



HEALTH WORK WELLBEING



# Line Managers' Resource

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



This resource has been developed by Shift, the Department of Health's programme to reduce the stigma and discrimination directed towards people with mental health problems. It is part of Shift's 'Action on Stigma' initiative aimed at supporting employers to promote good mental health and reduce discrimination. The resource is an update of the Mind Out for Mental Health Line Managers' Resource.

Shift has produced this resource in partnership with the Department of Health, Department for Work and Pensions, Health and Safety Executive and Health Work Wellbeing.

Further information about these partners can be located at [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

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# Talking about mental health

## Foreword: Ivan Lewis MP and Lord McKenzie



Tackling mental health problems in the workplace is a priority for this Government.

The extent to which employees and fellow managers experience stress, anxiety, depression and other mental health problems has gone widely unrecognised. It has recently been estimated that nearly three in every ten employees will have a mental health problem of some sort in any one year.



Despite good practice amongst some employers, the cost to the economy of mental illness is enormous. It has been estimated that a total of 12.8 million working days were lost to stress, depression and anxiety in 2004/5. This costs the country billions of pounds each year.

What's more, many people are sometimes unnecessarily forced to give up their jobs because they have a mental health problem - this is a terrible waste of talent for British business.

All this happens despite the fact that the medical outlook for people with mental health problems has never been brighter. Contrary to popular belief, the vast majority of people who develop problems can and do make a good recovery.

Often, it is not their health that stands in their way of getting back on their feet. It is the fear, ignorance and discrimination - often unconscious or unintentional - they face when telling employers about their diagnosis.

We have been delighted by the positive reaction we have had from employers to our efforts to help businesses address these issues. Almost all the employers we've talked to from both the public and private sector are fully supportive of our efforts to improve how mental health problems are handled in the workplace.

The business benefits from tackling these issues, like improved productivity, reduced sickness absence and better staff morale, are increasingly widely appreciated. The price of failure is immense - in human and business terms.

Employers told us they wanted to know what you can do to prevent mental health problems at work and how you can help staff when they develop them. There has clearly been a shortage of information and advice about what to do.

This handbook was developed to meet this need. It is intended for line managers – those at the coalface of managing mental health problems at work. Of course, there is no simple template for what to say and do – everyone is different. But the clear message is: it's better to talk, even if you sometimes get it wrong, than to sweep the problem under the carpet.

We encourage you and your staff to take full advantage of this handbook – and spread the word to friends and colleagues. I have no doubt your organization will reap the benefits



**Ivan Lewis MP**  
**Minister for Care Services**  
**Department of Health**



**Lord McKenzie of Luton**  
**Parliamentary Under Secretary of State**  
**Department of Work and Pensions**

## A business perspective: Dr. Paul Litchfield, BT

Businesses that don't take mental health seriously will not be successful in the 21st century. The global economy is changing fast and the capabilities that companies require now centre more on innovation, communication and emotional intelligence than just the more straightforward requirements of strength, dexterity and intellect that characterised previous eras.



The demographics of our society are also changing – in almost every economic region of the world the birth rate is falling, time in education is increasing, the population is ageing and the labour market is tightening. Companies are therefore engaged in a war for talent and a key differentiator between those that are successful and those that are not is the diversity of their workforce. True diversity encompasses the full range of the human condition. Achieving a rich blend of employees means addressing not just age, gender, ethnicity, religion and sexual orientation but also disability, including those who have experienced mental ill health.

The World Health Organisation estimates that by 2020 depression will become the second most important cause of disability in the world.

Whatever the causes of increased mental illness, the reality is that it has become so common that people at work will inevitably have to deal with it in themselves, in their superiors or in those who report to them.

Line managers and colleagues in the front line can make the biggest difference in the field of mental health at work. Reacting appropriately to signs of distress, maintaining contact with people who may be plumbing the depths of despair and constructing practical return to work plans for those recovering from mental illness are the simple things that can prove job saving and, sometimes, even life saving.

