



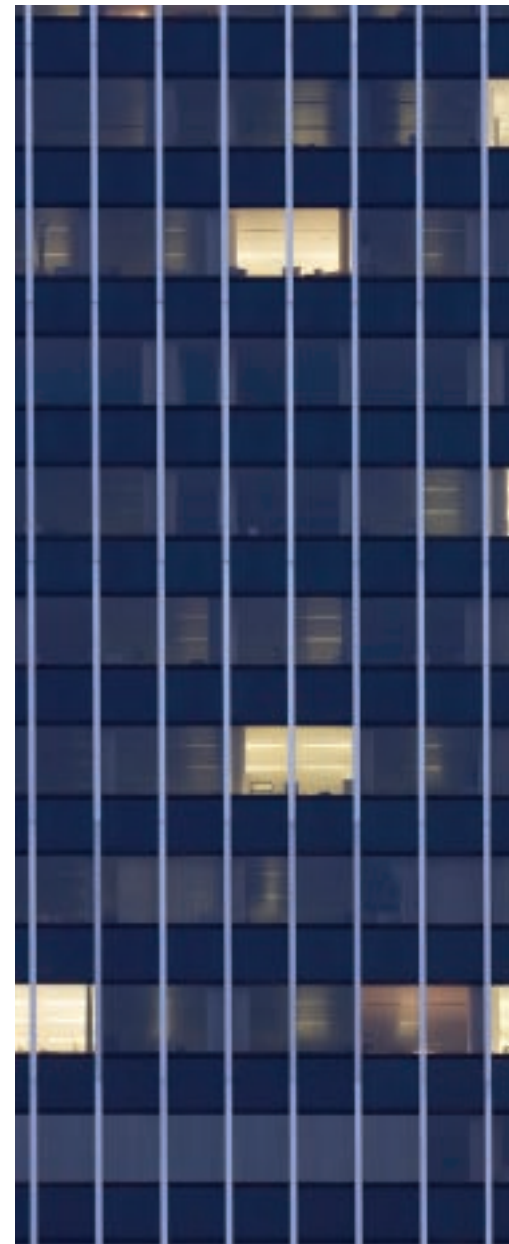
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The Great Place to Work® Institute is a global research and management consultancy with expertise on workplace transformation and a presence in forty countries worldwide. Our mission is to improve society by creating better workplaces. We are best-known for our global Best Workplaces Programme, which we produce in conjunction with prestigious media partners such as the *Financial Times* and *Fortune* in over 40 countries across the globe. With over 3,800 organisations taking part in 40 national lists across the globe, the programme is the world's largest of its kind. We believe passionately that any company or organisation can become a great place to work. Our mission is to help you do it.

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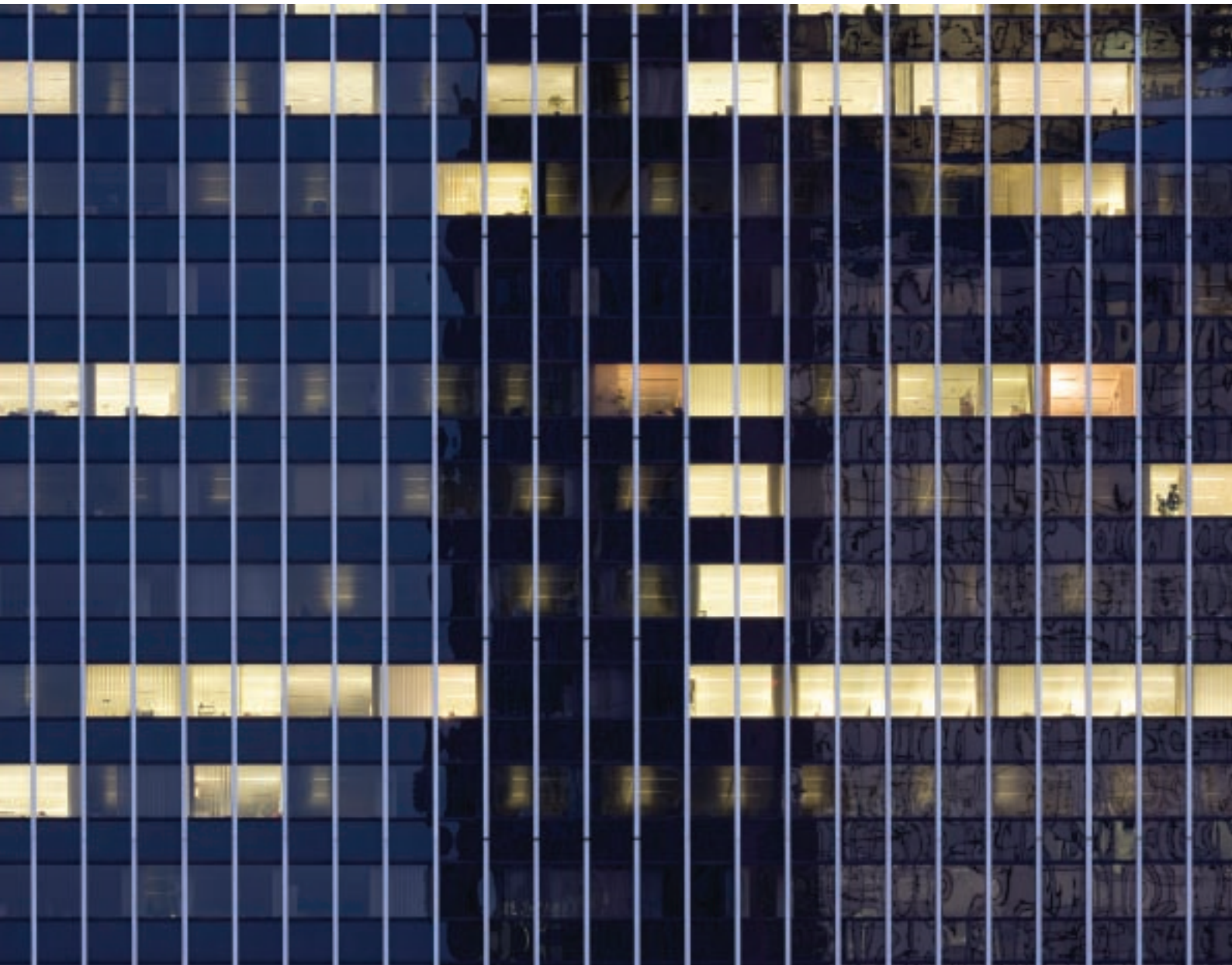


