City and Hackney mind

Mental Health and Employment

a mind to work

a good practice guide

www.cityandhackneymind.org.uk

About the Author

Heidi Cuming has worked in the field of mental health for over 20 years. She has suffered from depression since she was a child. She came to work in employment services following a mental health breakdown which led her to look for support that would enable her to make the transition back to work.

In the last six years she has set up and managed a range of employment support, training and education initiatives, including services tailored to the specific needs of young people and adults with a personality disorder, a building maintenance social enterprise and a number of basic skills initiatives.

She is currently Head of Education and Employment Services at City & Hackney Mind, and continues to remain healthy at work with the aid of support that is readily available from her employer and work colleagues.

Foreword

As the Borough Director, responsible for the Mental Health Services provided in City and Hackney by the East London NHS Foundation Trust, I wholeheartedly welcome this initiative and fully endorse the guidelines and advice laid out in this booklet.

The field of mental health and employment is a relatively new and specialised area of work and, as such, it is vital to stimulate thinking around the issues involved in supporting someone with a mental health problem first to secure and subsequently to retain employment. As the author explains – and as the various case studies illustrate – work can play an important part in the recovery process for people with mental health problems.

Barriers still need to be overcome, however, both in terms of the clients' integration in the workplace and the discrimination they may face from employers and co-workers. Another issue is their ease of access to ongoing support once they have secured a job. This booklet goes a long way towards breaking down many of those barriers and, I believe, is an important contribution to the field of mental health and employment.

Dean Henderson
Borough Director- City & Hackney
East London NHS Foundation Trust

■ **All Illustrations by Liam Yeates**
Liam's work reflects his own personal struggle with maintain his mental health and is available on:
www.leamyeates.co.uk

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Introduction

There is growing support for the idea that work can play an important part in the recovery process for people with mental health problems. Unemployment can have devastating effects on physical and mental health and well-being. Among these negative effects are increased rates of premature death, death from heart disease, and an increase in psychological distress, suicide and parasuicide.[1] Unemployment also has great financial costs, not just for the individual but for their families as well. Taking a wider perspective, it also impacts on the nation's wealth in terms of costs to the health service as a result of the increase in health interventions; sickness and disability related benefit claims; a decrease in tax payments and other economic losses.

Work, on the other hand, can have a number of positive benefits, including financial independence; a sense of purpose and belonging; increased self-esteem; social identity and status; and opportunities for growth and development.

However, work does not just equate to paid employment. Voluntary work, training, education and caring responsibilities are all forms of activity that could also be considered as types of work in that they are classed as valued activity that use individuals' skills and facilitate social inclusion.[2]

In this booklet, the main focus is on 'work as paid employment' (hence the title *Mental Health and Employment*). However, some of the text is intended to be of use when thinking about supporting people to engage in 'work as voluntary work, education and training' as well. For example, Section 1 looks at the question of what stops people with mental health problems from working. All the barriers to employment can be applied equally to training, education and voluntary work, with the notable exception of financial disincentives created by the benefit system.

The aim of this booklet is to stimulate thinking around the issues involved in supporting someone with a mental health problem to secure and retain employment. The field of mental health and employment is a relatively new and specialised area of work. As the government makes more money available for the provision of these services, it is increasingly common to find Employment Advisor candidates who do not have experience in this specific field, but who do have other relevant experience. A lack of specific experience need not be a hindrance, however, as enthusiasm, creativity, motivation to learn and reflect, and the 'right attitude' are generally a recipe for success in this area.

When compiling the text we wanted to make sure that the people who have contact with our services could have their voices heard. With this in mind, we interviewed a number of our own mental health employment service users and employees and, with their permission, used extracts from these narratives as case studies and quotes throughout the text. We hope this booklet will be of use to those new to this field and would welcome any feedback from new and existing employees, employers and service users.

The following extract is taken from an interview with a service user in which she comments on what she feels are the main benefits of working:

> *"Work has benefited me in so many ways it is hard to think of them all. There is the most obvious – money, it is such a relief to be able to get out of the benefit trap, which is so easy to get into and stay in. Not even the amount of money, it is more about your own self-esteem, which means not feeling that if your benefit doesn't turn up one week you need to grovel to the job centres etc. That can and does feel very belittling and does nothing for your confidence. Confidence is a major factor in why work is so important – feeling able to do something well, being validated by others for your work, realising what you are able to achieve, learning more and feeling that you are on a path which has a future instead of being in a rut – these are all very important reasons and benefits for someone working and they are invaluable.*
>
> *I think also society's attitude plays a role in how we view ourselves and there is no doubt that people have more respect for people who work – paid or voluntarily. But I think it is all of these things added together, plus some more, which is so hard to put my finger on. It is like the saying the end is greater than the sum of its parts."*

Section 1: Barriers to Employment

Although it is important to focus on your clients' strengths and the positive aspects of their lives when supporting them in finding work, it is also vital that you understand and identify with them the barriers (perceived and real) that exist in terms of their gaining and sustaining employment. You may notice that a number of the barriers to employment for adults with mental health problems are similar to those for other groups of unemployed people drawn from the general population, for example, lack of confidence and low self-esteem. However, some – the side effects of some psychiatric medications and disincentives created by the benefit system, for instance – are more specific to this group. The list outlined below is by no means exhaustive but gives an idea of the main hurdles people with mental health problems have to overcome in order to achieve their goals.

The social model of disability

It is important to note that barriers to employment for people with mental health problems are frequently viewed as being the result of an interaction between issues arising directly or indirectly from their illness and society's perception of them as a 'sick' person. The framework within which most disability employment services now operate is that of 'the social model of disability': one which states that people are only disabled because of the physical and attitudinal barriers placed in their way by society. This is a very useful way of thinking about things as it helps you, and your client, to view the task of securing employment from a positive viewpoint; it is also a model very much in keeping with current thinking – that employment plays a significant role in the recovery process for many people.

The medical model

In contrast to the social model, the medical model views people with mental health problems as being ill and in need of recovery, often through the aid of medication, before entering the world of work. In this model recovery is seen as a precursor to employment as opposed to employment playing a significant part in the recovery process. The danger with adopting this viewpoint is that once people are deemed to be 'well enough' to work, there may be less of an emphasis on their mental health support needs and little consideration of how workplace adjustments can assist people to function more fully in the workplace.

Commonly cited barriers

Among the most commonly cited barriers to employment faced by people with mental health problems are a lack of self-confidence, low self-esteem and social isolation. These are exacerbated by periods of illness during which they feel they have little or no control over their lives, as well as periods of unemployment that frequently accompany this. Often you will meet people who are starting from a position of never having had paid employment before. Employers can have negative opinions of the capabilities of people with mental health problems and a lack of relevant experience tends to compound this. In addition, many people will have experienced their first episode of mental health problems in their late teens or early twenties, which can seriously impact on their educational achievement.

