during the recruitment process.

Mental health stigma in employment

A survey by the anti-stigma campaign Time to Change, led by Mind and Rethink Mental Illness, found a 7 percentage point rise, since 2009, in people's willingness to work with someone with a mental health problem (69% to 76%). However, there is still a long way to go as nearly one in ten adults (7%) in England think people with mental health problems shouldn't have the same rights to a job as anyone else. Also, nearly half of people (49%) said they would feel uncomfortable talking to an employer about their mental health (Time to Change 2015).

Recruitment, selection and assessment

Employing the right person for the job and getting the staffing right on particular projects in the first place is crucial to help prevent stress and promote individual resilience. A key source of work-related stress and poor mental health is a misfit between the individual and the role, or between the needs and values of the person and those of the work environment, or between the individual's skills and abilities and the organisation's demands on them.

Selecting recruits based on competence and/or potential, combined with realistic job previews, is therefore not only important for performance, but also for managing and supporting mental health. Realistic job previews provide potential applicants with information on both positive and negative aspects of the job. Better-informed candidates who continue the application process are more likely to be a good fit with the position and any new employees enter into the contract more aware of what the organisation will provide to them and also what will be expected from them.

Experience of poor mental health is not an indicator of poor performance, so it is important that employers do not discriminate consciously or unconsciously against people on the basis of prejudiced and unjustified assumptions regarding the employability of people with mental health issues. This may be direct discrimination under the Equality Act, but it also doesn't make good business sense to disregard someone, who may have all of the valuable skills, experience and talent needed for the position, because of fear or lack of understanding of their mental health condition.

Recruitment should focus on hiring the most suitable candidate for the job. Therefore, appointment decisions should be objective and based on whether candidates have the necessary qualifications and competence required for the role. Employers and those involved in recruiting should take great care not to allow assumptions about health or disability (which may be subconscious) to cloud judgements about each candidate's skills and abilities.

Any concerns that do arise about whether health or disability may impact on a candidate's ability to do the job must be assessed with reference to employers' positive legal duty to make reasonable adjustments for people with a disability. These conversations may increase a candidate's chances of securing a position, as employers must show they have only deselected candidates if their disability means they will be unable to perform 'intrinsic' functions of the job, even with adjustments in place (see below).

For further information on recruitment see the CIPD factsheet on recruitment.¹¹

Job and person specifications

Distinguish carefully between essential and desirable requirements for the job to allow for flexibility in making adjustments.

Focus on *what* is required to get the job done (for example knowledge or experience), not *how* it will be done (for example method of delivery), as this gives flexibility for achieving output in different ways.

Make it clear what mental and emotional elements are required to meet the requirements of the role, but don't overemphasise the need for a certain type of personality, for example:

- State the role requires 'someone effective at networking', *not* 'you must be upbeat and sociable' – this relies on personality, not ability.
- State 'there may be a lot of pressure when events are taking place', *not* 'you must be able to work in a stressful environment' – this takes away responsibility from the employer to manage pressure appropriately.

Improving recruitment processes

- Communicate the organisation's commitment to equal opportunities during the recruitment process, including in the job advert.
- Provide guidelines and training for all staff involved in recruitment to ensure that candidates are not discriminated against at any stage.
- Make it clear in adverts and interviews that the organisation promotes good mental well-being and supports people if they experience poor mental health, as this sends a signal that disclosure will not lead to discrimination. For example, include a statement such as: *'As an employer we are committed to promoting and protecting the physical and mental health and well-being of all our staff.'*
- State clearly that reasonable adjustments are available – for the interview and the job itself – so applicants understand why disclosure might be beneficial.
- Ensure people can disclose a mental health and/or well-being problem confidentially and that any information about health or disability is kept separate from the application form, so the recruitment panel does not see it.

Pre-employment health questionnaires

Section 60 of the Equality Act 2010 makes it unlawful to ask questions about disability and health before making a job offer, except in defined circumstances. The purpose is to ensure equal access to job opportunities by preventing disability or health information being used to sift out job applicants without giving them the opportunity to show they have the skills to do the job. Where these legal requirements have been breached, the Equality and Human Rights Commission can take legal action against employers and it is also easier for job applicants to prove that discrimination has taken place. Under the Equality Act, employers will be assumed to have discriminated, unless they can prove otherwise, if questions are asked before a job offer is made.

Exceptions to the ban on pre-employment health questions

Questions about health and disability can be asked before a job offer only when the law says they are necessary and fall within these narrow exceptions:

- to find out if a job applicant can take part in any assessment to test the ability to do the job, or find out if reasonable adjustments are needed for the recruitment process, including assessments or interviews
- to find out whether a job applicant will be able to carry out a function that is intrinsic (or absolutely fundamental) to that job – 'intrinsic' job requirements are narrowly defined and must be objectively justifiable. The EHRC advises: *'In practice, even if a function is intrinsic to the job, you should ask a question about a disabled person's ability to do the job with reasonable adjustments in place. There will therefore be very few situations where a question about a person's health or disability needs to be asked'*¹²
- to find out whether a job applicant possesses a particular disability, where having that disability is a genuine occupational requirement of the job
- to monitor the diversity of job applicants
- to take positive action in relation to disabled people – for example, to decide if job applicants qualify for measures the employer takes to improve disabled people's employment rates, such as a guaranteed interview scheme. For more information, see Acas guidance.¹³

Continued on next page

As far as possible, where questions are asked for any of these purposes, they should be detached and kept separate from the application form, so any health information is not seen by the selection panel. Where all aspects of the recruitment process are handled by one person, for example in a small organisation, they must take every step to disregard this information in respect of shortlisting and selection to be compliant with section 60 of the Equality Act.

Examples – appropriate and lawful health enquiries pre-job offer

Application form or equal opportunities form: Please contact us if you need the application form in an alternative format or if you require any reasonable adjustments to the selection process, including the interview (for example physical access, communication support, personal support).

Assessment: Some of our roles require applicants to complete an online test. Please provide details below of any reasonable adjustments you would need in order to be able to complete these (for example extra time, online access, communication requirements).

Invitation to interview: Please respond to confirm your availability to attend at the time allocated and to indicate any reasonable adjustments you may require for the interview.

Monitoring: XX is an equal opportunities employer. The following information will be treated confidentially and will assist in monitoring XX's equal opportunities policy. Your application will not be affected by the information provided in this section, which will not be seen by the selection panel. Do you consider yourself to be disabled? (Yes/No)

Occupational requirements: An essential criteria for this post is knowledge of mental health, including specific mental health problems. This is an occupational requirement, so you will be asked about your mental health history during the recruitment process.

Health questionnaires post-job offer

Some employers do not use health questionnaires at any stage of the recruitment or induction process, instead dealing with any health issues among employees as they arise or using other tools to encourage disclosure, such as wellness recovery action plans (see page 26). However, others find that routinely using health questionnaires following an offer of employment can provide useful information to enable employers to support new employees with any health issues and enable them to do the job for which they have been recruited.

Employers should use questionnaires with all new recruits, rather than singling people out because ill health or disability is suspected, to avoid claims of less favourable treatment and/or discrimination. Moreover, this approach will help to encourage an inclusive culture from the outset of employment and help people to feel less stigmatised and more positive towards the employer.

A job offer might be conditional or unconditional and an employer can make an offer conditional on medical checks and then ask health-related questions without breaking the law, but would need to be able to show that any reasons for withdrawing a job offer are not discriminatory. It is unlawful to discriminate on grounds of a mental-health-related disability, so if an offer is withdrawn at that stage an unsuccessful applicant may be able to make a disability discrimination claim, as the withdrawal itself may be seen as evidence of discrimination.

If employers do use health questionnaires, it should be emphasised to candidates that the purpose is to see whether new staff have any health issues that, without support, could affect their ability to fulfil the duties of their new role or place them at any risk in the workplace, with a view to ensuring any health needs are met. It should also be explicit that the questionnaire will help the employer to identify reasonable adjustments or assistance to enable the new employee to do the job without it compromising their health. Framing the use of the information in a positive way will encourage people to talk about their mental health. It will also help to reflect the right ethos of such screening, which should be to provide better support to the employee. The questionnaire should also specify who will see the information.

We have developed a template health questionnaire to help ensure that, if employers choose to use health questionnaires, they don't ask unnecessarily intrusive questions that might discourage new employees from disclosing important information about their mental health. Our recommended questions are deliberately:

- **limited** to health information in relation to the work/job role – all other details are personal, sensitive and of no concern to the employer
- **open**, to enable new employees to describe their health in their own words and give only as much information as they feel comfortable with
- **non-prescriptive**, so people are not forced to disclose a particular condition or detail symptoms and treatments.

