The Industrial Society

POLICY PAPER

Working Minds

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Attitudes on mental health in the workplace, with proposals for change

mind OUT for mental health

A report by The Industrial Society for the **mind out for mental health** campaign

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mind OUT for mental health

mind out for mental health is an active campaign to stop the stigma and discrimination surrounding mental health.

Co-ordinated by the Department of Health, **mind out for mental health** is working with partners across all sectors including voluntary, business, media and youth organisations to combat stigma and discrimination on the grounds of mental health, and bring about positive shifts in attitudes and behaviour.

working minds is the employer programme of **mind out for mental health**.

working minds is working in partnership with employers to help bring about positive changes in workplace policy and practice on mental health.

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FOREWORD

This research – *Working Minds: Attitudes on Mental Health in the Workplace, With Proposals for Change* – lifts the lid on one of society's last taboos: the attitudes, practices and prejudices that lead to widespread discrimination in the workplace on the grounds of mental health. The research is a crucial component of **working minds,** the employers' programme of the Department of Health's **mind out for mental health** campaign, which aims to stop the stigma and discrimination surrounding mental health.

The key to the success of the **working minds** programme lies with employers. That is why we are pleased to be working in partnership with The Industrial Society, which has long experience of workplace policy and practice, and whose roots are firmly in the business community.

The picture the research paints is even more shocking than the Department of Health expected. The fear and stigma it illustrates provides hard evidence for change and an important springboard for action. In the past, too many organisations adopted a 'head in the sand' approach, driving mental health underground. Instead we need to engage positively with staff to drive out fear, bring mental health into the open and build sensitivity and understanding of the issues.

The Department of Health hopes that this research will encourage a long overdue step-change in employers' attitudes to mental health. The report identifies the need for more specialist help, training and information, and organisations are currently ill-served in these areas. But specialist help can only be effective if managers are willing to ensure that mental health becomes an integral part of the corporate agenda.

Employers are critical to the success of **working minds,** but only one in ten organisations has a mental health policy. Think about where you fit in this shameful picture. Now think about what you can do to make a difference. It is our hope that this research will provide the platform organisations need to encourage debate, to promote positive change, and to help 'shine a light' on a neglected employment issue.

Professor Louis Appleby

National Director for Mental Health

DH Department of Health

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1. Introduction

This report is about mental health at work. The case it makes is simple but stark. People with mental health problems face severe discrimination at work. This is the result of a shocking lack of understanding and awareness – among employers, managers and employees in general – about the nature of mental illness and associated problems, and how to deal with them.

The *Working Minds* report is an attempt to explain the scale of the problem facing those with mental health problems at work, and to show what it will take to achieve the drastic and urgent changes needed.

The report is part of a national mental health anti-discrimination campaign: **mind out for mental health** launched by the Department of Health (DoH). The campaign is about reducing discrimination against mental health service users and people with mental health problems.

Working Minds is based on research carried out for the campaign by The Industrial Society. As campaigners to improve working life, The Industrial Society are passionately committed to ending workplace discrimination against those with mental health problems. As advisers to numerous organisations in the public, private and voluntary sectors, and advocates for a more humane and effective workplace, the Society believe mental health discrimination wrecks lives, taints organisations who permit it, wastes human potential on a colossal scale, and costs our economy countless days of work and lost production. Discrimination, it is also worth adding, is against the law.

MENTAL HEALTH – HOW BIG IS THE PROBLEM?

A rapid profile of the scale of mental health problems in Britain today:

- one in four people will experience some kind of mental health problem in the course of a year
- around a quarter of all the drugs prescribed by the NHS are for mental health problems
- it is estimated that around one third of all GP consultations are the result of psychological and social problems
- official figures suggest that 20% of women and 14% of men in England have some form of 'mental illness'
- suicide is the second most common cause of death among people under 35, whilst it is estimated that suicide attempts by young men have risen by over 170% since 1985.

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Mental health at work?

If that is a national sketch of mental health problems in the UK, what is the position at work? Around half the population work, so what is happening in the workplace has a gigantic impact on our chances of success as a society in tackling mental illness. The picture, revealed by data already in the public domain, is a grim one.

- only about 13% of people with mental health problems are in employment, compared with around 33% of people with other long-term health problems
- 70% of people with mental health problems have been put off applying for jobs for fear of unfair treatment
- 30% of people with mental health problems felt they have been dismissed or 'forced to resign' because of discrimination
- in a survey of over 800 companies carried out by the Confederation of British Industry (CBI), only one in 10 had an official policy on mental health – even though 98% of respondents thought that the mental health of employees should be a company concern
- stress related absences account for half of all sicknesses from work with an estimated cost of £4 billion.

[For a full guide to sources referred to above, please see Endnotes section]

ABOUT THIS REPORT

So this report is about just one dimension of the UK's mental health problem: the workplace. Using a mix of qualitative and quantitative research it tries to discover the realities of mental health discrimination at work by looking at issues such as:

- awareness about mental health issues in the workplace
- the actual incidence of discrimination
- policies and procedures to address mental health problems within the workforce
- employer, manager and employee understanding of mental health problems and how to address them
- the availability of resources to help organisations and individuals deal with mental health problems at work
- understanding of legal requirements in this field, and the benefits of reducing discrimination.

Main findings

The research reaches a wide range of conclusions that are summarised at the end of this paper. A number stand out, however. These conclusions are of serious concern, though it's important to stress that there are unquestionably many exceptions to the picture painted. There are clearly employers trying to address mental health issues in a positive and sensitive way – but the evidence from this research suggests that too few other employers are yet trying to emulate their example.

First, judging from this admittedly limited research project, mental health discrimination – either direct or indirect – is likely to be common. Moreover, it appears to extend well beyond 'mere' discrimination over personnel and employment matters such as recruitment, promotion and so on. Discrimination stretches, not infrequently, to actively hostile behaviour towards those with mental health problems, exacerbated by manager indifference or ignorance to the issue.

The second main conclusion is that understanding and awareness of mental health issues, causes, symptoms and treatment is disturbingly low among employers, managers and employees alike. Ignorance on this scale, predictably and dramatically diminishes the chances of organisations successfully addressing mental health problems at work, and helps perpetuate discrimination.

Third, not surprisingly in view of the conclusions above, there is a serious absence of expert information, advice or help for those who need it. Employers lack a central source of help; managers are likely to lack sufficiently expert advice – inside or outside the organisation – to help them tackle problems that develop within their team; employees, and especially those with mental health problems, face a lack of expert support or help within the organisation, and unpredictable quality of help outside the organisation.

Finally, legislative change and well-publicised, expensive compensation claims seem to be playing a critical role in driving employers to improve their policies and practices.

Research approach

Working Minds is based on an original and small-scale research project, carried out in two stages:

- four focus groups involving in-depth interviews with employees and two focus groups with managers, carried out during January 2001
- a quantitative survey during February to March 2001 of human resource and personnel managers, and 'opinion formers'.

For the purposes of the qualitative research with managers, we interviewed one group of managers from organisations who it was fair to assume would exhibit better than average management of mental health matters in the workplace. A second group was selected where there was no reason to expect a similar level of awareness or practice.

This model was successful to a point, but it was inevitably difficult to achieve an entirely clean 'split' between the two groups' level of awareness and their organisations' level of practice. However, the emphasis in the two groups remained distinct.