This guidance is therefore a much needed resource that should be widely available in the workplace. None of it is difficult and much of it is common sense but it does provide sound practical advice for those times when we're not sure quite how to handle a situation. Helping people through a difficult time can be enormously rewarding on a personal level. However, for the organisation there is an even greater prize because those who receive help will repay any investment many times over and those who are part of offering help will feel more engaged and motivated. Raising the bar for mental wellbeing in a company therefore promotes higher productivity, better customer service and, ultimately, increased shareholder value.

The business case for addressing mental health issues in the workplace is now established. This guide can help managers and others to make a difference not only to individuals with whom they work but also to the overall health of their organisations.

**Dr Paul Litchfield OBE OStJ FRCP FFOM, Chief Medical Officer, BT Group plc**

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# Introduction

## How to use this resource

This resource is written for managers – it recognises that workplace settings are vast and very diverse. However much of this guide is relevant whatever the context within which you are working. It offers practical advice on managing and supporting people who are experiencing stress, distress and mental health problems. It is intended to be used as a source of practical help.

The resource is designed in a modular format so that you can go directly to the section that is most useful. You can use it both to learn good practice in preparation for when an employee or employees are off on mental health grounds and to support their return to work.

Our aim is to directly address the fear, ignorance and stigma around engaging with someone experiencing mental health problems. The key message is the importance of talking openly and with trust. We suggest practical steps that managers and employees can take together to:

- Match the job requirements with the person's capabilities
- Talk at an early stage of distress to prevent the problem escalating
- Keep in touch during sickness absence to offer support and plan for the return to work
- Achieve a successful return to work
- Manage a long-term illness whilst remaining in work
- Access sources of support and information

On the accompanying website ([www.shift.org.uk/employers](http://www.shift.org.uk/employers)) we also provide advice and information for employees to help them to assess their own needs and plan for meetings with their manager.

**We recommend that managers read the information for employees and vice versa.**

## What do we mean by 'stress' and 'mental health problems'?

### Stress

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

People can also experience stress when too few demands are made on them. People can feel stressed when they are bored, under-valued or under-stimulated. Stress can also be caused by factors at work and at home, with the latter being the more frequent cause.

In any one person the effect of pressure will be modulated by a variety of factors including support systems at home and work, personality and coping mechanisms.

What may be too much pressure for one person at a specific time may not be for another or even that same person at a different time.

This resource focuses more on 'mental health problems' than 'stress'. If you want more advice and help on managing stress in employees, including using the Management Standards to tackle stress, see the HSE website: [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress)

The Management Standards use a risk assessment process to identify the extent and causes of employees' stress within an organisation, and by working with employees, to identify interventions to prevent and manage their stress more effectively.

### Mental health problems

In practice, it can be hard to distinguish when 'stress' turns into a 'mental health problem' and when existing mental health problems become exaggerated by stress at work.

The most common forms of clinically diagnosed

mental health problems are depression and anxiety. Many of the symptoms are similar to those that people experience when they are under considerable pressure e.g. sleepless nights, loss of or increased appetite, increased use of alcohol, etc.; the key differences are in the severity and duration of the symptoms and the impact they have on someone's everyday life.

Usually a general practitioner (GP) will be involved in diagnosis and in offering treatment in the form of medication or talking therapies or a combination of the two.

Information on the most common mental health problems and advice on what to look out for when considering a person's well-being can be found on the Line Managers' Web Resource: [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

A checklist for managers can also be found on the web resource.

This provides a quick summary of suggested actions that you and your organisation can take to improve mental health in the workplace.

### **More severe illnesses**

It is important to remember that only 1 in 100 people experience the more severe illnesses. Those who do will have regular contact from their medical, social or other support network and an agreed plan should their condition deteriorate (this is often referred to as a care plan or Care Programme Approach CPA). Evidence shows that employment can be of great benefit, both to the employer and to the employee.

The vast majority of people with mental health problems are treated by their GP and most of these people are capable of continuing to work productively.

This resource has two key messages:

- Focus on mental well-being. A holistic

approach to promoting the mental and physical well-being of your staff will repay your investment many times over in terms of productivity, morale and creativity. By presenting the issue in terms of well-being you are also much more likely to overcome barriers around stigma and to achieve buy-in from staff.