Being out of work for a period of time, or never having experienced work, often means people lack work stamina and are fearful of how they will cope with the changes that will inevitably occur once they start work. If their mental health problems have previously impacted on their work performance it is likely that there will be some degree of anxiety relating to their ability to succeed at work, and, often, a fear of failure.

Additionally, when working with clients who have been accessing secondary mental health services, for example the local Community Mental Health Team, it is common to come across internalised stigma concerning their ability to work. This has often been passed on by mental health professionals who have little awareness of the benefits of employment to the recovery process, and as a protector against relapse and suicide. Your client may never have been given the opportunity to explore their vocational options before, and may even have been told that they should not, or cannot, work.
Added to this, there are numerous practical issues, for example, the issue of travelling to work. How will your client travel to work? By tube? Or bus? On foot? Is the individual comfortable travelling on the most convenient mode of transport? It is equally important to consider the time of day they will be travelling as the stress and anxiety caused by travelling to work in rush hour is often a daunting prospect

for even the most seasoned of workers. Medication used to treat mental health problems can also cause difficulties. Does your client have any visible side effects from their medication? Does their medication cause drowsiness that makes it difficult for them to get up in the morning? How the individual will manage these issues needs careful consideration.

Financial implications

Unfortunately, what still remains one of the largest disincentives to work is the financial implications of coming off state benefits. Often people feel they will only be marginally better off working, if at all. A key factor in reassuring people of the viability of work is a close relationship with Benefit Advisors, who can complete 'better-off calculations' for your client prior to them taking a job. Benefit Advisors can be accessed through your local Jobcentre Plus and Citizens Advice Bureau offices. More and more nowadays Benefit Advisors can also be found working for the local Mental Health NHS Trust and clients may be more amenable to seeking advice from these individuals in preference to Jobcentre staff as they may be viewed as being more independent.

Also useful is a basic understanding of support mechanisms built into the welfare system, such as the 52-week and two-year linking rules and the tax credit system. For further information about these, a good starting point is the Department for Work and Pensions website: www.dwp.gov.uk

Negative attitudes

Additionally, there are the negative attitudes of some employers and potential co-workers, which can lead to prejudice and discrimination in the workplace and a reluctance, or fear, on the part of employers to employ a person who openly declares their mental health status. Although the Disability Discrimination Act exists to prevent such discrimination (see Section 4: The Disability Discrimination Act [1995], Reasonable Adjustments, Disclosure and The Disability Equality Duty [2006]), it will inevitably be part of your job to promote the positive aspects of employing both your individual client, and this specific client group in general. Section 5 (Presenting the Business Case for Employing Someone with a Mental Health Problem) should go some way in helping you with this task.

Additional barriers

In addition to the barriers listed above, it is also worth remembering that many of your clients will also belong to another group of individuals who face additional barriers. For example, when considering the needs of parents, childcare can be perceived as being a major barrier to work. Many clients will come from a black or minority ethnic group and a percentage of them will have additional needs in terms of language skills and a lack of awareness of the British work culture. Some may have experienced racism and discrimination when seeking employment in the past and may therefore have additional anxieties. It is also likely that a certain percentage of the clients you work with will also have additional health issues and disabilities, including physical and sensory impairments. For this group of people access issues in terms of transport to work and the use of essential facilities, e.g. suitable toilet facilities, are often paramount.

The following are quotes from service users in answer to the question of what they feel has prevented them from working in the past:

"I've been out of work for many years because I had an accident which affected my mobility. I was in and out of hospital. Being out of work for many years made me go into a depression. The longer I was out of work the harder it got and the more it affected me mentally"

"My illness made it hard for me to be around other people and so I stayed in my house. I felt like I couldn't work because I could not cope with the social aspect and had very low confidence because I had been unemployed for so long"

"I think a lack of confidence, fear of getting unwell, fear of losing benefits, then, if for whatever reason you had to stop working, the hassle and fear of trying to get the benefits back, gaps in CVs was a factor too and how to explain it"

Section 2: Models of Employment Support

In Section 1 the medical and social models of disability were outlined. These are the two contrasting models that underlie the wide range of different types of employment interventions that exist within the mental health employment field.

There is a general lack of empirical evidence relating to the effectiveness of many of these interventions. However, there is some evidence to suggest that sheltered workshops may have a detrimental effect on open employment outcomes, and a growing amount of support for the Individual Placement and Support model in terms of high employment outcomes for adults with severe and enduring mental health problems.[3]

The most frequently encountered employment interventions are outlined below. For people wishing to examine these approaches in more detail, the references in the Further Reading section should provide a good starting point.

Sheltered work

Sheltered work can be paid or unpaid and takes place in a setting where employees work mainly with other people with mental health problems.

Many supported work settings operate short working hours and provide meals and transport, thus making the environment more 'protected' than that of the open job market. Sheltered workshops are a type of sheltered employment where people engage in work activities in a protected setting but do not receive payment at the national minimum wage level. They may receive a token payment for the work, however, which is frequently classed as therapeutic payment.

User employment

Probably one of the most well-known User Employment Programmes in the UK is that run at South West London and St George's Mental Health NHS Trust in Tooting. User employment entails a service provider (in this case a mental healthcare provider) positively discriminating in favour of suitably qualified employment candidates who have personal experience of mental health problems. This is coupled with specialist support from the employer, which is aimed at maximising the chances of the individual being able to retain the job they have secured.

The Clubhouse model

A Clubhouse is a community of people with a history of mental health problems who work collectively each day to run the clubhouse alongside paid members of staff. This element of the model is structured around normal business hours (9–5, Monday–Friday) and is known as the 'work ordered day'.

A characteristic feature of the Clubhouse model is Transitional Employment, although support is also provided to enable people to go directly into supported employment if they wish to do so. Transitional Employment consists of part-time paid work placements in community businesses and industries,

which normally last between 6 and 9 months. These placements essentially belong to the Clubhouse so there is no emphasis on the employee entering full-time employment once the placement ends. The Clubhouse has a number of such placements and members may go from one placement into another if they so wish. During these placements, members are provided with on-the-job support coupled with off-site support provided by staff and fellow members. Ongoing off-site support is also provided for members of the Clubhouse who enter into open employment, but on-the-job support in these cases is not the norm.

Social firms

A social firm is a business that trades for a social purpose and, as such, is a type of social enterprise. The social purpose of a social firm is to employ people who are disadvantaged in the labour market.

Social Firms UK, the national social firm support and development agency, sets out specific criteria for a business to be classed as a social firm. These are based around the principles of Enterprise, Employment and Empowerment and include: having a business orientation, employing at least 25 percent employees who are disadvantaged in the labour market and a focus on the development of staff and their participation in decision-making, as appropriate. Organisations calling themselves social firms range from those whose employees are all disadvantaged (many of which resemble the sheltered work model outlined above) to those that employ a mix of disadvantaged and non-disadvantaged employees. The latter tend to have a stronger emphasis on moving people on to open employment, where possible, and a large number are economically independent, i.e. they do not rely on grant funding or other financial subsidies.