Both sets of focus group discussions centred on a core set of questions – one for manager groups, another for the other employee groups.

For the quantitative stage of the project, the Society sent questionnaires to:

- 500 human resource and personnel managers drawn from its database of organisations and received 69 responses, a response rate of 13.8 %
- a list of 1000 opinion formers, of whom 85 responded; a response rate of 8.5%.

It needs stressing that this scale of research and the methodology chosen are clearly not comprehensive or scientific. Both the qualitative and quantitative research carried out was limited in scale and not fully representative of the economy as a whole. But we are confident that the approach chosen is robust and fair. Focus groups provoked rich and extensive discussion of the issue and their experience, facilitated by experts from The Industrial Society's Surveys & Diagnostic Consultancy team. The HR manager and opinion former polling, though limited in scale, provides a valuable cross-check on the evidence to emerge from the focus groups.

Working Minds is an attempt to open up the debate on mental health at work, to focus attention on the problems and the possible solutions. The evidence it reveals should be more than enough to explode any complacency about our success in handling mental health at work, and provoke action to end discrimination.

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2. Attitudes to mental health – the understanding gap

Mental health conditions and related mental health problems now account for the largest group of health problems in Britain.[1] Three in ten employees will have a mental health problem in any one year.[2] Common problems that individuals face include anxiety, depression, schizophrenia, dementia, alcohol and drug misuse, and eating disorders.[3]

ATTITUDES

Despite the widespread prevalence of these conditions within our society, many people feel uncomfortable when faced with mental health problems.[4] All of these mental health problems have been stigmatised by a set of commonly held underlying attitudes towards mental health.[5] Examples include the perception that:

- individuals with mental health problems will be dangerous or unpredictable
- some mental health problems are self-inflicted
- individuals will never recover or be able to contribute fully
- those with mental health problems have a bleak outlook
- those with mental health problems have difficulty in communicating.

These attitudes are in part driven by misconceptions presented in the media and a widespread lack of awareness of the extent, dynamics and impact of mental health problems on the lives of individuals both inside and outside the organisation.[6]

The fact that such misconceptions clearly continue to exist means that mental health issues tend to be 'driven underground'. Individuals hide their mental health problems and fail to seek help. Concerned colleagues, friends and relatives feel discouraged and unable to provide support.

Some of these stigmatising attitudes and a broad lack of understanding about mental health problems were demonstrated very clearly in the focus groups with employees and managers and our poll of HR managers and opinion formers.

Inside the organisation

The key issue to emerge from the focus groups was a general concern about how mental health problems would be seen and dealt with by the organisation. There were two distinct aspects to these fears:

- how problems would be viewed by colleagues
- how management would react.

As far as colleagues were concerned, most participants tended to feel that reactions would include a lack of understanding, lack of sympathy and even resentment at special treatment of those with mental health problems. For example, one HR manager reported overhearing the comment: *"we could all feel depressed if we allowed ourselves"*.

Some focus group participants themselves displayed this lack of sympathy. In one of the groups there was agreement with the proposition that some employees with mental health problems were: "*getting away with doing less work by taking advantage of lax employment systems and procedures*".

Employees were also concerned about bullying and harassment as a result of disclosing mental health problems. One participant commented that people returning to work after absence for mental health reasons would be the butt of either jokes or other verbal pressure.

There was also concern that those with mental health problems would be perceived as irrational, unpredictable or even violent and that this would distance fearful and wary colleagues. The majority of those who took part in the employee focus groups agreed with the claim that mental health problems still have a stigma attached.

There were similarly pessimistic expectations about how management would react. The vast majority of HR managers and opinion formers who took part in our quantitative research (over 80%) expressed the view that employers are failing to see mental health as a priority in the workplace. A similar finding emerged from the employee focus group discussions. It was generally felt that managers would, on the whole, display a lack of sympathy and understanding towards those with mental health problems. The prevailing view was that any positive action would only include stress counselling and/or a referral to a company doctor, welfare officer, or an individual's own GP. One of the participants illustrated these views by drawing on their own experience:

> "*My work suffered. My manager said she would mark me down. All she is interested in is whether I can meet my targets. When I reminded her of the problems she said 'that was last year'*".

Comments made by some of the HR managers during their focus group discussion confirm these employee concerns. There was a strong belief that there has been too much of a policy shift in favour of employees and that some staff *"wanted to see themselves as victims"* instead of taking responsibility for their own mental health problems. As one participant argued:

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> "*I think that stress can be created by the individual not managing their own time effectively...I am not being hard about it but I think that a lot of the staff in my company suffer from self-induced stress.*"

As a result of these perceived reactions, each focus group observed that some employees with mental health problems, or those returning to work after experiencing them, would try to hide their difficulties.

What also emerged from discussions with employee and HR managers was a perception that those with (or who had experienced) mental health problems would not be able to take on new challenges or pressures and that they may behave irrationally. It was perceived for example, that those who have experienced depression would then have difficulties in handling customers. Likewise, one participant recalled their attitude, as a manager, on discovering that a team member had previously had a nervous breakdown:

> "*It will still be at the back of my mind – though I know it shouldn't be really*".

Another participant commented that:

> "*If someone has broken a leg, once it's better you think it's over. If someone has stress problems, you assume the probability is that it will happen again. It's stigmatisation – due to lack of education.*"

Our poll of managers and opinion formers suggest these perceptions may be exacerbated by employer failure to explain that those with mental health problems can participate fully at work. For example, 54% of opinion leaders disagreed with the statement: 'employers help their employees understand that mental health problems do not preclude people from contributing to the working environment'.

Media messages

Research participants confirmed people's general lack of understanding about mental health at work, and contrasted this with society's better understanding of physical disabilities. The point was made that education, for instance via the media, had helped the public to understand physical disability; but that the same process had yet to occur with mental health. In fact, it could be argued that the media are currently influencing wider society in the opposite direction.

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Some sections of the media have been criticised for using derogatory and disrespectful terms such as 'psycho' and 'nutter' to refer to individuals with mental ill health. Given the media's influence, one conclusion must be that using terms like this – to sell a story for example – may actually reinforce the stigmas attached to people with mental illnesses.[7]

Our polling of managers and opinion formers indicates a near consensus that the media has a responsibility to convey messages about mental health problems in a balanced way (99% of HR managers and 100% of opinion leaders). Parts of the media appear to be significantly short of achieving that balance.

WHOSE PROBLEM?

Links between mental health problems inside and outside the workplace are another key issue to emerge from the employee focus groups. Some employees said their employer would be unwilling to address and provide support for problems that they thought originated in home rather than work circumstances. While the vast majority of HR managers (90%) in our quantitative poll felt that managers did recognise the links between outside pressures and individual performance, a far smaller number of the opinion formers (64%) felt this to be case. These findings may point to a failure on the part of some managers to recognise that individuals with mental heath problems derived from outside the organisation need as much assistance and consideration as those with mental health problems that stem from work.

Focus group participants tended to feel that line managers had little understanding of mental health problems and little willingness to address them. There was an expectation that managers would refer mental health problems to the HR function, but not necessarily engage with or try to understand the problem from the employee's perspective. There was an acknowledgement that larger organisations do try to get managers to take responsibility for the welfare of their staff, but the perception tended to be that managers saw their welfare role as an 'add-on' to their 'real' job – *"something they did on a Friday afternoon"* as one person put it.