Of course, for some specialist roles, specific health questions may be relevant – for example, people working with chemicals may need to disclose any skin conditions – and this would be lawful under the exception which permits questions relating to 'intrinsic' job functions. Employers in these sectors will be best placed to determine the types of questions they need to ask, so we limit ourselves to general questions employers may choose to ask about health following a job offer.

Template health questionnaire – post-job offer

Your answers to this questionnaire will be **CONFIDENTIAL** to [HR/occupational health/your manager] and will not be given to anyone else without your written permission. **Our aim is to support and maintain the physical and mental health of all people at work.** The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. In consultation with you, we may recommend adjustments or assistance as a result of this assessment to enable you to do the job.

Do you have any (physical and/or mental) health condition(s) or disability which may affect your work in this role (based on what you know from the job description, interview and any previous experience)?

Would you like to tell us about any past examples of (physical and/or mental) health condition(s) or disability that were caused or made worse by your work, so that we can explore any support you may need?

Do you think you may need any adjustments or assistance to help you to do the job? If so, please give suggestions so we can discuss suitable changes with you.

Would you like to tell us about any past examples of (physical and/or mental) health condition(s) or disability that were caused or made worse by your work, so that we can explore any support you may need?

Intrusive or inappropriate questions to avoid

- Is there any history in your family of mental health issues?
- Do you suffer from, or have you ever experienced, any of the following? [With an exhaustive tick box list of conditions, for example depression, anxiety, bipolar disorder...]
- Are you taking any tablets or medications? If yes, please give details.
- Have you consulted a doctor in the last two years?
- Are you having or waiting for treatment (including medication) or investigations at present? If yes, please provide details of the condition, treatment and dates.

6 Prevention: helping people to stay well and managing stress

'My employer encourages an ethos that supports staff, by encouraging colleagues to look out for each other and by allowing work patterns to be flexible enough to account for individual needs.'

Some of the costs associated with poor mental health at work occur because undetected problems are left unchecked and spiral into a crisis. Good communication and people management skills go a long way to preventing stress and poor mental health among employees – often it's about a common-sense approach.

Induction

A good induction programme is important for all new, promoted or redeployed employees, as starting a new role can be a stressful and unsettling experience. A negative first few days in the job, in which people are given insufficient guidance about expectations and processes, can undermine people's confidence and could trigger problems or exacerbate existing symptoms.

An effective induction for all employees contains the following elements:

- one-to-one meeting(s) between the new starter and their line manager
- orientation (physical) – describing where the facilities are

- orientation (organisational) – showing how the employee fits into the team and how their role fits with the organisation's strategy and goals
- an awareness of other functions within the organisation and how the employee fits within that
- meeting with key senior employees (either face to face or through the use of technology)
- health and safety information – this is a legal requirement
- explanation of terms and conditions
- details of the organisation's history, its products and services, its culture and values
- a clear outline of the job/role requirements and expectations
- details of any health and well-being initiatives provided by the employer
- information about ways of working, for example flexitime, homeworking.

Managing people

How people are treated and managed on a day-to-day basis is central to their mental well-being and engagement, as well as the level of trust in the employment relationship. The behaviours of line managers will, to a large degree, determine the extent to which employees will go the extra mile in their jobs, are resilient under pressure and remain loyal to their organisation. Good line management can be crucial in supporting well-being, spotting early signs of distress and initiating early intervention, while poor line management may exacerbate or even cause mental health issues through an unhelpful approach or behaviour. CIPD research finds that management style is the second main cause of work-related stress, showing that how managers go about their role has a direct impact on people's mental well-being (CIPD 2018).

Positive management culture from top to bottom

CIPD research consistently identifies good-quality people management, particularly by line managers, as one of the core drivers of employee engagement and well-being (CIPD 2018 and Lewis et al 2014). However, good line management cannot exist in a vacuum. Only support and strategic leadership from the top will create organisational cultures where management styles based on openness and mutual respect can flourish. The senior management team will influence how managers throughout an organisation see their jobs and the extent to which they place a priority on people management.

Line managers need a clear understanding of the link between the strategic objectives of their organisation, their departmental or team objectives and their day-to-day people management in areas such as: communication and consultation; training and development; performance and absence (attendance) management; and workplace pressure, stress or conflict. They also need clearly communicated HR policies to provide a framework for consistent people management practice across the organisation. In addition, line managers should be given the opportunity to learn the key people management skills needed for their role. Line managers supporting people with mental health problems may also need extra support themselves, as they might be experiencing additional strain as a result.

To create a positive management culture, a zero-tolerance approach to bullying is also required. Mind's *Taking Care of Business* guide for employers has further information on a comprehensive approach to supporting a positive and open workplace culture.¹⁴

Joint research and guidance by the CIPD, IOSH and Affinity Health at Work highlights the core management behaviours needed by line managers to prevent and mitigate the effect of stress at work, as well as to support employee engagement and health and well-being (CIPD 2017b). The guidance highlights five core areas of competence:

- open, fair and consistent
- handling conflicts and problems
- knowledge, clarity and guidance
- building and sustaining relationships
- supporting development.

Line management behaviour to prevent stress at work

The CIPD, in association with the Health and Safety Executive and Investors in People, has developed a series of tools to allow managers to assess whether they currently have the behaviours identified as effective for supporting employees' mental health and reducing stress at work; the aim is to help managers reflect on their behaviour and management style.

These tools include self-assessment tools, one that requires input from the manager's staff (180-degree) and one that allows input from staff, senior managers and peers (360-degree). These emphasise the importance of managers:

- creating realistic deadlines
- clearly communicating job objectives
- dealing with problems as soon as they arise
- giving employees the right level of job responsibility
- encouraging participation from the whole team
- regularly asking team members, 'how are you?'
- acting as a mediator in conflict situations.

It is important that managers should have their own support network in place to support their own mental health and well-being when using these tools to avoid becoming stressed or unwell themselves.

Often it is about common sense. Managers who regularly ask staff how they are and take an interest in their team's lives outside work are more likely to build trust and therefore effectively prevent and manage stress at work. Conversely, managers who assume staff are okay, are indecisive and inconsistent, give mostly negative feedback and create unrealistic deadlines are likely to exacerbate stress. A common-sense approach extends to flexing your management style as appropriate to each employee – so being aware that some people will be less comfortable sharing details of their personal life than others.

For more information see the CIPD, HSE and IiP guidance.¹⁵

Building resilience

Employers can help employees cope with pressure and adversity in the workplace by focusing on building resilience or coping techniques. Resilience can be defined as the ability to recover or bounce back in the face of adverse conditions, change or pressure. Successful approaches focus on building individual, team and organisational resilience, which are all interconnected. A focus on building resilience can help employees understand

how they can manage and withstand pressure more effectively and also ensure that employers are taking steps to identify and prevent stress effectively. The CIPD's guide on *Developing Resilience*¹⁶ sets out some practical interventions, such as:

Individual resilience

- Lead by example to promote simple steps for managing health and ensure the workplace environment facilitates well-being – see the five steps to mental well-being on the NHS website.¹⁷

Team resilience

- Review and support the emotional well-being of the whole team (see Business in the Community's practical tool for managers to build team resilience).¹⁸

Organisational resilience

- Conduct stress risk assessments using employee surveys or other tools (see the HSE's Management Standards, which provide useful step-by-step guidance on this¹⁹).

Case study: The Environment Agency, number one employer in Mind's Workplace Well-being Index Awards 2016/17 and 2017/18

The Environment Agency is an executive non-departmental public body, sponsored by the Department for Environment, Food and Rural Affairs, which works to create better places for people and wildlife, and support sustainable development.

The Environment Agency's main mental health initiative is its Healthy Minds programme – a proactive approach to mental well-being, aiming to create 'good mental health for all'. This programme is split into two sections: 'Healthy Minds for Everyone' and 'Healthy Minds for Line Managers'. It aims to create a positive, safe environment, helping staff break down any barriers and talk without fear of stigma by providing tools, techniques and information on how to spot emotional distress and access appropriate support.

The organisation's employee-led Mental Health Network supports staff to feel comfortable about talking honestly about mental health issues, signposting to specialist support and assisting line managers.

Staff are encouraged to look out for warning signs, both in themselves and others, to create an emotionally safe environment to have proactive and effective conversations. Data received through self-disclosure is used to remove any perceived barriers within the workforce and make provisions to help employees reach their full potential.

