



Wales
TUC
Cymru

Mental health and the Workplace

A toolkit for trade unionists
Wales TUC Cymru

About this toolkit

The aim of this toolkit is to provide information to help union officers and reps in Wales to represent members affected by mental health. It aims to help reps in recognising and addressing workplace issues that can worsen people's mental health and provides tools and ideas to help union reps campaign on the health and safety and equality issues surrounding mental health in the workplace. This toolkit also acts as a resource providing activities that can be run with colleagues to educate them and others.

The toolkit and activities have been developed by the Wales TUC in partnership with Plattform, as an update on the materials that have gone before and in response to Wales TUC's survey on mental health in the workplace.

The Wales TUC exists to make the working world a better place for everyone. With 48 member unions and over 400,000 members in Wales, we have a key role in raising and addressing issues that affect people's health at work.

The Wales TUC wants Wales to become a fair work nation. We support unions to grow and thrive, and we stand up for everyone that works for a living. Join us.

Mental health and the Workplace course

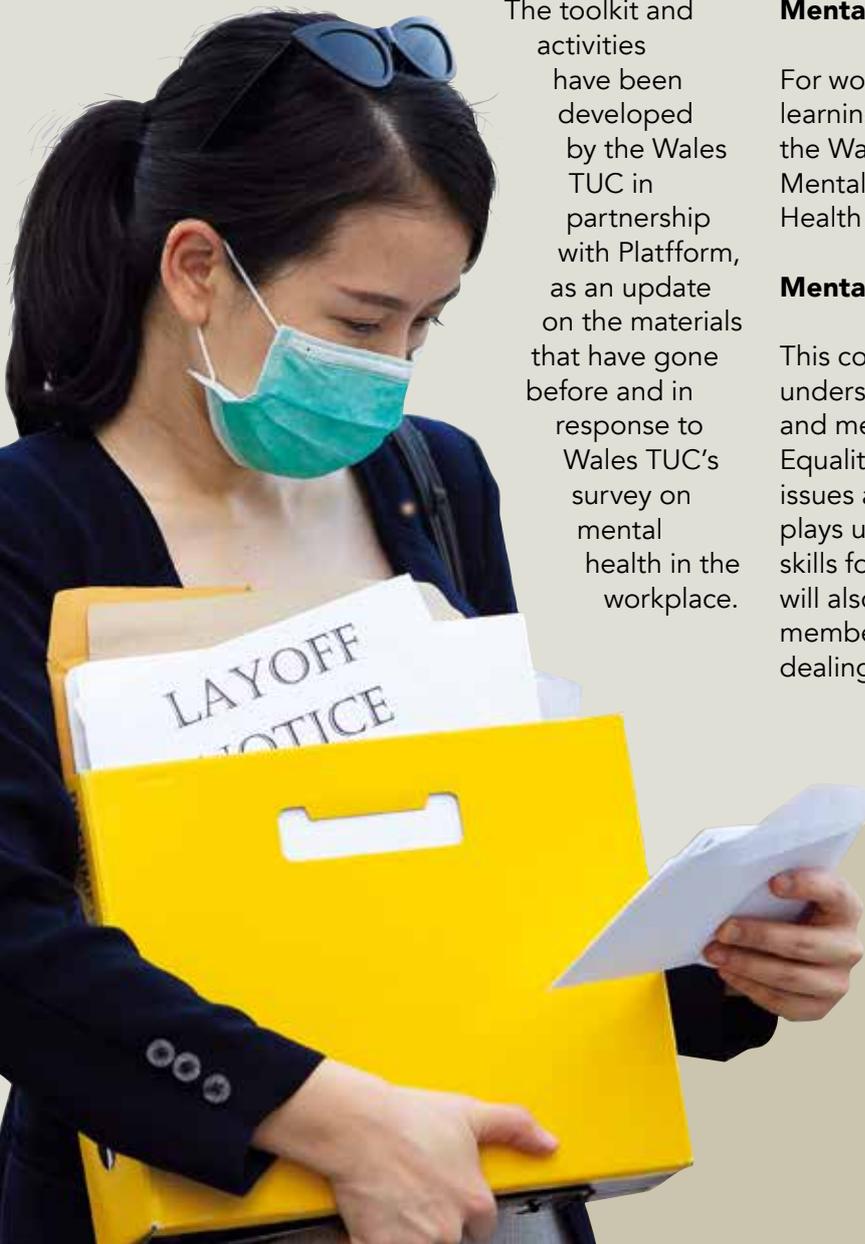
For workplace union reps who are interested in learning more about mental health in the workplace the Wales TUC offers two short courses starting with Mental Health Awareness which leads to Mental Health Champions.