Putting individuals on the spot

What also became clear was that the HR managers tended to think individuals should be responsible for identifying and dealing with their own mental health difficulties. For example, some participants commented how difficult it was to get people to admit they have a problem. These comments demonstrated a failure on the part of some of the HR managers to acknowledge the organisational factors contributing to mental health problems and the organisation's responsibility to address them. While mental health problems continue to be stigmatised, and there is evidence to suggest that employers are finding it difficult to respond adequately, it is hardly surprising that individuals hide or fail to recognise problems.

The reported attempts by employers to address mental health problems often appear to place the onus on the individual. One organisation carried out risk assessments on job design, aiming to ensure that people properly understood the mental demands of a job before they applied. By informing potential applicants that a post had a 'factor five' stress level, this organisation was trying to deter anyone who knew they had difficulty with stressful situations from applying. The 'success' of such an approach, however, depends on the ability of the individual to objectively assess their own susceptibility to mental health problems. It may also lead to blame being unfairly placed on the individual should they subsequently find they are unable to cope with the pressures of their role.

In addition, we found significant lack of acceptance of the importance of taking account of individual's needs when designing jobs. Many HR managers appear unwilling to accept responsibility for managing employee workloads in order to avoid unnecessary stress.

In situations where mental health problems came to the fore, it was clear from the focus group discussions that a common approach of HR managers would be to deal with the symptoms rather than the cause. For example, whilst the focus groups came up with individually-based solutions, such as providing a counselling service for employees, they tended not to acknowledge approaches aimed at organisational contributors to mental health problems. Overall, it seems that employers would still rather move an employee out of a job than identify and address factors causing the problem in the first place.

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3. Law and mental health – the awareness gap

The Health and Safety at Work Act 1974 (HASWA 1974) sets out a series of requirements that must be fulfilled by the employer (and the employee). Under the Act the employer has a duty to ensure – as far as reasonably practicable – the health, safety and welfare at work of all its employees [HASWA 1974 s. 2 (1)]. More specifically, the Act requires employers to provide and maintain their plant, work systems, necessary information, instruction, training and supervision so that as far as reasonably practicable, employees are safe and without risks to their health [s.2 (2)]. Furthermore, every employer must also prepare and revise (where appropriate) a written health and safety policy and put in place arrangements for carrying it out. In relation to mental health this route has been used as a means of asserting individual rights in relation to stress.

DISABILITY DISCRIMINATION ACT

However, the key provision protecting employees with mental health problems from discrimination at work is the Disability Discrimination Act 1995, (DDA) which came into force on 2 December 1996. This section deals with opinion leaders', human resources managers' and employees' awareness of how the law on workplace mental health discrimination works in practice.

What the DDA covers

Like the Race and Sex Discrimination Acts, the Disability Discrimination Act 1995 (DDA) confers a negative right on employees. This means that agents are free to do what they want so long as they do not discriminate. Critical to the success of the legislation, then, is employer and employee awareness of their rights and responsibilities under the legislation – so that either are in a position to:

- directly exercise rights under the Act, or simply
- understand the law's indirect, persuasive effect on workplace practices – for example, the possibility of litigation and the general business case for avoiding discrimination.

The DDA should be read alongside a number of regulations, codes and guidance notes that include:

- the Disability Discrimination (Employment) Regulations[8]
- the statutory Code of Practice for the elimination of discrimination in the field of employment against disabled persons or persons who have had a disability[9]
- statutory guidance on matters to be taken into account in determining questions relating to the definition of disability.[10]

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The Industrial Society's *New Employment Law Review* states that "*employers making decisions in relation to disability issues must make reference to them. Failure to do so may render decisions inadvertently discriminatory.*"[11]

What the DDA says

Under the DDA it is unlawful for organisations with 15 or more employees to treat a disabled employee or applicant less favourably than others in the organisation. A "*disabled person*" is defined by s.1 (1) of the DDA as someone with a "*mental or physical impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities*" affecting, *inter alia*, their mobility, dexterity, co-ordination, continence or memory. The onus is on the individual to prove that he or she is disabled, and each element of the definition set out in s.1 (1) must be satisfied.

The "*mental impairment*" in question must result from, or consist of, a mental illness that is "*clinically well-recognised*". In *Kapadia v London Borough of Lambeth* [2000] IRLR 645, clinical depression can be a disability covered by the DDA. *Rorrison v West Lothian Regional Council* [2000] IDS 655, confirmed that psychological stress and a low mood are not enough; the individual must be suffering from a recognised psychiatric condition. In addition, "*long-term*" is taken as meaning 12 months or longer.

Under the DDA it is unlawful for an employer to discriminate against a disabled person in the:

- arrangements which he or she makes for the purposes of determining to whom he or she should offer employment
- terms of employment
- refusal to offer, or deliberately not offering employment.

It is also unlawful for an employer to discriminate against a disabled person whom he or she employs – to use the legal terminology:

- in terms of employment offered
- in the opportunities he or she provides for promotion, transfer, training or any other benefit
- by the refusal of such an opportunity
- dismissal or subjection to any other detriment.[12]

The law considers that an employer discriminates against a person if, for a reason that relates to a person's disability, they treat them less favourably than others to whom that reason does not or would not apply. It also applies if the employer can't show that the treatment is "*justified*" or fails to comply with the duty to make "*reasonable adjustments*" (see below).[13]

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Recent research shows that the DDA is becoming more important in relation to mental health as individuals become aware of the protection available. Monitoring of the impact of the DDA has shown a significant proportion of claims taken so far relating to mental health problems at employment tribunals: some 14% of DDA claims arose as a result of alleged depression, bad nerves or anxiety, while 6% were based upon mental illness, phobia, panic or other nervous disorders.[14]

How aware?

When we asked employees whether they know that people with mental health problems can be covered by the DDA, we found low general awareness. In particular, there was little awareness that it covered mental health problems. The general assumption was that the DDA governed physical disability.

We explored employee perceptions of categories of mental health which might be protected by the Act. Employees were unaware that people with clinical conditions such as bi-polar depression must legally be considered in recruitment shortlists if applicants fulfil selection criteria. On the other hand, conditions such as alcoholism were seen as a mental health problem, although explicitly excluded from the Act.

In general employees felt that it was important to be able to distinguish between different areas of mental disability, but with the current level of awareness of mental health problems in the workplace most employees would find it difficult to do this.

HR managers tended to agree about low employee awareness of mental health legislation. When asked to assess whether they were confident that employees knew their rights and responsibilities under the DDA, our survey of managers showed that only 43% believed that they were.

HR managers did express general confidence that their profession were aware of the impact of the DDA: a majority (65%) agreed with the proposition that managers are aware of both employee rights and employer responsibility under the Disability Discrimination Act.

Human resource managers also had a number of specific comments to make about elements of the DDA in practice, in particular the issues of "*reasonable adjustments*" and recruitment or promotion.

What are "*reasonable adjustments*"? Under the DDA employers may be found to discriminate if they do not fulfil their duty to make "*reasonable adjustments*" to working environments and arrangements to avoid putting disabled workers at a substantial disadvantage. However, the employer is only liable where they are aware, or ought to have been aware, of the employee's disability. The DDA and

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Disability Discrimination Code set out some examples – like adjustments to premises, reallocation of duties, transfer, alteration of working hours, time-off for treatment and so on.

