

SHiFT...

Line managers' resource.

A practical guide to managing and supporting people with mental health problems in the workplace.

Updated edition.



This resource has been developed by Shift, the Department of Health's programme to reduce the stigma and discrimination surrounding people with mental health conditions in England. It is part of Shift's *Action on Stigma* initiative aimed at supporting employers to promote good mental health and reduce discrimination. This resource is a revised edition of the original Line Managers' Resource (LMR) published in 2007. The original LMR was itself an update of the Mind Out for Mental Health Line Managers' Resource published in 2003.

We have produced this resource in partnership with the Department of Health, Department for Work and Pensions, Health and Safety Executive, Cross-Government Health Work Wellbeing Delivery Unit and the Chartered Institute of Personnel and Development. We would like to acknowledge and give thanks to those who have contributed to this updated version.

Further information about these partners and versions of this resource in alternate formats can be found at www.shift.org.uk/employers

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Talking about mental health

Foreword

I am often asked whose responsibility it is within an organisation to improve the health and well-being of employees. The simple answer is that it is incumbent upon all of us, whether human resources or occupational health professionals, company directors, employees, or indeed line managers to work together to improve workplace health.

Every one of us should have the opportunity to benefit from the positive impact good work has on physical and mental health, especially those with existing mental health conditions.

The role of line managers in improving access to good work for people with mental health conditions is crucial. A supportive, responsive and inspiring line manager who works to understand the needs of employees can make an enormous difference to the individual whilst also helping to break down the stigma and discrimination barrier surrounding mental health issues.

People with mental health conditions are working in all levels of employment and flourishing, and even those with severe conditions can be highly effective and fulfilled employees. The Line Managers' Resource delivers clear, concise guidelines that, if utilised, will give those struggling at work the chance to stay in employment and flourish.

Line managers are unique in workplace support structures because they are constantly in contact with the employees for whom they are responsible. They are therefore able to identify problems early, before they manifest in sickness absence. Early intervention by a line manager can restore an employee's confidence thus strengthening their mental health, and protecting them from potentially damaging long term sickness absence.

Shift's updated Line Managers' Resource is not only a practical tool that all line managers should use; it also successfully debunks many of the myths surrounding mental health in the workplace.

I congratulate Shift on its continued work on mental health issues and look forward to seeing the tool used universally.



Dame Carol Black

National Director for Health and Work

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The importance of good mental health at work

The Foresight Programme's Mental Capital and Wellbeing Project, whose report was published in October 2008, defined mental health as:

"a positive sense of wellbeing; individual resources including self-esteem, optimism, and sense of mastery and coherence; the ability to initiate, develop and sustain mutually satisfying personal relationships; and the ability to cope with adversity (resilience)."

The workplace has an impact on people's health and well-being although it is not the only factor. Evidence shows that, in general, being in work is good for health and beneficial to well-being and the benefits apply equally to all employees.

Poor conditions in the workplace however, characterised by high demand, low levels of control and poor support, can have a detrimental impact on health and well-being and limit the benefits of working for some people.

Employers obviously want to maximise productivity as well as support their employees. Therefore it is important that line managers understand how to create conditions that support and encourage good mental health whilst also recognising signs of ill health and providing the appropriate support.

The stigma that unfortunately surrounds mental health conditions creates a major obstacle. It can prevent employees from talking about their condition to colleagues or managers because they fear discrimination. This together with a lack of awareness and understanding of mental health conditions can further exacerbate the issue by preventing mental health and the underlying issues from being addressed.

The Shift Line Managers' Resource, along with the additional information on the web, provides practical support for you to create an environment that is good for mental health,

initiate interventions to raise awareness and shows what you can do to support staff who maybe experiencing problems with their mental health. By improving mental health outcomes at work you will benefit from;

- compliance with legislation such as the Disability Discrimination Act
- reduced grievance and discrimination claims
- demonstrable corporate social responsibility
- reduced staff turnover
- reduced sickness absence
- a healthier workplace
- better staff morale
- better customer service
- more committed staff, and
- skills retention.

How to use this resource

This resource is written for managers. We recognise that workplace settings are very diverse, but much of this guide will be relevant wherever you work. It offers practical advice on managing and supporting all your staff including employees who are experiencing stress, distress and mental health conditions.

We have designed the resource in modules so that you can go directly to the section that is most useful. Our key message is the importance of talking openly and with trust. The resource suggests practical steps that both managers and employees can take together to;

- match job requirements with an employee's capabilities
- talk when an employee shows signs of distress
- keep in touch during sickness absence to offer support and plan for the return to work
- achieve a successful return to work
- support an employee to manage a long-term illness while staying in work, and
- access sources of support and information.

By following these steps this resource aims to;

- provide you with advice and information on how best to promote the mental well-being of employees.
- provide you with practical guidance on how best to manage situations that can arise at work when staff experience mental health conditions, and
- reduce the fear and lack of understanding around engaging with someone experiencing a mental health condition.

Case studies illustrating organisational best practice around managing and supporting employees with mental health conditions can be found on the Shift Line Managers' Resource website, under 'Case Studies':
www.shift.org.uk/employers/casestudies

Both employer and employee are responsible for looking after their own mental well-being. For this reason we have provided separate advice and information for employees so they can assess their own needs and plan for meetings with their manager.

This guidance for employees is now available as a hard copy and you can also find it at:
www.shift.org.uk/employers/employees

We recommend that managers and employees read both resources.

What do we mean by 'stress' and 'mental health conditions'?

Stress

A useful definition of work-related stress is provided by the Health and Safety Executive (HSE) as "the adverse reaction people have to excessive pressures or other types of demand placed on them at work".

A certain level of pressure in a business environment is desirable. Pressure helps to motivate people and will boost their energy and productivity levels. But when the pressure people face exceeds their ability to cope with it, it becomes a negative rather than a positive force – in other words, stress. Employees can also experience stress when too few demands are made on them. People can feel stressed when they are bored, under-valued or under-stimulated. Stress is not a medical condition but research shows that prolonged exposure to stress is linked to psychological conditions such as anxiety and depression.

In many cases there is a complex inter-relationship between the pressures people face at work and at home. For example, someone suffering from bereavement or a relationship breakdown may be temporarily unable to cope with a workload they normally find quite manageable. As an employer you should support employees who are struggling to cope for whatever reason. Your attitude can have an impact on employee's attendance, behaviour and/or performance.

The effect of pressure on any employee will be influenced by a variety of factors including support systems at home and work, personality and coping mechanisms. What may be too much pressure for one person at a specific time may not be for the same person at a different time or for another person.

While this resource focuses on mental health conditions rather than 'stress', the way you manage staff who may be experiencing pressures at home and/or at work will have a significant impact on their resilience and mental health. Where line managers have the appropriate people management skills, employees with mental health conditions are more likely to cope with their condition and juggle competing pressures.

What you can do to support your staff

The Health and Safety Executive (HSE) Management Standards use a risk assessment process to help organisations identify the extent and causes of employees' work-related stress and suggest ways that everyone in the organisation can work together to find ways of preventing and managing stress more effectively.

