Good practice in workplace mental health

Report of the TUC Seminar February 2015

Introduction

On 5 February 2015, 90 delegates attended a TUC seminar and heard presentations from six unions (and one employer) on the subject of workplace mental health. The seminar had been organised following a proposal at the TUC Disabled Workers' Conference 2014 but the wide spread of the delegates reflected the fact that mental health is a priority across the union agenda. The stated aim was to share good practice examples from different sectors and to match these against the experience of delegates. It was stated at the time that the intention was to publish the proceedings in order to share the various strategies deployed in particular settings that had been successful and to reinforce common messages arising from the discussion: this report is the result.

The seminar was chaired by Sarah Veale, head of the Equality and Employment Rights Department at the TUC, and was divided into two broad themes: the first dealt with good practice in achieving mentally healthy workplaces, the second concentrated more on union strategies to support successfully members with mental health issues.

The first session received presentations from Patrick Hagg and Dave Artis (respectively a manager and Prospect representative at the Highways Agency), Linda Craven and Michelle Griffiths, respectively senior and deputy senior USDAW representatives at a Manchester call centre, and Paul Mooney, UCATT convenor/safety adviser at the South Glasgow University Hospital.

The second session heard from Rachel Curley, senior regional official for ATL, Susan Murray, national health and safety officer for Unite, and Sarah Lyons, principal officer, pay, conditions and bargaining at the NUT.

Context and background

Peter Purton, disability and LGBT policy officer at the TUC, first set the context for the discussion by reminding delegates that although there was now significantly greater public awareness of mental health issues, and many politicians and public figures were now talking about it, the number of people affected by mental health issues was enormous. It had always been so (if not previously acknowledged to the same extent as now) but in recent years - for many workers the result of austerity both on their working and home lives – there have been significant increases in cases of stress sometimes leading to mental ill health; but that many employers were unable to deal with this properly leading to many people losing their jobs as a result and failing, often because of the stigma still associated with mental health, to find new employment. The role of trade union representatives could be critical firstly, in negotiating policies with the employer that reduced the risk of workplace mental health issues arising, but then, if they happened, in trying to ensure that those affected could access appropriate support and remain in employment.

The legal context

People with mental ill health where the consequences are long-term (lasting 12 months or more, or recurring over a long period) and sufficiently serious to affect

their day to day life are likely to be considered to be disabled and therefore protected by the anti-discrimination provisions of the Equality Act 2010. A disabled worker is entitled to "reasonable adjustments" from the employer subject to a number of conditions (including that the employer knew or could reasonably be expected to know about the disability). Another part of the Act allows claims on the basis of "discrimination arising from disability" where it may be possible to argue that (for example, as arises in case study 4 below) a member's behaviour has happened because of their disability. of course, it remains open to any worker who believes they have faced discrimination on grounds of mental health issues to challenge the employer in law. However, taking a case for discrimination to an Employment Tribunal now involves paying a substantial fee upfront and proceedings can be lengthy and themselves very stressful. During the seminar, the legal context featured only insofar as it may help persuade an employer of the mutual benefits of a preventative approach or having good policies in place (and then using them). The purpose of the discussion was to explore the ways in which active engagement with employers who could be persuaded to adopt a positive approach would be more productive and better suited to improving the culture of an organisation than the alternative of dealing with bad employment practices through repeatedly having to take action on behalf of an individual.

Information on the law as it applies to disabled people and those with mental health issues is available in the TUC guidance, Disability and Work, 3rd edition 2011, and in the TUC guidance Representing and Supporting members with mental health problems at Work, 2008, available free from the TUC website www.tuc.org.uk.

FIRST SESSION

GOOD PRACTICE IN CREATING MENTALLY HEALTHY WORKPLACES

1. Case study 1: The Highways Agency

Patrick Hagg and Dave Artis made a joint presentation of the union/management approach to mental health. The Highways Agency employs 3600 people working across the country.

Following recognition of the significant impact of mental health on staff and therefore business efficiency, a joint management-trade union working group including people who had experience of mental health issues, operational line managers and HR came together to listen to experiences and seek a step change in the organisation's practices. The group met quarterly and some 40 people were involved.