Mental Health Awareness

This course will help you to develop a better understanding of work-related mental health issues and mental health in general. You will learn how Equality Law can protect people with mental health issues and you will have a chance to take part in role plays using real case studies to develop practical skills for dealing with mental health issues. You will also develop an action plan to work with your members and employer to develop a policy for dealing with mental health issues in your workplace.

Mental Health Champions

This is the ideal next step for reps who have been on the Mental Health Awareness course. You will learn about the role of the Union Mental Health Champion, and how to become an effective organiser for mental health in your workplace.



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What is mental health?

Mental health can influence how a person thinks, behaves and feels. Mental health is equally as important as physical health. It can vary enormously as we go through life and can be affected by a huge range of factors. It can change as circumstances change and people can be affected at different times and in different ways depending on what else is going on in their life.

Mental health can have a huge impact on our ability to participate in education, work and society. As a result, it is helpful to take a whole-person approach to this issue - considering circumstances, environment and social issues alongside the presence or absence of a medical diagnosis. More information about 'drop the diagnosis' can be found on page 11.

Around 1 in 4 people experience challenges with their mental health in any given year. There are many factors that can impact a person's mental health including living environments, social situations, the loss of a loved one, physical health, stress or a distressing event.

“Mental health is considered to be a state of wellbeing in which a person realises their own abilities, can cope with the stresses of life, can work productively and is able to make a contribution to their community.” (World Health Organisation)

Mental health and the workplace

Work is one of the important domains of human life and more than a source of income; it is a community which offers a way for people to contribute, reach their full potential and develop and maintain valuable social networks. For people with mental health challenges, work can provide crucial links to a wider community, as well as being an important part of maintaining mental health wellbeing or as part of recovery.

Work can be one of the most important factors for mental health, and positive promotion of mental health can help to increase satisfaction, efficiency and productivity at work as well as contributing to personal and professional development.

Conversely, work related stress, bullying and poor consideration for workers mental health negatively impact the entire workforce and can cause absenteeism, high staff turnover, a culture of presenteeism and loss of productivity amongst workers. Work can be good for our mental health, but only when it's good work. This means decent

pay, an ability to make changes, favourable terms and conditions and proper adherence to health and safety legislation. As well as respect, consideration of duty of care and fair and equal treatment.

Mental health is an important part of our work as trade unionists, it is crucial to how we understand and interpret health and safety, conduct at work, performance and development, workplace relationships, equality issues, ill health, learning and training, union workplace democracy and many others.

Workplace union reps have a vital role to play in raising awareness on mental health as a workplace issue, as well as supporting members with mental health problems in the workplace and signposting members to further sources of support and guidance. This also means that union reps need support from trade unions to ensure that this work does not negatively impact on their own mental health. Tips for trade unionists can be found on page 49.



Why mental health is a trade union issue

Unions have long been at the forefront of the campaign for equality and fair treatment at work. We all have mental health and unions are effective at working with employers to adopt changes in the workplace which impact positively on our mental health.

Trade unions negotiate for the collective benefit of all workers as well as providing individual support when necessary. The trade union approach can be put in practice by discussing the steps that can be taken to reduce the barriers that disadvantage working people with mental health issues.

Trade unions can:

- Help to create a culture in which mental health and wellbeing is openly talked about, without judgment or stigma
- Scrutinise employment practices to help fight discrimination and reduce barriers to make workplaces more mental health friendly
- Promote good mental health and wellbeing in the workplace and with employers and government and promote awareness and understanding amongst the public
- Develop meaningful changes in partnership with employers that make a real difference to those that need support and adjustments in the workplace
- Provide support to workers to make adjustments that suit them and their needs
- Represent members on workplace issues and negotiate appropriate workplace policies and procedures
- Tackle and challenge stigma about mental health wherever it may arise

- Provide advice and guidance, including signposting members to local mental health support services

- Monitor and review workplace actions on mental health issues.

Union reps have a key role in supporting members and helping to challenge workplace discrimination and harassment of all kinds, including that linked to mental health.