The Individual Placement and Support model

The Individual Placement and Support (IPS) model is another type of occupational intervention that has been imported from the United States and is currently the UK government's preferred model of employment support delivery.[4] There are six main criteria that define this particular approach:[5]

1 Services are focused on competitive employment (as opposed to intermediate activities such as sheltered work).
2 Eligibility is based on consumer choice (there are no exclusion criteria; inclusion is based solely on the desire to work in competitive employment).
3 Rapid job search.
4 Integration of rehabilitation and mental health (the supported employment programme is closely integrated with mental health treatment teams but retains its own separate identity).
5 Attention to consumer preferences (as opposed to provider's judgements of what type of work would be appropriate for the individual).
6 Time-unlimited and individualised support (continuing for as long as the supported employee requires).

Section 3: Assessments and Action Plans

Mental health employment services can now be found in the private, voluntary and statutory sectors. In addition to the differences in employment support models outlined above, there is also great variation in the specific assessment and support methods these services employ. The example drawn upon below is the procedure for assessment and support planning currently used by City & Hackney Mind.

Having read Section 1 you should have some idea of why job hunting can seem like a very daunting prospect for someone with a mental health problem. However, identifying barriers with your client is only part of the story. In order to fully support them towards their goal of gaining and sustaining employment you will need to gather information about your clients' history, current situation, aspirations, skills and strengths. This information can be seen as the starting point from which your client will work, and will form the basis of an Action Plan – a living document that sets out clearly your clients' long- and short-term goals and the steps you, and they, will need to take in order to help them to achieve these goals. Key information to gather during this assessment includes: vocational aims, mental health needs, medication details including benefits and side effects, non-medical coping strategies, potential triggers, current support network (family, friends and professional support), activities the client is currently engaged in, their hobbies and interests and potential barriers.

Risk factors

It is also important to discuss possible risk factors with your client. Most people with severe mental health problems will be in contact with their local Community Mental Health Team (CMHT) and will be under the Care Programme Approach (CPA). Information about the CPA can be found on the Care Programme Approach Association's website: www.cpaa.org.uk/thecareproggrammeapproach

These clients should have an up-to-date risk assessment on their file, a copy of which should be obtainable via a request, by either yourself or your client, to their Care Coordinator (the team member from the CMHT who has responsibility for coordinating the client's care/support). If the client is under the CPA it is important to keep in close contact with their Care Coordinator and to attend CPA meetings with your client in order to ensure that employment is kept firmly on the agenda, to seek advice around the client's mental health needs as required and to ensure a consistent approach.

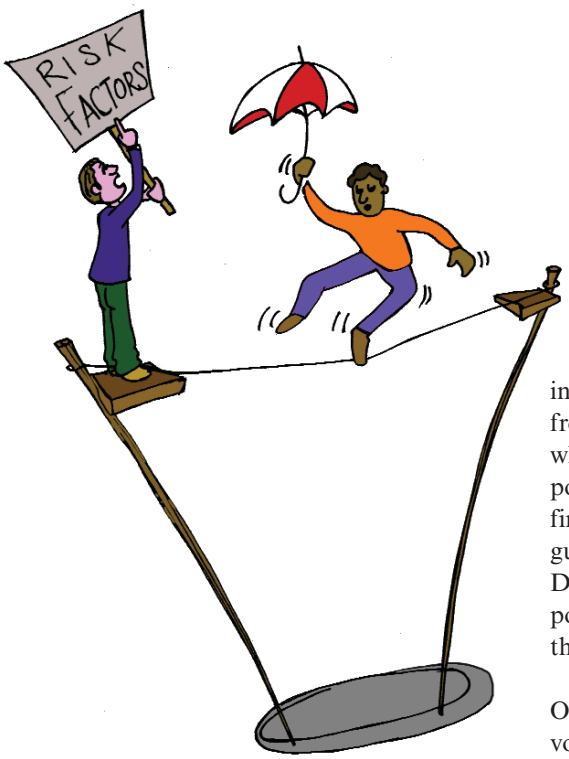
Whether a current risk assessment exists or not, however, it is always a good idea to discuss possible risk factors with your client, and, where appropriate, to build plans to manage these risks into your client's Action Plan. Many people find asking these questions difficult, largely because the word 'risk' can have negative connotations and they are concerned about how the client will react. Probably the best way to approach the subject is to explain that risks are things that could get in the way of the individual achieving their goals and, by assessing these factors, you will be in the best possible position from which to support them. Most risks fall broadly within three categories: (1) risk to self, e.g. self-neglect; (2) risks to others, e.g. verbal aggression; (3) risks from others, e.g. financial abuse. Added to this are factors such as substance misuse, which can fall into one or more of the above categories.

Below are some of the responses we received from service users in relation to being asked about risk factors:

> *"I didn't find it intrusive because, as I look at it, it is better to be true to yourself. If you can't do that then you can't really help yourself and others can't really help you"*

> *"Well, I don't really mind. It doesn't really bother me. At the end of the day, as far as I know, she is there to help, so the more information she gets the more she can help me"*

> *"I don't have a problem with things of that nature because I have always been a very open person"*



Assessing vocational aims

The next stage in this process is to look more deeply at the client's vocational aspirations. For this assessment it is a good idea to start by gathering information about the activities, including leisure activities, the client is currently engaged in; their employment, training and educational history; and hobbies and interests. These will form a good basis from which to ask your client to consider what their key skills, strengths and positive personal attributes are. You may find it useful at this point to use career-guidance software, such as Adult Directions, to help your client to explore possible career options that fit in with their experience, skills and interests.

Once you have established your clients' vocational aim you will need to consider with them what additional skills or experience, if any, they need to acquire; the practical steps they will need to take and what support they will need in order to achieve their aim(s). Additionally, collecting information about the individual's benefits (if they are claiming any) should be standard and an appointment made with a Benefits Advisor, where appropriate, to look at the financial implications of any job opportunities as they arise.

Action planning and SMART goals

Once you have gathered all this information you will be in a good position to compile an Action Plan with your client detailing what their long-term and short-term aims are, the steps needed to achieve these, the person responsible for completing each action (you or your client) and a rough idea of the time frame. When developing an Action Plan you should be setting SMART goals i.e. goals that are Specific, Measurable, Achievable, Realistic and Time-specific.

This enables you to work with a client to monitor progress and review the goals and steps, as well as providing clear objectives for both you and your client.

Outlined here is a case study and examples of SMART goals relating to the case outlined, to help to illustrate this process:

Case Study

Susan is a qualified social worker who has spent the past eight years unemployed. She left her last position when she had her first child and subsequently experienced her first episode of severe mental illness two years later. Susan decided it was time to explore her options in order to return to work and was referred by her Care Coordinator to see an Employment Advisor (EA). Through the assessment process, it was identified that Susan's long-term goal was to return to full-time paid employment as a social worker. An Action Plan was developed over the following weeks with Susan to set out several SMART goals in order to work towards this. Examples of two of these goals are outlined below:

Goal 1: To create an up-to-date CV
In order to do this the EA asked Susan to bring her old CV to the next session to put together with the information gathered in the vocational assessment. The next session was planned to take place at an internet café where Susan would create the CV with the support and advice of her EA. This goal is:

- *Specific* – there are clear actions to be taken by Susan.
- *Measurable* – the completion of an up-to-date CV.
- *Achievable and realistic* – the information has already been gathered and documented, and there are no current tangible reasons why this task cannot be completed.
- *Time-orientated* – the date of the next meeting.