Transforming society by creating better workplaces

IN FOCUS

Beyond Stress: A Guide to Mental Health & Workplace Wellbeing

DECEMBER 2008

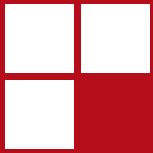


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Foreword

Since 2003, the Great Place to Work® Institute UK has established health and wellbeing as a strategic area and we have been working to raise awareness around workplace wellbeing and change attitudes in the workplace.

This paper represents the first of a series of practitioner-led publications designed to bring to light emerging workplace issues and trends affecting business performance and help organisations and senior business leaders to address them.

In this issue, we focus on workplace wellbeing and mental health which costs British business £26 billion a year – more than £1000 per employee. In particular, we focus on the role of line managers – they are not only a key audience for tackling any workplace wellbeing and mental health issues, but also critical for ensuring they become part of the everyday agenda in the workplace.

We could not have published this guide without the encouragement and knowledge of our long standing partner the Employers' Forum on Disability and the expertise of the Sainsbury Centre for Mental Health. Both organisations have unrivalled knowledge of mental health and how to support organisations and the individual.

In the Institute, we have a firm belief that a healthy and committed workforce is an essential ingredient of any great workplace. This belief has led us to seek to develop strategies to promote workplace health and wellbeing in three areas:

1. Creating role models

In partnership with *Business in the Community*, the Institute has established a Health & Wellbeing Special Category Award. The award recognises how organisations demonstrate a genuine sense of caring for their

employees' health and wellbeing. In particular, it assesses the support and benefits they provide their staff and the efforts they make to promote a healthy lifestyle whilst providing and actively encouraging a good work-life balance.

2. Helping organisations to detect workplace health and wellbeing issues

Through the Trust Index® Survey, we help organisations to make an early diagnosis of health and wellbeing issues amongst their workforce, measure the impact of their health and wellbeing programmes by assessing their employees' perceptions of this area and provide strategic advice on the best way forward based on best practice.

3. Developing research and disseminating best practice

As part of the Best Workplaces Programme, the Institute collects data on the experience of health and wellbeing of thousands of employees across the globe, but also on how hundreds of workplaces manage, measure and report on health and wellbeing. This information goes back to companies in the form of white papers, best practice briefs and practitioner based events.

We are extremely grateful to all the organisations and individuals who have kindly offered their time, vision and expertise to make this publication possible. ■

Williams Johnson
Commercial Manager
Great Place to Work® Institute UK

Who is this document for?

This briefing paper by Great Place to Work® Institute and the Employers' Forum on Disability is based upon a recent joint survey of 437 line managers in both public and private companies and institutions about the issue of mental health and workplace wellbeing.

The paper aims to heighten awareness of these issues as well as to outline some of the ways in which they might be addressed. It should be read by:

- Any business leader who takes risk management seriously and who wants to create working environments that inspire loyalty and enduring commercial success

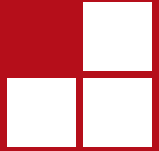
- HR and diversity managers who need to support line managers, the majority of whom say their knowledge and skills are inadequate to deal with the growing problem of mental illness and workplace wellbeing

- Government ministers and officials determined to help people with long-term mental health problems back into jobs

- Opinion formers – academics, the media, charitable foundations and any individual concerned – about the growing problems of mental health and wellbeing at work

INTRODUCTION

Today's workplace



Be the change you want to see in the world – Mahatma Gandhi

If anything, the economic downturn has shown us that we live in unprecedented times with unpredictable market forces affecting businesses and individuals. As companies attempt to cope with such challenges, the impact on employees' mental health and wellbeing is unavoidable. Demanding workloads, fast-paced environments, levels of job security and autonomy and increasing levels of isolation in our post-modern age, are some of the factors contributing to increased levels of mental illness in today's workplace. Mental health conditions in the workplace – predominantly anxiety, panic attacks and depression – now affect three in 10 employees in any one year.¹

"Financial health and mental health are inextricably linked," says Paul Farmer, chief executive of Mind, the mental health charity. "Job insecurity, redundancy, debt and financial problems are all proven to contribute to mental distress". The economic downturn is forecasted to cause a 26 per cent rise in mental health problems, affecting more than 1.5 million people in the UK.²

Mental health in the workplace is a silent epidemic that is largely unacknowledged, underestimated and

unaddressed. It is the biggest single cause of long-term absence. It results in 80 million lost work days each year – more than that caused by heart disease and stroke combined – and three times more than that caused by cancer. It costs British business £26 billion a year – more than £1000 per employee.³ Yet 45 per cent of employers choose to believe that there are no mental health issues at work and of those who do acknowledge its existence, the overwhelming majority grossly underestimate its prevalence.

People with mental health problems are subjected to some of the highest levels of discrimination amongst other forms of disability. Fewer than four in 10 employers say they would be willing to recruit someone with a known mental health condition.⁴

Less than one in 10 companies has an official policy on mental health and of those, only 14 per cent believe it is effective, according to our survey.