The first key message was <u>listening</u>. Staff were encouraged to raise issues through the intranet while support was increased and a board director appointed as mental health champion to ensure that the policy was carried out across the organisation.

Among support measures was the development of a <u>line manager training course</u>. Over one quarter of the managers have attended so far. It is delivered by Remploy practitioners.

Through the working group, other resources produced include a stress management <u>toolkit</u> and a <u>reasonable adjustment agreement</u> with the union specifically for mental health, enabling people to start conversations with their line manager at an early stage.

Prospect trains its representatives to recognise stress and 70 Prospect reps have now been trained as mental health first aiders.

The work continues and is reviewed. There has been a drop of 18 per cent in mental health related sickness absence.

The lessons learnt since the launch in 2013 include the vital importance of personal experience as a tool for positive change, creating the right environment for people to come forward is essential and convincing managers that they do not have to be experts themselves but that they can and must support people. Managers were often scared of doing the wrong thing which prevents them doing the right thing: this was a key finding.

The toolkit has been revised and initiatives taken around the hooks of European Health and Safety week and Time to Talk day.

Another key message is that small actions and changes can have an impact.

There is commitment from both sides to building on the progress.

Case study 2:   Mental health First Aid (USDAW)

Linda Craven is full time USDAW convenor at a Manchester call centre, and Michelle Griffiths is her deputy.

Work in the call centre can be very stressful dealing with angry callers and workers required to complete specific objectives with every caller, along with pressures on targets, performance, time-keeping, and out of work pressures led to the union becoming aware that some long term absences were down to stress, depression and anxiety.

After initial resistance to doing anything about the situation the union asked to survey its members. They refused, so the union said it would do the surveying outside the workplace and distribute information about mental health. At this, the employer decided to begin a programme of mental health first aid training that would be cascaded down to 30 mental health first aiders who were trained to spot early stages of mental health problems and provide help on a "first aid" basis. The union argued successfully that the ten existing USDAW workplace representatives be included because of the trust and confidentiality they already had with their colleagues.

Michelle Griffiths volunteered to attend the first set of training courses, having represented members in disciplinary meetings and finding that stress and anxiety were often raised in discussion.

The course was delivered over two days and comprised four sessions.

The first looked at what mental health is, the impact and cost of MH problems, drugs, alcohol and depression and their influence on mental health and why we should have MH First Aid.

The second session dealt with suicide and how to listen and help somebody who may be suicidal, treatment and resources for depression and about listening non-judgementally.

Session three covered anxiety, first aid for panic attacks, reactions to stress, self harm and eating disorders. The fourth session focused on psychosis, bipolar and schizophrenia and recovery from these conditions and action planning for using the MH First Aid.

Overall, the training taught how to

- Spot early signs of a mental health problem;
- Feel confident in helping someone with a problem;
- Prevent someone harming themselves or others;
- Help stop mental illness getting worse;
- Help someone to recover faster;
- Guide someone to the right support; and
- Very importantly, reduce the stigma attached to mental health problems.

The benefits for the business were assistance in tackling prejudice and stigma, assisting employees with MH issues, assisting employees to remain in work, a reduction in sickness and absence, and the promotion of emotional and mental health well being.

The costs had the training been done offsite would have been £6,750 for 30 trainees, whereas the employer's Occupational Health counsellor provided it on site. The employer is now extending the same training to other sites.

In summary, the Mental Health First Aid process

- Provides help on a first aid basis, using company rest rooms when assisting individuals;

- Helps MH first aiders be confident in helping someone experiencing a problem;

- Help prevent someone harming themselves or others;

- Assists in faster recovery;

- Guides people to the right support; and

- Promotes the company's mental health well being.

Michelle has subsequently completed a certificate in mental health awareness at college, supported by USDAW.

Case study 3: UCATT and Brookfield Multiplex Construction

Paul Mooney is UCATT health and safety adviser and Convenor at a major construction site in Glasgow. Paul described a four-year programme run with NHS Scotland and Healthy Working Lives to tackle mental health problems at work.