Goal 2: To improve Susan's computer skills
Susan was enrolled onto a CLAIT course and encouraged to practise her new skills during meetings. The EA also helped Susan to set up an email account for correspondence. This goal is:

- *Specific* – a course has been booked with clear learning objectives and practical steps were introduced to consolidate this learning, e.g. email access.
- *Measurable* – completion of the CLAIT course and ability to use email.
- *Achievable and realistic* – the course was agreed to be within Susan's capabilities and her level was assessed at the beginning of the course. The support from the EA in attending the internet café ensured Susan was sufficiently orientated and confident to attend on her own.
- *Time-orientated* – the course start and end dates.

It is important to keep an open mind and to think creatively with people when helping them to compile their Action Plan, and to allow the client to lead you in all parts of this process. To illustrate the point, imagine that a client says that they wish to build their confidence during the period they are seeking and preparing for work. This could be achieved in a number of ways, for example, by attending a mainstream confidence-building class, by helping to organise a community event or by undertaking a work experience placement.

By brainstorming with your client, you should be able to find options that the client feels most comfortable with. By involving your client in the design and implementation of their Action Plan they are also more likely to feel that they have ownership of the service they are receiving, thus creating motivation as well as helping with other soft skills, such as confidence, decision-making and communication.

Finally, it is very important that your client's Action Plan is viewed as a living document, which is reviewed with them on a regular basis (at least every six weeks) and updated as regularly as necessary.

Section 4: The Disability Discrimination Act (1995), Reasonable Adjustments, Disclosure and the Disability Equality Duty (2006)

The Disability Discrimination Act (1995)

The DDA (1995) is a piece of legislation that is designed to promote the rights of disabled people and to protect them from discrimination in relation to access to education; employment; services, goods and facilities; premises; private clubs; and transport. Under this piece of legislation employers, service providers and education providers have a set of responsibilities or duties imposed on them. In relation to employment, this Act makes it unlawful for employers to discriminate against disabled people in terms of recruitment, arrangements for dismissal, terms of employment, promotion, transfer, training or receiving any other benefit offered to employees. Many people are not aware of the fact that many adults with mental health problems are protected by this Act, and as such have the right to take employers or service providers to court or to a tribunal if they believe the latter are breaking one or more of the provisions of the Act.

The definition of 'disability'

Under the DDA, a person is defined as being disabled if they have a 'physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.[6] Many funding bodies (e.g. the London Development Agency) now require clients of employment services to self-disclose their disability status in order for them to qualify for help under certain programmes. However, when faced with the question of whether or not they are disabled many people with mental health problems will automatically respond with a 'no', without actually reading or considering the definition provided alongside the question. Not surprising, really, given that the definition appears quite complex!

It is essential, therefore, that all Advisors working in the field of mental health and employment have a good understanding of the definition and what the Act means for their clients in practice. To aid with this, a breakdown of the definition is given below, with its relevance to mental health highlighted:

To reiterate, under the DDA a person is defined as being disabled if they have 'physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Under this Act, mental illness counts as an impairment, and it is important to note that people with a history of disability are covered by the Act even if they have recovered (for example, a person who has had a mental health condition in the past). The Act also encompasses specific learning difficulties, such as dyslexia.

In terms of the Act, 'substantial' means an effect that is more than would be produced by the sort of physical or mental conditions experienced by many people, which have only minor effects. A 'substantial' effect is one that is more than 'minor' or 'trivial'. The assessment of whether an effect is substantial is carried out with the beneficial effects of treatment that a person is receiving being discounted. So, with diabetes, for example, the effect to be assessed is that without the use of Insulin. Likewise, with depression it would be the effects of the depression without the use of medication or talking therapies.

A 'long-term' effect is one that has lasted, or is likely to last, for at least twelve months from its onset or for the rest of the life of the person affected.

'Normal day-to-day activities', for the purpose of the Act, are activities that are carried out frequently on a day-to-day basis by most people. These include the ability to concentrate, memory, the ability to learn or understand, mobility and manual dexterity. Activities that are only normal for certain individuals, e.g. playing the piano, are not included. When assessing mobility, account is taken of how a person's mental impairment affects their ability to move around. An inability to use one or more forms of public transport and/or to go out of doors unaccompanied would count as a substantial adverse effect on mobility.

Reasonable adjustments

Under the DDA (1995) all employers, regardless of the number of people they employ, have an obligation to make reasonable adjustments to employment practices and premises to prevent substantial disadvantage for a disabled person in comparison to a non-disabled person. The only exception to this is the Armed Forces. It should also be noted that the term 'employment' under the Act covers contract workers and people undertaking practical work experience placements for the purposes of vocational training, as well as general employees. It also covers providers of employment services, such as recruitment agencies. In considering its duty under the DDA to make reasonable adjustments for an employee, an employer may ask for evidence that the disability (as defined by the Act) exists. This only applies when the

disability is not immediately obvious and is confined to information relating to the need for a specific adjustment.

For example, if someone with mental health problems requests a change in their working hours to accommodate regular therapy sessions, the employer is entitled to ask to see a copy of a letter or an appointment card that confirms these appointments are going to take place. However, it should be noted that asking for more information than is necessary is actually unlawful.

As with the definition of 'disability' under the Act, the question of whether an adjustment is 'reasonable' is also not as straightforward as it may first appear. The main criterion used to assess this includes whether the adjustment in question is effective, the costs involved in relation to the employer's resources, its practicality and the amount of disruption it will cause to the employer's business.

Many reasonable adjustments are easily identified as being reasonable as they do not involve a cost and are quite simple to implement. For example, measures such as allowing someone to take a break if they feel very stressed, using email if they find telephone conversations difficult, working flexible hours or making sure instructions are written down.

A more comprehensive and detailed coverage of the DDA, and examples of reasonable adjustments, can be found in the Code of Practice: Employment and Occupation developed by the Disability Rights Commission, which is obtainable from the Equality and Human Rights Commission's website: www.equalityhumanrights.com

Disclosure

Having discussed the issue of the DDA with your client, and the possibility of reasonable adjustments, the next question you will need to address concerns disclosure. Disclosure of a person's mental health status to an employer can be done either at the application stage; at interview; or once the client has settled into their job and feels comfortable enough to do this.

Case Study

Helen is 35 and works as a Senior Manager in the voluntary sector.

'I have suffered from depression since I was a child, yet, despite the debilitating effects this condition had on my personal life, the effect it had on my ability to work was minimal. I had a relatively low sickness record and generally managed to persuade my GP that I was physically ill on the rare occasions that I had to take extended sick leave.