Our research showed HR managers are clear about the need to comply with the law in order to avoid being threatened with litigation. Focus group participants felt line managers would turn to the HR function for guidance when faced with mental health issues. The HR managers themselves appear to have very little knowledge, information or expert advice to act upon. A significant number of HR managers expressed a difficulty with the term "*reasonable adjustments*" as set out in the DDA.

It would seem that organisations who have undertaken reasonable adjustments tend to favour the introduction of flexible working for employees with mental health problems. For example, one (a retailer) had encouraged an employee who had suffered a nervous breakdown to return to work gradually until they were back up to full-time hours. Another, a public sector organisation, provided home-working as a solution for someone who suffered from phobia. With these organisations the emphasis was on changing working patterns to fit around the needs of the employee.

RECRUITMENT

As noted above, the DDA requires that employees with mental health problems should not be discriminated against for the purposes of employment offers. However, mirroring the opinions expressed about promotion (below) our research suggests some managers do not accept the potential of those with mental health problems.

Managers we talked to tended to feel they would deal with employees with mental illnesses in the same way they would deal with someone with any other form of long-term illness. A majority of organisations used the 'two-tick' system and the guaranteed interview for any applicant who said they had a disability and who fulfilled the requirements on the person and job specifications. However, there was some evidence of stigma with a minority who did not want to recruit people they felt would behave, as they saw it, irrationally. Managers also felt that some line managers believe that people with specific mental health problems "*would not be able to cope*" in front of customers.

Focus group members also referred to difficulties in handling people who had ongoing medical conditions not declared at the time of appointment. HR managers tended to see this as a barrier for managers in making adjustments for employees with mental health problems.

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Focus group members also highlighted possible discrimination implicit in job descriptions which state that applicants must be able to demonstrate ability to cope with the demands of a stressful position. There was a suggestion that more information was needed about the mental health aspects of recruitment practice.

Promotion

The DDA makes it unlawful for an employer to discriminate against a disabled employee in the opportunities for promotion, transfer, training or receiving any other benefit.

Our qualitative research suggests that a significant proportion of managers do not accept the proposition that employees with mental health problems are equipped to take on new challenges. One example cited was the perceived difficulty those with depression would have in handling people.

OPENNESS VERSUS PRIVACY

Some focus group participants said confidentiality sometimes "*gets in the way*" and that problems were more likely to be addressed if individuals were prepared and encouraged to be open about their difficulties. However, one cited the case of a colleague who was promoted after suffering mental health problems, but whose reputation they felt had changed. Everyone in that focus group agreed with the claim that:

> "*...mental health problems still come with a stigma*".

This tension highlights an emerging theme in our research: the competing interests of employee privacy on the one hand, and on the other, a transparency that will help managers to make adjustments, or for employees to qualify for protection under the DDA.

GUIDANCE

Not surprisingly in view of manager perceptions and understanding of disability legislation, there is a clear sense of need for more guidance on legal obligations.

One view was that individual organisations or managers should not accept all the blame if the DDA is not implemented correctly. There was a suggestion that separating mental health from other disabilities could make it easier for organisations to raise awareness among managers of their obligations. We found a general consensus that keeping up with changes in legislation was a difficult task. The question of help and advice is discussed in more detail in the next section.

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4. Help and support – the resource gap

This research study shows that an organisations' success in addressing mental health problems at work depends a great deal on access to a range of help, information and other specialist resources. Unfortunately, the study also reveals that such help and information is frequently – even typically – missing.

It is important to distinguish who needs what information, support and help, given that the requirements of the organisation, its managers, and specifically those with mental health problems will typically differ. For example:

- Organisations need access to specialist information and advice about legal requirements, about other relevant obligations, about mental health itself and how it should be dealt with in a work context, about good practice and so on. They also need information – the broad business rationale – on the broader case for tackling mental health issues successfully.

- Managers need some of the same information, though not necessarily in the same form. They need to understand their legal obligations as managers, and they need expert information on mental health problem symptoms, causes, and strategies for addressing them.

- Any employee with mental health problems needs direct access to support of various kinds: non-expert but informed and sympathetic support from managers and the organisation; possibly also to expert information, advice and access to counselling or similar services.

In each example, the source of information and help can lie both inside and outside the organisation. Expert help, for instance, may come from GPs or other qualified medical staff outside the organisation, or from specialist, trained staff within the organisation. The research provided a range of examples of the kinds of channels available.

WHO CAN YOU TURN TO?

An encouraging sign is a belief that the average employee will have access to a named person who has responsibility for dealing with mental health problems. Asked whether they thought that this was likely to happen, 71% of opinion formers and 58% of HR managers thought it was; only 24% and 23% respectively disagreed.

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The main help points for employees with mental health problems or managers wishing to address such problems facing team members are usually felt to be the personnel or HR function; with occupational health departments and company doctors seen as other useful resources.

However, our research revealed some lack of confidence about the ability or specialist expertise of such sources in handling mental health problems.

If personnel tend to be the first point of reference for those seeking help on mental health issues at work, line managers appear to be the second. This may be little more than a statement of the reality that line managers will tend to experience the first symptom of health-related problems within their team – whether it consists of subordinate managers reporting health-related problems in their team, or individuals reporting their own mental health problems. But as the section below on training explains, it is optimistic to assume that organisations are preparing line managers adequately to address such situations.

Outside the organisation, the most typical source of help appears to be the family GP, but here too there appears to be concern over the quality and availability of genuine help. Focus group participants cited personal experience of the difficulty of airing mental health issues with their doctors. Two had been told by their GP that it was unwise to refer to stress on a sickness absence certificate. One had instead been signed off with conjunctivitis; another's doctor had refused to sign them off. From manager focus groups comes a rather different picture. Here, in contrast, participants were critical of GPs for being too sympathetic. One referred to doctors' typical misconception that "*big bad business was responsible*". There was criticism of GPs for, as these participants saw it, automatically agreeing to granting time off work instead of working with employers to get the individual back to work as soon as possible.

WHAT RESOURCES?

HR managers interviewed stressed the need for some kind of central source of help and advice – especially given the importance of staying up to date with changing legislation. But there was a clear impression that managers rarely found it obvious where this expert source would be. An example cited was the difficulty of integrating employees with mental health problems back into the workforce after a period of absence. This would happen more successfully, it was said, if managers could get specialist guidance on this process, and even a list of internal and external contacts who could provide this support.

The poll of HR managers and opinion formers suggests that organisations generally do not have access to the kind of external expertise which might help in these kinds of ways. Both groups strongly disagree with the proposition that employers

use experts in the field of mental health to frame relevant corporate policies. Some 59% of opinion formers and 72% of HR managers disagreed that this happened; barely one in six thought the opposite – 14% and 16% respectively.

Focus groups revealed several examples of help and support systems, but also suggested that these were few and far between. One person commented approvingly on their company's intranet, which made it easy to find and read corporate policy on issues such as equal opportunities.

Another person reported that senior staff had access to mental health counselling services; an option that other research has established is provided in a growing number of workplaces. But there is disagreement about how widespread this trend is, or is seen to be. Only 29% of opinion formers we polled felt employers exercised their duty of care by providing access to specialist resources for employees wanting confidential support or counselling for mental health problems that developed at work; whereas 42% disagreed and 28% had no view. In contrast, more than two-thirds of HR managers (68%) believed such support would be provided, with only 19% disagreeing and 13% expressing no view.