The challenges were:

- Mental health, and the stigma attached to it

- Health and safety at work

- The accident frequency rate; and

- The mentality of the construction industry.

The benefits of the programme were

- Support, advice and signposting for the workforce,

- Awareness training,

- An educated workforce,

- A workforce engaged with the programme

- and sustainability.

The project involved:

- creating a DVD, "Ahead for health", that encouraged workers to think about their mental health and to realise that there are simple, everyday ways to stay well (it can be seen on YouTube);

- and having "tool box talks" training on health and safety and mental health.

The campaign and awareness sessions covered the following topics:

- (reading) between the lines, illustrating ways of seeing where someone was hiding how they truly felt;

- Understanding stress;

- Advice sessions on debt;

- Health awareness road shows;

- Information about cancers and awareness about drugs and alcohol.

Training was provided through UCATT, Brookfield Multiplex and small and medium size businesses "train the trainer" and mentally healthy workplace courses.

The campaigns and awareness sessions continue. The programme has won the Multiplex Global Safety award and the good practice established on site is to run through Brookfield Multiplex Construction Europe.

For the future, it is intended to run "back to basics" campaigns and hold occupational health MOTs. This involves highlighting a circle of behaviour: accountability, supervision (going to the right person), information, safety, communication, with "you" in the middle of the interlocking circle.

The union's input has been recognised by the employer, the NHS, "Healthy Working Lives (Scotland)" and ROSPA (Royal Society for the Prevention of Accidents), winning their Workforce Involvement in Safety and Health Award 2014.

The question session

A wide range of questions were raised by delegates, the main points from which are covered in the concluding section of the report.

UNIONS SUPPORTING MEMBERS WITH MENTAL HEALTH ISSUES

Case study 4: Supporting members with mental health issues

Rachel Curley, senior regional official, ATL.

ATL had surveyed its members and the headline findings were

- 38 per cent had noticed a rise in mental health problems in the past two years;

- 68 per cent hide mental health issues from the employer and

- 45 per cent did not disclose through fear of managers' reactions.

- The most common factors affecting mental health were pressures to meet targets (63 per cent) and inspections (59 per cent). 80 per cent reported that stress has a negative impact.

Supporting members

ATL presented two disciplinary cases with very different issues but some common themes in terms of supporting members with mental health conditions. The cases didn't reflect good employer practice but did highlight the role of a supportive trade union rep.

In both cases the members had a severe and prolonged period of mental ill-health and had received support from external mental health teams or agencies. In both cases the members were suspended from work pending a disciplinary investigation and then a disciplinary hearing for potential gross misconduct.

ATL argued in both cases that the alleged misconduct was not wilful or culpable but was a consequence of the mental ill-health at the time and therefore the members were covered by the protection of the Equality Act.

In both cases the employer had failed to follow ACAS guidelines or their own procedures, for example Stress and Wellbeing, Time off for family emergencies or the Alcohol and Drug Misuse Policy.

Key lessons

- Early disclosure from the member to the employer and trade union rep about the extent and nature of the illness is really helpful and can help make arguments relating to discrimination arising from a disability. However, this requires managers and reps to ask the right questions and to have received training in raising such issues.

- These cases can be very resource and time intensive for the rep, but the more support the better the outcome.

- Negotiate appropriate return to work plans and long term reasonable adjustments

- Reps can be part of a reasonable adjustment in terms of return to work and ongoing support. This is very good practice but requires the employer to allow

the time off for reps to attend meetings and provide support where there isn't a statutory right to accompany a member.

- Input from external agencies can be very helpful, for example the Mental Health Employment Specialist plus helpful letters and recommendations from OH and GPs.

- Employers can be very reluctant to take a wider view of what they perceive to be disciplinary issues. This highlights the importance of having other policies and procedures *already in place* to rely on e.g. Stress and Wellbeing Policy, Equality Policy, Alcohol and Drug Misuse Policy.

- Section 15 of the Equality Act 2010 – discrimination arising from a disability – can be helpful where employers are trying to discipline members for behaviour or alleged misconduct which is directly linked to the impact of mental ill-health.