'I had recently started a new job and was finding the stress of this new role too much to take. My mental health had begun to deteriorate and, for the first time, I felt my work was having a negative impact on my mental health status. I approached my line manager and asked for support but did not tell them about my depression because I was afraid of what their reaction would be. However, I was performing well in my new role and do not think they took my concerns seriously as a result. In the end, I had a complete breakdown and was off sick for a substantial period of time.

'When I returned to work I decided to be open about my health condition and found this to be a very positive step. My line manager supported me with a phased return to work and reasonable adjustments were agreed to enable me to function at an optimal level in the workplace. This included a flexible start time, and additional rest breaks and extra supervision when my anxiety levels rose. I soon settled back into work and a year after my return was put forward for promotion to a senior management position.'

Helen's case illustrates some of the positive aspects of disclosure as, having made her employer aware of her mental health condition, steps were taken to ensure she was able to function well in her new role in the form of reasonable adjustments. However, disclosing your mental health status to an employer is a very personal choice and one that can also have negative consequences. For this reason it is always a good idea to discuss the pros and cons of disclosure with your clients, either in a group or one-to-one setting, and allow them to come to a reasoned decision as to whether to disclose or not.

One of the key points you might want your clients to consider is the purpose of disclosure in relation to the job role. If, through information provided at the recruitment stage, they realise they will need reasonable adjustments in order to carry out their role effectively, then disclosure might seem like a positive option. If they do not need adjustments, they may prefer not to disclose at the recruitment stage but may still wish to disclose at some point. Waiting until they have settled in to their new job and have built a positive relationship with their employer and co-workers would seem like a good option in this case, as it is likely to minimise the possibility of negative reactions.

One of the key reasons why many people do not disclose relates to the negative perceptions of people with mental health problems held by today's society, and employers are no exception to this. Often the fear is that pre-existing ideas about mental health will have a negative impact on how the person is perceived as a worker, including the likelihood of them displaying erratic behaviour and doubts as to their capability. Additionally, people often feel that their mental health history has no bearing on their ability to do their job and so do not feel a need to disclose it.

However, unless an employer could reasonably be expected to know about a disability without being told, for example in cases where the disability is readily visible, withholding information about disability status is likely to mean that the individual's rights are not protected under the DDA and thus reasonable adjustments do not have to be made.

In addition, employers have a duty to safeguard the health and safety of their employees. If the individual's mental health condition has health and safety implications, for example if they take medication that makes them drowsy and part of their job involves operating machinery, they do have a legal obligation to tell their employer.

Here is a selection of quotes provided by service users in relation to the question of disclosure:

> *It's about being open and honest. If an employer is going to prejudge you and make assumptions about you once you disclose your mental health problems, and they discriminate against you on those grounds, then obviously that is not the sort of employer you want to be working with anyway*

> *I feel I am able to talk about it without making anyone worried.... I can talk about it rationally and explain things so I don't mind disclosing it and it makes me feel honest*

> *Would I disclose my health conditions to a new employer? Yes, my diabetes and thyroid problems. I would tell them about these.... I would not tell them about my mental health history as there is still a lot of stigma around mental health*

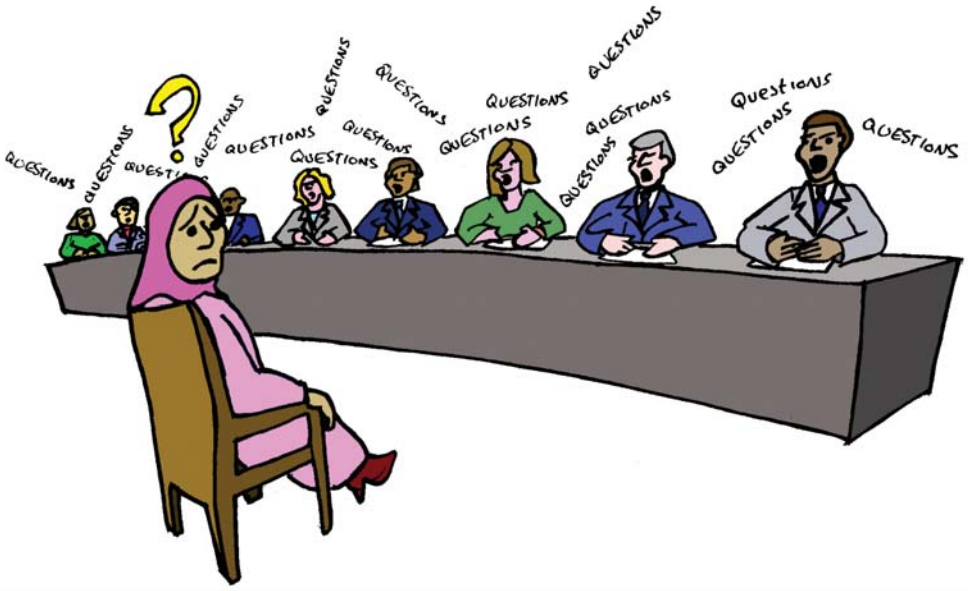
> *I would almost always keep my mental health history quiet to an employer as I've found in the past it is normally to my detriment to disclose such information. I find that the best thing for me to do is to hide it initially and manage to get through the first weeks or months of employment so that the employer can see my work ethic, is able to see what I can do for them and knows a little more about my personality and my ways of doing things. Once I've managed to make my mark and people can understand my 'quirks', then I've often tentatively explained about my mental health issues – which are then accepted as they have had the chance to get to know me and most of the negative barriers have been dissolved*

> *I would not tell anyone because I think they would look at me in a different light.*

> *I just wouldn't tell a prospective employer that I had a problem with alcohol or that I have had a problem with depression. Depression – mainly because people are so ignorant about it. You mention the word and they just say: "What do you mean depressed? You look ok to me." They just don't understand it and even if I explained how I feel I still think they wouldn't understand it and they would assume that "God, this man is going to get depressed at work and is not going to be able to deal with his job*

> *I think it is best to disclose to an employer when they know you and that you can do your job. If you tell them too soon this may make them think badly of you and that you cannot do your job properly*

> *Maybe not. I would probably disclose the physical side of my illness. To be honest, being the age I am now, I think nowadays employers want to take on younger people with less problems*



Section 5: Presenting the Business Case for Employing Someone with a Mental Health Problem

Disability Equality Duty (2006)

From December 2006 the Disability Equality Duty was introduced for all public sector bodies including NHS Trusts, local and central government, schools and colleges, police forces, hospitals and libraries. This legal duty was set out in the Disability Discrimination Act (1995) and requires such organisations to actively promote equality of opportunity for disabled people in all aspects of their work, including policy-making and services delivered to the public. More specifically, it places a duty on all public authorities, when carrying out their functions, to have due regard to the need to:

- promote equality of opportunity between disabled persons and other persons
- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled persons that is related to their disabilities
- promote positive attitudes towards disabled persons
- encourage participation by disabled persons in public life; and
- take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

('Due regard' is the requirement to give due weight to the need to promote equality of opportunity in proportion to its relevance to disability.)