The Environment Agency encourages its staff to recognise that all of us have 'mental health', and can be described as a continuum or sliding scale. They use the 'Mental Health Continuum' as a tool so that people can see where they are on the scale, what they can look out for in themselves and others, and how to make small changes to increase their physical and mental health. Personal stories are used to bring this to life and remove any misconception and stigma.

7 Early intervention: spotting the signs of stress and poor mental health

'I've been fortunate to work in a team where the managers were attentive, proactive and sensitive enough to notice when things were going wrong. It's normal behaviour for me to withdraw from everyone when I'm going through a bad patch, which inevitably ends up as a crisis. Having a manager who makes a point of looking out for everyone has changed my life.'

No matter how well employees are managed, some people will experience poor mental health in the workplace. Spotting the signs of stress or poor mental health at an early stage means managers can hopefully nip problems in the bud before they escalate into a crisis or sickness absence. The pointers below give ideas of what to look out for.

Workplace or external triggers

Everyone has mental health and, like physical health, it fluctuates along a spectrum from good to poor. Work can have a huge impact – it can promote well-being or trigger problems.

Consequently, the causes of unmanageable stress and mental health problems are often complex. CIPD research found that over half of poor employee mental health is caused by a combination of issues at work and at home (CIPD 2016). A management approach that solely views poor mental health as a medical problem is therefore unlikely to succeed.

A key part of spotting the signs is managers being alert to the potential workplace triggers for distress, such as:

- people working long hours and not taking breaks
- unrealistic expectations or deadlines
- high-pressure environments
- unmanageable workloads or lack of control over work
- negative relationships or poor communication
- an unsupportive workplace culture or lack of management support
- job insecurity or poor change management
- high-risk roles
- lone working.

More information on a proactive approach to mitigating such triggers is in Mind's *Taking Care of Business* guide for employers.²⁰

External triggers may also have an effect on an employee's mental health and well-being, such as:

- childhood abuse, trauma or neglect
- social isolation or loneliness
- experiencing discrimination and/or stigma
- social disadvantage, poverty or debt
- bereavement
- severe or long-term stress
- having a long-term physical health condition
- unemployment or losing your job
- homelessness or poor housing

- being a long-term carer for someone
- drug and alcohol misuse
- domestic violence, bullying or other abuse as an adult
- significant trauma as an adult, such as military combat, being involved in a serious incident in which someone fears for their life, or being the victim of a violent crime
- physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on your behaviour and mood. (It's important to rule out potential physical causes before seeking further treatment for a mental health problem.)

Early signs of poor mental health

Line managers who know their staff and regularly hold catch-ups or supervision meetings to monitor work and well-being are well placed to spot any signs of stress or poor mental health at an early stage. Often the key is a change in typical behaviour.

Symptoms will vary, as each person's experience of poor mental health is different, but there are some potential indicators to look out for. Table 1 is not exhaustive, but it offers some useful pointers. **However, if one or more of these signs is observed, this does not automatically mean the employee has a mental health problem – it could be a sign of another health issue or something else entirely. Always take care not to make assumptions or listen to third party gossip and talk to the person directly.**

Table 1: Indicators of poor mental health

Physical	Psychological	Behavioural
fatigue	anxiety or distress	increased smoking and drinking
indigestion or upset stomach	tearfulness	using recreational drugs
headaches	feeling low	withdrawal
appetite and weight changes	mood changes	resigned attitude
joint and back pain	indecision	irritability, anger or aggression
changes in sleep patterns	loss of motivation	over-excitement or euphoria
visible tension or trembling	loss of humour	restlessness
nervous trembling speech	increased sensitivity	lateness, leaving early or extended lunches
chest or throat pain	distraction or confusion	working far longer hours
sweating	difficulty relaxing	intense or obsessive activity
constantly feeling cold	lapses in memory	repetitive speech or activity
	illogical or irrational thought processes	impaired or inconsistent performance
	difficulty taking information in	uncharacteristic errors
	responding to experiences, sensations or people not observable by others	increased sickness absence
	increased suicidal thoughts	uncharacteristic problems with colleagues
		apparent over-reaction to problems
		risk-taking
		disruptive or anti-social behaviour

8 Encouraging people to talk about their mental health: supporting staff to stay well and in work

'What made a huge difference was being asked if I was okay – simple as that. I don't seek out people to tell, it's not in my introspective nature. Without being too drama queen about it, I would have left work by now without her support, and wouldn't be going back to anything, and probably would be self-destructing right now.'

If poor mental health is suspected or disclosed, it's crucial that line managers facilitate an early conversation about the person's needs, to identify and implement appropriate support or adjustments. Basic good people management and the use of empathy and common sense by managers lie at the heart of effective management of mental health in the workplace. If an individual does not trust their line manager, they are unlikely to want to discuss a sensitive issue such as mental health with them. Managers need to ensure they are seen as approachable and listen when staff ask for help. Managers should also be mindful of whether the workplace culture is conducive to encouraging people to talk about their mental health, including disclosure.

Broaching the subject

While mental ill health is a sensitive and personal issue – like any health problem – most people prefer honest and open enquiries over reluctance to address the issue. Shying away from the subject can perpetuate fear of stigma and increase feelings of anxiety. Often employees will not feel confident in speaking up, so a manager making the first move to open up a dialogue can be key. Mind has information that may be a useful starting point for these conversations, for both employers and employees (though employers should not make any assumptions based on this).²¹

Regular catch-ups or supervisions are an opportunity to start the conversation, which should always be in a private, confidential setting where the employee feels equal and at ease. Questions should be simple, open and non-judgemental to give the employee ample opportunity to explain the situation in their own words. If there are specific grounds for concern, such as impaired performance, it's important to address these at an early stage, but in all cases people should be treated in the same way as someone with a physical health condition – a good starting point is asking how they are.

Conversation checklist

- Avoid interruptions – switch off phones, ensure colleagues can't walk in and interrupt.
- Ask simple, open, non-judgemental questions.
- Avoid judgemental or patronising responses.
- Speak calmly.
- Maintain good eye contact.
- Listen actively and carefully.
- Encourage the employee to talk.
- Show empathy and understanding.
- Be prepared for some silences and be patient.
- Focus on the person, not the problem.
- Avoid making assumptions or being prescriptive.
- Follow up in writing, especially agreed actions or support.

Questions to ask

- How are you doing at the moment?
- You seem to be a bit down/upset/under pressure/frustrated/angry. Is everything okay?
- I've noticed you've been arriving late recently and I wondered if you're okay?
- I've noticed the reports are late when they usually are not. Is everything okay?
- Is there anything I can do to help?
- What would you like to happen? How?
- What support do you think might help?
- Have you spoken to your GP or looked for help anywhere else?

Questions to avoid

- You're clearly struggling. What's up?
- Why can't you just get your act together?
- What do you expect me to do about it?
- Your performance is really unacceptable right now – what's going on?
- Everyone else is in the same boat and they're okay. Why aren't you?
- Who do you expect to pick up all the work that you can't manage?

Managers should explore with any employee reporting a mental health issue how to address any difficulties which are work-related, which might in turn help them to cope with any problems in other areas of their lives. Managers should encourage employees to see their GP as a first step and ensure they are aware of any support available either from their employer, for example talking to mental health first aiders within the organisation, contacting the HR department, using a confidential employee assistance helpline, or from other sources, such as Mind's telephone helplines or Saneline.²²

Discussing relevant Mind information with the employee could also be helpful.²³

Employers need to communicate clearly through policies on stress management or mental health that people with issues will be supported and outline what help is available, as well as being clear with employees about relevant ill health and capability procedures.

Case study: Deloitte UK

Deloitte is a professional services firm, with around 16,000 staff and 1,000 partners based in 23 offices across the UK.

Deloitte focuses its approach on prevention, by ensuring their people have access to the right mental health resilience tools, and the right mental health support when needed. The organisation delivers resilience workshops and encourages early disclosure across the business, continuing to work hard to reduce stigma and encourage open conversations about mental health.

Deloitte recently launched their 'This is Me' campaign to help break down stigma and support disclosure. Six individuals from different levels of seniority and areas of expertise came forward to talk about their experience of mental health. The campaign focuses on anxiety and depression because data revealed these were the most prevalent mental health conditions at Deloitte; it also focuses on encouraging early disclosure so people get access to the support they need quickly. To date these videos have been viewed more than 11,500 times, and have driven up use of key employee support channels.