The Health and Safety Executive (HSE), Chartered Institute of Personnel and Development (CIPD) and Investors in People have also developed a stress management competency framework for line managers. It sets out the key behaviours to help managers mitigate and manage stress at work and helps them identify their strengths and areas for improvement. The guidance is free to download from: www.cipd.co.uk/guides
The interactive tool is available from the HSE website: www.hse.gov.uk/stress

If you would like more advice and help on managing employees who are stressed, including using the HSE's Management Standards to tackle stress, see the HSE website: www.hse.gov.uk/stress

Mental health conditions

Terminology is important. What may be appropriate language for clinicians may be less helpful for employers or job seekers. For the purposes of this Resource, we generally use the phrase "mental health conditions" to describe all mental illnesses.

We have not adopted the term mental health *problems* as we do not want to suggest to employers and others that mental health conditions are always problematic in the context of employment. Having a mental health condition and experiencing well-being at work *are* compatible.

Where employees who have lifelong, long-term or fluctuating conditions experience an acute phase which may require absence from work for treatment or recuperation, we refer to them as ill or unwell.

Many more people experience symptoms of distress, such as sleeplessness, irritability or poor concentration, loss of or increased appetite, drinking more alcohol without having a diagnosable mental health condition. Sometimes these symptoms can lead to mental health conditions, or be part of having a mental health condition such as anxiety and/ or depression. The key differences are in the severity and duration of the symptoms and the impact they have on everyday life.

Mental health conditions include those with greater prevalence, such as depression and anxiety, as well those that are far less common such as schizophrenia or psychosis. Usually, a general practitioner (GP) will be involved in diagnosis and in offering treatment in the form of medication, talking therapies, self-help suggestions such as the importance of staying active and physical exercise, or a combination of all three.

A clinical diagnosis does not necessarily indicate what a person can or cannot do. Also the way in which someone experiences and copes with their mental health condition and the level of support needed will vary from person to person.

Everyone should have the opportunity to work whether or not they have a mental health condition. Mental health conditions are common and most of us will either experience one or know someone who has experienced one. Mental health conditions touch us all and should not be a barrier to treating people fairly and with respect.

As a manager it is most helpful to try to understand an employee's problems or issues and work on the basis of the person's strengths and capabilities. The approach will be to talk to the employee, get a clear understanding of what they can do, rather than what they can't do.

Information on the most common mental health conditions and advice on what to look out for when considering a person's well-being can be found at www.shift.org.uk/employers

What the law says

The main areas of legislation that relate to mental well-being in the workplace are:

- The Health and Safety at Work Act 1974 (HASWA)
- Disability Discrimination Act 1995 & 2005 (DDA)
- Human Rights Act 1998 (HRA), and
- Management of Health and Safety at Work Regulations (1999)
- Equality Act (pending)

For more information about these pieces of legislation, go to www.shift.org.uk/employers

What is the Disability Discrimination Act?

The Disability Discrimination Act (DDA) is an act of Parliament that guarantees the rights of people with disabilities to fair treatment.

Disability is defined by the DDA as: "A physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".

To obtain protection under the DDA a person has to demonstrate that their impairment;

- is 'substantial', which means that it is more than minor or trivial
- is 'long-term', which means that the disability has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- affects 'normal day-to-day activities' like eating, washing, walking and going shopping
- affects one of the 'capacities' listed in the Act which include mobility, manual dexterity, physical co-ordination, perception of the risk of physical danger, speech, hearing, seeing and memory including the ability to learn, concentrate or understand.

If a person is being treated with medication to control or alleviate their impairment then this is disregarded and the person is still treated as being disabled for the purposes of the DDA.

Amendments to the DDA introduced in December 2005 mean that mental illness no longer has to be a clinically well-recognised condition for it to be covered by the Act. This means that potentially any mental health condition could be covered.

It does however still need to meet the legal definition of a disability in order for it to be covered by the DDA. It is a court that decides this by considering the effects of the impairment on the person in terms of whether it has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Unless you go to court it will therefore be very difficult to assess whether or not someone is definitely covered by the Act. For this reason it would be best to adopt a best practice approach. This would mean treating an individual who you believe or know to have a mental health condition, regardless of what it is, as if they are covered by the DDA.

Your responsibilities

The DDA covers the whole employment process including recruitment, the period during which a person is employed, the terms and conditions of employment, promotion, redundancy and termination of employment.

Under the DDA an employer is deemed to discriminate against a disabled employee, or potential employee if;

- for a reason which relates to that person's disability, he/she treats that person less favourably than he/she treats or would treat others to whom the reason does not or would not apply and cannot show that the treatment was justified

or

- fails to comply with a duty to make reasonable adjustments

For more information on reasonable adjustments, see page 26.

For more information on workplace legislation go to www.shift.org.uk/employers

In this section we offer some practical guidance to managers on the recruitment process.

Under discrimination law, the employer's duty is to assess whether the candidate is the best person for the job in terms of his or her skills, aptitudes and experience, fairly assessing the capability of a person with mental health conditions to do the job, taking into account reasonable adjustments.

You cannot predict who will experience mental health conditions and so issues around recruitment usually arise in respect of a person who has experienced a mental health condition earlier in life or who has an ongoing problem.

Unfortunately, many people still assume that someone with a mental health condition will not be able to cope at work but neither diagnosis nor severity of symptoms are good predictors of likely employment outcomes. **It is important to emphasise that the vast majority of people who have experienced a mental health condition can work successfully.**

Evidence also shows that employers who do take on staff with mental health conditions, who have recruited fairly and got the right person for the right job, have had a positive experience and have not regretted their decision.

Disclosure of information

While some people are prepared to acknowledge their experience of mental health conditions in a frank and open way, others fear that stigma may jeopardise their current job, or prevent them getting a job in the future and may therefore not declare it on a form for fear of discrimination.

Under the terms of the Disability Discrimination Act (DDA) some people with mental health conditions are classified as being 'disabled'. Some people do not consider themselves to be disabled but nonetheless have rights under equality legislation. Under the DDA a 'disabled' person does not have to tell an employer about their disability.

Pre-employment questionnaires

Some organisations use a pre-employment health questionnaire as part of the recruitment process. This usually includes questions on mental health status and/or asks for explanations for long periods away from work. The questionnaire can help employers to plan for reasonable adjustments that potential staff may require including adjustments to the recruitment and interviewing process. However, they are not reliable indicators of likely future sickness absence patterns. Asking for this information prior to an interview can deter people with mental health conditions applying for jobs, because they anticipate discrimination – even if this isn't always justified. Discrimination can be unconscious and unintentional.

Often the greatest barrier people face is the chance to prove their effectiveness when it is known they have experienced mental health conditions. As managers, it is therefore advisable to ask for health and/or disability-related information only *after* the provisional job offer has been made. This eliminates both the possibility of the pre-employment questionnaire being seen or used as a device to screen out people with mental health conditions and of employers inadvertently missing out on talent.

If however, the information *is* requested before the interview, by the occupational health department for example, then this data should be kept separate from the application and not be seen by those who are interviewing the candidate and who are involved in making the final decision.

It maybe appropriate to ask for health-related questions at the start of the recruitment process where jobs have specific health and fitness requirements. This is because, in these instances, it would not be advisable for people with certain health conditions to take on particular roles for health and safety reasons.

As with any other candidate, it is good practice to ensure that the candidate understands both the particular demands of the job and the working culture of the organisation, such as shift patterns, the cyclical nature of the business and deadline pressures.