This duty includes ensuring that disabled people have better employment opportunities.

The Disability Rights Commission (DRC) was initially responsible for enforcing this duty. The DRC closed in September 2007 and was replaced by the Equality and Human Rights Commission. Further information about this duty can be found on the Equality and Human Rights Commission's website: www.equalityhumanrights.com

The Disability Symbol and the Mindful Employer logo

When supporting clients with mental health problems to increase their skills with a view to gaining employment, or in seeking employment in general, it is important that you are able to sell these potential employees to an employer. Many employers display the Disability Symbol, which is awarded by the Department for Work and Pensions and states that they are 'Positive About Disabled People'. By displaying this symbol, employers are showing their commitment to the employment, retention, training and career development of disabled people. This includes offering guaranteed interviews to disabled candidates who meet the basic requirements of the job specification. In addition, an increasing number of employers are already recognising the benefits of employing a diverse workforce and putting into practice their obligations under the DDA, and will display this commitment on their job advertisements by stating that they welcome applicants with a disability.

In addition, an increasing number of employers are now signing up to the Mindful Employer 'Charter for Employers who are Positive About Mental Health'. Mindful Employer is an initiative that is designed and led by employers. It is aimed at increasing awareness of mental health issues and provides information and support to assist employers with the recruitment and retention of staff. The charter sets out a number of key principles, which employers agree to work towards when they sign up to the charter. Further information can be found on the Mindful Employer website: www.mindfulemployer.net

The above groups of employers should be more receptive than many others to offering a work placement or an interview to a person with a mental health problem. However, it is still a good idea to reinforce the reasons why this is beneficial to them.

Employers may be underestimating the occurrence of mental health problems among their staff. In a recent policy paper entitled *Mental Health at Work: Developing the Business Case*, the Sainsbury Centre reported that nearly half of employers think that none of their staff will ever have a mental health problem. Yet it has been estimated that nearly three in ten employees will have a mental health problem in any one year.[7] This is quite a startling difference so it is worth beginning by pointing out to the employer that, even if they are not aware of who they are, a number of their current employees will fall into this category. Additionally, people at all levels within their organisation are equally likely to have, or develop, a mental health problem and, interestingly, a strong desire to work has been found to be a far better predictor of employability than diagnosis.[8]

Business benefits

Naturally, the employer's main concern is with their business performance, so it is important to stress the fact that taking steps to minimise the negative effects of work on their employees can have huge benefits for their business. These include: increased productivity, reduced sickness

levels and savings in terms of recruiting and training replacement staff when, given the right support, many employees who have or develop mental health problems will be able to retain their jobs and continue to function at a high level. The savings here are particularly salient when you consider the cost of training someone to replace a highly skilled and knowledgeable individual. Most support measures cost little or nothing to implement, so this type of investment in existing staff can have huge potential returns. Breaking this down further, it is estimated that employers in Britain lose approximately £26 billion per year for the reasons listed above, which equates to £1,035 for every employee.[9] Not only is the employer likely to see improvements in productivity and staff turnover, but, by taking steps to support employees who have mental health problems and by safeguarding the mental health of their employees in general, they are also likely to see other benefits as well. These include improved staff morale, fewer complaints from employees, fewer legal cases on the basis of discrimination and fewer grievances being lodged by their staff.

Legal obligations

Importantly, employers now have legal obligations under the Disability Discrimination Act (1995) not to discriminate against disabled people in terms of recruitment, arrangements for dismissal, terms of employment, promotion, transfer, training or receiving any other benefit offered to employees. They also have a duty to make reasonable adjustments to employment practices and premises to prevent substantial disadvantage for a disabled person in comparison to a non-disabled person (with the exception of the Armed Forces). Public sector organisations also have a duty to actively promote disability equality, and all employers have a duty to safeguard the health and safety of their employees, which includes minimising the level of stress they are subjected to at work. Many employers are confused about what these things mean in practice, particularly the DDA and the concept of 'reasonable adjustments', and offering support to them on these issues can be a good way of getting them on side, as well as facilitating good practice. Further information in relation to workplace stress and measures employers can take in order to manage this can be found on the Health and Safety Executive's website: www.hse.gov.uk/stress

Reasonable adjustments and positive management practices

In terms of reasonable adjustments it is important to stress to the employer that the individual requiring the adjustments is probably the best person to give them advice on what would be useful to them. Bearing in mind that many employers fear that reasonable adjustments will be costly and will cause a lot of disruption to their business, it is also useful to highlight that many people with mental health problems do not actually need any workplace adjustments at all. Also, most adjustments are, in reality, inexpensive and relatively easy to implement. Some could usefully be implemented for all employees and many are a matter of ensuring good management practices more than anything else. For example, adjustments such as allowing flexible working hours, where possible, will allow employees to balance their work/life commitments more easily and are an effective measure in promoting good morale. Putting in place policies designed to manage effectively incidents of bullying in the organisation, and having regular formal and informal

discussions about work with employees, are also good examples of practices that are likely to increase the positive mental health of employees. It is also important to allow regular opportunities to provide positive and constructive feedback about people's performance, for example through one-to-one supervision and appraisals. By being positive about employing and retaining people with mental health problems, an employer is also likely to create an atmosphere where people will feel comfortable enough to approach them if they, themselves, feel that they are beginning to develop a mental health problem. This will enable the employee and their employer to work together to put in place support measures that will potentially avoid costly absences and prevent further relapse. In addition, they will also make savings in terms of reducing the incidence of presenteeism amongst their staff (loss of productivity that occurs when employees attend work but function at less than full capacity). This phenomenon is of particular note given that it occurs most frequently among senior level staff and costs businesses more per year than sickness absences. Supportive organisations are also likely to be viewed as employers of choice by prospective employees and will, therefore, widen their pool of potential employment candidates.

Case Study

Jasmine is 42. After many years of unemployment due to severe depression, and numerous hospital admissions, Jasmine secured a full-time post as an Employment Advisor. When asked about the support she received at work around her mental health issues she said:

'Yes, I received regular one-to-one supervision; felt I could approach my line manager outside of these sessions if I wanted to ask anything and it was helpful. Having said that, I didn't feel the amount or quality of the support was any different from other employees but just was tailored to our specific needs, i.e. I had a mental health history, another may have had three children, another may have had an elderly relative to look after. All with issues, all with certain things useful for the line manager to be aware of, but the nature and quality of the support was tailored to the individual, as it should be.'

Staff reactions and equal opportunities

Another point worth considering is the fact that some employers will be concerned about the potential reactions of other staff to the reasonable adjustments that have been agreed for a specific individual. This issue needs to be dealt with sensitively as the employee concerned may not wish to disclose their mental health status to their work colleagues. Additionally, some employers are concerned that the idea of providing more favourable working conditions to people in terms of reasonable adjustments goes against their commitment to equality of opportunity. It is a good idea in such cases to explain that allowing reasonable adjustments to be made falls within current legislative guidance, and is actually a measure designed to ensure equality of opportunity for disabled people.

