Mental Health and the Workplace

Poor mental health in the workplace is detrimental to individuals and businesses. This note summarises how the workplace affects mental health and vice versa. It describes the barriers to gaining and retaining employment and looks at ways of tackling mental health in the workplace and through healthcare services.

Overview

- Poor mental health in the workplace costs the UK an estimated £26 billion a year.
- Changing the workplace environment and training managers to manage mental health can improve productivity and reduce absenteeism and costs to UK employers.
- Access to talking therapies and employment support in primary and secondary health-care varies considerably across England.
- Examples of good practice in the workplace reduce sickness absence associated with mental health and are financially beneficial to businesses.

Background

In any given year, around one in four people in the UK will experience a mental health illness. Common mental health disorders such as anxiety and depression can cause significant emotional distress and affect functioning in daily life. Severe mental health disorders such as bipolar disorder and schizophrenia can also affect insight and cognition. Some individuals may only experience one episode of mental ill-health in their lifetime. Others may experience fluctuating periods of being well and unwell. Poor mental health may occur alongside a range of physical problems such as coronary heart disease and diabetes. UK regulation requires employers to safeguard the mental health of their employees in the workplace (Box 1).

Impact of Mental Health

Mental health conditions cost UK employers an estimated £26 billion a year.[1] This figure consists of three components.

- Absenteeism (£8.4 billion). Despite evidence that work is beneficial for mental and physical health, mental ill-health can affect an individual's ability to cope with workplace demands. Absenteeism can contribute to the maintenance of symptoms in common mental health disorders. For example, inactivity during a period of absence can exacerbate physical symptoms associated with depression (such as lethargy) as well as enhance the negative thoughts associated with depression (such as feeling hopeless). In 2000, 44.6% of all sickness absence in the UK was attributed to mental health, equivalent to 70 million working days lost per year across the UK.

- Presenteeism (£15.1 billion). This is where an individual continues to attend work despite being unable to function at full capacity. It can involve unwillingness to disclose mental ill-health to employers, for fear of stigma and discrimination or to take leave of absence for fear of losing employment. There is little information on the extent of the problem in the UK; in a survey of 429 members of the UK manufacturing organisation EEF, only 5% of companies measured presenteeism.[2] A large scale study of presenteeism in the UK is due to be published shortly.[3] Research from Australia and the USA suggests that presenteeism predominantly affects white collar workers and that the costs associated with it are 2.6 times greater than those of absenteeism.

- Staff-turnover (£2.4 billion). Figures from 2006 suggest that some 4 million jobs turnover each year in the UK. Mental health conditions are estimated to contribute to 5% of this turnover.

Workplace Effects on Mental Health

The Workplace

The workplace can contribute to the development and exacerbation of mental health illnesses. Stressful working environments, long working hours and shift work can all contribute to the development of work related mental ill-health. For example, disruptions to circadian rhythms (such as the sleep-wake cycle) can trigger episodes of mania in bipolar disorder. Moreover, bullying in stressful work environments can contribute to poorer mental health. Stress is not a mental health diagnosis but can cause significant

Box 1. UK Policy and Regulation on Mental Health and Work
- The Equality Act (2010) replaced most of the Disability Discrimination Act. However, the Disability Equality Duty in the original Act continues to apply. It requires employers to make reasonable adjustments for individuals with disabilities in areas which affect recruitment and job retention. Recurring or long-lasting mental ill-health may be classed as a disability.
- The Health and Safety at Work Act (1974) protects employees at work against risks to health including impairment of an individual's mental condition.
- The Department of Health (DH), Department for Work and Pensions (DWP) and Health and Safety Executive (HSE) jointly published a strategy in 2005 on the role of employees, employers, healthcare professionals and government in improving the health and well-being of adults of working age.[4] DH published guidelines for employers in 2006 to promote good mental health and end discrimination in the workplace.
- DWP introduced the Statement of Fitness for Work (or Fit Note) to replace sick notes in 2010. Fit Notes help GPs to discuss how a patient can return to work, or request flexible work arrangements with their employer without having to take a long time off work.
- The National Institute for Health and Clinical Excellence has published two public health guidelines relevant to mental health in the workplace. These are "Management of long-term sickness and incapacity at work" and "Promoting mental wellbeing at work".
- "No health without mental health", published in 2011, is a cross-government mental health outcomes strategy for England, outlining strategies to improve employment outcomes for individuals with poor mental health. [5] A related Implementation Framework was published in 2012, including recommendations on how employers can address mental health in the workplace. [6]