By using the HSE managements standards you can conduct a risk assessment for the job in relation to work-related stress. This assessment can then be reviewed if problems develop during employment and form the basis of a referral to occupational health or other health professional.

What to do when a potential employee does disclose their mental health condition after the job offer has been made

If your future employee discloses that they have experienced mental ill-health in the past or currently have a mental health condition, you can then make any necessary reasonable adjustments to the workplace environment before they start work. A clinical diagnosis does not necessarily indicate what a person can or cannot do and the level of support needed, if any, will vary from person to person.

In larger companies there may be an occupational health check which can provide an opportunity for any reasonable adjustments to be discussed and how any subsequent episode of mental ill health will be managed.

In companies where there is no occupational health service, it is important to ask future employees if they would require any kind of adjustment or additional help. You can then seek advice if you need further professional guidance.

Managers and occupational health advisors should avoid;

- asking for information about treatment, the history of the illness or any information that is not relevant to the work situation, and
- assuming that a person with a mental health problem will be more vulnerable to workplace stress than any other employee.

What happens when a potential employee does not tell you about their mental health condition?

Some people with mental health conditions are too frightened of discrimination to apply for jobs. Those who do apply may not provide information about their mental health condition in a health questionnaire or tell you about it because they think that they may not be treated fairly or may not get the job. If they are recruited however and this is later discovered they could lose their job. It is vital then for potential employees to be honest about their mental health as failure to do so will mean they are in breach of contract and would not be covered by the DDA. These employees also miss out on any 'reasonable adjustments' at work that could help them to do their job more easily.

Sometimes a potential employee may mention a mental health condition at interview. Again, the person should be considered in terms of whether or not they can do the job.

It might be worth asking at interview if they would require any kind of adjustment or additional support from you or the organisation to help them to do the job as specified.

It is good practice to;

- include a positive statement about employing people with disabilities in job advertisements
- make sure the recruitment process is fair - if a person with a mental health condition fulfils all the selection criteria, their health should not be a barrier
- make sure that you can give fair and truthful justification to a person with a mental health condition or a disability who is turned down, and
- make sure you understand and have policy and practice in place to manage reasonable adjustments.

As a manager, your first step to improving the mental health of people at work is to discuss it with employees so they become more aware of the issues that might have an impact on their well-being.

Sometimes people do not know that making healthy choices, like eating a balanced diet, taking exercise and having a work-life balance, can protect their mental health in the same way that it does their physical health.

When an employee does develop a mental health condition, they may not recognise some of the early symptoms or they may be anxious about seeking help.

As a manager, you are not expected to have specialist knowledge of mental health conditions but you are well placed to help all of your team by providing information on how they can look after their mental well-being and where to access services and support.

By presenting the issue in terms of well-being rather than mental ill-health you are also much more likely to overcome barriers around stigma and to achieve buy-in from staff. If employees are more aware of what well-being means they will be better able to help themselves and more sensitive to the needs of others.

If you recognise the problems of colleagues at an early stage you can help them more effectively and give appropriate support. Good general line management skills will often be enough to help support and maintain the well-being of your team. Your investment in promoting the mental and physical well-being of your staff will be repaid many times over in terms of productivity and morale.

Tips for supporting the well-being of your team

Promoting practice that supports people's well-being will help to create a more positive working environment.

Aim to;

- develop a work culture where everyone is treated with respect and dignity and issues such as bullying and harassment are not tolerated
- develop a culture where open and honest communication is encouraged and support and mutual respect are the norm. Encouraging an ethos where staff know that it is OK to talk about mental health and that it is safe to disclose their own mental health conditions will help reduce the stigma that surrounds it. It will also allow staff to tell you if they need any adaptations to working practice that will support them in doing their job
- give employees control over their work. Lack of control is known to increase stress
- ensure that the employee has the right level of skills for the job
- make sure that staff have a manageable workload
- operate flexible working hours so that employees can balance the demands of home life with work, and
- check the work environment and eliminate stressors such as flickering lights

Five steps to improving your mental well-being

Based on an extensive review of the evidence, five simple steps were identified in the Foresight Mental Capital and Wellbeing Project about how people can improve their mental well-being.

As a manager you can help by making staff more aware of these steps and the other healthy choices that they could be taking advantage of.

Connect...

1. With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in them. Building these connections will support and enrich you every day.

Be active...

2. Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

3. Be curious. Catch sight of beautiful things. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

4. Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give ...

5. Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

For more information go to:
www.foresight.gov.uk

There are a number of resources available that can be delivered in-house to help support you in the task of raising mental health awareness and supporting staff. For further information go to www.shift.org.uk/employers.

A holistic approach to well-being at work

The chart on the next page presents some ideas for a holistic approach to well-being. It is based around an employee's journey within an organisation and how their experience can be positively shaped by their line manager and at an organisational level from initial recruitment, through a mental health condition and back into work.

The chart recognises that each employee's journey will be different and the support provided will operate at different levels and in multiple ways. At the corporate level, for example, it is good for an organisation to have policies, structures and appropriate processes in place to cope with an employee's physical and/or mental well-being as and when problems arise.

It is equally important however that managers watch what is happening at work on a day-to-day basis – especially the interaction between the employee and their immediate manager and colleagues or team.

Most of the ideas presented here are just good management practice. The way forward is to bring mental well-being within the boundaries of normal working life, rather than focusing on it as out of the ordinary and thereby something 'different' and therefore potentially stigmatised.

Further evidence based person- and work-orientated interventions that improve the health and well-being of staff can be found on the Shift website.