[Continued on next page](#)

In 2017 Deloitte overhauled their employee assistance programme. To raise its profile within the firm they rebranded it to 'Advice Line', marketing it differently and enhancing the service by including more face-to-face counselling sessions and open access to online cognitive behavioural therapy. (Cognitive behavioural therapy (CBT) is a type of talking treatment that focuses on how thoughts, beliefs and attitudes affect feelings and behaviour, and teaches people coping skills for dealing with different problems.) Significantly more people began using the service following the relaunch (now at 24% utilisation), and Deloitte also found that people began reaching out earlier, before problems developed into more serious issues.

Through its Mental Health Champions scheme, Deloitte has developed a culture of openness and the firm enables people to share their experiences and success stories on a dedicated intranet page. Additionally, Deloitte's internal learning programmes (such as 'Fit for Success') improve health literacy, help people understand where they can go for support should they need it, and encourage people to talk about any health concerns they may have.

Responding to disclosure

If you suspect a member of your team is experiencing poor mental health, or they disclose it to you, it's essential you have a conversation with them about their needs. This will help you to evaluate and introduce appropriate support or adjustments. To manage mental health at work effectively, you'll need good people management skills, as well as empathy and common sense. You should try to ensure you are seen as approachable, and listen when staff ask for help. You should also take into account whether or not the workplace culture encourages disclosure or not.

Choose an appropriate place

- It's important to make people feel comfortable; therefore it's good to have the conversation somewhere private and quiet.
- Sometimes a neutral space outside the workplace will help the person to feel equal and at ease.
- If the individual is a remote worker, consider whether going to them might help.

Avoid making assumptions

- It can be difficult for people to disclose information relating to their mental health, so make it easier by keeping an open mind and giving them space to talk it out.
- Avoid trying to guess what symptoms an employee might have and how these might affect their ability to do their job.
- Remember, many people are able to manage their condition and perform their role to a high standard.

Embed confidentiality

- People can understandably be anxious about disclosing, so be prepared to assume responsibility for some confidential and sensitive information.
- Create strict policies about who is made aware of disclosures; as a rule, it should involve as few people as possible.
- Reassure the individual that any private information they disclose will not be leaked to their colleagues.
- Discuss with the individual any information they would like shared with team colleagues and how, as this can be very supportive for some people.

Encourage people to talk

- It's important to have an open dialogue with employees when discussing their mental health.
- Remember, everyone's experience of poor mental health is different, and how you deal with a disclosure should be entirely dependent on the individual.
- Follow the conversation checklist to explore how the condition manifests itself, what the implications are and what support they need.

Respond flexibly

- Mental distress affects people in different ways and at different times in their lives, so be prepared to adapt your support to suit the individual.
- If it works for both of you, work with your employee to develop an individual wellness action plan (WAP), as explained below.
- Remember, workplace adjustments for poor mental health need not be costly nor require huge changes – they can be simple, as shown below.
- Be aware of the steps to take if you're concerned the employee may be having suicidal feelings – guide them to seek help from their GP or the Samaritans and consult Mind's advice on how to support people.²⁴

Be honest and clear

- It's important to recognise that an employee's performance or behaviour can be affected if they are experiencing a mental health problem.
- If you have specific grounds for concern, such as high absence levels or impaired performance, it's important to address these at an early stage.
- The support people receive from their manager is key in determining how well and how quickly they are able to get back to peak performance.

Develop an action plan

- Work with your team member to develop an individual action plan.
- It's important that the plan identifies the signs of the individual's mental health problem, triggers for stress, the possible impact on their work, who to contact in a crisis, and what support they need.
- The plan should include an agreed time to review the support measures to check if they have been effective or whether any further adjustments are needed.
- Include a date to follow up on this action plan and set up a subsequent meeting.

Encourage people to seek support

- People should speak to their GP about available support from the NHS, such as talking therapies.
- If your organisation has an employee assistance programme, it may be able to arrange counselling.
- The Mind Infoline can signpost people towards support, and the network of local Mind hubs across the country can also help source advice and support.
- Be aware that problems in an employee's personal life can often have a negative effect on their mental well-being.

Reassure people

- People may not always be ready to talk straight away, so it's important that you outline what support is available.
- Reassure the individual that your door is always open and they can speak to you as their line manager at any time.
- Let them know you'll ensure they get the support they need.

Seek advice if you need to

- If you're still unsure, the person lacks insight or an issue is particularly complex, seek advice from expert organisations such as the CIPD, Mind, Centre for Mental Health, Mindful Employer, or your local Mind or GP – encourage your employee to do so too. If available, employee assistance programmes can also help line managers and employees.
- Where workplace relationships are strained or confrontational, consider using workplace mediation to help resolve issues.
- Larger employers may find involving occupational health colleagues useful, as they can support both employees and managers to negotiate issues around disclosure.

Remember that once aware of health or disability information, the employer also has a legal duty to consider making reasonable adjustments as well as a general duty of care and responsibility for employee health and preventing personal injury.

Case study: Disclosure

Anna works for a local authority and was pleasantly surprised by the positive response from her manager when she disclosed her depression and borderline personality disorder.

'I really wasn't sure about being honest at work as I've had previous poor experiences – such as being told that “people like you can't help other people”.'

With her manager, Anna explored various options for staying in her existing team, such as part-time, compressed hours, a period of time off or completing a stress at work assessment. She felt her manager did everything possible to support her to stay in her existing role. However, in the end, they agreed she would take a healthier career step into a less front-line position, which she felt suited her circumstances.

'It doesn't feel like I've been punished for being depressed; it almost feels like I've been rewarded for being honest.'

Wellness Action Plans

Given the high levels of stress and poor mental health we are seeing in the workplace, there is a growing demand for innovative and proactive ways of managing our mental health at work. The Wellness Action Plan (WAP) is inspired by Mary Ellen Copeland's Wellness Recovery Action Plan® (WRAP®): an evidence-based system used worldwide by people to manage their mental health.

A WAP is a personalised, practical tool we can all use – whether we have a mental health problem or not – to help identify what keeps us well at work, what causes us to become unwell and the support we would like to receive from our manager to boost our well-being or support us through a recovery.

We all have mental health just as we all have physical health, and a WAP has been designed to support us all to manage our mental health, wherever we are on the spectrum.

As a manager, encouraging your staff to draw up a WAP gives them ownership of the practical steps needed to help them stay well at work or manage a mental health problem. It also opens up a dialogue between you and your team member, to help you better understand their needs and experiences and therefore better support their well-being. This in turn can lead to greater productivity, better performance and increased job satisfaction.

Employers who choose to introduce new starters to the WAP during the induction process are able to demonstrate their commitment to staff well-being from the very beginning, sending out a clear message that proactive management of the well-being of their workforce matters.

WAPs are also particularly helpful during the return-to-work process, when someone has been off work because of a mental health problem, as they provide a structure for conversations around what support and/or reasonable adjustments might be useful.

By giving your staff an opportunity to draw up a WAP, they will be able to plan in advance and gain an awareness of what works and what doesn't work for them. A WAP can help employees to develop approaches to support their mental well-being, leading to a reduced likelihood of problems such as work-related stress.

If your team member does experience a mental health problem, you will have an idea of the tailored support that could help, or at the least a tool to use in starting that conversation.

By regularly reviewing the agreed, practical steps in the WAP, you can support your team member to adapt it to reflect their experiences or new approaches they find helpful. By allowing the individual to take ownership of the process and of the WAP itself, you will be empowering them to feel more in control.

What should a WAP cover?

- approaches the staff member can adopt to support their mental well-being
- early warning signs of poor mental health to look out for
- any workplace triggers for poor mental health or stress
- potential impact of poor mental health on performance, if any
- what support they need from you as their manager
- actions and positive steps you will both take if the staff member is experiencing stress or poor mental health
- an agreed time to review the WAP and any support measures which are in place
- anything else that the individual feels would be useful in supporting their mental health.

The WAP is not legally binding, but is intended as an agreement between you and your staff to promote their well-being or address any existing mental health needs, including any adjustments they may wish to discuss. See the appendix for a WAP template.

Workplace adjustments

Various aspects of work and the workplace can cause substantial disadvantages for people with disabilities. When this happens the Equality Act 2010 says that employers must take reasonable steps to remove the disadvantage. The purpose of the law is to place a duty on employers to address the disadvantages encountered at work by people with disabilities, and the starting point for any consideration of reasonable adjustments should be what difficulties someone is experiencing in the workplace.