Access to Work and Work Trials

It is also worth talking to the employer about the Access to Work scheme and Work Trials that are offered by the Department for Work and Pensions through their local Jobcentre Plus office. Access to Work is a scheme that provides advice and financial assistance to employers to enable them to overcome the practical barriers they may experience when employing a disabled person. Access to Work solutions are individually tailored to meet the disability needs of the disabled employee in the workplace. This can include 100 percent of the cost of employing a support worker, or the additional costs incurred by a person with mental health problems having to travel by taxi, to or from work, if they are unable to cope with public transport. The Work Trials scheme, on the other hand, allows employers to try out prospective candidates for up to 15 days, completely free and with no obligation on either side. You may also want to consider putting the employer in touch with their local Disability Employment Advisor (whose details are obtainable from any Jobcentre Plus office) so they can gain more information about these schemes, together with information about how to become a 'Positive about Disabled People' symbol user.

More positive benefits

Coming at this from a different angle, it is worth highlighting to employers that, in an age where there are significant skills shortages in many areas, widening the recruitment pool not only makes good business sense but also is essential to the effective running of their business. A diverse workforce brings with it many positive benefits and allows the employer to tap into previously under-utilised skills and talents. People with mental health problems are no exception to this, and many will bring with them additional characteristics such as empathy and the development of effective coping mechanisms. It is also worth getting the employer to consider that by employing disabled people they will be better placed to recognise, develop and deliver goods and services for their disabled customers. Such customers are likely to make up a significant proportion of the market they are aiming at. Interestingly, people who have been given the opportunity to prove they can effectively do a job after having had mental health problems have been found to take less sick leave than average and to have a strong sense of loyalty and commitment towards their employer.[10]

Negative stereotypes

However, employers are no different to the general public in terms of their susceptibility to negative stereotypes of people with mental health problems so you may find that you will need to start by going back a few steps and providing information that will help to counteract these ideas. For example, many people fear that they will be harmed by a person with mental health problems, particularly a person with schizophrenia. However, in reality, only a small percentage of people will display aggression as part of their illness and people are far more likely to be at risk from young men who have been drinking than they are from someone with schizophrenia. Providing free mental health awareness training to employers, or directing them to websites such as the national Mind website (www.mind.org.uk), where they can find accurate information about different types of mental illness, would also be a good starting point.

Providing support to employers

Finally, when approaching an employer it is always good to remember that you are trying to promote the positive benefits of employing a person through your organisation as well. Offering ongoing support to the employer in relation to the specific individual you are trying to place with them, and assisting them to meet their obligations under the DDA by advising them on how to improve their recruitment practices, are two good ways of doing this (if your project resources allow for this). Other ways in which you may be able to assist the employer include assistance with risk assessments (required under health and safety legislation), access to a work retention service for their employees and advice on where to look for other suitable training for their staff such as stress management workshops.

Section 6: In-work Support

Having supported your client to gain employment, or a work experience placement, the next step is to think about providing in-work support, if your project resources allow for this. At the very least, it is good practice to monitor the client's progress for a period of time (usually 3 months) to assess whether they have been able to retain their job in the short term.

Again, in-work support provision should be tailored to the specific needs and circumstances of each individual. Initially, your client might benefit from weekly one-to-one meetings, to discuss their progress, to gain encouragement and to help them to resolve any issues they may be having adjusting to working life. They may also need assistance accessing vital resources like childcare and financial assistance such as tax credits. These meetings should be tapered off once the client feels more settled and could be replaced by telephone calls, texts or emails as determined by the individuals' needs and preference. Of course, many people will opt for these alternative methods of communication over face-to-face meetings from the start.

Given that many people work 9 a.m. to 5 p.m. there is a need to be flexible in terms of the timing of meetings, which could take place in the client's lunch hour or after work. However, bear in mind the fact that many people feel anxious about the prospect of an Employment Advisor meeting them at work, in which case a café or your employment office may be a more appropriate space.

Job coaching

In an ideal world, all employers would readily embrace the idea of employing people with mental health problems and their employees would have an open and honest relationship with them. In reality, the type of support you will be able to provide may be limited by a client's wish not to disclose their mental health status to their employer, unwillingness on the part of the employer to engage with your service, or both. However, if both parties are agreeable then a period of job coaching may be a suitable option to consider. Job coaching entails carrying out a detailed analysis of the main tasks involved in performing the job and the provision of practical assistance, teaching the client how to perform these tasks. Other duties that are carried out by job coaches include assessing what reasonable adjustments could be made to enable the client to work to their maximum potential, and the provision of support in dealing with the social aspects of the job role.

Mentoring

Another form of support that many people find helpful is mentoring. Mentoring is the provision of a confidential, professional and supportive relationship by an experienced colleague who is able and willing to share their knowledge and experience with the new employee. The support provided by a mentor includes encouragement, advice about how best to deal with workplace conflicts and assistance with problem-solving around working patterns and workload organisation. The mentor will usually be able to advise the individual on how to deal with these issues without being directly involved.

Employee Assistance Programmes

Other things to think about are encouraging your client to make use of Employee Assistance Programmes at work, if they exist in their employing organisation, and to think about whether

there are any other individuals, particularly their line manager, that they could talk to if they are having difficulties. Many Employee Assistance Programmes include provision of counselling and debt advice, and these services tend to be anonymous, i.e. information is provided to the employer as to how many people have accessed the services and for how many sessions but no personal details are disclosed.

If you already have a good working relationship with the employer, or your client is agreeable to you forming such a relationship, regular contact and ongoing support should also be offered to them in order to maintain their support and interest in your service. In this way you are more likely to be able to resolve issues that either party may have as they arise.

Healthy Work Plans

Opening a channel of communication is integral to the process of disclosure and the negotiation of reasonable adjustments. Routes 2 Employment Forward (a project set up to provide employment advice to adults with severe and enduring mental health needs accessing secondary services) developed a Healthy Work Plan in order to facilitate this. The underlying principle of the Healthy Work Plan is to enable the employee to think in a structured way about how work might affect their mental health, what adjustments they would need in order to carry out the role, and how they would like their employer to respond to their mental health needs. This Healthy Work Plan can be offered to all service users moving into employment, and then discussed with the employer to inform the support arrangements. In addition, the plan stipulates who can access the information and provides basic details about confidentiality. The Healthy Work Plan was written by Laura Marmion, an Occupational Therapist employed by East London NHS Foundation Trust, and Louise Innes, an Employment Manager who works for City & Hackney Mind. A copy of this plan can be found in Appendix 1. Further information and guidance on how best to complete the plan can be obtained by contacting Laura Marmion (laura.marmion@eastlondon.nhs.uk).