We know that union reps already make a huge difference within the workplace. Employers have a duty not to discriminate under the Equality Act 2010 (more on page 54), but unionised workplaces are more likely to have better equal opportunity practices. Union reps have a huge impact in terms of promoting equality in the workplace and improving employer's policies and practices towards workers with mental health problems. This is especially true when union reps have received training to help them represent members who have mental health problems.

However, for workers with mental health problems, there are many barriers and discrimination still exists. This proves to us that more needs to be done both within and outside the workplace for true equality to be achieved.

Unions also work with mental health organisations such as Platform and benefit from their knowledge and experience. Many unions find that making these links can also be helpful in breaking down barriers and building links in local communities. It can also help in raising awareness among non-members of the benefits of joining a union and the support unions can provide.

Common mental health terms

Many of us experience mental health issues or are aware of others who do. Mental health issues can range from day-to-day worries to longer-term serious conditions. As with physical health problems, most people who experience mental health problems can get over them or learn to live with them, with the right support.

This toolkit highlights some common mental health terms to raise awareness, but it's important to note that it is never the role of the rep or employer to diagnose a mental health issue. We support the action to 'drop the diagnosis' which we discuss on page 11.

As a rep you can help by signposting to available support and working with your colleagues to make sure they have the adjustments they need at work.

Anxiety

People experiencing anxiety may have feelings of worry and fear which affect thoughts, behaviours and physical sensations.

Although anxiety is an unpleasant experience, it's actually an evolutionary survival mechanism. When we find ourselves in dangerous or stressful situations, anxiety helps us by preparing our body to either run away or fight back. This is known as the 'freeze versus flight' or 'fight or flight' response. Anxiety can become an issue when the feelings of worry persist and interfere with everyday life. Behaviours can include:

- Excessive worry
- Feeling tense, nervous or unable to relax
- Having a sense of dread or fearing the worst
- Having difficulty concentrating on anything other than worry
- Feeling disconnected
- Panic attacks

Anxiety can also cause physical sensations such as:

1. Gastric and bowel issues
2. Feeling light-headed or dizzy
3. Pins and needles
4. Restlessness or being unable to sit still
5. Headaches, backache or other aches and pains
6. Fast or difficulty breathing
7. Fast, thumping or irregular heartbeat
8. Sweating or hot flushes
9. Insomnia and sleep disturbances
10. Nausea

Depression

When feeling depressed, people may experience negative thoughts about themselves, such as thinking they are disliked by others. They may withdraw from activities or social interactions, and experience difficulties sleeping and eating. They may also feel life is not worth living, or may even think about self-harm or taking their own life. Signs and behaviours may include:

- Feeling tearful, sad or upset
- Significant tiredness, low energy or problems sleeping
- Feeling restless, agitated or irritable
- Feeling guilty, worthless, or struggling with low self-esteem
- Becoming isolated and unable to connect other people
- Difficulty concentrating
- Feeling hopeless and despairing
- Experiencing suicidal thoughts.

Post-traumatic stress disorder (PTSD)

Mental health difficulties can develop after experiencing a traumatic event. Examples of such events can include childbirth, physical assault, an accident or a natural disaster, or experiencing abuse.



People may experience flashbacks, nightmares, panic and severe anxiety, as well as uncontrollable thoughts about the event. People may have difficulty adjusting and coping, which interferes with daily life. They may find it hard to concentrate or they might blame themselves for what happened or experience overwhelming feelings of anger, sadness, guilt or shame.

Bipolar

People can struggle with extreme periods of low and high moods which may feel overwhelming. Everyone is different, but when experiencing a period of high mood someone might feel more active, friendly and excited than normal, but they might also become

more aggressive, behave out of character, or take more risks. During a low mood people may become more withdrawn or step back from the things they'd normally enjoy.

Eating disorders

People can experience unhealthy thoughts, feelings and behaviours around food and their body shape. Some of us may struggle with our body image, experience cravings, or comfort eat, but for some people the worries can be overpowering. They may notice feelings of stress, anxiety, social withdrawal, low self-esteem, mood swings, irritability, or difficulty concentrating as well as physical changes such as weight gain, loss or fluctuations.

Obsessive compulsive disorder

People can experience repetitive obsessive thoughts and compulsive behaviours which can be distressing and interfere with life. They might excessively double-check things, such as locks, appliances, and switches. They might repeatedly check-in on loved ones to make sure they're safe, and might obsessively count things, tap, and repeat certain words.