If an employee is continually worrying about financial difficulties or job insecurity – real or imagined – they are not focusing on their work and not as fully productive as they might be. Economic downturn is not purely about falling customer orders, but in some cases also about falling levels of mental wellbeing among employees. Declining morale can lead to mental health issues at work, which may have serious consequences for a business.

Mental health conditions in the workplace now affect three in 10 employees in any one year.

Despite the scale of the problem, a number of organisations are turning mental health challenges into an opportunity to demonstrate their care and commitment to their employees. The other good news is that there are many positive and relatively inexpensive steps that organisations can adopt to help managers and employees promote better mental health in the workplace.

A growing number of business leaders are recognising mental health and workplace wellbeing as an important business issue. Recent figures by Business In the Community's Corporate Responsibility Index show a sharp increase in the number of FTSE 100 companies reporting on health and wellbeing. ■





DEFINITIONS

What do we mean by terms such as 'mental health' and 'workplace wellbeing'?

For years, mental health and its relationship to workplace wellbeing has often been treated with secrecy, fear and ignorance. Times are changing and we are now seeing more debate about stress management, work-life balance, flexible working and so on. While this is a positive start, what are we really talking about when we refer to "mental health" and "wellbeing"?

Mental health

In most workplaces, stress is often used to cover anything from adverse reactions to pressures right through to anxiety, depression and other forms of mental ill health.

In practice, it is difficult to establish when stress turns into a mental health issue. The most common forms of mental health problems are depression and anxiety. Extensive misuse of the word *stress* in everyday language has caused it to become somewhat devalued as a serious health and safety issue. Although workplace pressure is part of everyday life and can stimulate and motivate your workforce, it is important to recognise the difference between pressure as a positive, dynamic force and stress or 'distress' which may have destructive and demoralising effects on employees' mental health.

The Health and Safety Executive defines stress as, "the adverse reaction that people have to excessive pressures and other types of demands placed on them."

Yet, the term 'mental ill health' refers to "an extremely broad spectrum of conditions and experiences, which have an effect on an individual's mental health, their emotional well-being and sense of self."⁵ Serious psychotic illness, such as schizophrenia or bipolar disorder, is relatively rare affecting between one and two people in every 1,000.⁶

When someone develops a mental health condition they are often treated by a GP and are still capable of working productively. It does not necessarily affect a person's intellectual capacity or their ability to think clearly.

Workplace wellbeing

Wellness has to do with emotional and physical resilience of the workforce as reflected in the levels of absenteeism, smoking, alcohol and drug use and musculoskeletal disorders, as well as nutrition, weight and physical activity.

Well-being in the workplace encompasses general mental health and wellbeing in terms of levels of happiness, trust, engagement and "presenteeism". Presenteeism describes the situation when people turn up to work but are unable to perform at optimum level because of ill health or poor concentration.

These issues have a substantial effect on the productivity of a workforce and on overall profitability. While the financial impact of these aspects of work can be difficult to evaluate, there is growing research directly linking workplace wellbeing to long-term financial success.

Prejudice: Mental illness still seen as a character flaw
Many line managers want to do more to support those with mental health issues at work, but some feel deterred from doing so by a culture that tends to stigmatise those affected. "It still tends to be viewed as a bit of a character flaw," said one.

When depression and anxiety become more long-term, individuals are less likely to retain their jobs. Only 21 per cent of people with long-term mental illness are in work. Those who are off work for more than a year only have a one-in-five chance of returning.

"Employers find it very difficult to support mental health in the workplace," says Susan Scott-Parker, Chief Executive of the Employers' Forum on Disability, "they need better sources of information."

The law and mental health

The Disability Discrimination Act (DDA) of 1995 defines a disabled person as someone with “a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.”

The 2005 amendment to the DDA made it easier for people with mental health conditions to meet the requirements of the original 1995 act. Prior to the amendment, any form of mental illness had to be clinically well-recognised in order for it to qualify as a mental impairment under the act, but now this is no longer the case, although those seeking redress under this law still have to demonstrate that they have a disability in order to qualify.