- engage with people. Dwelling on definitions and diagnoses is unlikely to be helpful as, too often, a diagnostic 'label' leads to preconceptions of what a person can – or cannot – do. The most productive approach is to talk to the person, *get a clear understanding of what they can do*, rather than what they can't do and so understand problems or issues and work on the basis of the person's capabilities

The chart on page 8 suggests some ideas for an holistic approach to well-being. It is based around the journey of an individual from recruitment, through ill health, and back into productive working.

The key message behind this chart is that mental health needs to be approached at different levels. At the corporate level, it is possible to formulate policies and to develop structures. But equally important is what is happening on the ground – especially the interaction between the employee and their immediate manager and colleagues or team.

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

A more comprehensive section on common mental health problems can be found on the Line Managers' Web Resource: [www.shift.org.uk/employers](http://www.shift.org.uk/employers)



## What the law says

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

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

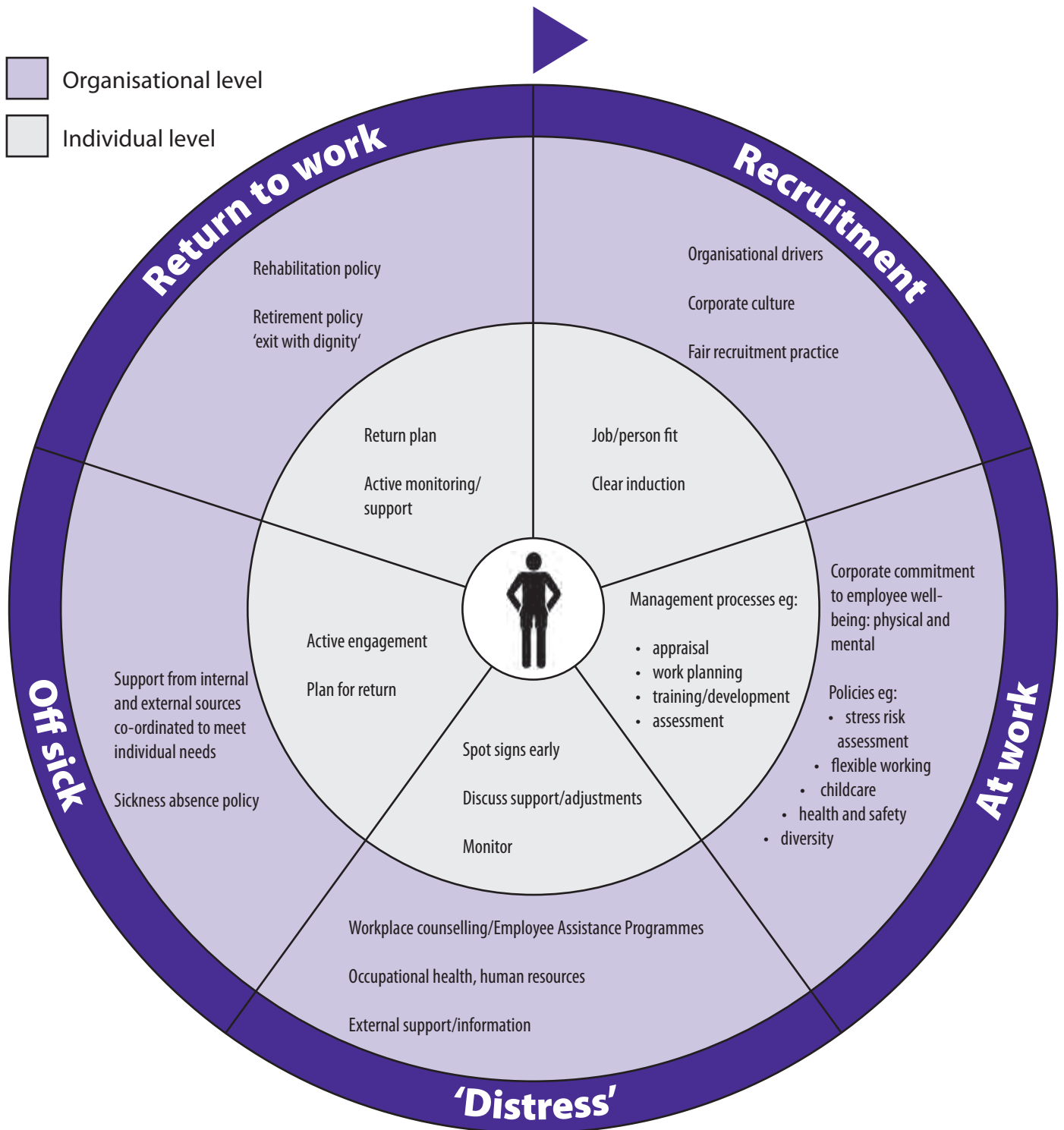
For more information about these pieces of legislation, see the Line Managers' Web Resource at [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