The compulsive behaviour temporarily relieves the anxiety, but the obsession and anxiety soon return, causing the cycle to begin again.

Psychosis

People can perceive or interpret things differently from those around them. This might involve hallucinations or delusions. They may see or hear things that others don't or have strong beliefs which are not shared by others. The combination of hallucinations and delusional thoughts can cause severe distress and a change in behaviour such as low mood, anxiety, difficulty concentrating and isolation.

Suicidal thoughts

Research suggests that 20% of people went to work while experiencing suicidal thoughts or feelings.

If you are concerned that a colleague might be having thoughts of suicide, the best thing you can do is ask them directly 'have you experienced thoughts about suicide?' during a conversation about someone's mental health. Be clear about what you mean - don't use euphemisms like 'you wouldn't do something silly, would you?'

If your colleague says they are feeling suicidal or can't go on, or if you suspect they are thinking of taking their own life, it is important to encourage them to get help. They could call the Samaritans straight away on 116 123 for free, available 24 hours a day. You could also help them to call their doctor or a close friend or colleague.

If you are concerned for someone's immediate safety, or they tell you that they plan to end their life imminently, you can call 999 and ask for the police, or take them to an Emergency Department.

Drop the diagnosis

Whilst it's important to understand that many different mental health conditions occur, each bringing their own set of symptoms, it's not helpful to always relate to a person's mental health through their diagnosis. For several different reasons, not everyone can or will receive a diagnosis for mental health issues. For some people that do, it can help them to better understand their experience and seek the support they need.

For others, diagnostic terms can serve as an unhelpful label that feeds into their self-identity – if someone says you have a 'mental illness', you may view yourself as 'mentally ill.' This is why terms like 'mental health challenges' are more helpful, because they suggest something that can be overcome.

It is never the role of an employer or union rep to try and diagnose a worker's mental health, this will at best be a guess, but may also be deeply damaging to the worker. For those who want to seek a diagnosis, this should be done with a mental health professional and it does not need to be shared with an employer in order to access reasonable adjustments, (although the employer will need to be aware that the worker is experiencing mental health challenges if they are being asked to provide reasonable adjustments).

Rather than focusing solely on a diagnosis and what might be 'wrong' with a person it can be helpful to consider the signs and behaviours associated with mental health challenges or how to respond if a colleague discloses to you that they are experiencing mental health difficulties. Working with them, you may be able to find out the cause of their distress or workplace problem and consider what actions need to be taken to help them or support them to manage their symptoms and improve their wellbeing.



Signs and behaviours

Mental health difficulties can affect emotions, thoughts and behaviours. People are affected in different ways and may experience a range of feelings and behaviours.

If a colleague is struggling with their mental health, you might notice that they are acting out of character. They may be more tired than usual, or making uncharacteristic mistakes, struggling to be motivated, or that their timekeeping isn't right.

They may isolate themselves, avoid colleagues or appear distracted. They could procrastinate more or struggle to work altogether. Conversely, they may attempt to distract themselves by taking on more work than they can manage.



Look out for colleagues who:

- Have difficulty concentrating
- Withdraw from colleagues and isolate themselves
- Find daily tasks difficult
- Try to avoid certain situations
- Seem distracted
- Be increasingly absent
- See a decline in performance at work
- Have low confidence

Sometimes mental health challenges can appear as physical symptoms, such as stomach pain, back pain, headaches and nausea.

Some people find that their symptoms are interconnected. For example, sleep disturbance can be caused by anxiety. Sleep loss itself can lead to irritability and lack of concentration and may worsen feelings of depression.

Not everyone who experiences mental health challenges will show all signs and behaviours; it varies massively from person to person.

Mental health and Covid-19

Covid-19 is a new virus so its long-term impact is not known, but in a short time, it's impact has been enormous, fundamentally changing how we live, work and socialise. Many have lost their jobs. Others have reduced income because of a reduction in wages, furlough or because they are not able to freelance.

The crisis has forced many to consider more seriously how their employer values their health and safety. Many workers have felt that their employer is not adhering to guidance, asking them to come into the workplace when they could easily stay home and work. Some workers have resigned or retired due to this crisis, impacting on their finances and wellbeing.

Workers are amongst the many groups who will feel the health and societal effects of this crisis well into the future. Many feel they have no choice other than to go to work to earn money or secure more work in the future. Those who are employed on precarious contracts may have chosen to go to work despite not feeling safe simply because this is the only way they are able to access workplace benefits that should be universal such as sickness pay, holiday pay, redundancy payments, or the national minimum wage.