emotional distress and functional impairment. On average, people with work-related mental health conditions take more time off work per year (30.1 days) than those with other work-related illnesses (21.2 days).[7]

Managers
Managers can be a source of stress or well-being and play an important role in determining the mental health of their employees. They have a direct impact on those they manage and can affect whether an employee feels valued, supported and has a sense of independence. Recent research suggests that good quality management is a protective factor against absenteeism for employees with moderate depressive symptoms.[8] But surveys suggest that many managers have poor general knowledge of mental health and the extent of mental ill-health amongst their employees.

A significant issue in the workplace is the promotion of individuals into management on the basis of a technical skill. Those promoted in this way are often not adequately supported to develop as people managers and can have a negative impact on the mental health of their employees. Moreover, some organisations have a culture that allows managers to get away with poor management, including bullying, because 'they are good at what they do'. Bullying has a negative impact on mental health and contributes to absenteeism and staff-turnover. 10-15% of employees in Europe have experienced bullying.[9] Workplace bullying can cause subsequent mental health problems such as depression, anxiety and suicide attempts.

Box 2. Barriers to Gaining and Retaining Employment
Stigma and Discrimination
Stigma and discrimination are barriers to accessing social environments such as the workplace. They can affect individuals when seeking employment. For example, a survey conducted by the anti-stigma and discrimination campaign, Time to Change, found that of 2,082 people surveyed, 56% would not employ an individual who had depression even if they were the most suitable candidate.[10] Fear of stigma and discrimination can also make people with mental health conditions unwilling to disclose their illness and thus prevent them from being adequately supported at work. The Time to Change survey found that 92% believed that admitting to having a mental health condition would damage their career.

Expectations of Healthcare Professionals
Research suggests that mental health professionals in England have low expectations regarding the employability of their patients. While the majority of individuals with mental health problems express a keen desire to work[11], a survey of clinicians found that, on average, they believed that only 34% of such patients could work, with the remainder either being viewed as being incapable of work (34%) or capable only of minimal or voluntary work (31%).[12] These attitudes mean that clinicians may not discuss employment options with their patients or may tell patients that they will never be able to work.

Preparedness of General Practitioners (GPs)
As outlined in Box 1, GPs play a key role in helping patients with mental health conditions return to work through the Fit Note. However, the charity Rethink Mental Illness found that of 251 GPs, only 31% felt 'well equipped' to commission mental health services, compared to 75% for diabetes and asthma. Only 7.3% of UK GPs have received training on returning-to-work issues and using the Fit Note.[13] As a result, small businesses are concerned that GPs are using the Fit Note as a sick note.

Tackling Mental Health in the Workplace
As outlined in Box 2, there are a number of barriers that make it difficult for people with mental health conditions to gain or retain employment. The following sections look at how these barriers can be overcome to manage mental ill-health both in the workplace and outside work in primary care and specialist mental health services. Managing mental health can improve staff morale, productivity and loyalty.

Changing the workplace
Changes to the culture and environment of a workplace can positively affect mental health. Mind has suggested several ways to improve management of mental health in the workplace.[14] These included making changes to the:
- work environment, such as reducing noise levels
- job, such as planning workloads and agreeing deadlines
- business, such as adopting policies on open work environments which encourage and support individuals to disclose mental health conditions if they wish to do so
- career and personal development schemes, such as creating appraisal structures that take into account the views of the employee.