Helplines are another source of potential support. One of our case study participants reported favourably on their employer's helpline for health-related matters, but again this example would seem to be isolated.

One important resource is clearly a knowledge of relevant legislation and individual rights. Employers, managers and employees who know and understand what the law requires are, in a sense, automatically better equipped to address some of the aspects of mental health problems that surface at work. This issue is dealt with elsewhere in this paper. The conclusion from employee and manager focus groups, as well as the quantitative evidence, is that knowledge of legislation – and particularly the DDA – appears, at best, inadequate. Asked whether employees know about their rights and responsibilities under the DDA, HR managers were evenly split – 43% agreed they did, while 46% disagreed, with one in ten undecided. Opinion formers were much more pessimistic: only one in five (21%) thought employees possessed such knowledge, while exactly two-thirds (66%) disagreed.

Training

Training emerges as a key resource in addressing mental health problems at work – potentially. It can add to managers' understanding and awareness and so helps them deal with problems. If experienced more widely, training can also make employees in general more aware of mental health issues, more informed in reacting to colleagues with problems, less likely to discriminate. The polling evidence, however, suggests training in this area is not happening. An

overwhelming proportion of opinion formers and HR managers questioned believe employees do not get training in general mental health awareness – 72% and 86% respectively, with only 15% of opinion formers and 7% of HR managers taking a more optimistic view.

Our qualitative research confirms this impression. There seems to be virtually no training directly on mental health issues. The only relevant training seems to focus on considerably broader issues such as health and safety, and diversity and equal opportunities. Some training on health had covered stress matters. We found almost no evidence in focus groups of employees in general receiving training specifically on the DDA. Manager focus groups revealed a slightly different picture: with some training on the DDA in evidence but varying considerably in approach from videos to structured courses. In such training, there seemed to be a general tendency to highlight the implications of non-compliance with the DDA. In what may be a significant comment, one participant suggested that although training specifically on mental health issues would boost awareness, organisations felt overwhelmed by the number of matters on which managers and others ought to receive training.

Verdict

The conclusion seems to be that there is a shortage of genuinely specialist advice – inside or outside the organisation – capable of providing the level of support managers and those with mental health problems will sometimes need. Internally, it looks as though people often know who to turn to for help, but there is little confidence that those sources – usually personnel or line managers – have the knowledge or expertise necessary to offer appropriate help. External sources of help are seen as potentially more expert than in-house resources, but we detected a marked lack of awareness of what or who those sources are.

It is not fair to assume that the picture is even across all organisations. The point was made, for instance, that small firms would be proportionately harder pressed to provide help and resources. For the same reasons, it was felt that small firms would particularly benefit from access to some external, central source of help and advice.

A final factor to consider here is the possibility that demand for help services – by people with mental health problems – is artificially low, because many such individuals prefer to conceal their problems if possible, fearing discrimination, career damage or simply uninformed or inappropriate reactions from management. This is discussed elsewhere in this paper.

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5. Employer practice, policies and procedures

One of the key findings to emerge from the employee focus groups was a recognition that though many had a significant degree of control over their workload and were fully aware of what was expected of them, their actual workload pressures were far too great. This tended to be seen as the major cause of mental health problems in the workplace.

Our quantitative poll supports these observations. Most HR managers (67%) believed that employees are given clear guidance about their roles, responsibilities and contribution. But there is disagreement, especially from the opinion formers (66%), that employees are empowered and encouraged to work at a rate that matches their mental and physical capabilities.

IN OR OUT OF CONTROL?

One participant commented that "*they felt in control, but overwhelmed*" whilst another saw themselves in control, but only because they habitually worked late. They used the phrase: "*in control but under pressure*".

Interestingly, one participant went as far as to describe their long hours and heavy workload as "*self-imposed*", because they enjoyed the control and autonomy that their job provided. This paints a more complicated picture of people being simultaneously enriched yet under extreme pressure at work.

However it was also pointed out that many people have excessive workloads without the luxury of autonomy or control. One civil servant explained how they not only had to contend with the pressure of a heavy workload, but also had to accept a hierarchy that meant they had little control over how they managed their time. Another person from an organisation that explicitly backed the concept of work-life balance reported that many of their colleagues continued to have difficulties holding their workload at an acceptable level.

The point was also made that techniques like total quality management had made workload management (and its effects) harder, due to a strong emphasis on meeting targets. It was stressed that such techniques, once adopted, made it more difficult to support staff who experienced mental health problems.

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EMPLOYER RESPONSE

Whilst the participants seemed to be clear about the underlying causes of mental health problems in the workplace, they were somewhat less clear about what is and should be done about this by their employers.

The majority of participants from the employee focus groups were aware that their organisations had an equal opportunities policy. However, most were unable to state whether the policies covered or even referred to mental health issues and most felt that if they actively looked, they would only find reference to an individual's physical health. Supporting these perceptions, many of the HR managers stated that mental illness was not addressed specifically by their internal policies and that their definitions of disability were vague.

Findings from our poll of opinion formers and managers further support these observations. The majority of opinion leaders (60%) and HR managers (58%) disagreed with the statement that employers make it clear that their employment policies cover both mental and physical problems.

The employee focus groups also highlighted that even when mental health problems were referred to by equal opportunities and other HR policies, documentation still tended to lack clear guidance – with reference to mental health problems tending to be lost in the raft of other employee-based policies. One group also identified that though employers are now more likely to discourage an unsafe working environment by developing policies and practices that avoid injuries, unsafe manual handling, and so on, there is still significantly less emphasis on the promotion of well-being.

Where mental health policies had been developed, these tended to apply mainly to senior staff and usually only went as far as to provide referrals to mental health counselling services. Though this approach arguably represents the minimum an employer seeking to apply good practice should do, it was supported by a significant number of the participants. Some felt that due to the difficulty of distinguishing and dealing with mental health problems, it was inappropriate for managers to try to do so. Instead it was felt that managers should focus on identifying possible symptoms and referring individuals onwards to specialist advice.

Asked whether employers consult those with mental health problems when developing policies and practices to address mental health problems, many felt unable to comment because no such policies had ever been developed. Only one incidence was cited where a manager had sought relevant training and, as a result, was seen to have acted more sympathetically and collaboratively in their approach.

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Our poll of HR managers showed a majority (62%) agreeing that employers generally encourage those with mental health problems to identify and suggest ways of improving their working conditions and practices. But a far smaller percentage of opinion formers shared this view (22%).

There was a general feeling that employers set up consultative arrangements to boost the organisation's efficiency and effectiveness, rather than the development of policies that promote employee health and well-being. It was generally believed that individual managers rather than the organisation as a whole would be more likely to show real understanding and support for health and well-being considerations.

Several focus group participants felt employers would take some action to deal with mental health problems but, in the end, would expect people to revert back to their 'normal' or standard work output. If this did not happen, these individuals would either be retired early on medical grounds or would be 'managed out' if this first approach proved impossible. As one participant observed, employees with mental health problems are seen as a liability to the employer and likely to damage overall performance. As a result, policies and practices to support those with mental health problems are unlikely to be given as much emphasis as those that explicitly seek to support the financial bottom line.