'Reasonable adjustments' for people with disabilities or health needs are commonly perceived as adaptations to the physical environment where this causes difficulties, such as wheelchair ramps, or communication assistance, such as sign language interpreters. In relation to mental health, more often the obstacles are less tangible and relate to negotiating the social, rather than the physical, world of work. A requirement to work set hours, for example, or the practice of only having occasional supervision might cause a substantial disadvantage for someone with certain mental health problems. Effective adjustments can be simple, low cost and are generally changes in practice or requirements, such as flexible working hours or increasing one-to-one supervision.

What is 'reasonable'?

An employer is only under a duty to make adjustments that are reasonable, which will depend on the circumstances of the case. Potential adjustments should be considered on a case-by-case basis, but factors which may be helpful to consider include:

- the effectiveness of the adjustment in preventing the disadvantage
- the practicability of making the adjustment
- the extent to which making the adjustment would impact on service delivery
- financial and other costs – and any financial assistance, for example available under the Access to Work scheme (see below)
- the potential impact on colleagues.

It can be useful for managers to discuss with the employee the practical implications of any reasonable adjustment request, including what has been done before, the ease/difficulty of accommodation, any service delivery and team implications, as well as any other relevant issues. Both the employee and manager need to be clear about the considerations that will be taken into account in reviewing whether an adjustment is reasonable and practicable to implement.

However, Mind and the CIPD recommend that employers do not follow a rigid approach to 'reasonable adjustments'. Adjustments for mental health are often simple and it is best practice to offer support to all staff, whether or not they have a formal diagnosis or a disability according to the legal definition. Allowing staff flexibility in how and when they perform their role, where possible in line with business needs, can reap rewards in terms of loyalty, increased productivity and reduced absence, and can help normalise mental health and disability in the workplace.

The key point to remember is that everyone's experience of poor mental health is different – so two people with a diagnosis of depression may have very different symptoms and need different adjustments. This may seem complex, but often the person will be the expert on their condition and know their own support needs. In essence this means managing the person as an individual, in the same way that you flex your general management style.

Following a WAP approach and having a dialogue with the employee about what adjustments might help is a straightforward way to identify what support line managers need to put in place. Often this can be very simple: for example, one person with anxiety requested that her manager remembered to say thank you after she completed a piece of work to prevent self-esteem and paranoia issues spiralling into distress.

Access to Work

The Access to Work scheme is designed to provide advice and financial support for people with health problems or disabilities that impact on their job. It might provide expert advice for employers and employees or pay towards a support worker or equipment the employee needs at work.

Access to Work can be very helpful for people with a mental health condition, and Remploy provides the Workplace Mental Health Support Service under the scheme to help business *'recruit and retain disabled talent, and build disability confidence'*.

[Continued on next page](#)

Their specialist advisers can provide:

- 'Tailored work-focused mental health support for 9 months
- Suitable coping strategies
- A support plan to help someone stay in, or return to, work
- Ideas for workplace adjustments to help someone fulfil their role
- Practical advice to support those with a mental health condition.'

Encouraging employees to apply for Access to Work support can help employers to manage the potential costs of reasonable adjustments. More information is available from Access to Work.²⁵

Case study: Preventative adjustments

Chloe, a charity worker in her 20s, was experiencing depression. Her boss had noticed her performance had slipped but, with no information on Chloe's health, put more pressure on her to perform. Chloe disclosed her condition and her boss did everything he could to support her, ranging from weekly catch-ups to prioritise her workload, flexible working hours and afternoon naps to cope with the side effects of medication. This aided Chloe's speedy recovery and ability to stay in work.

Case study: Adjustments to aid recovery

Nicky, a teacher, has bipolar disorder and post-traumatic stress disorder, which led to a period of sickness absence while she was in hospital. Under the 'reasonable adjustments' clause in the Equality Act, her previous employer put in place several things to help her to return to and remain in work, such as:

- **changes to her working hours** so she could start and finish early and work additional days in the school holidays
- **changes to her job role** so she could teach fewer regular lessons and supplement this with small group work with pupils and computer development at her desk
- **a personal mentor** that she met with every couple of weeks to check informally on her health and monitor her workload and support needs
- **the option to take 'time out'** in the staff room or sick room if she needed to rest between lessons.

'These all helped me to manage my condition, stay well and continue to perform my job. I felt work were being pretty good with me. They didn't always fully understand but they did try.'

Below are some types of adjustments that may help mitigate mental health symptoms and the impact on the employee's performance at work. They are not prescriptive but employees with a mental health condition have found some or all of these useful in their experience. It is important to always be guided by what the person with the mental health condition says – this list could act as a prompt for line managers and employees to explore symptoms and support needs together.

Possible adjustments

- flexible hours or change to start or finish times; change of workspace, for example quieter, more or fewer people around, dividing screens
- working from home at certain times or on certain days in a given period
- changes to break times
- provision of quiet rooms
- light-box or seat with more natural light
- agreement to give an employee time off for appointments related to their mental health, such as therapy and counselling
- temporarily changing duties, for example changing the balance of desk work and customer-facing work, reducing caseloads, changing shift patterns
- reallocation of some tasks or amendments to the employee's job description or duties
- redeployment to a more suitable role
- increased supervision or support from manager, buddy or mentor
- extra help with managing and negotiating workload
- debriefing sessions after difficult calls, customers or tasks
- mediation can help if there are difficulties between colleagues
- access to a mental health support group or disability network group
- identifying a 'safe space' in the workplace where the person can have some time out or access support
- provision of information to promote self-care
- encouraging employees to work on building up their resilience and doing things that support good mental health such as exercise, meditation or eating healthily
- providing regular opportunities to discuss, review and reflect on people's positive achievements – this can help people to build up positive self-esteem and develop skills to manage better their triggers for poor mental health.

9 Supporting people to return to work

'My manager was in touch when I was off and reassured me that my job was safe. He let me know that I was "part of the team" and that I was wanted back. I came back gradually, building my hours up as I went along. It was crucial that there was that amount of flexibility at the heart of the support plan.'

Proactive management of absence is central to the effective management of people with a mental health issue – and again the role of the line manager is critical. Sometimes an employee may be so unwell they need time off work to recover. The way in which organisations manage a period of sickness absence is key to shaping how effectively and how quickly people are able to return to work, and get back to peak performance.

An important time in managing and supporting someone with a mental health problem is when they are off sick for periods of two weeks or longer. During this time it is important that the line manager agrees with the employee how often and how they communicate, for example by telephone, email or home visit. It is useful to set out the importance of this contact in the absence management policy so managers and employees are clear about the need to maintain contact. In the event that the manager is the source of the individual's distress, another member of staff or someone in HR should be the person that maintains contact.

Return-to-work interviews are consistently identified by CIPD research (CIPD 2018) as an effective intervention for managing absence. An effective return-to-work interview can build trust and engagement with the employee, and support their smooth and sustainable return to work. When the person is ready to return to work, you should arrange to meet up in a neutral and comfortable venue to catch up and discuss the details of their return. Managers should also advise employees in advance to expect a return-to-work interview and make it clear that this is a supportive process to help them make a successful and lasting return to the workplace, and address any ongoing health needs.

If the individual is not yet open about their mental health, a return-to-work interview is a great opportunity to explore what factors are contributing to their absence, and identify if they have an underlying mental health problem. Effective return-to-work interviews can ensure mental health issues are identified at an early stage, before any work-related problems escalate and the individual's condition worsens if possible.

Return-to-work interview – tips for line managers

- Tell people they were missed.
- Ask the person how they're feeling.
- Explain the return-to-work process/procedures.
- Reassure the employee that they aren't expected to walk straight back into full-time hours, or manage a full-time workload.
- Use open questions that require more than just a 'yes' or 'no' answer and give people lots of space and time to talk.
- Listen and try to empathise with the employee.
- Ask if there are any problems at work that might be causing them stress.
- Discuss whether there are any difficulties outside work that might be contributing to their absence.
- Talk about the person's mental health problem, if they have disclosed it, and its possible impact on their work.
- Discuss possible solutions and make sure you are aware of any sources of available support, whether internal or external.
- Discuss any worries the person has about returning to work, reassure them that these are normal, and agree a strategy together to address their concerns.
- Help the person think about how they want to manage their return; for example, what they want to say to colleagues.

Access to occupational health services is identified as one of the most effective interventions for long-term absence. Also, NHS-funded 'improving access to psychological therapies' (IAPT) services – offering cognitive behavioural therapy, counselling and employment advice – may benefit employees, with referral usually through their GP. Employers can also build links with, and encourage employees to access support through, third sector organisations such as local Minds, the Shaw Trust or the Richmond Fellowship, many of which offer a range of mental health and employment or vocational support services. There is also a wealth of guidance online (see 'Useful contacts' at the end of this guide).