It is beyond the scope of this document to discuss the provisions of this legislation. However key points to bear in mind are that disability is defined by the DDA as: "A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities."

In respect of people with mental health problems, employers should be aware that a person may be disabled even when this is not obvious. The assessment of whether someone is legally disabled is done after discounting the beneficial effect of any treatment they are undergoing.

**Chart 1: An holistic approach to managing an individual**

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

# Promoting well-being

Your first step to improving mental health and well-being of people at work is to talk to staff so they become more aware of the issues that might have an impact on their well-being.

Sometimes people do not know that healthy choices they can make, like eating a balanced diet, can protect their mental health in the same ways as their physical health.

When someone does develop a problem, they may not recognise it as such or seek help at an early stage. Staff and employers will benefit from a greater awareness.

A work culture where everyone is treated with respect and dignity and issues such as bullying and harassment are not tolerated will improve the mental well-being of employees. If you can promote such a culture you will see a reduction in sickness absence, grievance and discrimination claims, complaints and the incidence of mental health problems.

If staff are more aware they will be more able to help themselves and be more sensitive to the needs of others. If you recognise the problems of colleagues early you can help them more effectively and give appropriate support.

As a manager, you are well placed to help people help themselves by providing information about mental health and access to services. Promoting good mental health practices such as operating flexible working hours so that employees can balance the demands of home life with work will create a more positive working environment.

## Look after your mind

Evidence suggests that there are simple steps people can take to protect and maintain their mental well-being. You can help by making their staff more aware of these healthy choices – and making sure they can take advantage of them

## Tips for staying happy

1. Keep physically active
2. Eat well
3. Only drink in moderation
4. Value yourself and others
5. Talk about your feelings
6. Keep in touch with friends and family
7. Care for others
8. Get involved, make a contribution
9. Learn a new skill
10. Do something creative
11. Take a break
12. Ask for help

*Reference: Making it Possible: Improving Mental Health and Well-being in England (CSIP 2005)*

# The recruitment process

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In this section we offer advice to managers about what to ask – and what not to ask.

The following advice is based on existing good practice as identified by employers and people who have experienced mental health problems and on the 1995 & 2005 Disability Discrimination Act.

There is no way of predicting who will experience mental health problems that will then interfere with their work. So issues around recruitment usually arise in respect of a person who has experienced a problem earlier in life or who has an ongoing problem.

**It is important to emphasise that the vast majority of people who have experienced a mental health problem continue or return to work successfully.**

Neither diagnosis or severity of symptoms are good predictors of likely employment outcomes.

The greatest barrier people face is the chance to prove their effectiveness when it is known they have experienced mental health problems. Research indicates that once given this chance, they take sick leave less than average and demonstrate strong loyalty towards their employer.

While some people are prepared to acknowledge their experience of mental health problems in a frank and open way, others fear that stigma may jeopardise their current job, or negatively affect their chances of getting a job in the future.

In larger companies, there may be an occupational health check before a final job offer is made. This creates an opportunity for a potential employee to talk to an occupational health professional and agree a strategy for how disclosure and any subsequent episode of mental ill health will be managed.

In smaller companies or companies without access to an occupational health service, the issue may arise during the interview process. It is important to ask future employees what additional help they might need and then to work with appropriate professionals to meet that need.

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

If a person has an employment history with periods of absence, you are entitled as a manager to enquire about these but not to probe excessively: people have employment gaps for all sorts of reasons.

If an interviewee does raise the subject of mental health it may be suitable at the interview or at a second interview to ask if they would require any kind of adjustment or additional support from you or the organisation to help them to do the job as specified.

It is also worth considering the 'formality' of the interview process which can make people uneasy and therefore does not always get the best out of the candidate.