Findings from our poll of HR managers and opinion formers support this conclusion. The large majority of opinion formers (65%) and a smaller majority of HR managers (51%) disagreed that employers were taking practical steps to accommodate the needs of people with mental health problems.

What also emerged from the focus group discussions was a perceived series of dilemmas or barriers to the development of policies or practices to address the needs of those with mental health problems, or the causes of those problems.

Managing problems

There was a general expectation that managers would refer mental health problems to occupational health professionals, or HR/personnel. However, this finding led one participant to question whom the HR staff turn to themselves for advice and counselling. A number of the HR managers group felt that their appraisal systems would not provide managers with the tools to ensure that those with mental illnesses were encouraged to accept new challenges. Finally, several participants highlighted the need to foresee and deal effectively with resentment that might be caused by giving individuals lighter workloads on the same pay. As one individual commented:

"It's difficult because you can't always create a new position for someone so they are not going to be affected by stress...It's not fair on other members of their team that they should receive a lower workload for the same money...it's just so difficult trying to be fair to everyone."

Positive and negative examples

In the course of the focus group discussion, examples of management responses to staff with mental health problems were provided. These examples illustrate vividly some of the ways in which employers have supported but also neglected and even harassed those with mental heath problems.

As examples of positive approaches:

- To encourage line managers to take more responsibility for the well-being of their staff, a number of organisations in both the public and private sectors were reported to have included welfare management skills in their appraisal/competency systems. One organisation even offered bonus payments for managers who were seen to be dealing with this part of their job effectively.

- The HR managers described two examples where the organisation had placed an emphasis on changing work patterns. A retailer had encouraged an employee who had suffered a nervous breakdown to return to work very gradually until they were back up to full-time hours, and the public sector organisations provided home working as a solution for someone who suffered from claustrophobia.

- Another organisation asked employees to regularly complete a stress survey and provide examples of policies and practices increasing stress. Senior managers were also trained in handling staff needs and were felt to be noticeably more sympathetic and helpful as a result.

- Another participant explained that their employer provided an anonymous and helpful helpline for health related matters, among other things.

- Other participants cited initiatives they felt would, at least in part, address mental health problems at work: a new system designed to encourage employee participation and feedback on core policy issues; work-life balance workshops designed to limit stress; and time management training provided as part of every employee's induction.

- Another participant who worked for a mental health charity described how it attempted to promote well-being by measures such as designing jobs around the individual, and allowing special leave.

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- Other approaches included the logging of laptop use to ensure people were not working excess hours; a 'work smarter' initiative designed to cut long hours; and the use of security staff to ensure that staff leave on time.

However, despite the finding that workload pressure is perceived as the major cause on mental health problems at work, what seemed to be missing from many of these approaches was monitoring and, where appropriate, a reduction of workload pressures. A conclusion would be that whilst staff need to be trained on time management and working smarter, workloads and performance targets also need to be set at a level that means smart-working employees can achieve a good balance between their work and the rest of their lives.

Focus groups also provided examples of practice that illustrate the difficulty of addressing mental health problems appropriately, and the dangers of getting it wrong.

- One example concerned a woman felt by the organisation to be "seriously depressed" but who had not talked to the employer about this issue. The employer's practice was to send someone around to her house on occasions when she failed to turn up for work. This approach was viewed by the organisation as being supportive.

- One participant in an HR focus group described how their company had taken no action to support an individual experiencing severe depression. That individual eventually committed suicide at work. The company now has another person working for them who has also been diagnosed with clinical depression. They were concerned to be more supportive this time and so would send someone round to collect the individual for work each morning.

- Another HR manager recalled how their organisation had been taken to an employment tribunal by a senior manager who had experienced a "nervous breakdown" and who had been persuaded to take a less stressful role in the organisation. The employee's case was successful because the organisation was deemed to have been wrong to have pressurised the individual into agreeing to the job change at a time when a rational decision was not possible. The tribunal concluded that a return to the previous job should have been negotiated.

- Another participant explained how they had to return to work early because of an increase in workload, despite being signed off by their doctor; after which they were required to travel extensively despite management awareness of their stress-related problems.

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6. How much discrimination?

The best pointer to the extent of discrimination on mental health at work is the widespread lack of awareness and understanding revealed throughout our research. This gap in understanding was a feature of organisations as a whole, of managers and of employees generally.

But what is it that people are unaware of? Judging by our research managers and others show very low awareness of the:

- Disability Discrimination Act
- nature, causes and treatment of mental health problems
- appropriate language to use in describing and addressing such problems
- links between behaviour like workplace bullying and mental health problems.

THE ATTITUDE PROBLEM

A significant number of focus group participants – a clear majority in two groups – did not even agree with a proposition that having had mental health problems did not preclude workers from taking on new challenges. An example cited was the perceived difficulty those with depression would have in handling people. One participant recalled their attitude, as a manager, on discovering that a team member had previously suffered a nervous breakdown:

> "*It will still be at the back of my mind – though I know it shouldn't be really*".

Our poll of opinion formers and HR managers show mixed views about employee attitudes. Both were asked if they agreed that employees know that colleagues who suffer, or have suffered, from mental health problems can make a positive contribution in the workplace. HR managers are relatively optimistic: 57% of them agreed while only one in four disagreed. But opinion formers were much less certain – 40% agreed, with the same proportion disagreeing.

Both groups were sceptical about employer progress in addressing mental health at work. 51% of HR managers and 65% of opinion formers do not believe that employers are taking steps to accommodate the needs of people with mental health problems; 58% and 60% respectively do not believe that employers make it clear that their employment policies cover both mental health and physical health problems.

Low awareness of mental health issues is not proof that discrimination exists, but it is at the very least a fertile breeding ground for discrimination.

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In fact, our research suggests that active discrimination does exist, and is probably widespread.

HOW DISCRIMINATION HAPPENS

Employee focus groups revealed a strong sense that people with mental health problems would face various kinds of discrimination at work. This applied to employers corporately, to managers and to colleagues – there was a relatively general expectation that all would be likely to discriminate. A suggestion in one group, for instance, was that at best employers would 'ignore' someone with a mental health problem, and at worst would discriminate against them in a range of ways. Recruitment was one way in which discrimination was expected. One participant, for example, referred to possible discrimination implicit in job descriptions which state that applicants must be able to demonstrate an ability to cope with demands of a stressful job.

Manager focus groups reported resistance from line managers to equal treatment at selection stage for those with mental health problems. The objection reported was that people with such problems would not be able to cope with job pressures.

Focus groups showed a feeling that many work colleagues would discriminate against those with mental health problems. Expected reactions ranged from lack of understanding, lack of sympathy, or even resentment of any special treatment allowed to colleagues with mental health problems.

One focus group participant commented that mental health problems generated fear in colleagues because they did not understand how symptoms would present themselves. There was a comment that people returning to work after absence for this reason could expect to be the butt of either jokes or other verbal pressure, especially in heated situations. A specific case of this kind was cited where the sufferer was taunted by the remark: "*have you taken your medicine today?*".

There was a feeling in one group that mental health problems would lead to victims, especially men, being seen as generally weak and unable to cope.

There were similarly pessimistic expectations in employee focus groups about management reaction to problems. Even where management responded positively to an individual's problem, it was suggested that managers would face difficulty in adjusting their work appropriately. One case reported in a group involved a staff member who continually lost their temper but who, because it was a retail environment, was difficult to place successfully in alternative work. Another case involved someone who was allowed to work fewer hours after suffering mental health problems but who remained unable to cope – a case that eventually went to tribunal.