Discrimination arising from disability

Section 15 of the Equality Act 2010

The treatment of a disabled person amounts to discrimination where:

- An employer treats the disabled person unfavourably;

- This treatment is because of something arising in consequence of the disabled person's disability; and

- The employer cannot show that this treatment is a proportionate means of achieving a legitimate aim,

Unless the employer does not know, and could not reasonably be expected to know, that the person has the disability.

NB – no need for a comparator – only necessary to demonstrate that the unfavourable treatment is because of something arising in consequence of the disability.

Case study 5: Stress and mental health, health and safety and dignity at work, Unite campaigns and training

Susan Murray, Unite National Health and Safety Adviser.

Employers have a legal duty to ensure safe workplace environments including not exposing staff to risks of stress that may lead to mental health issues, including physical environments.

Unite supports members through campaigns, guidance and training and work is done by safety, equality and learning reps. Reps too need protection from stress.

Some examples by sector:

- Hospitality workers: the isolation and vulnerability of migrant workers who suffer mental health issues due to workplace bullying and do not always have the support of family members and may be living in single room accommodation where they are further isolated.

- Health workers: high levels of stress in the NHS, growing pressure to do more

work, gaps in mental health services, and shortage of medical staff mean that mental health nurses are themselves stressed.

- Finance workers: long unpaid hours, not enough time to do all the work, call centre pressures, not being able to access welfare facilities and call monitoring can lead to occupational stress.

Unite launched a campaign *Organising and campaigning on stress and mental health* (2011), an initiative of the union's Disabled Members' Committee working with the H&S department and Unite Mental Health Nurses Association. Unite published a campaign pack including a workplace stress questionnaire. Members were encouraged to carry out workplace surveys and follow this up with their employers to get action on the findings.

The Health and Safety Executive "Management Standards" are used in Unite training and resources. The HSE has promoted constructive dialogue between employers and employees to manage work demands, the control someone has over their work and role, and managing change at work and work relationships. If used properly, the Standard puts control back into the hands of those who are suffering – providing management commits to it as well.

Disability equality at work includes model policies emphasising employer commitment to provide paid disability leave sufficient to adjust to changed circumstances, paid time off for reasonable adjustments, counselling and support; and specifically for all workers to have equal access to H&S provision, and to ensure that H&S is not used to justify discrimination against disabled people.

Guidance on *Dignity at Work* covers zero tolerance for on harassment, discrimination and bullying that can affect mental health.

Training materials are used on national courses and there is demand for more on stress and mental health. Tutors report how often members come out with their experiences and had invariably believed they were alone, and were unsure how to speak about it. Tutors are not counsellors, but can signpost people.

Examples of Unite members acting in various sectors:

- Food manufacturing: trying to get the employer to think at a different level because mental health is not visible. Members can be affected by changes at work (managers, HR practices) and disability. Reps are advocating for members on reasonable adjustments such as time off for counselling and avoiding being penalised because they can't deal with an interview. The Equality Rep has negotiated time to leave the job and attend members' homes with HR to discuss return to work with members who cannot face coming into work.

- Steel industry – a learning rep noticed large numbers of people going sick with stress, and set up mental health first aid courses in the workplace supported by Unite and the Wales Union Learning Fund. 700 people have attended and this was later incorporated into the company's 'Well being' policy.

- Hospitality – members are working on a graphic novel drawn by a member highlighting concerns, particularly gender issues, about working faster under extreme pressure.

- Health – Mental Health Nurses' Association published a magazine special issue including articles on mental health impact of cuts in Greece and Portugal, taking

positive action highlighting the link between economic recession and mental health: 45 per cent of people in debt have associated mental health problems.

- Health sector (Scotland) – negotiating stress and mental health policies with management seeking positive commitment to managing stress, and making sure everyone knows their responsibilities.

- Using the European Works Council – a global insurance company with 160,000 employees – union members negotiated stress guidelines at EWC level, which were circulated with a letter from the CEO to all managements in the European Economic Area and Switzerland. Reps at local level worked to get it implemented. The guidance covers the involvement of H&S reps and committees. There was a two-year review and it has now been implemented in all countries.