Added to the fear of contracting the virus in a pandemic such as Covid-19 are the significant changes to our daily lives as our movements are restricted in support of efforts to contain and slow down the spread of the virus. Faced with new realities of working from home, furlough or unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues, it is important that we look after our mental, as well as our physical, health.ⁱⁱ

For some, the Covid-19 crisis may have been an opportunity to take stock and re-evaluate life. Some have enjoyed life slowing down, others may have been able to work from home and enjoy not having to commute or being able to fit work in with home life more easily.

However, the current crisis is re-enforcing existing inequalities in UK society. We are not 'all in this together'. Low paid workers, women, Black workers, disabled people and those living in poverty are more vulnerable to contracting the virus because of the nature of the jobs they do.

During the Covid-19 crisis, the impact on people of different ages can be varied. Including:

- Older people are clinically more vulnerable to Covid-19 and more likely to have to isolate for longer. This can increase isolation and loneliness amongst older people, who may also be more digitally excluded.
- Younger people have been affected by school closures, exam cancellations, university lockdowns and interruptions of studies. This can lead to uncertainty over their future, stress and anxiety.
- Digital access can be an issue for everyone but particularly for younger people and older people. With more information now being available online, and access to goods and services now relying on access to IT equipment and broadband, this can be particularly detrimental for those who are unable to pay for this or who don't have the necessary skills to properly access information.
- Unions have reported that young workers have been disproportionately affected because apprentices were made redundant before the furlough scheme was announced from UK Govt. Also, sectors such as tourism and hospitality where a large number of younger workers work, have been particularly affected.

During the Covid-19 pandemic:

- For those experiencing pregnancy, the crisis can impact enormously on mental health. Some employers have not allowed reasonable adjustments for pregnant workers. Pregnancy

discrimination has increased during the Covid-19 crisis, impacting particularly on finances and access to justice.

- Giving birth or attending appointments alone is a scary prospect, especially during the Covid-19 crisis. Some women will be forced to do this because of government policy or because they have partners who are vulnerable.
- Postnatal support and mental health support groups or other support groups have stopped or moved online. These can be a vital source of comfort and a safe place to ask questions with professional and peer support. It can also be a source of friendship and whilst moving some groups have moved online, this can hinder the element of friendship making and can increase the sense of loneliness and isolation.

The impact of the Covid-19 crisis on LGBT+ people

- Bathrooms (where we should all be thoroughly washing our hands) are highly policed spaces for trans people and handwashing in public or workspaces can put trans people at risk of harassment and violence.
- Isolation and quarantine in wards or hospitals is complicated by the fear or experience of transphobia, homophobia or biphobia from staff and other patients.
- The impact of Covid-19 on mental health services for LGBT+ people is a concern, particularly as many of these services are run voluntarily by small charities and community groups who struggle to survive even when there isn't a global health pandemic.
- Domestic abuse and the impact on LGBT+ people can manifest, in not only relationships with a partner, but also in relationships with people you live with. For those who are having to experience

a lockdown, self-isolation or just spending more time at home, with homophobic family members or flat/roommates, this can increase the risk of hate crimes and domestic abuse.