Confidentiality and boundaries

Finally, a note about confidentiality and boundaries. First, it is important to convey to all individuals who have been made aware of the client's mental health needs that this information has been disclosed to them under the bounds of confidentiality. What this means in practice is that the only people who are to be privy to this information are those expressly authorised by the client. Even then, information is given on a 'need to know' basis, i.e. only information that the individual needs to know in order to carry out their official duties should be given out unless the client states otherwise. This means that, for example, a co-worker might be told that a person they are sharing an office with is working flexible hours because of a health condition but, unless the client expressly states, the co-worker should not be given any further details about this condition. It is also important, when supporting clients, to be very clear about your job role and what activities fall within your remit. For example, if a client has housing issues that are interfering with their ability to focus on their finding work, it would be reasonable for you to signpost them to another agency that may be able to help with this issue. It would not be reasonable for you to get directly involved in addressing this issue with them, however, as this does not fall under the heading of 'employment support'. If you are in any doubt as to whether or not a piece of work falls within your job role, then ongoing discussions with your line manager should help to clarify this.

Notes

1 Waddel, G. & Burton, K. (2006) *Is Work Good for Your Health and Well-being?* London: Stationery Office.
2 College of Occupational Therapists and National Social Inclusion Programme (2007) *Work Matters: Vocational Navigation for Occupational Therapy Staff*. London.
3 Grove, B. & Membrey, H. (2005) 'Sheep and Goats: New Thinking about Employability', in B. Grove, J. Secker & P. Seebohm (eds) *New Thinking about Mental Health and Employment*. Abingdon: Radcliffe.
4 Care Services Improvement Partnership (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance*. London: Department of Health/Department of Work and Pensions.
5 Bond, G.R. (2004) 'Supported Employment: Evidence for an Evidence-based Practice', *Psychiatric Rehabilitation Journal* 27: 345–59.
6 DDA (1995), Part 1, Section 1, Paragraph 1.
7 Shift (2007) *Line Managers' Resource: A Practical Guide to Managing and Supporting People with Mental Health Problems in the Workplace*.
8 Grove & Membrey, *op. cit.*
9 Sainsbury Centre for Mental Health (2003) Policy Paper 8: *Mental Health at Work: Developing the Business Case*. London: Sainsbury Centre for Mental Health.
10 Shift, *op. cit.*

Further Reading and Useful Resources

Policy documents relating to mental health and employment

Cabinet Office (2006) *Reaching Out: An Action Plan on Social Exclusion*. London: Cabinet Office.

Care Services Improvement Partnership (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance*. Department of Health/Department of Work and Pensions.

Department of Health (1999) *National Service Framework for Mental Health: Modern Standards and Service Models*. London: The Stationery Office.

Department of Health (2004) *Choosing Health*. London: The Stationery Office.

Department of Health (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services*. London: The Stationery Office.

Department of Health, Department of Work and Pensions and Health and Safety Executive (2005) *Health, Work and Well-being – Caring for Our Future: A Strategy for the Health and Well-being of Working Age People*. London.

Department of Work and Pensions (2004) *Framework for Vocational Rehabilitation*. London.

Department of Work and Pensions (2006) *A New Deal for Welfare: Empowering People to Work, Green Paper*. London.

Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion*. London.

Models of supported employment

For an overview of research into the main types of occupational interventions: http://www.sesami.org.uk/employment_report.pdf

The Individual Placement and Support model: Bond, G.R. (2004) 'Supported Employment: Evidence for an Evidence-based Practice', Psychiatric Rehabilitation Journal 27: 345–59. (This article can be found at http://psych.iupui.edu/Users/gbond/bond.htm)

International Center for Clubhouse Development: http://www.iccd.org

Social Firms UK: http://www.socialfirms.co.uk/

User employment: http://www.swlstg-tr.nhs.uk/work/user_employment_programme.asp

The Disability Discrimination Act

http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1

http://www.dwp.gov.uk/employers/dda/

Employer support and the business case

Sainsbury Centre for Mental Health (2003) Policy Paper 8: *Mental Health at Work: Developing the Business Case*. London: Sainsbury Centre for Mental Health.

Shift (2007) *Line Managers' Resource: A Practical Guide to Managing and Supporting People with Mental Health Problems in the Workplace.*

Mind (2000) *Managing for Mental Health: The Mind Employers' Resource Pack.*

Useful Resources

Department for Work and Pensions http://www.dwp.gov.uk/

Employers' Forum on Disability http://www.employers-forum.co.uk/

Equality and Human Rights Commission http://www.equalityhumanrights.com/

Health and Safety Executive http://www.hse.gov.uk/stress

Jobcentre Plus http://www.jobcentreplus.gov.uk/

Learn Direct – Skills and Interests Assessment: http://www.learndirect-advice.co.uk/helpwithyourcareer/skills/

Mind http://www.mind.org.uk/

Mindful Employer www.mindfulemployer.net

Mindout for mental health http://mindout.clarity.uk.net/

Sainsbury Centre for Mental Health http://www.scmh.org.uk/

Shift http://www.shift.org.uk/

Stand to Reason http://www.standtoreason.org.uk/

Appendix 1: Healthy Work Plan

Purpose

The Healthy Work Plan has been designed to support employers and employees to communicate openly about the management of mental health in the workplace.

This form does not replace existing policies within the organisation around absence, discrimination, disability or disciplinary action.

This form serves to make clear appropriate actions to be taken by employer and employee in order to preserve and maintain the individual's mental health.

This form clearly outlines an Action Plan for the unlikely event of the individual becoming unwell.

This form has been developed/completed with the support of a mental health worker.

Confidentiality

Confidentiality has been defined by the International Organization for Standardization (ISO) as 'ensuring that information is accessible only to those authorized to have access' and is one of the cornerstones of information security. Under need-to-know restrictions, even if one has all the necessary official approvals to access certain information, one would not be given access to such information unless one has a specific need to know; that is, access to the information must be necessary for the conduct of one's official duties.

Employer

I hereby agree that I have read and understood the above information on confidentiality and agree to keep the information provided on this form confidential and accessible only to those named below, on a 'need to know' basis.

Signature:
Print:

Access to this form

Copies of this form can be given to/ seen by:
Name:
Name:
Name:

The following are reasonable adjustments that help me stay healthy in the workplace:

The following can contribute to me becoming unwell, and this is how I manage them if I can't avoid them:

The following are early warning signs of me becoming unwell and this is how I would like my employer to respond:

The following are definite signs that I am becoming unwell and this is how I would like my employer to respond:

If the employer is concerned about my mental health I give permission for them to contact:

Name:
Relationship to me:
Telephone number:
Name:
Relationship to me:
Telephone number:

If I do have to take time off work I would find the following useful:

Employer

I agree that the individual's needs have been discussed and we have decided on an appropriate course of action:
Signature:
Print name: Date:

Employee

I agree that the above plan reflects my needs and wishes at this time:
Signature:
Print Name: Date:

To be reviewed on:

Useful resources for the employer and employee:

www.businessmentality.org.uk

www.shift.org.uk/employment

www.mindfulemployer.net

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Teaching Primary Care Trust

City and Hackney mind

East London NHS
NHS Foundation Trust

mind

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