www.shift.org.uk/employers

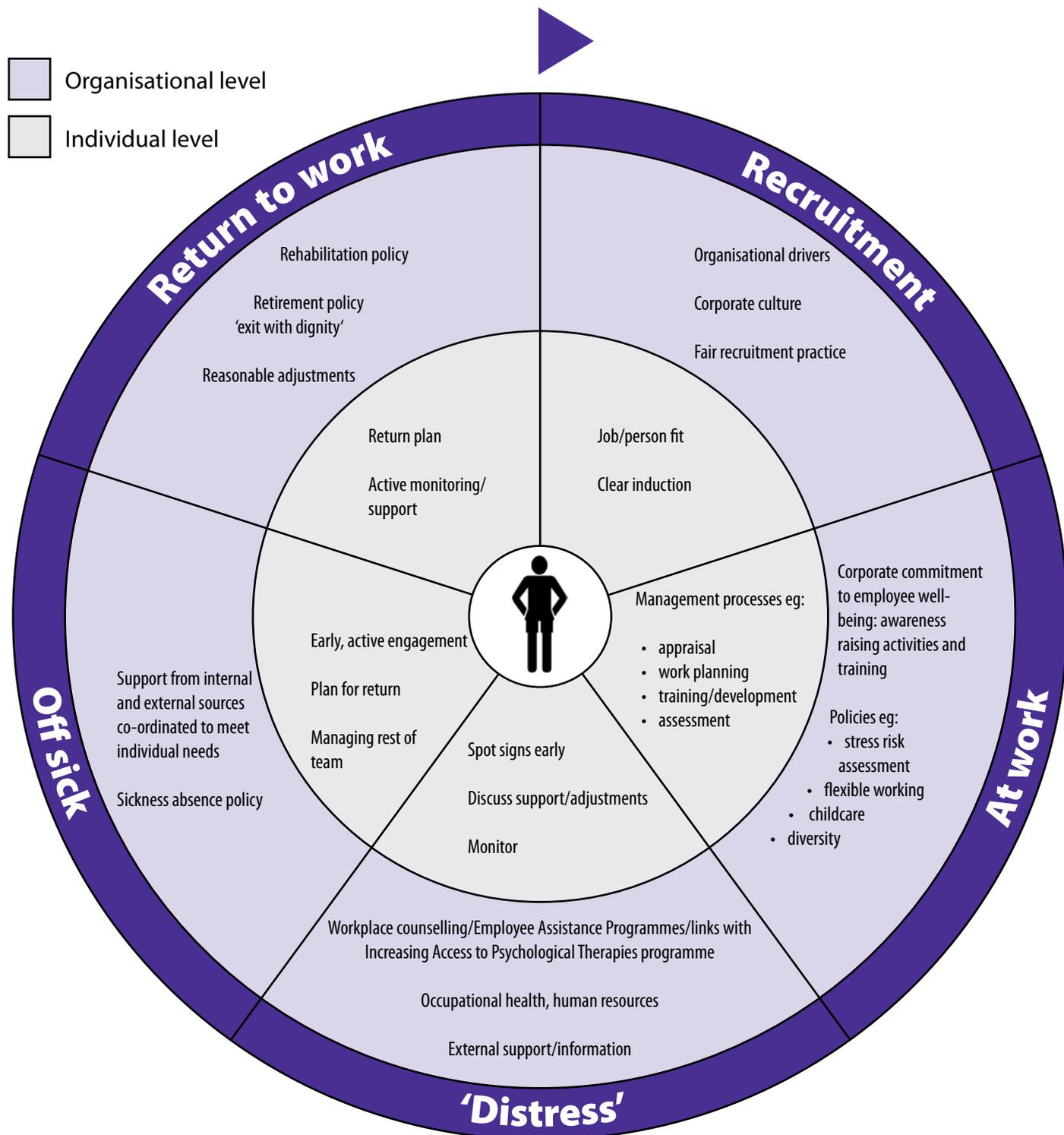
NICE is also developing further guidance for employers on promoting mental wellbeing through productive and healthy working conditions.

www.nice.org.uk/guidance

A checklist for managers can be found at www.shift.org.uk/employers

The answers to the questions can be used to gauge what next steps you and your organisation need to take to improve the mental well-being of your workforce.

Chart: An holistic approach to managing an individual



We gratefully acknowledge the work of Heron and Teasdale which has informed this diagram.

Identifying the early warning signs & talking at an early stage

Presenteeism

Presenteeism is a term used to describe someone at work who is not working to their full capacity because of ill health. Some employees turn up for work even though they feel mentally unwell because they fear the possible stigma and discrimination from colleagues and managers if they disclose their condition. This can have a number of negative impacts both on the person and on the organisation.

Ideally, if an employee is experiencing a mental health problem at work then they should feel able to raise this with you, their manager. Some employees feel unable to do this because of the perceived stigma and discrimination they feel they may face or for a number of other reasons.

Sometimes employees may not realise they are becoming or are already unwell. You are not expected to diagnose their condition but as their manager, the earlier you notice that an employee is experiencing mental health difficulties the quicker you can take steps to help them. The longer you leave a situation like this the harder it is to solve the problem and indeed the employees' condition may get worse.

Identifying early signs of distress

Some of the key things to look out for are **changes** in an employee's usual behaviour, e.g. poor performance, tiredness or increased sickness absence. You might notice an increased use of alcohol, drugs or smoking. A normally punctual employee might start turning up late or experience problems with colleagues. Conversely, an employee may begin coming in much earlier and working later.

Other signs might be tearfulness, headaches, loss of humour and changes in emotional mood. As a manager you should be aware of the wider organisation's impact on employees. It might be the case that certain tasks, work environments, times of the day or particular teams are more likely to be associated with employees experiencing difficulties.

Usually the key is a 'change' in typical behaviour. Your responsibility then as line manager is to know your staff.

Using ordinary management procedures to identify problems and needs

Regular work planning sessions, appraisals or informal chats about progress are all ordinary management processes which provide neutral and non-stigmatising opportunities to talk about any problems an employee may be having.

You might find it helpful to use open questions that allow the employee maximum opportunity to express concerns in his or her own way. For example:

"How are you doing at the moment?"

"Is there anything we can do to help?"

If you listen and are empathetic, an employee will feel more able to open up and be honest with you thus making it easier for you to then offer the support that is needed.

If you have specific grounds for concern - such as impaired performance, it is important to talk about these at an early stage. Ask questions in an open, exploratory and non-judgmental way. For example,

"I've noticed that you've been arriving late recently and wondered if there was a problem."

When talking to an employee there are three useful points to remember;

- don't assume work pressures affect everyone in the same way.
- make adjustments if a person is not coping, and
- 'chats' should be **positive and supportive** – exploring the issues and how you can help.

Understanding patterns of absence

If someone is having frequent short bursts of sickness absence with a variety of reasons such as stress, migraines, and back pain or there is no reason given, there may be an underlying, mental health condition that should be discussed.

If you are to look systematically at patterns of absence, staff need to be able to trust you. They need to be reassured that your motive is to improve healthy working, not to castigate. After reviewing absences you may therefore need to communicate with staff what changes are being made to improve peoples' health and well-being at work.

Things to consider when an employee appears or says that they are 'stressed'

Using the term 'stress' is not always helpful as people use it to mean different things. A distinction therefore needs to be made between 'pressure', 'stress' and 'mental health conditions'. We all feel under pressure some of the time but not everybody suffers the adverse reaction of stress or a mental health condition. We all react differently - one person's spur to action is another's nightmare and may mean they become less effective at work.

A person's ability to work under pressure may vary depending on what's happening outside work. Remember that, in law, it is your duty to ensure that your employees are not made ill by their work. Failure to assess the risk of stress and mental health conditions and to take steps to alleviate them could leave you open to costly compensation claims.

There is now considerable case law in this area. Fortunately, in most cases, adjustments can be made easily and inexpensively and most adjustments are about good management practice that will help others. For more information about assessing the risks or good management practice on work-related stress see HSE's website (www.hse.gov.uk/stress).

Talking at an early stage

Engaging with someone who is reluctant to talk about their mental health

Firstly, you need to reassure the employee that your talk is confidential, although in certain situations you may not be able to guarantee total confidentiality (see below). Then you should consider - from the employee's point of view why he or she might be reluctant to talk. Are they fearful about being judged or even of losing their job? Is it really safe for them to be open with you? Will any disclosures be treated sympathetically and positively? If this employee has seen others with similar problems being discriminated against then from their point of view they are wise to be cautious.

You need to be realistic. You may not be able to change the culture of the organisation overnight but you may be able to take some first steps.

In the short term you can meet the person in a private confidential setting. You could even meet outside the office, in a cafe or somewhere the employee feels comfortable. If it is too difficult for the employee to talk now reassure them that your door is always open.