Where discrimination happens, can perpetrators expect disciplinary action to be taken against them? HR managers think action will be taken, according to our quantitative research; 55% took that view, compared with only 26% who disagreed. But opinion formers we questioned were less optimistic. Only just over a quarter of them (28%) think employers take disciplinary action against discrimination, whereas 45% think such action won't happen.

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7. The pressure for change

Our research indicates that the mental health agenda in the workplace is driven by a number of factors, ranging from a broader commitment to corporate social responsibility to the more frequently cited fear of litigation. Largely absent from the debate appears to be any understanding of a business case for employing people with mental health problems.

THE LITIGATION FACTOR

We found that the most important driver in promoting mental health awareness in the workplace appears to be employers' fear of litigation. This conclusion reflects recent Industrial Society research in which 45% of HR managers questioned stated that promoting well-being at work resulted from compliance with legislation – again the most important factor.[15]

One view expressed was that public and private sector employer approaches differed because of a public sector obligation to emulate best practice, with the private sector more driven by the threat of litigation and hence complying with the letter rather than spirit of the law. Others agreed the legal 'stick' was often the motivator for employers to improve practice, though there was an expectation that the average employer would face institutional and cultural obstacles to in doing so.

BUSINESS BENEFIT

A growing body of research is indicating that more forward-thinking employers are recognising that the maxim 'good health equals good business' has added value for their organisation.[16] The evidence is that employers who invest in employee well-being can expect benefits that range from enhanced productivity to improved staff retention, attendance and recruitment.[17]

Focus group participants confirm that their organisations will treat staff welfare issues as a lower priority than financial bottom line considerations, but also suggest that there would be interest in more guidance and evidence on the business case for more successful policies on mental health matters. Our poll of HR managers and opinion formers emphasise how deep the information need may be. Only 30% and 20%, respectively, believe managers understand the business case for employing a capable person who has suffered or suffers from a mental health problem.

Social responsibility

Recent Industrial Society research into policies promoting well-being has suggested that: "*organisations are becoming increasingly sensitive to the notion of a 'Just Company', where firms take their social responsibilities as seriously as their responsibilities to shareholders*".[18]

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A clear majority of both HR managers 70% and opinion formers 74% we polled believe organisations have a social responsibility to employ people with past or present mental health problems. But there is a serious difference of opinion on whether employees are encouraged to identify and suggest ways of improving work conditions and practices – clearly relevant to the management of mental health at work. HR managers are optimistic about this – some 62% do think that people are encouraged to feed back views in this way. However, just 22% of opinion formers polled thought this would be the case.

Industrial Society Futures analyst Dr.Judith Doyle recently argued that organisations increasingly need to take care of 'softer' management skills in order to recognise the demands of increasingly diverse workplaces.

> "*While considerable legislative efforts have been directed at the material and physical conditions of work, there now needs to be a greater emphasis on what are too often seen as the soft issues in the workplace – respect, recognition, autonomy, opportunity, sociability. These are factors that directly impact on the quality of working life, day in day out.*"[19]

Our research provided grounds for concern about organisations' ability to behave in this way in the context of mental health problems. Some 59% of HR managers in our quantitative poll felt that managers generally use appropriate and sensitive language when dealing with colleagues who suffer or have suffered from a mental health problem – an encouraging finding but at odds with the views of opinion formers, of whom fewer than a quarter (22%) agree that this was the case.

On the issue of the pace of work, the predominant view was that many individuals now have a significant degree of control over the way they worked, but their workload felt too great. Several said they lacked sufficient information about what was expected from their role.

Whilst it was recognised that long hours and heavy workload could be "*self-imposed*" because of job-satisfaction, others contrasted this with the lot of many employees who had an excess workload they had no control over – despite, as one commented, growing interest in work-life balance.

One manager offered this explanation:

> "*As managers, we lack understanding and education on the link between pressure and mental health. We learn by observation – we don't make the connections between social lives, work levels and health.*"

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8. Conclusions

Awareness

There is very low awareness and understanding of mental health, its symptoms and causes, and how it can or should be handled in workplace situations

There is varied awareness of the Disability Discrimination Act, and even less awareness that it covers mental health, or how.

There are widespread problems concerning the appropriate language to use in describing and addressing mental health problems.

There is evidence of a need to build awareness about the links between bullying at work and mental health problems.

Critically, in view of their impact on the individual, managers and line managers appear to have very poor awareness of mental health factors.

Policies and procedures

There is a sense that if it is covered at all, mental health will be covered by either equal opportunities or health and safety policies; however there is low awareness of these policies' content.

There is a lack of confidence that those kinds of policies do actually cover mental health issues other than via more general headings such as 'diversity' or 'disability' (usually physical), and 'health' or 'welfare'.

Company policies appear to be seen as relatively inaccessible.

There tends to be a perceived gap between organisation policies and actual practice; with the latter sometimes tending not to reflect the aspirations of the former.

There appear to be few formal procedures – for managers or for other employees – for addressing mental health issues.

Training

Training is seen as potentially very helpful in this context. Forms of training referred to as potentially valuable are training directly on mental health issues; on time and workload management; and on work life balance.

All these forms of training are felt to be valuable for both managers and other employees.

Managers in particular appear to lack training in how to effectively evaluate the work of employees. Traditional appraisal systems are not only unlikely to reveal mental health problems; they have the potential to add significantly to stress experienced.

However, there seems to be virtually no training directly on mental health issues. The only relevant training appears to be on considerably broader issues such as health and safety and diversity or equal opportunities.

Help and resources

The main help points for employees with mental health problems, or managers wishing to address problems facing their team members, are typically seen to be personnel or human resource department; with occupational health departments, the company doctor (where the organisation has them) seen as other resources people could use. However, there appeared to be some lack of confidence about the ability or specialist expertise of such sources in handling mental health problems.

There appears to be little specialist advice or help available for managers trying or needing to address mental health problems of team members.

External sources of help would be welcomed, and used, but there is low awareness of what they are.

There is some concern that even sources of help, such as personnel or welfare staff, might handle difficult situations insensitively.

There are concerns about how family doctors view and treat mental health problems as they relate to work. There is a related need for family doctors and other medical professionals to co-operate more effectively in the handling of mental health issues at work.

Attitudes

Attitudes to employees with mental health problems suffer from severe lack of understanding or knowledge.

There is relatively little awareness of the role of the organisation in causing or actively exacerbating mental health problems in employees.

As well as well-intentioned sympathy and help, some people with mental health problems also experience hidden or explicit resentment at work, colleagues' fear of their condition, and even ridicule or victimisation.

There is particular concern about people's perceived inability to distinguish,

understand or address mental health symptoms.

There is a perceived tension between the need for transparency and openness in dealing with those with mental health problems, and their right to confidentiality.

The special treatment that is sometimes offered to those with mental health problems can lead to colleagues' resentment that they are 'getting away with it' or adding to the load on the rest of the team.

Mental health sufferers may be tempted to conceal their condition.

There seems to be a significant degree of scepticism about the potential of those with mental health problems to do – at least – demanding or pressurised work.

Managers and others are particularly unsure of the connection between pressure, stress and mental health.