How the Covid-19 crisis impacts on mental health for BME people

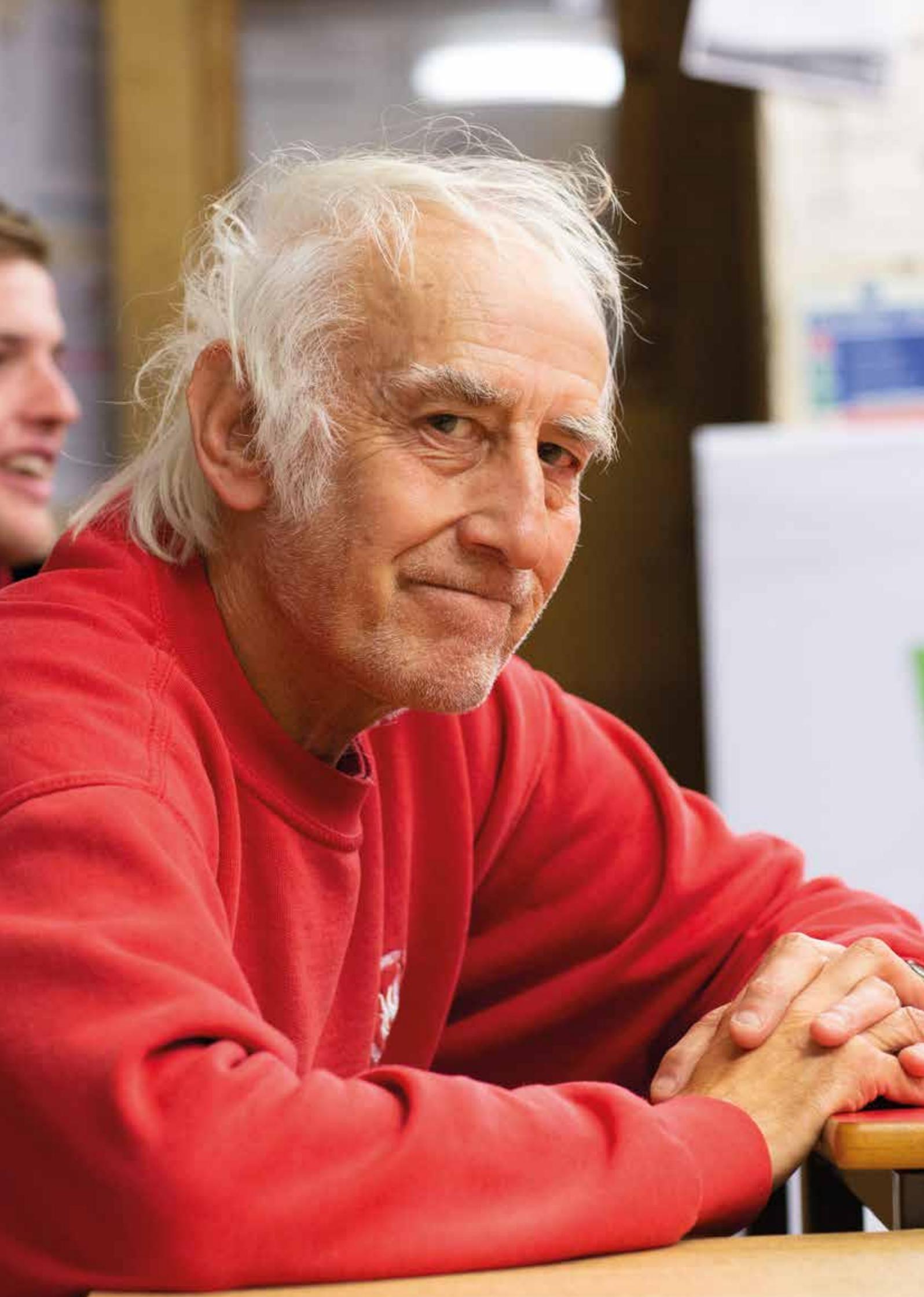
- A higher number of BME people have died of Covid-19. This could mean that BME people are more anxious or scared of the virus.
- BME people already have the most precarious and insecure employment and housing. Coupled with lack of support and advice on employment rights, plus the hostile environment, this leaves them extremely vulnerable to unemployment and potentially homelessness.
- Access to services can be difficult as many BME people use community groups for face to face advice and signposting – the majority of these services have closed or opened with greatly reduced capacity during national or local lockdowns.

How the Covid-19 crisis impacts on disabled people's mental health:

- The reporting of coronavirus associated deaths, can be dehumanising for disabled and older people. Media reports have reported deaths with the caveat that the person had pre-existing medical conditions. These deaths are no less a travesty and deserve the same respect and solemnness.
- For those who have dementia or a disability which affects memory or cognitive function, this can be a confusing and especially awful time for them and their carers. The support that they may have relied upon, may no longer be available or feel safe.
- Some employers not adhering to the law on

reasonable adjustments – there is a mistaken belief that ‘normal business’ has been suspended as far as the Equality Act goes and so disabled people having reported more difficulties getting reasonable adjustments agreed or keeping hold of them, in part because workplaces are often under-staffed.