Whatever support is used, again early intervention is important. Many employers refer employees with mental health problems to occupational health on the first day of absence, recognising that these problems are likely to be recurrent or long term if not addressed promptly. By the time someone has been off sick for a month, the chance of a successful

return to work is reduced, as they are likely to have lost confidence and started to become alienated from the workplace. For further information on how to manage absence effectively, see the CIPD factsheet on absence management.²⁶

Case study: Phased return and support

David has experienced depression and anxiety for a number of years. In his first job, he disclosed his mental health problems at the start, and after a year he experienced a severe episode of poor mental health resulting in absence from work. The employer supported David when he was ready to come back to work, providing a phased return to his job and assigning mentors to help him cope with his workload and to ensure he always had someone to talk to if needed. This enabled David to progress well and continue to succeed within his job. In the last couple of years he has been signed off for another three-month period. His manager has been a constant support. The occupational health team helped with his return to work and they meet with him on a regular basis to ensure they are providing the best support possible.

Returning to work

The first day back at work is very important. As a manager, you should try to make the event as trouble-free as possible for the returning employee. People are often very anxious about returning to work. They may feel self-conscious about something that happened before they went off sick, or feel they've let down colleagues. The manager and employee should decide together beforehand exactly what colleagues will be told about the situation. The individual may like to be met at the workplace door or travel in with you or a colleague. It's important to check that the returning employee has plans for lunch – possibly with a colleague to whom they feel close.

The manager needs to be proactive during the first few weeks of the individual's return to work to provide support. It's important to remember that an employee is unlikely to be fully fit when they return to work, and will need ongoing support as well as possible adjustments to their workload to help ease them back into their work routine, particularly if the absence has been long term.

Return-to-work checklist

While the employee is off sick

Managers should:

- regularly communicate with the individual via telephone or email, while being mindful not to place undue pressure on the employee to return earlier than appropriate (the approach for all staff must be made clear in sickness procedures)
- consider visiting the employee at home, but only with their consent
- communicate any key organisation, project or team developments to keep the individual in the loop, but not so that they feel pressurised to work when off sick
- focus conversations on the individual's well-being, while being respectful of any boundaries the individual wishes to keep in terms of the details of their condition

Continued on next page

- be in touch with the individual's close colleagues about their health (but only with the individual's consent)
- with the individual's consent, encourage work colleagues and other members of the organisation to keep in touch with the individual
- make it clear that the individual should not rush back to work if they don't feel ready, and that the organisation is ready to make adjustments such as a phased return if this would help their earlier return
- make it clear that the organisation will support the individual during their absence
- reassure the individual that their job will be there for them when they return.

The initial return to work

Managers should:

- in consultation with the individual, consider giving the individual lighter duties/ different jobs during their initial return to work
- incorporate a phased return to work for the individual, if appropriate
- remain objective when discussing return-to-work adaptations for the individual
- explain the return-to-work process/procedures to the individual before they return
- explain any changes to the individual's role, responsibilities and work practices
- meet the individual on their first day back
- make the individual's first weeks back at work as low-stress as possible
- keep in regular contact with the returning employee and regularly ask if they are doing okay.

Managing the team

Managers should:

- ask the individual about what ongoing information should be shared with colleagues
- make the individual feel like they were missed by the organisation
- encourage colleagues to help in the individual's rehabilitation process
- promote a positive team spirit
- regularly communicate with HR/occupational health (if this is available) and keep the individual informed.

Ongoing support

Managers should:

- be proactive in arranging regular meetings to discuss the individual's condition and the possible impact on their work
- communicate openly
- listen to the individual's concerns
- understand that, despite looking fine, the individual may still be ill
- appreciate the individual's wishes
- have an open-door policy so the individual can always approach them with any concerns.

For more information, see the CIPD's guide on return-to-work support after long-term sickness absence.²⁷

Managing performance

Often, the reasons for poor performance are not properly explored, even where a mental health issue is suspected, so the approach from managers or HR is only performance-based, when it should also recognise any health factors. This is sometimes driven by misunderstanding or prejudice, as poor mental health can be viewed as an 'excuse'.

Mind's Workplace Well-being Index²⁸ assesses the impact poor mental health has on performance through the staff survey. Of those who reported experiencing poor mental health while at their current employer, only 8% said it did not affect their performance. However, the majority of respondents did feel it had an impact:

- 70% said their condition makes it difficult to concentrate and 52% said they found it more difficult juggling a number of tasks.
- 46% said it sometimes makes them put off challenging work, while 43% said it takes them longer to complete tasks.
- 39% said they have difficulty making decisions and a further 24% said they have difficulty learning new tasks.
- 22% said they are more likely to get into conflict with colleagues and 21% said they can be less patient with customers and clients.
- 10% felt that when their mental health is poor they rely more on colleagues to get work done.

Most employers will have policies and procedures in place for performance management, but where there are suspected or known health issues, these should also be explored, prior to any formal processes. If the root causes of poor performance are not addressed, any solutions are unlikely to fully resolve the issue, so problems can spiral into sickness absence. Performance management should in essence be a positive and supportive process. It is in the organisation's, as well as the employee's, interest to discuss potential adjustments and support where appropriate, and help the individual perform to their full potential.

Contrary to the myth about people with a mental health condition not being capable of performing to a high standard at work, many people with a condition continue to go into work and thrive. There could be times when performance could be affected, particularly if they are afraid of disclosing their condition and accessing the support they might need at certain times. An effective performance management process should be responsive to people's needs and take into account any health issues they may be experiencing.

It is important to ensure employees are given the opportunity to disclose any health condition that could potentially affect their performance. Line managers should make it clear that any disclosure of a mental health condition will be dealt with in a supportive manner and not prompt disciplinary action. The 2017 Mental Health at Work survey found that 15% of employees had faced dismissal, disciplinary action or demotion after disclosing a mental health condition. As the report notes: *'Scaled up to the general working population, this could mean as many as 1.2 million people negatively affected for speaking out about their mental health – a truly appalling figure'* (Business in the Community 2017).

Discussions or meetings about performance should concentrate on the individual's work and how it is being impacted, but asking simple, open questions about how the employee is and whether anything is affecting their performance can encourage people to talk about any health issues. It is also useful to explore any other potential workplace issues, such as negative relationships with colleagues, which may be impacting on the employee's well-being and, in turn, their performance. **Managers should not force someone to disclose or suggest they are ill, but using the conversation tips on page 23 can help explore this area in a way that is not intrusive or judgemental.**

An effective performance management system should not consist of a one-off appraisal meeting but should include regular and constructive feedback and discussion. This informal dimension to performance management is crucial to encouraging a two-way dialogue and trust-based relationships. This will make it much easier to address any health issues, identify any extra support or coaching the person may benefit from and set timescales for improvements. As the Business in the Community report advises: *'Employers should be able to support employees to stay in work, when appropriate, and make adjustments including support with workload, revised working hours, allowing absence for treatment or opportunities to work from home, depending on the individual's needs'* (Business in the Community 2017).

Tips for managing underperformance

Each employee will need to be managed on a case-by-case basis, but the general rules of thumb are:

- Focus on the person, not the problem – don't make assumptions about how mental health affects performance, because people with even a serious mental health condition can still thrive at work.
- Ask simple, open and non-judgemental questions.
- Consider health-related solutions, not just performance-based approaches.
- Make it clear that the organisation is prepared to put in place support or adjustments to help the individual perform to their full potential.
- Allow the employee to be supported in discussions or meetings, for example by an advocate or someone who understands their condition.
- Use mediation to resolve any conflict if necessary/appropriate.

10 Wider workplace well-being developments: the Thriving at Work Core Standards

In January 2017 the prime minister commissioned an independent review into how employers can better support the mental health of all people currently in employment, including those with mental health problems or poor well-being, to remain in and thrive at work. The *Thriving at Work* review into workplace mental health was led by Lord Dennis Stevenson and Mind CEO Paul Farmer CBE (Stevenson and Farmer 2017).

Drawing on the accounts of over 200 employers, people with mental health problems and leading experts in mental health and work, *Thriving at Work* sets out core principles and standards to which all employers should commit. It highlights examples of some employers who are taking positive and innovative steps to support the mental health of their employees.

The reviewers are calling on all employers, regardless of size or industry, to adopt six Mental Health Core Standards that lay the basic foundations for an approach to workplace mental health. These cover:

- mental health at work plans
- mental health awareness for employees
- open conversations about mental health
- good working conditions
- effective people management
- routine monitoring of staff mental health and well-being.

Large employers and the public sector are expected to go even further, demonstrating best practice through external reporting and designated leadership responsibility.