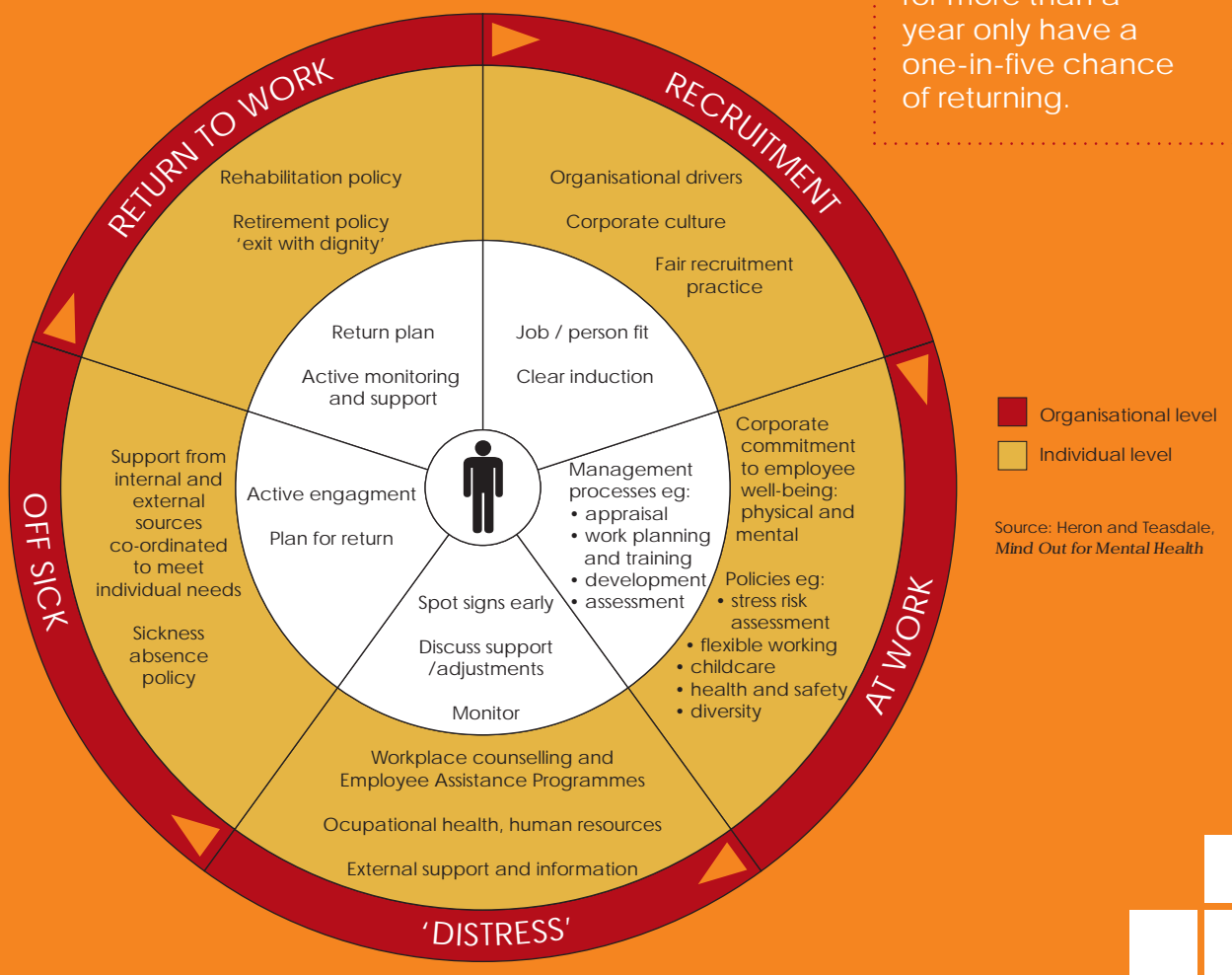
The Act does not provide a list of impairments that are covered, but instead considers the effects of impairment on an individual. For example, someone with a mild form of depression with only minor effects may not be covered, while someone with severe depression with substantial effects on their daily life is likely to be considered as disabled under the act.⁷

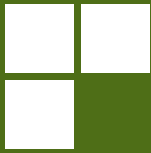
Stress

There is no statute specifically covering stress in the workplace: a selection of common and case law may be more relevant than specific legislation. Under existing health and safety legislation employers have a duty to undertake risk assessments and manage activities to reduce the incidence of stress at work. For example, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 (SI 1999/3242) and the Working Time Regulations 1998 (SI 1998/1833) all have a potential impact on this area. Employees can also potentially make claims for work-related stress as a result of harassment under the Protection from Harassment Act 1997.⁸ ■

Only 21 per cent of people with long-term mental illness are in work. Those who are off work for more than a year only have a one-in-five chance of returning.

Chart 1: An holistic approach to managing an individual





THE SURVEY

Our findings

This survey offers a valuable insight into the way mental ill health is viewed in the workplace. Its results are encouraging in places, but also discouraging: some organisations clearly have almost no understanding of mental ill health and few resources to help employees experiencing difficulties.

However, line managers – even though they often lack the means and authority to provide effective support – clearly want to help. Often, they are frustrated that they cannot do more. The message is clear: line managers need more information, help and support from their employers if they are to deal sympathetically and effectively with mental ill health.

Survey methodology

A total of 437 line managers gave comprehensive answers to the survey questions. These respondents came from around 60 employers, although the spread of responses across these organisations was uneven.

Four organisations made up the majority of the responses, with more than 50 line managers from each completing the survey. Typically, respondents came from large, public sector workplaces. The majority of respondents had been managers for two or more years and had managed between two and 20 people.

The survey posed more than 30 questions on a broad range of topics relating to the effects of mental ill health and asked how equipped line managers were to deal with them in the workplace.

The respondents were line managers from organisations working towards best practice in mental health policies and practices. It is a reasonable assumption, therefore, that the awareness of mental health among line managers in the general UK workforce is lower.

The Sainsbury Centre for Mental Health provided peer review on the results of the survey.

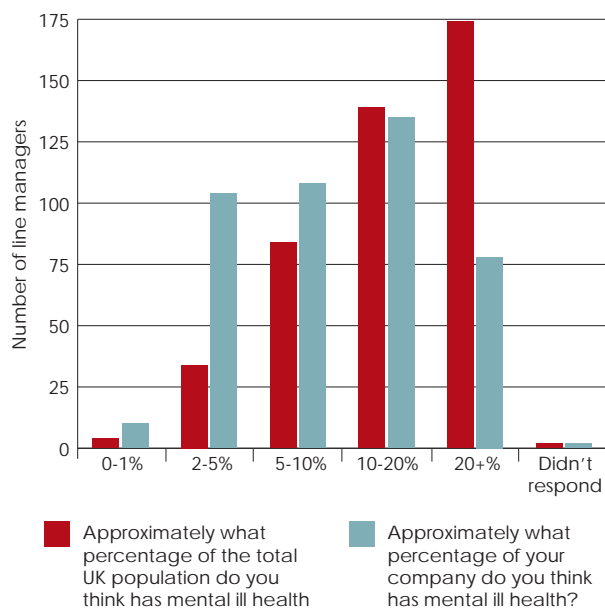
Survey results in detail

1) Perceptions of and knowledge about mental ill health

Most line managers underestimate the prevalence of mental ill health among the UK population. There is also a tendency for line managers to think the problem lies elsewhere: the respondents believed mental ill health was much more prevalent in the UK population as a whole than at their workplace (see table 1).