Managers should avoid:

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

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

business, deadline pressures, etc. A current stress risk assessment for the job, based upon HSE management standards can be useful. This assessment can then be reviewed if problems develop during employment and form the basis of a referral to occupational health or other health professional.

For more detail on recruiting issues please see the accompanying website:  
[www.shift.org.uk/employers](http://www.shift.org.uk/employers)

There are a range of actions that employers should consider in these circumstances:

- include a positive statement about employing people with disabilities in job advertisements
- ensure that the recruitment process is fair – if a person with a mental health problem fulfils all the selection criteria, his or her disability should not be a barrier, and
- ensure that you can give fair and truthful justification to a person with a disability who is turned down.

Additional actions and information about the recruitment process can be found at  
[www.shift.org.uk/employers](http://www.shift.org.uk/employers)

# Talking at an early stage

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The earlier you notice that an employee is experiencing mental health difficulties the better for all concerned. Your early actions can help prevent the employee becoming more unwell. As a line manager, you can and should play a key role in identifying and addressing the barriers to normal working life the employee might experience rather than trying to understand his or her diagnosis.

The longer you leave a situation like this the harder it is to solve the problem and indeed the employee might become more unwell.

If an employee is already off sick it is more likely lack of contact or involvement from you might mean they feel unable to return. Your involvement and reassurance at an early stage will minimise risks of people not returning to work and any associated problems being difficult to solve.

This section suggests how you can use ordinary management processes to look after the well-being of your staff.

## Identifying early signs of distress.

There is a wealth of existing literature on picking up the early signs of mental health distress (see the accompanying website at [www.shift.org.uk/employers](http://www.shift.org.uk/employers)). Some of the key things to look out for are changes in a person's usual behaviour, poor performance, tiredness and increased sickness absence. You might notice or colleagues might comment on an increased use of alcohol, drugs or smoking. A normally punctual employee might start turning up late or experience problems with colleagues.

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

## Using ordinary management tools to identify problems and needs

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

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

*"How are you doing at the moment?"*

*"Is there anything we can do to help?"*

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

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

When talking to an employee three points to remember are:

- don't assume stress affects everyone equally.
- make adjustments if a person is stressed, and
- 'chats' should be positive and supportive – exploring the issues and how you can help.

## Understanding patterns of absence

If the employee is having frequent short bursts of sickness absence with a variety of reasons such as stress, back pain or there is no reason given, there may be an underlying, if transitory mental health problem that should be discussed.

If you are going to look systematically at patterns of absence, staff need to be able to trust you. They need to be reassured that your motive is to improve healthy working, not to castigate.

It is good practice to have a 'return to work' interview when someone returns after absence. For brief absence this can be just a quick informal chat. It is always a useful opportunity to check how they are. It is important that these interviews happen for all absences – not just stress/mental health related absences.

### **Stress goes with the job – we're all stressed!**

It's helpful to make a distinction between 'pressure', 'stress' and 'mental health problems'. Everybody may feel under pressure but not everybody suffers the adverse reaction of stress or a mental health problem. Also, everybody reacts differently – one person's spur to action is another's nightmare and a cause of paralysis at work.

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

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

### **Engaging with someone who is reluctant to talk**

First, make it clear that the discussion will be absolutely confidential. Then you should consider – from the employee's point of view why he or she might be reluctant to talk. Is it really safe for them to be open with you? Will any disclosures be treated sympathetically and positively? If this employee has seen others with similar problems being discriminated against then from their point of view they are wise to be cautious.

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

In the short term you can meet the person in a private confidential setting. You could even meet outside the office in a café for example. You should reassure them your door is open to talk later if it is too difficult for them now.

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

You should be clear about confidentiality and who will be told what. You cannot offer 100% confidentiality but can clearly explain the limits of your confidentiality (such as personal information is confidential but issues that may have a health and safety risk will need to be discussed further).

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

You need to ensure that any hurtful gossip or bullying is dealt with promptly and effectively. It is your responsibility under the Disability Discrimination Act to ensure that staff are not being bullied or harassed on account of a disability.