Before the meeting ask if the employee wants to bring an advocate, trusted colleague, friend or family member to support them in a meeting. Indeed some people might find it easier to talk to someone of their own choosing, e.g. someone of the same age, gender or ethnicity - or someone who is not their line manager.

In larger organisations the occupational health advisors may liaise with staff. In cases where employees are reticent about contacting the occupational health department you might choose to intervene. Whichever approach is adopted clear communication between you as line manager and the occupational health department is needed to ensure that contact with the member of staff is co-ordinated and supportive.

You must be clear about confidentiality and who will be told what. You can clearly explain the limits of your confidentiality (personal information is confidential but issues that may have a health and safety risk to the employee or colleagues will need to be discussed further).

You should agree with the employee how problems will be monitored. If adjustments are being made, ask how they wish this to be communicated to other staff.

Make sure you deal with any hurtful gossip or bullying promptly and effectively. It is your responsibility under the Disability Discrimination Act to ensure that employees are not bullied or harassed on account of a disability.

Issues to raise with an employee who has a mental health condition

- ask open questions about what is happening, how they are feeling, what the impact of the stress or mental health condition is. Ask them what solutions they think there might be but appreciate that they may not be able to think clearly about solutions while experiencing distress
- how long has the employee felt unwell? Is this an ongoing issue or something that an immediate action could put right?
- discuss whether work has contributed to their distress. Listen without passing judgement and make sure you address their concerns seriously
- are there any problems outside work that they might like to talk about and/or it would be helpful for you to know about? (You should not put pressure on the person to reveal external problems)
- is the employee aware of possible sources of support such as: relationship or bereavement counselling, drugs/alcohol services/advice, legal or financial advice?
- ask the employee if there is anything that you can do to help and make sure that they are aware of any support that the organisation may provide such as reference to occupational health, counselling, Employee Assistance Programme (EAP), brief psychological therapies, health checks and that if they access them it will be confidential if that is the case
- is there any aspect of the employee's medical care that it would be helpful for you to know about? (For example, side effects of medication that might impact on their work). While you have no right to this information, the employee should be aware that you cannot be expected to make 'reasonable adjustments' under the terms of the DDA if you are not informed about the problem
- does the employee have ideas about any adjustments to their work that may be helpful? These could be short or long term
- do they have any ongoing mental health condition that it would be helpful for you to know about? If so, is it useful to discuss their established coping strategies and how the organisation can support them? (See section 7 for more information). It is the employee's choice whether to reveal this but you can explain that it will be easier for you to make reasonable adjustments for a condition you know about
- establish precisely what they wish colleagues to be told and who will say what. Any inappropriate breach of confidentiality or misuse of this information might constitute discrimination under the DDA, and
- agree what will happen next and who will take what action

You might also consider whether the employee has been affected by an issue that may affect others in the team/organisation such as the threat of redundancy. If so then you will need to undertake a stress risk audit followed by team-based problem solving. Discuss this with your health and safety department, (you might consider bringing in someone from outside the department or an external expert to help).

It is important that you record all conversations accurately – not just to protect the organisation and the employee, but also to show that the actions have been carried out fully. Once the conversation has been recorded it is best practice to provide a copy to the member of staff involved to obtain their agreement to its accuracy.

Managing an employee who becomes tearful and upset

Try and be calm yourself.

Emotions are a natural part of life and sooner or later it is extremely likely that a member of your staff will become upset. This can happen for any number of reasons and can be connected to something at work or outside of work. When this situation arises;

- reassure them that it is OK to be upset and that you are listening. In fact, the process of listening may provide an important space for both you and the employee to gain insight into the problem and possible actions
- ask if there is anyone they would like contacted or if they would like to choose someone to be with them
- make sure the employee is offered and provided an appropriate space where they can express emotion freely and compose themselves in privacy
- alternatively, you might suggest that you both leave the building for a short time to go and have a coffee or for a short walk to give the person time to collect themselves. They may wish to go alone. However, it would be best not to let the person leave the building alone if they are still very distressed. They may also nominate someone else to go with them
- be respectful towards what the employee would like to do. Once they have recovered sufficiently, they may want to carry on working or take a break or possibly go home
- reassure the employee that they are valued and that you support them, as they may feel embarrassed about what has happened, and
- never just ignore the person even if you are worried how they will take your intervention, doing nothing may make the situation worse.

Try to be sensitive to the level of information and support the employee can cope with at a given time. In the midst of a crisis they may not be able to think clearly and take on board information. The important points are to talk to them, reassure them their job is safe, state positively that all help, assistance and support will be offered, and affirm that discussion will continue at a pace that suits them.

Problems can build up over time and whilst you may feel the pressure to take action immediately, it may be better to take some time to calm yourself, reflect and consider the options. Try to distinguish, with the person, between what is urgent and what is important.

You may also need support in managing this kind of situation but do take into account the confidentiality of the employee. If the session is not proving helpful for the employee you could then rearrange for another time in the near future to discuss the issues when the person is less upset.

Managing your own mental health

There may be times when you experience distress yourself. It is important to look after your own mental health. Finding support whether it is internally within the organisation or externally with friends and family for example, can be extremely helpful towards re-establishing well-being.

Managing the rest of the team

Be aware of the impact one employee's mental health conditions could potentially have on the rest of the team. This could be in response to;

- the person's particular symptoms or behaviour while unwell
- any reasonable adjustments that are made, and
- an increased workload for staff if the person is not well enough to work.

In these instances it would be advisable to;

- be honest and open with the team as long as it does not breach any agreed confidentiality with the employee concerned
- identify working conditions that may negatively influence the well-being of the team, and change them where necessary
- create an environment where staff can air their concerns openly to avoid gossiping and any resentment towards the member of staff who is off work due to mental health conditions, and
- treat all staff fairly otherwise staff may show lower commitment to their job. If a member of staff with a mental health condition is offered flexible working hours as a reasonable adjustment for example, then it may be appropriate to offer the same conditions to all staff. Staff do not have to have a mental health condition for you to create flexible arrangements. The important thing is to focus on promoting the well-being of your team. Employees who feel stable and supported will help improve performance and retention of staff through increased employee contentment and loyalty.

Communicating with colleagues

You should agree with the employee whether and precisely what they wish colleagues to be told. In general it is best to talk to someone experiencing mental health conditions in an honest, matter-of-fact way - that is in the same way you would deal with someone's physical health problems.

If the person takes sick leave you could send them a card as you would if they were off work with a physical problem. You should ask whether they want to be visited and respect their wishes.

The person's requests may change very quickly or over time. If they initially request little contact, this may change as their mental health improves. As far as possible, someone with a mental health condition should be treated in exactly the same way as any other sickness absence.

If your organisation has a written absence policy, you will be in a position to discuss with the person at the start of absence how often contact should be made. The employee then has a right to expect that frequency of contact.

Recognising when professional/clinical help is needed

Although someone does not have to be 100% well to work and in general work is good for mental health, in some instances an employee may really not be mentally well enough to work. If someone continues to show signs of distress despite the reasonable adjustments and support you have provided then you should seek advice from human resources (HR) and/or refer the individual to the occupational health (OH) department. Sometimes people refuse to be referred for an OH assessment and in these instances you can tell them that you want them to see their GP before coming back into work.

If you work for an organisation without an OH or HR department you can encourage people to see their own GP and seek appropriate help. You can state what their job involves in a referral letter.