Only 19 per cent knew that statistically one in four of the employees at their organisation experiences mental ill health. This may reflect a widespread belief that people with mental ill health are generally unfit to work. Awareness levels are particularly low among line managers who have no previous experience of managing someone with a mental health problem.

Table 1: Line managers' perceptions of the prevalence of mental ill health



The survey revealed that:

- 76 per cent of line managers said they have managed at least one person who they knew had mental ill health
- 60 per cent underestimated the percentage of the UK population that experiences mental ill health
- 71 per cent thought depression was the most common mental illness; 27 per cent said anxiety

Although line managers may understate the prevalence of mental ill health, they are usually far from unsympathetic. Many line managers whose organisation does not have a mental health policy said there was a need for one. And, at businesses that do have a policy, line managers wanted clearer, more practical guidance. It would appear that line managers want to help



employees with mental ill health, but need more support to do so.

Lack of knowledge

The survey revealed some gaps in knowledge about disciplinary procedures. Less than half the line managers surveyed knew that they could choose not to discipline an employee for a reason related to their mental health.

In addition, one third of respondents did not know whether their organisation had a policy on promoting good mental health.

The economic downturn is forecasted to cause a 26% rise in mental health problems, affecting more than 1.5 million people in the UK.

2) Making adjustments at work

Line managers are expected to support employees with mental ill health, yet they often do not have the authority to make the adjustments that individuals need. For example, some are unable to adjust performance targets; others do not have control over office budgets and are therefore unable to authorise spending.

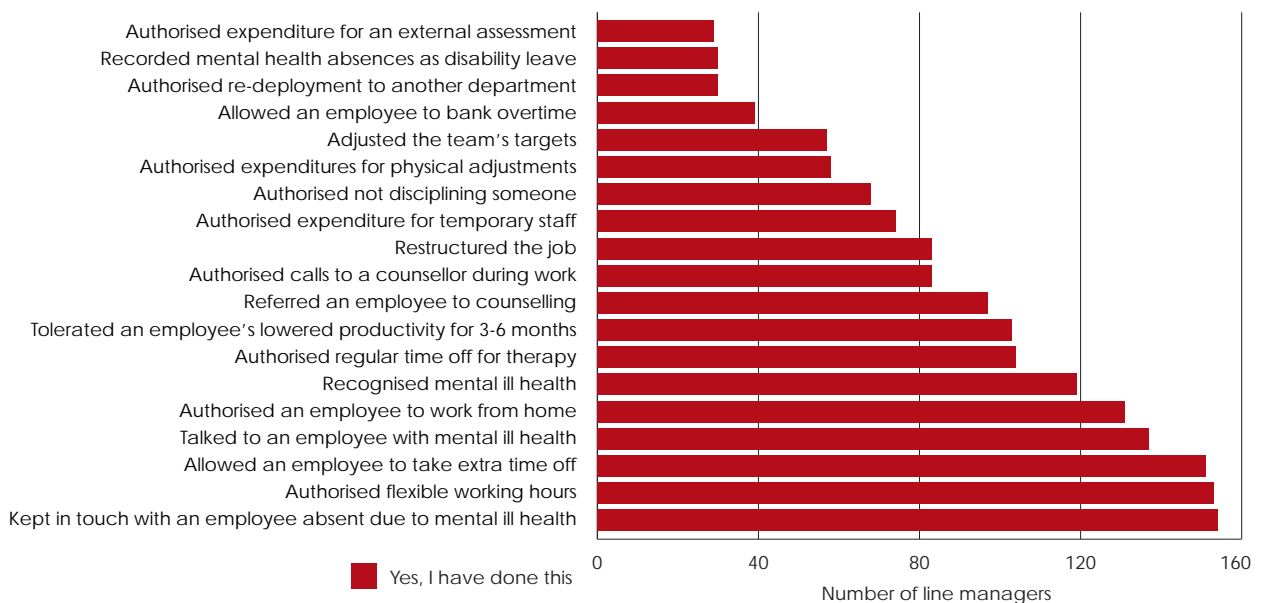
Line managers are often under pressure at work and feel unable to devote time or money to an employee with mental ill health. One commented: "Resources are tight and every underperformer, be it a short or long

term case, puts pressure on remaining staff."

Nevertheless, there are some actions that line managers can take. The survey showed that line managers are able to respond to mental ill health in varying ways. More than 30 per cent of line managers have:

- talked to an employee with mental ill health
- allowed an employee to take extra time
- authorised flexible working hours
- kept in touch with an employee absent due to mental ill health.

Table 2: Line managers who have made an adjustment or referral



However, fewer than 10 per cent have:

- authorised spending for an external assessment
- recorded mental health absences as disability leave (time off work for a disability related reason)
- authorised redeployment to another department.

Table 2 below shows the type of adjustments line managers have made.

Lack of support

Some line managers may want to do more to help individuals with mental ill health but feel constrained by the culture of their organisation. One commented: “Mental health issues carry a stigma and are seen as personal failure – a lack of resilience or appropriate robustness to succeed.”

A lack of support is a common complaint. “Managers are left alone to deal with problems without any support or guidance and just have to cross their fingers and hope they’re doing the right thing,” said one manager.

Controlling budgets

Line managers are less likely to make adjustments when it involves expense. Only 13 per cent had authorised spending to make adjustments in the workplace.

None the less, spending money is clearly within the remit of many line managers. The survey revealed that:

- 59 per cent of line managers can authorise spending on physical adjustments
- 58 per cent for temporary staff
- 46 per cent for external assessments.