Core Standard Five in the *Thriving at Work* report is specifically aimed at line managers. It outlines the need for managers to have regular conversations with their employees so that they have an opportunity to raise any issues, as well as giving and receiving feedback as part of wider positive management processes to help to identify problems at an early stage. It's important that managers and supervisors receive training and support to be confident in spotting signs of distress, ensuring their own behaviours are positive and dealing with problems as early as possible.

As a manager it's important to create the right culture within your team:

- 1 Lead by example:** Actively encourage your team to adopt healthier working habits by working sensible hours, taking full lunch breaks, taking annual leave and resting after busy periods.
- 2 Build your confidence on mental health:** Familiarise yourself with your organisation's mental health policies and practices and how staff can seek confidential advice and support.
- 3 Normalise mental health:** Touch base regularly with your employees to check how they're getting on and think about what might be causing them stress. Create space for them to ask questions and raise issues, and give them permission to talk about home as well as work issues if they wish.
- 4 Take stock:** Include an agenda item at team meetings to discuss everyone's well-being together, and what factors are affecting this. A planning session can look at the issues in detail and develop a team action plan to address these. If the organisation runs a staff survey, this could form the basis of the discussion.
- 5 Be available for your staff:** Regular one-to-ones and catch-ups can help to maintain good working relationships and build mutual trust.
- 6 Treat people as individuals:** Treat employees with respect, praise good work, offer support if there are skills gaps, and try to use a coaching style of management. Ask for feedback about the support you provide and what support they need to help them achieve their goals.
- 7 Embed employee engagement:** Promote a culture of open dialogue and involve employees in decisions about how the team is run and how they do their job. Make sure employees understand their role in the bigger picture and make clear their contribution to the organisation's vision and aims.
- 8 Create opportunities for coaching, learning and development:** Make sure employees are confident, well equipped and supported to enable them to do their job to a high standard. You can help them gain confidence and skills by developing and rewarding their capabilities and by being available for regular work-related conversations as well as providing formal training.

9 Promote positive work relationships: Support a culture of teamwork, collaboration and information-sharing, both within the team and across the organisation, and model these positive behaviours to staff.

10 Raise awareness: Managers are in a great position to challenge stigma and prejudice throughout the organisation and to get mental health on the agenda with senior leaders.

The guidance provided throughout this guide will help you to align with the Core and Enhanced Standards (where appropriate) set out in the *Thriving at Work* report. Additionally, Mind are also producing a guide for employers on how to implement the standards, which will be on the Mind website.

11 Useful contacts

Online advice and resources for employers

- Business in the Community – <https://wellbeing.bitc.org.uk>
- Centre for Mental Health – www.centreformentalhealth.org.uk/Pages/Category/employment
- Chartered Institute of Personnel and Development – www.cipd.co.uk/knowledge/culture/well-being/mental-health-factsheet
- Equality and Human Rights Commission
England – www.equalityhumanrights.com/en/advice-and-guidance
Wales – www.equalityhumanrights.com/en/commission-wales
- Health and Safety Executive – www.hse.gov.uk/stress
- Mind (online information and advice) – www.mind.org.uk/information-support/
- Mindful Employer – www.mindfulemployer.net
- Time to Change, and Time to Change Wales – Time to Change is the national campaign dedicated to ending the stigma and discrimination faced by people with mental health problems – www.time-to-change.org.uk and www.timetochangewales.org.uk

Helplines, services and training

- Fit for Work Adviceline – free occupational health advice:
England: 0800 032 6235, www.health4work.nhs.uk
Wales: 0800 032 6233, <https://fitforwork.org/cym/>
- Mind Workplace – consultancy and training – www.mind.org.uk/workplace
- Richmond Fellowship – employment and job retention services (England only) – www.richmondfellowship.org.uk
- Shaw Trust – providing a range of services for employers including training and consultancy, accessibility and absence management services (UK-wide) – www.shaw-trust.org.uk/Commission-us/For-Employers
- Advisory, Conciliation and Arbitration Service (ACAS) – providing free and impartial information, advice, and training to employers and employees on all aspects of workplace relations and employment law – www.acas.org.uk
- Big White Wall – providing online mental health and well-being service offering self-help programmes, creative outlets and a community culture – www.bigwhitewall.com
- Campaign Against Living Miserably (CALM) – award-winning charity providing helplines and support dedicated to preventing male suicide – www.thecalmzone.net

Information and advice for employees

- Mind Infoline – 0300 123 3393, or text 86463, or email info@mind.org.uk
- Mind's Legal Advice Service – 0300 466 6463, legal@mind.org.uk
- Samaritans – 116 123, or email jo@samaritans.org
- Saneline – 0300 304 7000, www.sane.org.uk

- Relate – relate.enquiries@relate.org.uk, www.relate.org.uk
- Citizens' Advice – advice network including online, by phone and in person – www.citizensadvice.org.uk

Mind: Mental health information and support

When you're experiencing a mental health problem, **supportive and reliable information can change your life**. That's what we do. We empower people to understand their condition and the choices available to them through:

- our Infoline,²⁹ which offers callers confidential help for the price of a local call
- our Legal Line,³⁰ which provides information on mental-health-related law to the public, service users, family members/carers, mental health professionals and mental health advocates
- our award-winning **publications and website**,³¹ now certified by the Information Standard.

Local Minds

- Mind provides help and support **directly to those who need it most**. Our network of around 135 local Minds³² offers specialised support and care, based on the needs of the communities each one supports.

Membership and networks

- Mind **members are at the heart of everything we do**. Join us³³ and we'll keep you up to date with opportunities to shape our work.
- We're also developing national and local support networks for anyone experiencing a mental health problem.
- Find us on **Facebook**³⁴ and **Twitter**³⁵ to keep up to date with what we're doing – and how you can take part.

Campaigning for change

- We believe everyone with a mental health problem should be able to access excellent care and services. We also believe you should be treated **fairly, positively and with respect**.
- We campaign on a range of issues³⁶ that could affect anybody with a mental health problem. This includes health services, legislation, protection of legal rights, and employment. Join us to campaign for change.

Professional training

- We can help bring about real change, end discrimination and promote good mental health for all through our training and consultancy.³⁷ Mind offers a range of national and local services, including workplace training to develop mentally healthy offices, applied suicide intervention skills, mental health first aid and bespoke training sessions.

12 References

BUSINESS IN THE COMMUNITY. (2017) *Mental health at work survey report [online]*. London: Business in the Community. Available at: <https://wellbeing.bitc.org.uk/all-resources/research-articles/mental-health-work-report-2017> [Accessed 30 June 2018].

CIPD. (2015) *Getting under the skin of workplace conflict: tracing the experiences of employees [online]*. Survey report. London: Chartered Institute of Personnel and Development. Available at: www.cipd.co.uk/knowledge/fundamentals/relations/disputes/employee-experiences-report [Accessed 30 June 2018].