One in four people will experience 'mild to moderate' mental health conditions, such as anxiety and depression. However, a much smaller percentage will experience episodes of more severe anxiety or depression that may be associated with episodes of 'mania'. Mania may present as:

- extreme heightened activity, and/or
- loss of touch with reality, hallucinations, and distortion of the senses e.g. seeing or smelling things that aren't there.

In these rare instances, an employee may behave in ways that impact on colleagues or clients. In this situation you need to be aware of your responsibilities for all employees.

Try to take the person to a quiet place and speak to them calmly. Refer to the 'advance statement' (explained on the next page) if one has been written. Suggest that you contact a friend or relative or that they go home and contact their GP or a member of the mental health team if appropriate.

You might also be able to help them to make an appointment and even go with them to the surgery – if they so wish.

Be aware that if someone is experiencing hallucinations or mania, they may not be able to take in what you are saying. In this case the person will need immediate medical help.

If an employee is disturbing others and refuses to accept help, you should seek advice from your occupational health provider if you have one, or from the person's GP if you know whom that is otherwise contact NHS Direct, or the ambulance service if the problem is urgent.

This situation is rare and when it does happen it is usually not completely 'out of the blue'. This is why early identification of changes in behaviour and prompt action are so important.

Advance Statements

Some people find it useful to draw up an 'advance statement' which explains how they wish to be treated if they become unwell at work. The statement can include information on signs that indicate that the person is becoming unwell, who should be contacted or provided with information (perhaps a close relative, care coordinator or GP), what sort of support is helpful and what is not, practical arrangements as well as treatment preferences.

If an employee draws up an advance statement in agreement with you, it is important that you put the statement into practice as agreed, if and when the employee becomes unwell.

Some organisations make it mandatory for all staff to prepare an advance statement to reflect the fact that, a) anyone can develop a mental health condition, b) an inclusive process increases the likelihood of people completing such a form, and c) it makes people consider their mental health and the mental health of others.

To view some templates of Advance Statements go to www.shift.org.uk/employers

Additional support for an employee who is distressed or develops a common mental health condition at work

Company-funded counselling schemes and free NHS services can provide a safe space for staff to explore emerging problems before they become acute.

The National Institute for Health and Clinical Excellence (NICE) evidence based guidance shows that psychological therapies can help people overcome depression and/or anxiety.

People with these conditions are also being offered more talking treatments, through significant Government investment in the Improving Access to Psychological Therapies (IAPT) programme. The programme focuses on cognitive behavioural therapy (CBT) but it will be extending to the other NICE-compliant treatments as the programme is expanded.

Employment advisors will also be part of the IAPT programme and will work alongside therapists, providing information, advice, and guidance support to help working people remain, gain or return to work. For more information go to <http://www.iapt.nhs.uk>

Keeping in touch during sickness absence

Managers often fear that contact with someone who is off sick will be seen as harassment but lack of contact or involvement from you can actually make an employee feel less able to return. The overwhelming view from people who have experienced distress is that appropriate contact is essential.

Early, regular and sensitive contact with employees during sickness absences can therefore be a key factor in enabling an early return and this view is endorsed by companies that have pioneered active absence management.

Employees should be informed that they too have a responsibility to keep in contact.

If your company does have access to occupational health support, it is important that you co-ordinate approaches to the individual. This helps to ensure clarity about professional roles and about what personal support is offered.

While the employee might not wish to be 'out of sight, out of mind', too much uncoordinated contact from different people can be overwhelming.

If an employee rings in sick, you should, as their line manager, take the call personally. The best outcome from this initial call is to agree that the employee will make a follow-up contact. (It might be useful to agree with the employee how this will be made. They might prefer to do it by text or e-mail.)

If the employee does not make contact in the agreed way, you should still get in touch. At an early stage, the fact of being in contact may be more important than what is actually said.

Tips on supporting an employee who is off sick

- it is essential to keep in touch. If there is little or no communication, misunderstanding and barriers can quickly arise, the employee may feel that they are not missed or valued and this can exacerbate already low self-esteem. Inviting them to social events will show that you still think of them as one of the team
- when the employee calls in sick you can suggest and agree a time you will call them next. At the end of each exchange you can then agree on when the next follow up call will be
- you could explore different means of contact, e.g. telephone, email, face-to-face meetings in a neutral setting. If the employee requests it they could ask someone of their choice to accompany them to these meeting, and
- ask the employee who they would prefer to have as their main contact. Either you as their line manager, their second manager, HR or OH advisor. This maybe particularly important if the employee's relationship with their primary contact is poor or if that person contributed to the individual's absence in the first place
- early intervention is key. Sometimes the longer someone is off work the harder it is for him or her to return. It is therefore advisable to refer an employee to OH early on
- you should reassure the employee about practical issues such as their job security and deal with financial worries

- give the employee the chance to explain the problem and what is happening by asking open questions
- ask if there is anything you as their manager can do to help
- ask if there are any work-related issues that are contributing to their absence
- reassure them that you understand medical and personal boundaries and will respect them
- be prepared for the possibility of the employee being distressed, hostile or remote when you communicate with them. These reactions may or may not be symptoms of their illness or medication. You must still ensure that any concerns raised by the employee are investigated and dealt with quickly
- review their needs/wishes for support
- if the employee is too unwell to be contacted directly, explore whether there is someone else such as a family member or friend who can keep in touch on their behalf. As soon as the employee is well enough for direct contact then this should be arranged and followed up immediately
- families often play a key role in the support and recovery of people with mental health conditions. Their knowledge and understanding is often unique and can be an important resource for employers to tap into. Members of the family can act as important go-betweens and potential partners in helping an employee back to work. Confidentiality must be respected, but don't assume that the employee would not want you to engage with the family, indeed they may be very relieved that you have offered to work with their families
- depending on the severity of the illness, explore if it would be helpful to have a halfway house between work and absence such as working for a couple of hours a day at home
- you may wish to encourage the person to come into the workplace informally beforehand
- plan a phased return to work as they approach fitness for work
- it is helpful to think about the support you would offer to someone with a physical problem. Do you have a different approach for stress/distress, and if so – why? Visiting the employee in hospital, cards, flowers etc can be appreciated – but ask. The main thing is to let people know they are not forgotten
- you could ask whether they are receiving any treatment and what impact this is having although it is important to remember not to put pressure on the person to divulge personal or medical information – it is their choice to reveal this or not, and
- ask if the employee feels able to do some work despite their condition and when they think that they will be able to return to work. It's important to remember however that when someone is in crisis it may be impossible for them to know how long recovery will take. The decision as to when it would be best for them to return to work will be assisted by their GP using the 'fit note', formerly known as the medical certificate.

It is always good practice to have a 'return to work' interview when someone returns after any absence. This can be just a quick informal chat but it is also a good chance to ask how someone is.

What to do if the person requests no contact

Sometimes employees do not want to be contacted. Do not accept this at face value and sever all contact with the employee – all the evidence shows clearly that this hinders the person's recovery and greatly reduces the chances of a successful return to work. People may request no contact because they feel anxious, embarrassed or ashamed about the way that they feel and are behaving – a sympathetic manner, being sensitive and treating the person normally can help to overcome that.