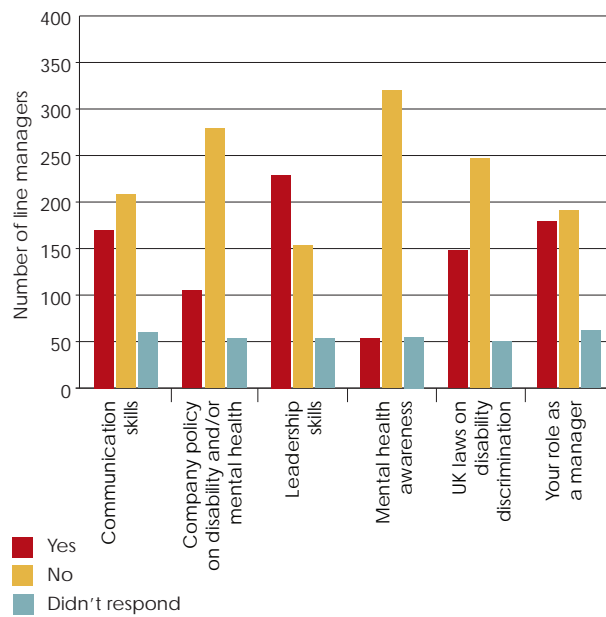
3) Training

Few line managers had received disability or mental health-related training in the previous year:

- 33 per cent of line managers had received training on disability discrimination law
- 24 per cent had received training on their company’s policy on disability and/or mental health
- 13 per cent had received training on mental health awareness.

Table 3 shows the types of training line managers have received in the past year.

Table 3: Line manager training within the last year



The survey asked line managers what their employer could do to help them provide better support to staff with mental ill health. The most popular answer was “more training and awareness”. Many added that being sent, say, to a single course on mental health awareness was not sufficient; continuous information and support would be more useful.

4) Disability leave

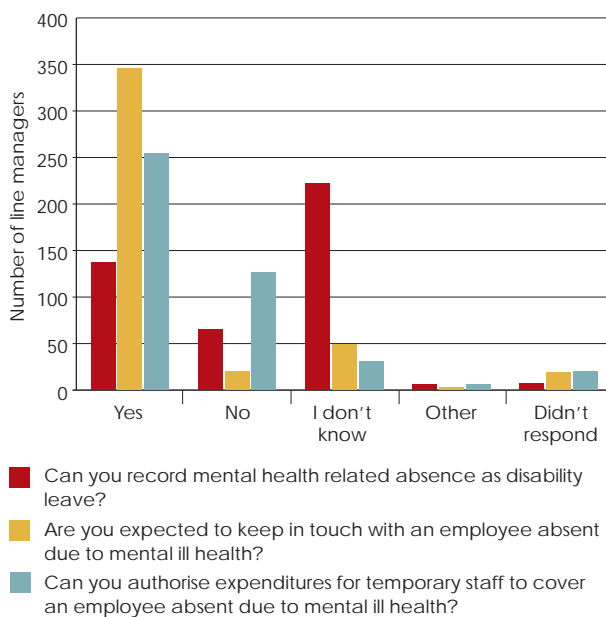
Given that more than a third of absence from work is caused by stress, anxiety or depression, line managers need to understand about mental ill health when managing attendance.

The survey revealed that their knowledge of disability leave and absence management is patchy: 31 per cent said they could record mental health-related absence as disability leave rather than standard sickness absence, but 51 per cent did not know they could do this. This may be because their company did not have a disability leave policy.

Table 4 below shows line managers’ responses to attendance management issues.



Table 4: Attendance management



There were, however, some more encouraging results: 79 per cent of line managers were expected to keep in touch with the absent employee and 58 per cent could authorise spending on temporary staff to cover for absence due to mental ill health.

5) Line manager referrals

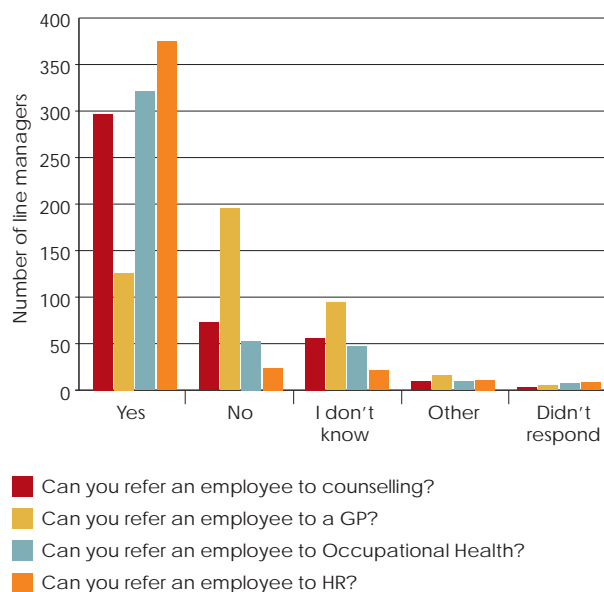
No matter how deep a line manager's knowledge of mental ill health, there are times when he or she will need help. This could be advice from the human resources department on company policy, or more specialist advice from occupational health experts.

The survey revealed that 86 per cent of line managers can refer employees to the human resources department, 73 per cent to occupational health, 67 per cent for counselling but only 29 per cent can refer employees to a GP.

Table 5 shows the types of referrals line managers can make.

Most line managers seemed able to refer employees to other internal departments, but less so to specific programmes or outside agencies such as GPs or employment assistance programmes.

Table 5: Line manager referrals



In particular, there seemed to be reluctance on the part of some line managers to refer an employee with mental ill health to a GP. "There is a belief that GPs will readily sign their patients off work who claim they are depressed without actually trying to understand what the problem really is or trying to weigh up whether they are genuine or not."

Other managers seemed to doubt the word of their employees: "I have experienced many staff claiming to be suffering from depression just to get time off work – it is a well known scam."

Fewer than four in 10 employers say they would be willing to recruit someone with a known mental health condition.



CASE STUDIES – AN EMPLOYEE'S PERSPECTIVE

Linda's tale

Recent legislation aims to get tough with employers who discriminate against the mentally ill, but, as the following account reveals, eradicating prejudice remains problematic.