DH published guidance on workplace adjustments to allow individuals with mental health issues to remain in, or return to, work.[15] It recommends that workplace adjustments are developed and monitored using advice provided by GPs in the 'Fit Note'. Adjustments are recorded in a 'Tailored Adjustment Agreement', and employers can use a Wellness

Recovery Action Plan to support individuals if they become unwell. Suggested adjustments include flexibility with work hours, changes to the working environment and support with workload. The guidance suggests that these need supportive environments. This can be achieved by:

- incorporating workplace adjustments into organisational policies and communicating these policies to employees
- alleviating stress for employees by adhering to the Health and Safety Executive's (HSE) management standards for work related stress (Box 3)
- training for managers (see below).

Training
Mind has identified a need for managers to receive better training on managing employees with mental health conditions. A variety of training resources are available targeted not only at managers, but also at employees and students. Examples of these types of training include:

- Formal training courses such as those offered by the Centre for Mental Health. These aim to improve knowledge of depression, encourage more positive attitudes towards mental health, help managers notice distress in employees, offer adjustments to help people stay in work, as well as signposting employees who required further support.
- Online information for managers which provides a starting point for managing mental health at work. Examples include The Royal College of Psychiatrists online information about Work and Mental Health and a guide for making reasonable adjustments at work from Rethink Mental Illness.
- Training for managers in good people management skills, particularly those shown by HSE-funded research to be important for stress prevention.[16] This can be delivered as a formal workshop or as an online version.
- In Scotland, training for employers is delivered through the Scottish Centre for Healthy Working Lives. In Wales, the Mental Health in Primary Care Network improves awareness of the importance of work to health, including mental health and well-being.
- A Work Health and Well-Being Toolkit, a personalised toolkit designed to help employees manage their own mental health at work by working with their manager to identify long-term needs and formulate a plan for addressing fluctuating mental health problems at work.[17]
- The Association of Graduate Careers Advisory Services supports university careers services in providing workshops for students with disabilities, including mental health, to help them manage their disability when applying for a job and in the workplace.

Occupational Health
Occupational health departments within larger organisations are able to provide the necessary support for employees with mental health conditions. However, few small businesses are able to afford dedicated occupational health staff on-site and the job of providing support falls on the employer and managers. The Health Work and Wellbeing

Box 3. Reducing Stress
The HSE's management standards for work related stress identify six ways that workplace stress can be managed and reduced. These are:
- managing job demands such as workload, work patterns and the work environment
- managing control such as the extent of employee autonomy
- providing support through services and resources offered by the employer, managers and colleagues
- fostering relationships such as promoting positive working and not tolerating unacceptable behaviour
- ensuring that the employee understands his/her job role
- making sure that any changes within the organisation are well-managed and well-communicated to employees.

Strategy, a cross-government initiative, has introduced a national occupational health telephone helpline for smaller businesses. It provides free access to professional occupational health advice, allowing employers to seek tailored advice on support for employees with physical or mental health illnesses. In addition, businesses can access local NHS Occupational Health teams.

Professional occupational psychology courses tend to focus on recruitment selection, motivation and general ergonomics. However, more recent courses such as the MSc for Organisational Psychiatry and Psychology at the Institute of Psychiatry, King's College London cover the effects of mental ill-health in the work place and how these can be addressed.

Tackling stigma and discrimination
The Time to Change programme is run by the charities Mind and Rethink Mental Illness. It aims to reduce stigma and discrimination around mental illness, change the culture within England so that individuals can talk more openly about mental health, and raise the confidence of those with mental health issues.

Activities have included high profile marketing and media campaigns involving roadshows, celebrity advertising, information films and television advertisements. Time to Change also supports community activities which bring people with and without mental health conditions together. The programme also supports organisations to improve their policies on mental health discrimination. Evaluation of the programme shows a reduction in mental health service users' experience of discrimination.[18]

Government Employment Support Programmes
DWP provides various employment programmes which people with mental health conditions can access. Its access to Work Mental Health Support Service, delivered by Jobcentre Plus and Remploy, is a self-referral service that offers employees with mental health conditions tailored support for retaining employment. Remploy has the capacity to support many more clients. Other programmes include:
- The Work Programme and Work Choice Programme support people – including those with mental health conditions – to gain employment.
- Support from Jobcentre Plus which includes advice about maintaining well-being and managing health in

preparation for a return to work. It also provides access to Disability Employment Advisers (for advice on complex employment situations) and Work Psychologists (for those requiring a specialist employment assessment).