  Unite is running a "Looking for trouble" campaign designed to get worker reps involved in dialogue with employers particularly focused on creating a climate where workers will feel comfortable raising their concerns about stress and psychosocial risks.

  The agenda for good H&S aims to ensure

- That work is designed to fit the worker;

- Mental health issues are dealt with appropriately;

- Stress management is undertaken with full participation in a workplace culture which encourages the raising of concerns without fear of ridicule or victimisation.

Case Study 6: Preventing work-related mental health conditions by tackling stress – guidance for school leaders

Sarah Lyons, Principal Officer, pay, conditions and bargaining, NUT.

A recent survey carried out by the NUT had identified that 90 per cent had considered leaving the profession over the previous two years because of workload.

The union has published (jointly with GMB, Unison and Unite) guidance for school leaders. Their role is to recognise

- They are not medical experts;

- They are themselves under acute pressure;

- But they have a role in protecting staff.

School leaders are asked to

- Maintain a reasonable work/life balance for staff;

- Try to address stigma attached to mental health conditions;

- Intervene early if it's suspected that someone is becoming ill; and

- Undertake a stress risk assessment.

Arguments to persuade school leaders to risk assess for stress:

- Legal duty

- Business case

- Moral case;

- Providing a simple guide.

The approach suggested in undertaking a stress risk assessment is to:

1. Explain to staff what is planned and why;

2. Gather evidence as to whether staff are suffering from work-related stress;

3. Present the findings

4. Make changes.

Questions, discussion and conclusions

The Q&A sessions held at the end of each part of the seminar allowed delegates from a wider range of sectors to report their own experiences, draw attention to what they saw as the critical issues, and to get further information from the speakers on the activities they had described.

Taken together, the presentations and subsequent discussion highlighted a number of key conclusions:

- First Aid was a very good approach. People were leaving it too late to start talking – early intervention is crucial.

- The trust of members in their union representatives was key to dealing with mental health issues in a timely fashion and to the employer recognising the role of the union rep in tackling problems.

- Therefore training for union reps was essential so that they were aware of what to do, and where to send people for more specialist help;

- An early reference to Occupational Health might be vital. GPs can make the problem more difficult by signing people off for too long, making return to work harder;

- Middle managers are often a significant problem because of their ignorance. Training them was essential – but this might not work unless the training was mandatory. They were not expected to be experts but to understand how to deal with mental health issues. Instead, many did nothing for fear of doing the wrong thing;

- Managers often regard things happening outside work as nothing to do with them, thus failing to recognise the impact these may have on mental health at work;

- But many workers were sceptical about raising issues with their manager, particularly in a time when they are under severe pressure;

- There is an important women's angle to mental health, but many (male) line managers are ignorant and unsupportive.

- The employer must be convinced to carry out a stress risk assessment, on the basis that stress can lead to mental health problems;

- The arguments for employers having decent policies on stress and mental health were not only moral, but included a strong business case.

- It was better to ensure that employers have robust policies and procedures negotiated and in place to deal with reasonable adjustments, disability leave, return to work procedures, stress risk assessments, drink and drugs (etc) so that these policies can be called upon to protect members' jobs. However, it was known that employers did not always follow their own policies.

- The experience of going to an Employment Tribunal was itself highly stressful and demonstrated that policies had failed. However, using the law (Equality Act 2010) could be a valuable tool to persuade an employer to adopt the right course.

Resources

During the seminar, speakers drew attention to a number of resources.

The NUT/GMB/Unite/Unison guidance for school leaders can be found at

http://www.teachers.org.uk/node/12549

The TUC guide on mental health is at

http://www.tuc.org.uk/extras/mentalhealth.pdf.

The UCU guidance on mental health is at

http://www.ucu.org.uk/media/pdf/r/q/ucu_1in4_mentalhealthatwork_jun11.pdf.

The TUC guidance to using the HSE Stress Management Standards is at:

https://www.tuc.org.uk/sites/default/files/Stress%20Guidance%20July%202014%20pdf_0.pdf