Linda – not her real name – has experienced depression for the past 12 years. The graduate, now in her mid-forties, first experienced depression after a series of bruising encounters with a female colleague while working as a civil servant.

“She made life extremely difficult for me. She undermined me, was manipulative and seized every opportunity to be as unpleasant as she could.”

After a while, the personality clash became more serious. Linda began to experience a series of anxiety attacks which over time developed into full-scale depression.

Things only improved when Linda moved to another department. “My colleagues there were much more supportive,” she recalls. They even moved office so that Linda would not have to encounter her former tormentor in the same building and thus risk another panic attack. They also allowed her time off for psychiatric visits – finding the right medication had been difficult – and when she wasn't well were understanding of her need for time off.

But that tolerant environment changed. Her division was being expanded and her new line manager was less enlightened than his predecessor.

“He was a known workplace bully and made incredibly damaging assumptions about me, and about my perceived limitations,” she explains. “He would never allow me to go to meetings on my own – he used to tell my colleagues that I was crazy and would probably end up slitting my wrists in front of people.”

Things came to a head after her manager wrote a report saying that she was unfit for work on the basis of her mental health illness. “He left it out on his desk very publically so that other colleagues could read it. I felt completely humiliated.”

After 18 months of what she describes as “gardening leave,” Linda was retired on medical grounds after seven years in the civil service, something that she had hoped to avoid. “I did get a pension, but it was not enough for me to live on – I had a mortgage and before I took ill, I had been the main breadwinner in my household. I felt this huge social stigma – I had worked ever since graduating and now I had nothing.” ■



It costs British business £26 billion a year – more than £1000 per employee. Yet 45 per cent of employers choose to believe that there are no mental health issues at work.

CASE STUDIES – AN EMPLOYER'S PERSPECTIVE

BT: Dial M for mental health

The vision and drive of BT's chief medical officer has enabled the company to develop a ground-breaking approach to mental health that is not only compassionate but commercially sound.

Many companies like to think of themselves as moral employers. They implement policies aimed at banning discrimination on grounds of race, gender and sexual orientation, yet somehow fail to extend the same consideration to those with mental health problems at work. Mental health has become the last "acceptable" form of discrimination, but not at the British telecommunications company, BT.

"We've still some way to go," says BT's group health adviser, Dr Catherine Kilfedder, "but I think that our company has done a lot to tackle prejudices against mental ill health and hopefully that will gradually ripple out into the wider community."

That journey began about six years ago, due in large part to the efforts of BT's chief medical officer, Dr Paul Litchfield, who came to the company with a mission to push mental health and well-being higher up the corporate agenda. Mental illness has become the biggest single health issue in the West, yet many companies continue to regard it as a minor sub-division of health and safety. But by establishing new policies linking mental health directly to well-being, Litchfield and his colleagues in HR were able to give a distinctly harder edge to what otherwise gets dismissed as "the soft stuff."

That hard edge involved developing a clear business rationale. BT is heavily involved in providing products and services to the health industry, so greater emphasis on mental health internally was complementary to much of its core customer base. It also fitted well with BT's extensive corporate social responsibility programmes but equally importantly, the issue offered clear cost advantages.

"It wasn't just about cutting down on the number of days lost through sickness," explains Dr Kilfedder, "but also about tackling 'presenteeism' – people still at work but not functioning at optimum performance."

As a result of BT's mental health initiatives, for which the board has overall responsibility, the company has been able to reduce the level of sick days lost as a result of mental ill health. Mental health problems account nationally for around a third of all sickness absences, but at BT these have fallen to around 22 per cent. About 80 per cent of the employees off work with mental ill health for

six months or more have been able to return to their old jobs.

Unlike the minority of companies that have implemented mental health policies, BT's approach represents best practice and operates on three levels: at a preventative level that promotes good mental health; a secondary level that focuses on early identification of those at risk as well as the tertiary level adopted by most other companies that deals with mental ill health after it manifests.

BT's Work Fit – Positive Mentality campaign was drawn up in collaboration with unions and with the support of mental health charity The Sainsbury Centre For Mental Health And Mind. It ensures that all BT's employees are fully informed about how they can best prevent the onset of mental ill-health. It also promotes a range of support services that the company provides in this area and, perhaps more importantly, sets out to raise awareness among staff of the need to adopt more enlightened attitudes to help end the stigma of mental illness.

Line manager involvement is an essential component of BT's strategy: "We involve line managers, and tell them to be supportive but low key in their approach to colleagues who may be in distress," says Dr Kilfedder. "We do not want them to medicalise the situation or to set themselves up as a therapist." ■





What can employers do?

If you want to be happy, practise compassion – Dalai Lama

A supportive and compassionate working environment allows you to show staff and customers that you are a good employer. It not only demonstrates a commitment to corporate social responsibilities, but ensures:

- Better recruitment and retention
- Reduced recruitment and training costs
- Improved productivity
- Better legal compliance
- Reduced sickness levels
- Happier working environments
- Better customer service
- Greater loyalty

Governmental bodies, such as the Health & Safety Executive (HSE) are placing greater emphasis on policing mental health issues in both government-run and private workplaces. It is not an issue about which you can afford to be complacent.

“There is a pressing moral imperative to ensure that mental health features more prominently,” warns Tony Almond of the HSE. “It is apparent there is a problem right across the UK workplace.”

According to the HSE, stress is likely to become the most dangerous risk to business in the early part of the 21st century. One in five workers in Britain, or five million, say they feel extremely stressed at work.