Sometimes the request for no contact arises because you, the manager, are perceived to have been a factor in the employee becoming unwell. In such circumstances, options include offering the services of another manager and/or making use of an intermediary such as a colleague, family member or trade union official. If there are work issues (real or perceived) it is essential that these are addressed or it will be unlikely the person will return to work. You may wish to revisit this tactfully. As the person begins to recover, contact may seem less daunting.

It is worth considering a policy of 'light touch' regular contact for all people off sick. This is a neutral, non-stigmatising way to engage with all employees. A person with mental health conditions is then much more likely to react positively.

It should be remembered however that there are mutual rights and responsibilities in managing sickness absence and rehabilitation. If you have made all reasonable efforts to communicate with an employee and they refuse to remain in contact with you then you cannot be expected to anticipate what reasonable adjustments might help the individual to return to work.

For more information on the rights and responsibilities of the employee see www.shift.org.uk/employers

The role of GPs

The GP's role is to provide care and treatment and help people recognise that getting back to work can be good for recovery and health.

This role of the GP will be supported with the new statement of fitness for work or 'fit note', which will replace the current medical statement or certificate in April 2010, subject to Parliament approval.

The new statement will focus GP's advice on what people can do rather than what they can't. It will help improve information flow between employers, individuals and GPs by enabling patients to pass on information to their employer about when the GP thinks they may be ready to go back to work and what adjustments may help them return to work.

In addition to this, if you get the written consent from the employee, you could also contact their GP highlighting any factors that might have a bearing on the employee's return to work that may be relevant for the GP to know. Factors such as the nature of the work that they do, a stress risk assessment and/or information about the organisation's policies on rehabilitation. You could also propose specific options for the employee such as adjustments at work and/or a short-term reduction of hours.

A copy of the consent form should be included with your letter to the GP.

Please note that if the employee does not wish you to contact their GP that is their absolute right.

GPs and occupational health

If you have access to occupational health (OH) support, then it would be sensible to refer the employee to OH as a management referral. OH in turn would then write to the employee's GP. The employee would need to give their written consent for this. OH can share with the GP what the employer can reasonably facilitate at work in the way of adjustments.

GPs may feel easier about sharing such information with other health professionals. The use of an intermediary occupational health practitioner, acting on behalf of the employer would therefore be advantageous. OH can ask specific questions of the GP about diagnosis, functional disturbance as this relates to occupation, prognosis and treatment issues.

The GP's confidential report then goes back to the occupational health practitioner. It is then up to the OH practitioner to provide the employer with guidance/recommendations on how best to support the employee based on this confidentially held knowledge of their medical background.

At some point, as a manager, you will have to make decisions about the employee based on the information that you have.

Most people who experience an episode of distress or mental ill-health recover completely and can resume work successfully. Effective planning between the individual and the line manager will maximise the chances of success. So will support and monitoring at the early stages of return. You have made an investment in that individual and in most cases, a planned return to work will be more cost effective than early retirement.

In larger organisations managing mental health and employment including the recovery process will not just be down to the individual line manager but will involve collaborative working between other services, the GP, OH and HR.

This section offers advice on planning the return to work and monitoring how things are going.

Planning the return

You should develop, in discussion with the employee, a return to work action plan. Discuss whether any adjustments need to be made to ease their return (see page 28 for some ideas).

You should discuss with the employee any factors at work that contributed to their absence that could realistically be changed or accommodated.

You will also need to discuss honestly the things you can change and those you can't. Some organisational factors are out of your control. Can they be mitigated?

You can then agree how their progress will be monitored.

Before they return, brief the employee on what's been happening – social life as well as work developments.

Reasonable adjustments

Some adjustments to consider

Almost no-one is ever fully fit when they return to work after an illness (physical or mental) and it takes some time to recover speed, strength and agility of both mind and body.

Waiting for people to become 100% fit for their work before allowing them back is therefore unrealistic - it lengthens absences unnecessarily and may ultimately even compromise their future employability.

It is common sense to adjust work in the early days after an extended spell of absence to promote full recovery and to ease the individual back into productive employment.

In some cases applying 'reasonable adjustments' will be required to meet your duties under the Disability Discrimination Act. Remember however that not everyone who will be returning to work after an episode of mental ill-health is considered disabled under the terms of the Act. Whether they are disabled or not, making adjustments where necessary is good practice and can ease the return to work.

What is a 'reasonable adjustment'?

Under the DDA, as an employer you have a duty to make changes to jobs and workplaces that will enable a 'disabled person' to carry out his/her functions as an employee or to assist an applicant for employment. These changes are known as 'reasonable adjustments' and are made to ensure that disabled people have equal opportunities in applying for and staying in work.

Whose responsibility is it to provide and implement the adjustments?

Most adjustments are made based on common sense following a frank and open discussion between the manager and the employee about what might be helpful and what is possible. Every reasonable adjustment is unique to the individual's specific needs and abilities and whether the employer can accommodate them.

If necessary you should obtain a report from the employee's GP, with permission, or consultant and in some cases, where applicable, liaise with the employee's key worker/care co-ordinator to request advice as to what kind of adjustments may be required.

For larger organisations you can refer the employee to your occupational health department for an assessment and also ask the human resources department about potential adjustments and what would be reasonable. The individual should always be part of the discussion to ensure that the adjustment will be effective for them.

Adjustments should be agreed, not imposed.

What is reasonable?

The DDA does not actually define what is 'reasonable' as various factors need to be taken into account which will partly depend on the nature of the organisation. What is reasonable will be judged according to the following factors;

- the extent of disruption, if any, that may be caused to your organisation or other employees by making the adjustment
- how much the adjustment will cost and how much budget you have
- whether it is practical to make the adjustment
- how effective the adjustment will be in helping the employee do their job, and
- whether or not you can get financial or other assistance to make the proposed adjustment from schemes such as the 'Access to Work Programme'.

What is the 'Access to Work Programme'?

The Access to Work programme offers help to people with a disability or health condition who are in or looking for work. It provides funding that is used to help remove the practical barriers that may prevent them from working on equal terms. This government funding could therefore be used to pay for the costs associated with making reasonable adjustments.

The amount of funding provided varies depending on need and is reviewed every one to three years. For more information about Access to Work go to www.direct.gov.uk

Examples of reasonable adjustments

This following list is not exhaustive but some reasonable adjustments you could consider may include;

- a phased return to work if the person has been on sickness absence- starting with part-time working and building up
- looking at aspects of the job that the person finds particularly stressful and rearranging responsibilities
- allocating some of an employee's duties to another colleague and adjusting the content of the job
- allowing the employee greater control over how they plan and manage their time and workload
- offering the option of working at home for some of the time
- allowing time off for attending therapeutic sessions, treatment, assessment and/or rehabilitation
- changing shift patterns or exploring different work options such as part-time, job-share, flexible working
- altering working hours e.g. reducing hours worked or offering a later or earlier start to avoid rush hour travel and review if any provisions are necessary or useful in terms of their physical health
- look at their physical environment and review what adjustments would be desirable. E.g. moving away from a busy corridor, allowing a person to use headphones to block out distracting noises
- offer a quiet place where they can go if feeling anxious or stressed
- if relevant, you could consider offering support with childcare
- identify training needs and provide support to develop the skills of the individual and their colleagues; e.g. specific job requirements and/or around skills enhancement such as communication skills or time management, and
- transferring the employee to another vacancy within your organisation. This should usually be a last resort once all reasonable adjustments have been fully explored in the individual's existing role.