### Issues to raise with an employee who is distressed

- Ask open questions about what is happening, how they are feeling, what the impact of the stress or mental health problem is and what solutions they think there might be
- How long have they felt this? Is this an ongoing issue or something that an immediate action could put right?
- Are there any problems outside work that they might like to talk about and/or it would be helpful for you to know about? (You should not put pressure on the person to reveal external problems)
- Are they aware of possible sources of support such as: relationship, bereavement counselling, drugs/alcohol services/advice, legal or financial advice?
- Are they aware of support that the organisation may provide such as reference to occupational health, counselling, Employee Assistance Programme (EAP), brief therapies, health checks?
- Is there any aspect of their medical care that it would be helpful for you to know about? (For example, side effects of medication that might impact on their work). While you have no right to this information, the employee should be aware that you cannot be expected to make 'reasonable adjustments' under the terms of the DDA if you are not informed about the problem
- Does the employee have ideas about any adjustments to their work that may be helpful? These could be short or long term
- Do they have any ongoing mental health problem that it would be helpful for the manager to know about? If so, is it useful to discuss their established coping strategies and how the organisation can support them? (See section 7 for more information). It is the employee's choice whether to reveal this. But you cannot necessarily be expected to make reasonable adjustments for a condition if you don't know it exists
- Establish precisely what they wish colleagues to be told and who will say what. Any inappropriate breach of confidentiality or misuse of this information might constitute discrimination under the DDA.
- Agree what will happen next and who will take what action.
- You might also consider whether the employee has been affected by an issue that may affect others in the team/organisation? If the latter then you need to undertake a stress risk audit followed by team-based problem solving . Discuss this with your H&S department, (you might consider bringing in someone from outside the department or an external expert to help).

It is important that you record all conversations accurately - not just to protect the organisation and the employee, but also to show that the actions have been carried out fully.



## Managing an employee who becomes tearful and upset

This can happen for any number of reasons and can be connected to something at work or outside of work.

- reassure them that it is OK to be upset and that you are listening. In fact, the process of listening may provide an important space for both you and the employee to gain insight into the problem and possible actions, and
- ask if they would like someone of their choice with them

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

Try and be calm yourself!

Many problems build up over time and whilst you may feel the pressure to do something NOW, it may be better to take some time to calm yourself and consider the options. Try to distinguish, with the person, between what is urgent and what is important.

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

## Managing the rest of the team.

Be aware of the impact one employee's mental health problems could have on the rest of the team, whether as a result of reasonable adjustments that have been made or because of person's particular symptoms or behaviour while unwell.

## Recognising when professional/clinical help is needed

If someone remains unwell despite support then you should encourage them to seek appropriate help. Consider referral to your occupational health department if available with their written, informed, consent or encourage them to see their own GP. Again, you should state what their job involves in the referral letter.

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

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

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

Try to take the person to a quiet place and speak to them calmly. Suggest that you contact a friend or relative or that they go home and contact their GP or a member of the mental health team if appropriate.

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

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

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

## **Communicating with colleagues**

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

If the person takes sick leave you should ask whether they want to be visited, receive flowers and cards or not and respect their wishes.

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

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

## **Proactive health promotion**

There are many steps that even small organisations can take to promote employees' physical and mental health. A list of sources is provided on the accompanying website: [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

Some employers find that access to talking therapies and company-funded counselling schemes provide a safe space for staff to explore emerging problems before they become acute. Counselling using brief, solution-focused approaches has proved particularly successful.

# Keeping in touch during sickness absence

Managers often fear that contact with someone who is off sick will be seen as harassment. However, the overwhelming view from people who have experienced mental distress is that appropriate contact is essential. This view is endorsed by companies that have pioneered active absence management.

Employees should be informed that they too have a responsibility to keep in contact. Many organisations have policies around sickness absence that require minimum levels of contact (see [www.shift.org.uk/employers](http://www.shift.org.uk/employers)).

If your company does have access to occupational health support, it is important that you co-ordinate approaches to the individual. This helps to ensure clarity about professional roles and about what personal support is offered. While the employee might not wish to be 'out of sight, out of mind' it could be confusing or overwhelming to receive a number of uncoordinated contacts from different people.

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

If the employee does not make contact in the agreed way, you are then 'licensed' to respond. At an early stage, the fact of being in contact may be more important than what is actually said.