The Success of Interventions at Work

Large organisations such as Airbus, BT, the Royal Mail Group, AstraZeneca and Rolls-Royce have emphasised the commercial case for managing mental health at work. For example, in partnership with Cheshire and Wirral Partnership NHS Foundation Trust, Airbus introduced a comprehensive mental health service in 2007. The aim of the service is to identify employees with mental health needs, provide access to in-house or external support/treatment where necessary, and provide all employees with mental well-being literature. As a result, Airbus has observed a decrease in mental health related sickness absence and consequently an improvement in financial savings to the business. BT's mental well-being strategy (Box 4) resulted in a 21.5% reduction in annual mental health related sickness absence between June 2010 and June 2012. The Centre for Mental Health estimated that such improvements could save £8 billion a year if implemented nationwide. EEF suggests that the top five approaches for rehabilitating staff who have taken sickness absence for any reason are (in order of effectiveness):

- altering hours for a phased return to work
- changing/modifying the job tasks
- maintaining contact during sickness absence
- allowing time off for health appointments
- creating a return-to-work plan.

Employment Support in Healthcare

Employment support for individuals with mental health conditions is also offered in primary care and through individual placement and support in secondary care.

Primary Care

Most individuals with mental health conditions will be seen in primary care. GPs play a vital role in managing these patients. They often have long-term knowledge of their patients, issue Fit Notes, prescribe medications, and provide access to 'talking therapies' such as cognitive behavioural therapy (CBT). Talking therapies can support individuals to remain in work. Concerns over access to such therapies led to the commissioning of Improving Access to Psychological Therapies (IAPT) in 2006.

IAPT aims to increase the availability of evidence-based psychological support for adults of working age with common mental health disorders and thus reduce sickness absence due to mental health. In 2009, twelve primary care trusts introduced IAPT employment advisers. These are trained to provide advice on, and interventions for, gaining employment (in conjunction with Jobcentre Plus), retaining employment and returning to work after sickness absence. Data from these pilots, including employment outcomes, are due to be published soon. However, the quality and availability of IAPT services varies greatly across England.

Box 4. Case Study – BTs Mental Health Strategy
BT's mental health strategy is comprised of a three tier framework.
- Level one promotes good mental health and prevents ill health. This is achieved through campaigns where information about mental health and well-being is distributed through a dedicated intranet site, the in-house company newsletter and road shows.
- Level two aims to identify early signs of distress and implement early intervention. It includes manager training and a stress risk assessment tool which identifies sources of difficulty and notifies managers of possible support. It also includes providing information for employees and managers on early signs of stress (what to do and how to get support) and a health and well-being passport scheme: a confidential document drawn up by the employee and employer describing how an employee would like to be managed/supported during difficult periods.
- Level three provides services and resources for those who develop or have pre-existing mental health conditions at work. BT tailors the services to the severity of the condition. Services range from self-help material, training on how to manage mental health in the workplace, counselling and an advice line. More specialised support is also available including cognitive behavioural therapy.

Individual Placement and Support (IPS)

Developed in the USA, IPS is an approach to support individuals with severe mental illnesses in secondary care to gain and retain employment. The aim is for employment specialists and clinicians to work together to provide a personalised approach for the prospective employee and employer where obtaining a job is the primary goal. There is good evidence that IPS works and is cost-effective. For instance a randomised control trial found that IPS was around twice as effective as general vocational rehabilitation services in helping patients gain employment.[19] Patients assigned to IPS were less likely to drop out and less likely to be readmitted to hospital during the 18 months of the trial. The Centre for Mental Health suggests that the services available vary from one region to another. It has launched a project to develop twelve centres of excellence to deliver IPS in a bid to improve access throughout England.

Endnotes
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