Most adjustments are simple, inexpensive and need only be temporary.

Some mental health conditions can be episodic and so it maybe better to agree adjustments when they are needed rather than agreeing one or more specific adjustments that will apply all the time.

Remember;

- don't make promises that you are unable to keep. Be realistic
- if you are not sure what will help someone – just ask them
- review the adjustments regularly

Returning to work

What to do when an employee returns to work

Above all make sure you and the team make the person feel welcomed back. You might consider a mentoring scheme with another employee so that the person returning can talk to someone who isn't their manager.

Remember to;

- make sure the employee doesn't return to an impossible in-tray, thousands of emails or a usurped workspace.
- be realistic about workloads - be aware that some people will wish to prove themselves and may offer to take on too much. Instead, set achievable goals that make them feel they are making progress.
- take the time to have frequent informal chats so there is an opportunity to discuss progress/problems without a formal (and possibly intimidating) session. Do ensure however that the employee does not feel that their work and/or behaviour is being overly monitored or scrutinised.

Avoid;

- making the person feel they are a special case - this can cause resentment both with the individual and with peers, and
- failing to deal with their work whilst they have been off work. Check whether a backlog of unfinished work has built up and deal with this also.

Points to consider around staff who are on medication

If the employee is on medication they may experience distressing side effects. They may or may not feel able to discuss this with you. However it may be helpful to consider that it can be easy to confuse side effects with the illness. Any effects on work may be temporary and/or the person may only take medication for a short time.

For people with a longer-term problem, it may take some time and patience to establish the right medication and dosage. Hence the employee may not immediately know if medication will affect their ability to do the job.

It is important an employee continues with medication until they have discussed stopping it with their physician. You also need to make sure that any side effects they experience are considered against their job requirements. This is crucial in jobs where there are health and safety risks.

Managing reactions from colleagues and clients

Fear, ignorance and hostility from colleagues and clients can be a source of great distress. Many people who have experienced mental health conditions describe this as an area of stigma and discrimination. A key theme of this resource has been the need for both managers and employees to think about how communications will be managed.

Usually, stigmatising behaviour arises more from fear and ignorance than ill will. People are not sure what to say and find it easier to avoid the individual or not to mention mental health.

It is advisable to;

- try to talk to the employee and agree who will be told what, by whom and when. Think about the language you use. Be clear about confidentiality and boundaries
- be guided by the employee's wishes. Some people are prepared to be more open than others. Encourage the person to talk if they wish but don't pressurise them to do so
- treat people returning from absence due to mental ill health in the same way as those with physical ill health
- watch out for hostile reactions - stamp out any hurtful gossip or bullying promptly, this is your duty under the DDA, and
- treat mental health issues in a matter-of-fact way - they are common and should not be a source of office gossip or conjecture.

After a time, ask the employee how they are getting on with peers/clients. Review if there is any support that you can give, and consider mental health awareness raising for all.

Avoid;

- shrouding the issue in secrecy, and
- making assumptions about workloads and capacity to cope.

What happens if the return to work is not successful?

The 'return' could either apply to a one-off absence or to successive attempts if a person has an ongoing illness.

In this scenario, try to go through the reviewing progress, options for making further adjustments and talking to the employee. Then talk realistically with the employee about the best way to move forward. For example, if all reasonable adjustments have been made in the current post, it may be necessary to consider transfer to another job.

Use normal procedures if it is a performance, attendance or conduct issue rather than one relating primarily to health or disability, and if matters cannot be resolved then you may have to move to termination. You should help the individual to move on with dignity and issues such as health related pension benefits (e.g. medical retirement) should be fully explored.

Managing an ongoing illness while at work

Most people who have ongoing mental health conditions can continue to work successfully without, or with, only minimal support.

Where someone needs support, this section discusses how managers and employees can work together to ensure that it is flexible to suit varying health needs.

It is discriminatory to make assumptions about people's capabilities, their potential for promotion or the amount of sick leave they are likely to need, on the basis of their condition. People with mental health conditions should be treated in exactly the same way as any other member of staff unless they ask for help or demonstrate clear signs through their performance or behaviour that help is needed.

Using regular management processes to monitor needs

If a person has experienced a period of sickness absence and re-entry to work, you should discuss the format of their return to work and integration back into their job in advance of any return date. A documented plan can be valuable. You both might want to agree how you can identify when the member of staff has reached the stage of 'business as usual'. At this point, the most appropriate response is to use normal management processes to review their performance, needs and work planning.

Advance statements

As previously explained on page 21, it is best practice for an employee to draw up an advance statement. See www.shift.org.uk/employers for more information and an example template.

Coping strategies

Most individuals are encouraged to develop coping strategies as part of their care. This often involves noting signs of a possible relapse and taking pre-emptive action to avoid it. For example, cutting down on work or social activity, being careful about drinking alcohol, taking exercise and finding time to relax.

It is important you support the employee at this first warning stage. Small and inexpensive adjustments may well prevent a more costly period of illness.

It is worth noting that employees who have developed coping strategies may be better equipped to deal with pressure than employees who have never experienced a mental health problem.

Supported work projects

There are many projects around the country that offer support both to employees who have experienced mental health conditions and to employers. These projects have excellent success records in placing people in employment and in supporting them to be effective employees in the long term. In fact many people require only minimal support once they have been given the opportunity to work. They are also useful points of contact.

You may wish to advertise a post through your local supported work project or you can contact them for advice. People should find information on supported work schemes from the Disability Employment Advisor at their local Jobcentre Plus.

Notes

The Interview

When being interviewed for a job, the greatest barrier people face is the chance to prove their effectiveness when it is known they have experienced mental health conditions.

This film highlights the stigma and discrimination that can occur when interviewing and recruiting someone with a mental health condition.



The Breakdown

Mental health conditions in the workplace are much more common than people realise with one in five employees experiencing a mental health condition at any one time. There is still a lot of fear and ignorance surrounding mental ill health at work which simply perpetuates its stigma and leads to people being discriminated against.

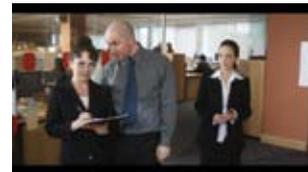
This film highlights the fear and ignorance that can occur when someone shows signs of having a mental health condition at work.



The Return

When someone has been off work due to mental health conditions it is important to remember that most people will recover completely and have the capability to resume work successfully. When someone first comes back to work there is often fear from managers and colleagues around what to say and what not to say.

This film highlights some of the issues that can arise when someone returns from sickness absence due to a mental health condition.



To view the films online or to order your free copy of the DVD go to www.shift.org/employers where you can also access educational quizzes and tools.

Feedback questionnaire

To help us make sure that we provide you with the support and guidance that employers need, we would like to hear your views about this resource.

Please give us your feedback using online feedback form at www.shift.org.uk/employers



National Mental Health
Development Unit

Shift believes that people with a history of mental health problems should have the same chances and opportunities as everyone else.

For more information about Shift and our work, visit www.shift.org.uk

The National Mental Health Development Unit (NMH DU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.