There is a potentially damaging assumption by managers that 'standard' or normal temporary relief from the job – 'a couple of days off' – is usually appropriate or effective help for employees with mental health problems.

Employer practice

There is perceived difficulty in suitably reorganising the work of those who have experienced or are experiencing mental health problems.

Mental health problems in individuals can be expected to have a knock-on effect on some team members in terms of misunderstandings, lack of confidence in relating to them, and possible resentment.

The importance of good and specialist work design in fitting appropriate tasks and demands around the individual is underlined.

There is a feeling that normal recruitment and selection processes can discriminate against those with mental health problems.

A long hours culture is a significant contributor to the problems discussed in this report.

Feedback and consultation channels – collective or individual – are seen as valuable in allowing those with mental health problems, their colleagues, managers and representatives to air, discuss and address problems.

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Court cases involving compensation and legislation are seen as the prime causes of changing employer attitudes to workplace health issues.

There is some perceived tension between target-driven performance management systems and employees' ability to manage their workload and air mental health difficulties.

There is concern about small firms' ability to resource effective ways to address mental health problems.

There is some evidence of significantly different approaches to mental health problems within the public and private sectors. Greater awareness of this, and any reasons for it, would help inform the development of public policy.

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9. Recommendations

Employers need to develop specific mental health policies or review equal opportunities and health and safety policies to integrate mental health in the workplace. Organisations should do more to make such policies accessible and understandable to all employees.

Employers need to provide more training – especially for managers – on awareness, understanding and discrimination about mental health.

Employers should ensure that managers and other employees have awareness of and access to expert information, advice and support on the management of mental health issues.

Employers, unions and government should join forces to promote awareness about mental health problems and strategies, and the provisions of the Disability Discrimination Act.

Government should review how well general practitioner and other specialist medical services are supporting individuals and organisations in need of expert advice and support on mental health issues, and take steps to improve provision.

Government should collaborate with mental health organisations to sponsor research into the work opportunities, potential and performance of people with mental health problems.

Government should collaborate with relevant agencies to establish a national standard framework for employers.

Research is also needed to identify and disseminate best practice in the way organisations deal with mental health issues – in particular on management policies and practice; help and support; training; awareness and understanding; work organisation and job design; recruitment and selection; divergence between public and private sectors; and specific issues affecting the small firms sector.

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ENDNOTES

Mental health facts: see below for sources quoted in MENTAL HEALTH – HOW BIG IS THE PROBLEM? section in Introduction.

One in four people will experience some kind of mental health problem in the course of a year.
The Mental Health Foundation, data derived from Goldberg, D. & Huxley P. *Mental Illness in the Community*, 1980. Also Goldberg, D. 'Filters to Care' in *Indicators for Mental Health in the Population*. Jenkins, R. & Griffiths, S. (ed), The Stationery Office, 1991

Around a quarter of all the drugs prescribed by the NHS are for mental health problems
Department of Health, 'Statistics of prescriptions dispensed in FHSAs: England 1985-1995', The Stationery Office 1996

It is estimated that around one third of all GP consultations are the result of psychological and social problems
Eastman, C. & McPherson, I., *As others see us: general practitioners' perceptions of psychological problems and the relevance of clinical psychology*. British Journal of Clinical Psychology (1982) 21:85-92

Official figures suggest that 20% of women and 14% of men in England have some form of 'mental illness'
Department of Health, *Health Survey for England 1995: findings*. Prescott-Clarke, P. & Primatesta, P. (eds.), 1997, in Department of Health, *Our Healthier Nation*, The Stationery Office 1998

Suicide is the second most common cause of death among people under 35(1), whilst it is estimated that suicide attempts by young men have risen by over 170% since 1985 (2).
1 Department of Health, 'National Service Frameworks – Modern Standards and Service Models – Mental Health' 1999.
2 Young Men Speak Out, Young men's views about depression, suicidal thoughts and attempted suicide, The Samaritans, October 1999

Only about 13% of people with mental health problems are in employment, compared with around 33% of people with other long-term health problems.
Mind. Figures extrapolated from Winter 1997/98 LFS (Great Britain) data.

70% of people with mental health problems have been put off applying for jobs for fear of unfair treatment.
Mind, Read, J. & Baker, S., *Not Just Sticks and Stones*, A Survey of the Stigma, Taboos and Discrimination Experienced by People with Mental Health Problems1996

30% of people with mental health problems felt they have been dismissed or 'forced to resign' because of discrimination.
Mind, ibid

In a survey of over 800 companies carried out by the Confederation of British Industry (CBI), only I in 10 had an official policy on mental health – even though 98% of respondents thought that the mental health of

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employees should be a company concern
CBI, cited by Gray, Dr P., in 'Mental Health in the Workplace: Tackling the effects of stress' The Mental Health Foundation 2000. Also in Confederation of British Industry and Department of Health, 'Promoting Mental Health at Work', CBI/DoH 1997

Stress related absences account for half of all sicknesses from work with an estimated cost of £4 billion
Cooper, C. & Cartwright, S. **Mental health and stress in the workplace: a guide for employers**, The Health & Safety Executive, 1996

1 The Royal College of Psychiatrists, *Every Family in the Land: recommendations for the implementation of a five-year strategy*
2 The Mental Health Foundation, *Mental Health in the Workplace: tackling the effects of stress* (MHF, 1999)
3 The Royal College of Psychiatrists, *Every Family in the Land: recommendations for the implementation of a five-year strategy*
4 Ibid.
5 Howard, P, and Bright, J., "Stigma and Mental Illness: a review and critique", *Journal of Mental Health* (1997) pp. 345-354.
6 The Royal College of Psychiatrists, *Pointer for the media covering mental health problems*, Focus on Mental Health Campaign
7 Ibid.
8 SI 1996/1456.
9 SI 1996/1396.
10 SI 1996/1996.
11 The Industrial Society, *Disability Discrimination* (*New Employment Law Review*, 3, March 2001)
12 Ibid.
13 Ibid.
14 IDS, *Monitoring the Disability Discrimination Act 1995*, (IDS March 2000).
15 Ibid.
16 The Industrial Society, *Promoting Well-Being* (Managing Best Practice, No. 76, October 2000)
17 Ibid.
18 The Industrial Society, *Promoting Well-Being* (Managing Best Practice, No. 76, October 2000)
19 Judith Doyle, *New Community, New Slavery* (Industrial Society, Futures, 2000)

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The Industrial Society are the UK's leading thinkers and advisers on the world of work. Everything we do – from consultancy to research, from training to advocacy, from education to advisory services – is driven by our commitment to improve working life. We are a wholly independent, not-for-profit body with over 10,000 Member organisations, and hold Royal Charter status. Our Members include companies of every size, from every sector of the economy, along with public sector organisations, charities and trade unions.

We are committed to partnership at work, based on the concept of mutual rights and responsibilities between employers and employees. We are an acknowledged authority on best practice in the management and development of people at work.

Our policy on workplace issues is focused on the future, informed by our experience of consultancy, training and advisory work with hundreds of client organisations every year. We use that unique fusion of knowledge and experience to influence public and corporate policy on workplace issues and decisions.

To find out more about The Industrial Society's services, membership and ideas:

- **Call the Customer Centre on 0870 400 1000**
- **Visit our website at www.indsoc.co.uk**