## Supporting an employee who is off sick

- it is essential to keep in touch. Many managers are hesitant about this in case they say the wrong thing or are perceived to be hassling. However, if there is little or no communication, misunderstanding and barriers can quickly arise, then the employee may feel that they are not missed or valued and this can exacerbate already low self-esteem. Inviting them to social events will show that you still think of them as one of the team
- you should reassure them about practical issues such as their job security and deal with financial worries
- give the employee the chance to explain the problem and what is happening by asking open questions
- ask if there is anything you as their manager can do to help
- reassure them that you understand medical and personal boundaries and will respect them
- review their needs/wishes for support
- depending on the severity of the illness, explore if it would be helpful to have a half-way house between work and absence such as working for a couple of hours a day at home
- plan a phased return to work as they approach fitness for work, and
- it is helpful to think about the support you would offer to someone with a physical problem. Do you have a different approach for stress/mental distress, and if so – why? Visiting in hospital, cards, flowers etc can be appreciated – but ask. The bottom line is to let people know they are not forgotten. Don't make them feel their problem is shameful.

## Avoid :

- putting pressure on the person to divulge personal or medical information – it is their choice to reveal this or not, and
- putting pressure on them to name a return date. When someone is in crisis it may be

impossible for them to know how long recovery will take. Deadlines will only add to the pressure.

### **Contact with GPs**

**If the employee does not wish you to contact their GP, that is their absolute right.**

The GP's role is to be the patient's advocate and to provide care and treatment. GPs have no responsibility to the company and are unlikely to be trained to give competent advice to an employer. However, they may well recognise that a state of employment is usually more "healthy" than unemployment.

Some GPs will respond to a request for help and guidance when this is channelled through the patient. You could write to the GP to describe the nature of the work and any factors that might have a bearing on the employee's return like including a copy of the job description and stress risk assessment.

You could provide information about your policies on rehabilitation and propose specific options for the employee such as modifications to work and/or a short term reduction of hours.

If you have access to occupational health, these professionals should be involved over any health problems that may affect their ability to work and where work and job adjustments may be required.

Most GPs would be uneasy about sharing such information with health professionals other than another doctor. The use of an intermediary occupational health practitioner, acting on behalf of the employer is essential. This intermediary can ask specific questions of the GP about diagnosis, functional disturbance as this relates to occupation, prognosis and treatment issues.

The GP's report then goes back as a confidential note to occupational practitioner of the employing firm. It is then up to practitioner

to provide the employer with guidance/ recommendations for employment based on this confidentially held knowledge of the medical background.

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

### **What to do if the person requests no contact**

This is not uncommon and the worst thing you can do as a manager is to accept it at face value and sever all contact with the individual – all the evidence shows clearly that this hinders the person's recovery and greatly reduces the chances of a successful return to work. People may request no contact because they feel embarrassed or ashamed about the way that they feel and are behaving – a sympathetic manner and treating the person normally can help to overcome that.

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

You may wish to revisit this tactfully. As the person begins to recover, contact may seem less daunting.

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

# Returning to work

Most people with mental health problems recover completely and have the capability to resume work successfully. The organisation has made an investment in that individual and in most cases, a planned return to work will be more cost effective than early retirement.

Effective planning – between the individual and the line manager and, where appropriate, involving other sources of support such as the GP, occupational health or HR – will maximise the chances of success. So will support and monitoring at the early stages of return.

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

## Factors to consider in planning the return

You should consider with the employee any factors that contributed to their absence that could realistically be changed or accommodated. Discuss whether any adjustments need to be made to ease their return (see the next page for some ideas). You can then agree how their progress will be monitored.

You must make sure the employee doesn't return to an impossible in-tray and thousands of emails.

When they return, brief them on what's been happening – social life as well as work developments. Be realistic about workloads – be aware that some people will wish to prove themselves and may offer to take on too much. Instead, set achievable goals that make them feel they are making progress.

Take the time to have frequent informal chats so there is an opportunity to discuss progress/problems without a formal (and possibly intimidating) session.

Give positive and constructive feedback.

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

You might also consider a mentoring scheme with another employee so that the person returning can also talk to someone who isn't their manager.