Employers need to consider the following five-step plan:

- Take effective management control of the workplace
- Undertake an audit of the workplace to identify potential stressors, such as unrealistic workloads and schedules
- Train line managers in mental health awareness
- Launch a preventative good mental health promotion campaign
- Audit absences and make sure you understand the reasons for them

Effective management control of the workplace
Boardrooms should place mental health at the heart of risk management policy. They not only have a clear legal duty to do so, but also a moral obligation as well. They need to ensure that a coherent mental health strategy is developed and that a senior executive is responsible for its implementation. A clear evaluation process also needs to be periodically undertaken to ensure its overall effectiveness.

An audit of workplace stressors
Managers need to ensure that workloads are reasonable and resources adequate. Team workloads need to be monitored on a regular basis and additional work should be refused if teams are already under undue pressure. Processes also need to be reviewed to see if work and job roles can be improved. Employees also need to be allowed sufficient self-determination, which might involve more team meetings and consultation as well as more training and career advancement opportunities. Simple adjustments, such as less abuse and more consideration might be considered. A simple ‘thank-you’ you’, for a job well done, goes a long way. Any audit of the working environment should be a two-way process, including detailed surveys of staff views.

Line manager training
Line managers are crucial to the successful implementation of mental health strategies and training with coaching follow up should be considered. Any training should include specific examples of behaviour which may indicate mental health problems such as declining or inconsistent performance, lack of motivation and frequent absences. Conversely managers need to be made specifically self-aware of how their own behaviours can negatively impact on staff well-being.



Prevention is the best approach

Show staff that you take their mental well-being seriously. Follow the example set by companies such as BT, in setting up an internal website to provide information about mental health issues and how to avoid them. Make sure that all staff are aware that you have a mental health policy and that any prejudice against those with such problems will not be tolerated.



Monitor absences

High rates of absenteeism are a sure sign that something is wrong with your organisation. It not only costs you money as an employer, but can damage your reputation with customers and the wider public. Reasons behind high absentee rates can include:

- Boring and monotonous work
- Job insecurity
- Lack of self-determination or control
- Lack of fairness at work
- Lack of proper compensation
- Too much change at work

Managers need to monitor absences more effectively and make sure that they fully understand the reasons behind it. They also need to manage sickness absences when they occur. ■

Less than one in 10 companies has an official policy on mental health and of those, only 14 per cent believe it is effective.



Resources for employees and employers

Health and Safety Executive (HSE)

The Health and Safety Executive's mission is to ensure that risks to people's health and safety from work's activities are properly controlled. It aims to ensure that employers fulfil their obligations to their employees, and that all employees look after their own health.

www.hse.gov.uk

Mental Health Foundation

The Mental Health Foundation is a leading UK charity providing research and community projects to improve support for people with mental health problems and people with learning disabilities. It provides information on specific mental health problems, where to get help, treatments and rights.

www.mentalhealth.org.uk

Mind

Mind is a leading mental health charity in England and Wales, working for a better life for everyone with experience of mental distress. Mind has a very comprehensive website, offering advice, information and background briefings on a wide range of mental health issues and specific mental health problems, as well as details of events and campaigns.

www.mind.org.uk

Mind Out For Mental Health

Mind Out For Mental Health is an active campaign to stop the stigma and discrimination surrounding mental health. Coordinated 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.

www.mindout.net

The Association for Counselling at Work (ACW)

The Association for Counselling at Work is a specialist division of the British Association for Counselling and Psychotherapy (BACP). ACW promotes professional counselling and the development of counselling skills in the workplace, and supports good practice in the prevention of psychological ill-health caused by work and provision of appropriate support for staff who are affected.

www.counsellingatwork.org.uk

The British Psychological Society (BPS)

The British Psychological Society is the representative body for psychologists and psychology. The Society has national responsibility for the development, promotion and application of psychology for the public good. Psychologists who provide counselling can be located via the Register of Chartered Psychologists which can be found on the website and in the libraries.

www.bps.org.uk

Depression Alliance

Depression Alliance is a charity offering help to people with depression, run by those who have experienced depression themselves. It produces publications on various aspects of depression, and provides written advisory services, self-help groups, newsletters, workshops, seminars and conferences. Their website contains practical information about depression, as well as details of Depression Alliance campaigns and local groups.

www.depressionalliance.org

The Employers' Forum on Disability

The Employers' Forum on Disability is the national employers' organisation focusing on disability in the UK. Funded and managed by members, the Employers' Forum makes it easier to recruit and retain disabled employees and to serve disabled customers.

www.efd.org.uk

The Sainsbury Centre for Mental Health

The Sainsbury Centre for Mental Health works to improve the quality of life for people with mental health problems. We carry out research, policy work and analysis to improve practice and influence policy in mental health as well as public services. Their work focuses on mental health care in prisons and the criminal justice system.

www.scmh.org.uk

Acknowledgements

Great Place to Work® Institute would like to thank the following organisations and individuals for their help and advice in putting together this report:

- Catherine Grinyer of Employers' Forum on Disability
- Colin Curran former Great Place to Work® Chief Executive Officer
- Diana Phillips Great Place to Work® Senior Consultant
- Dr Catherine Kilfedder of BT
- Helen Lockett of the Sainsbury Centre for Mental Health
- Jane Renton of Pathon Media
- Nick Bason of Employers' Forum on Disability
- Rebecca Allonby former Great Place to Work® Senior Consultant
- Rhiannon Suter, former Research & Innovations Manager, Employers' Forum on Disability
- Rethink, the mental health charity
- Richard Frost of Mindful Employer
- Roger Cross Organisational Psychologist of the Department for Work & Pensions
- Tony Almond of the Health & Safety Executive

This report has been produced jointly by Great Place to Work® and Employers' Forum on Disability

- Designed by Alex Chilton Design Ltd. www.alex-chilton.co.uk
- Printed by Four Way Print Ltd. This report is printed using vegetable-based inks on Evolution Satin, consisting of 75% recycled fibre (of which at least 50% is post-consumer waste) and 25% virgin fibre (of which at least 70% is FSC certified).

Notes

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