- CIPD. (2016) *Employee outlook: focus on mental health in the workplace [online]*. Survey report. London: Chartered Institute of Personnel and Development. Available at: www.cipd.co.uk/Images/employee-outlook_2016-focus-on-mental-health-in-the-workplace_tcm18-10549.pdf [Accessed 30 June 2018].
- CIPD. (2017a) *Resourcing and talent planning survey 2017 [online]*. Survey report. London: Chartered Institute of Personnel and Development. Available at: www.cipd.co.uk/knowledge/strategy/resourcing/surveys [Accessed 30 June 2018].
- CIPD. (2017b) *Developing managers for engagement and well-being [online]*. London: Chartered Institute of Personnel and Development. Available at: www.cipd.co.uk/knowledge/culture/well-being/developing-managers-report [Accessed 30 June 2018].
- CIPD. (2018) *Health and well-being at work 2018 [online]*. Annual survey report. London: Chartered Institute of Personnel and Development. Available at: www.cipd.co.uk/Images/health-and-well-being-at-work_tcm18-40863.pdf [Accessed 30 June 2018].
- DELOITTE. (2017) *Mental health and employers: the case for investment. Supporting study for the Independent Review [online]*. London: Deloitte. Available at: www2.deloitte.com/uk/en/pages/public-sector/articles/mental-health-employers-review.html [Accessed 30 June 2018].
- GOLDBERG, D. and HUXLEY, P. (1992) *Common mental disorders: a bio-social model*. London: Routledge.
- LEWIS, R., DONALDSON-FEILDER, E. and JONES, B. (2014) *Developing managers to manage sustainable employee engagement, health and well-being [online]*. Research insight. London: Chartered Institute of Personnel and Development. Available at: www.cipd.co.uk/knowledge/culture/well-being/developing-managers-report [Accessed 30 June 2018].
- MACLEOD, D. and CLARKE, N. (2014) *The evidence: well-being and employee engagement [online]*. London: Engage for Success. Available at: <http://engageforsuccess.org/the-evidence-wellbeing-and-engagement> [Accessed 30 June 2018].
- MCMANUS, S., MELTZER, H., BRUGHA, T.S., BEBBINGTON, P.E. and JENKINS, R. (2009) *Adult psychiatric morbidity in England, 2007: results of a household survey*. Leeds: NHS Information Centre for Health and Social Care.
- MCMANUS, S., BEBBINGTON, P., JENKINS, R. and BRUGHA, T. (eds) (2016) *Mental health and well-being in England: adult psychiatric morbidity survey 2014*. Leeds: NHS Digital.
- NHS DIGITAL. (2016) *Adult psychiatric morbidity in England: survey of mental health and well-being, England, 2014 [online]*. Leeds: NHS Digital. Available at: <https://digital.nhs.uk/catalogue/PUB21748> [Accessed 30 June 2018].
- ONS. (2017) *Suicides in the UK: 2016 registrations*. London: Office for National Statistics.
- STEVENSON, D. and FARMER, P. (2017) *Thriving at work: the Stevenson-Farmer review of mental health and employers [online]*. London: Department for Work and Pensions and Department of Health and Social Care. Available at: www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers [Accessed 30 June 2018].
- TIME TO CHANGE. (2015) *Latest survey shows public are less likely to discriminate against people with mental health problems [online]*. London: Time to Change. Available at: www.time-to-change.org.uk/news/latest-survey-shows-public-are-less-likely-discriminate-against-people-mental-health-problems [Accessed 30 June 2018].
- TIME TO CHANGE. (2017) *Be in your mate's corner [online]*. London: Time to Change. Available at: www.time-to-change.org.uk/news/be-in-your-mates-corner [Accessed 30 June 2018].

13 Appendix: WAP template

Wellness Action Plan (WAP) template

A WAP reminds us what we need to do to stay well at work and details what our line managers can do to better support us. It also helps us to develop an awareness of our working style, stress triggers and responses, and enables us to communicate these to our manager.

In cases where someone has had to take time off as a result of a mental health problem, a WAP can be used as part of the return-to-work process to set out what steps you and your manager plan to take to support recovery.

The information in this form will be held confidentially and regularly reviewed by you and your manager together. You only need to provide information that you are comfortable sharing and that relates to your role and workplace. This form is not legally binding but it will help you and your manager to agree, together, how to practically support you in your role and address any health needs.

It is the responsibility of the employer to ensure that data gathered in this form will be kept confidential and will not be shared with anyone without the permission of the member of staff.

<p>1 What helps you stay mentally healthy at work? (for example taking an adequate lunch break away from your desk, getting some exercise before or after work or in your lunch break, light and space in the office, opportunities to get to know colleagues)</p>
<p>2 What can your manager do to proactively support you to stay mentally healthy at work? (for example regular feedback and catch-ups, flexible working patterns, explaining wider organisational developments)</p>
<p>3 Are there any situations at work that can trigger poor mental health for you? (for example conflict at work, organisational change, tight deadlines, something not going to plan)</p>
<p>4 How might experiencing poor mental health impact on your work? (for example you may find it difficult to make decisions, struggle to prioritise work tasks, have difficulty with concentration, drowsiness, confusion or headaches)</p>
<p>5 Are there any early warning signs that we might notice when you are starting to experience poor mental health? (for example changes in normal working patterns, withdrawing from colleagues)</p>

<p>6 What support could be put in place to minimise triggers or help you to manage the impact? (for example extra catch-up time with your manager, guidance on prioritising workload, flexible working patterns, consider reasonable adjustments)</p>
<p>7 Are there elements of your individual working style or temperament that it is worth your manager being aware of? (for example a preference for more face-to-face or more email contact, a need for quiet reflection time prior to meetings or creative tasks, negotiation on deadlines before they are set, having access to a mentor for questions you might not want to bother your manager about, having a written plan of work in place which can be reviewed and amended regularly, clear deadlines if you have a tendency towards perfectionism or overworking a task, tendency to have particularly high or low energy in the morning or in the afternoon)</p>
<p>8 If we notice early warning signs that you are feeling mentally unwell, what should we do? (for example talk to me discreetly about it, contact someone that I have asked to be contacted)</p>
<p>9 What steps can you take if you start to feel mentally unwell at work? Is there anything we need to do to facilitate them? (for example you might like to take a break from your desk and go for a short walk, or ask your line manager for support)</p>
<p>10 Who would you like us to contact if we have concerns about your well-being?</p>
<p>11 Is there anything else that you would like to share?</p>

Employee signature:

Date:

Employer signature:

Date:

Date to be reviewed:

14 Endnotes

- ¹ www.mind.org.uk/media/16188928/minds-workplace-wellbeing-index-201617-key-insights-final-report.pdf
- ² www.mind.org.uk/workplace/workplace-wellbeing-index/index-awards-201718/
- ³ Unless otherwise specified, quotations throughout are from people with experience of mental health problems and employment, who have shared their stories with Mind. Steps have been taken to preserve anonymity.
- ⁴ www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/#.W1m45dVKhaQ
- ⁵ www.mind.org.uk/information-support/legal-rights/discrimination-at-work/#.W1m6s9VKhaR
- ⁶ www.mind.org.uk/information-support/legal-rights/discrimination-when-buying-renting-or-living-in-property/#.W1m6mtVKhaQ
- ⁷ www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068
- ⁸ www.hse.gov.uk/stress/standards/
- ⁹ www.mind.org.uk/information-support/tips-for-everyday-living/stress/signs-of-stress/
- ¹⁰ https://diversity.bitc.org.uk/sites/default/files/bitc_guidelines_-_public_reporting_0.pdf
- ¹¹ www.cipd.co.uk/knowledge/fundamentals/people/recruitment/factsheet
- ¹² www.equalityhumanrights.com/en/publication-download/what-equality-law-means-you-employer-when-you-recruit-someone-work-you
- ¹³ www.acas.org.uk/index.aspx?articleid=3017
- ¹⁴ www.mind.org.uk/information-support/your-stories/taking-care-of-business-at-mind/
- ¹⁵ www.hse.gov.uk/stress/mcit.htm
- ¹⁶ www.cipd.co.uk/knowledge/culture/well-being/resilience-guide
- ¹⁷ www.nhs.uk/conditions/stress-anxiety-depression/understanding-stress/
- ¹⁸ <https://wellbeing.bitc.org.uk/all-resources/toolkits/emotional-resilience>
- ¹⁹ www.hse.gov.uk/stress/standards/
- ²⁰ www.mind.org.uk/media/43719/EMPLOYERS_guide.pdf
- ²¹ www.mind.org.uk/media/550657/resource4.pdf
- ²² www.sane.org.uk/what_we_do/support/helpline
- ²³ www.mind.org.uk/information-support/tips-for-everyday-living/
- ²⁴ www.mind.org.uk/information-support/helping-someone-else/supporting-someone-who-feels-suicidal/
- ²⁵ www.gov.uk/access-to-work
- ²⁶ www.cipd.co.uk/knowledge/fundamentals/relations/absence/factsheet
- ²⁷ www.cipd.co.uk/knowledge/fundamentals/relations/absence/return-to-work-guide
- ²⁸ www.mind.org.uk/workplace/workplace-wellbeing-index/
- ²⁹ www.mind.org.uk/information-support/helplines/
- ³⁰ www.mind.org.uk/information-support/helplines/
- ³¹ www.mind.org.uk
- ³² www.mind.org.uk/about-us/local-minds/
- ³³ www.mind.org.uk/get-involved/about-minds-membership/
- ³⁴ www.facebook.com/mindforbettermentalhealth
- ³⁵ twitter.com/mindcharity?lang=en
- ³⁶ www.mind.org.uk/news-campaigns/campaigns/
- ³⁷ www.mind.org.uk/workplace/



CIPD

Chartered Institute of Personnel and Development
151 The Broadway London SW19 1JQ United Kingdom
T +44 (0)20 8612 6200 **F** +44 (0)20 8612 6201
E cipd@cipd.co.uk **W** cipd.co.uk

Incorporated by Royal Charter
Registered as a charity in England and Wales (1079797)
Scotland (SC045154) and Ireland (20100827)

Issued: September 2018 Reference: 7742 © CIPD 2018