Above all make sure you and team make the person feel welcomed back.

Avoid:

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

Be aware:

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

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

It is important they continue with their medication until they have discussed this with their mental health physician. You also need to ensure that any side effects are considered against their job requirements. This is particularly crucial in jobs where there are health and safety risks.

## Some adjustments to consider

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

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

It is common sense to adjust work in the early days after an extended spell of absence to promote full recovery and to ease the individual back into productive employment. In some cases applying reasonable adjustments will be required to discharge duties under the Disability Discrimination Act but in all cases it will make business sense. Most adjustments are simple, inexpensive and need only be temporary.

Some examples of adjustments are a phased return to work – starting with part-time working and building up. Perhaps you could look at aspects of the job that the person finds particularly stressful and rearrange responsibilities. You might think about adjusting the content of the job.

You might think about whether you have identified the training needs of the individual. After their return to work, it may be helpful to have a review of training, development or support needs. These may be around the specific job requirements and/or around skills enhancement such as: communication skills, time management, etc.

You could offer the option of working at home for some of the time; time off for attending therapeutic sessions. (This should be allowed for all medical problems); changing shift patterns or exploring different work options

such as: part-time, job-share; flexible working around agreed outputs.

You might offer a later or earlier start to avoid rush hour travel and review if any provisions are necessary or useful in terms of their physical health. You should also look at their physical environment and review what adjustments would be desirable. You could also suggest a quiet place where they can go if feeling anxious or stressed, and, if relevant, you could consider offering support with childcare.

Most adjustments are made based on common sense and following discussion between the manager and the employee about what might be helpful and what is possible. Rarely “expert” opinion (such as that of occupational health practitioners or disability employment advisers) is required to help define impaired capability and/or adjustments.

Remember that you are not bound by external opinions, whether commissioned or gratuitous (as from GPs, etc) – the decision on what is “reasonable” rests squarely with management, though it is always preferable if the individual concerned agrees.

Examples of agreements and GP letters are referenced in the accompanying website: [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

## Managing reactions from colleagues and clients

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

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

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

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

Avoid:

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

### **What happens if the return to work is not successful?**

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

In this scenario, try to go through the reviewing progress, options for making further adjustments and talking to the employee. Then talk realistically with the employee about the best way to move forward. For example, if all

reasonable adjustments have been made in the current post, it may be necessary to consider transfer to another job.

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

# Managing an ongoing illness while at work

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

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

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

## Using regular management processes to monitor needs

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

## Coping strategies

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

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

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

## Advance statements

Some people find it useful to draw up an ‘advance statement’ which explains how they wish to be treated if they become unwell. The statement can cover practical arrangements as well as treatment preferences, including details of the people who should be contacted or provided with information. (An advance statement is different from an advance directive, which any of us can make, and is a decision to refuse medical procedures if you become mentally incapacitated due to illness or accident).

It might be helpful for someone with mental health problems to draw up an advance statement which relates to the workplace. It could include information such as: signs that indicate that the person is becoming unwell, who to contact (perhaps a close relative, care coordinator or GP), what sort of support is helpful and what is not. If an employee draws this up in agreement with you, it would be important for you to put the statement into practice to maintain trust.

Further information is available at [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

## Supported work projects

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

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



# Line Managers' Resource

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

## Feedback questionnaire

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

Please give us your feedback using the form below.

An electronic version of this form is also available at [www.shift.org.uk/employers](http://www.shift.org.uk/employers)

What is your job title? .....

How many people do you directly manage? .....

**If you would like to be kept informed of Shift's latest work, please print your email address**

.....

**Please circle the appropriate number (1=lowest, 5=highest)**

	not very				excellent
1 How useful do you think this resource will be?	1	2	3	4	5
2 Do you find the sections easy to read?	1	2	3	4	5
3 Do you find the website easy to access and use?	1	2	3	4	5

*(continues over the page)*

**What have you found most helpful?**

**What have you found least helpful?**

**Do you have any further comments or suggestions?**

Please return completed forms to:  
LMR, Shift, 11-13 Cavendish Square, London W1G 0AN





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

For more information about Shift and our work, visit [www.shift.org.uk](http://www.shift.org.uk)