‘Fear, worry, and stress are normal responses to perceived or real threats, especially at times when we are faced with uncertainty or the unknown. It’s understandable that people are experiencing fear in the context of the Covid-19 pandemic.’ⁱ



Mental health is not the same for everyone

Mental health can affect any of us, at any time in our lives. Mental health doesn't discriminate and there should be no stigma attached to it. However, groups of people with different identities or protected characteristics may be more likely to have mental health problems although the reasons for this are complicated and linked to inequalities in society, health or access to services. Although a person's sexual orientation, trans status, race, age and gender are contributing factors to mental health problems, they are not a result of those characteristics in themselves. Instead they are a result of the bigotry, discrimination and negative bias that people can experience because they have these characteristics.

Young workers

Mental health has no age boundaries, and we can experience mental health problems from childhood. Younger workers may be affected by issues such as low pay/financial difficulties, inadequate affordable housing as well as an ever-increasing pressure to look or act a certain way, bullying, feeling unable or not knowing how to access health care and advice. These can further impact on mental health and access to support may be more difficult for younger workers who feel that they 'should' be able to cope, and those who are not as aware of existing support mechanisms.

Young workers may not feel able to raise their mental health in the workplace and may also feel that their worries or issues will be, or are being, dismissed or ignored. Trade unions can help workers to access reasonable adjustments and legal or moral support when needed. Trade Unions have an important role in supporting young workers who may also be trying to access sustainable employment, training opportunities, apprenticeships and qualifications.

Young people need a democratic voice in society and the workplace and unions are uniquely placed to enable young people to have that voice. We encourage young people to take an active role in their trade union and help identify what barriers have

stopped young people's participation.

Older workers

Work is changing faster than ever. With the increasing pace of technological development and the impact of Covid-19, many older workers can feel anxious with the changes. We're working later into life, and having fewer children. This means that there will be more older workers in the future and issues affecting older workers will only grow. As we age, we may find a decline in our physical and mental health, but many older workers 'struggle on' without workplace support either because they are unaware that it exists or they fear that they may be forced to make choices about their future in the workplace that they are not financially or emotionally prepared for.

Many older workers carry out caring roles, in some cases for multiple generations of their family or friends. The burden of these responsibilities can be tough and older workers may deal with loss, loneliness and relationship breakdown.

Older workers are extremely valuable to the workplace offering a perspective that is valuable and worthwhile. Trade unions play a key role in the workplace ensuring older workers are consulted and involved in developing workplace policies and procedures that support their needs.

All workers deserve dignity, safety and security at work. But for far too many older people that is not currently the reality. Instead they are having to work under out-dated employment practices that fail to take account of the fact that the Welsh workforce has changed. We need new approaches that prioritise worker health and wellbeing, flexibility, lifelong learning, inclusivity, and support to ensure that everyone can plan properly for their future.

Mental health and sex

Mental health problems affect people of each sex but can present very differently due to the way

that society treats people of different genders. Societal pressures may put women more at risk of mental health problems, but it is often more socially acceptable for women to talk about their feelings too. Women are more likely to engage with services and to have a wider social network to whom they can turn to for support.

Men, women, transgender, intersex and non-binary people may present with different mental health issues, but they are all valid and deserving of treatment. Women are statistically more likely to have caring responsibilities, and to be lower paid and financially less well off. They may also be juggling different jobs or roles, have concerns about their safety or be dealing with the continued impact of sexual harassment.

Men may feel a pressure to be a breadwinner, to show strength or show that they are in control. They may delay accessing help if at all, and may turn to more harmful coping mechanism such as alcohol or drugs. Men are more likely to be separated from their children in relationship breakdowns and class and finances can have a huge impact on mental health. Suicide rates are higher for men.

Upbringing and socialisation may play a part in how mental health develops. Traditionally, girls are taught to be caring and take on household responsibilities from a young age, boys are taught to be strong and not to cry or talk about their feelings. Challenging gender norms is a key part of improving future generations' mental health. Caring responsibilities should be shared equally, and feelings discussed freely. Trade unions can play a strong role at work and in society by challenging attitudes to stereotypes about gender role and gender identity.

During the Covid-19 pandemic the impact on mental health includes:

→ More women work on the frontline exposing them to more risk, both from the virus and mentally. Current levels of pay do not reflect the

importance of these roles and the gender pay gap for women is too high, particularly for women in the caring, cleaning and catering sectors. There is evidence of both horizontal and vertical segregation and women's work is chronically undervalued and underpaid. This means that women are risking their health and mental wellbeing for less financial income than men.

- The number of deaths involving Covid-19 was highest in males across the majority of age groupsⁱⁱⁱ. This can be hugely worrying and can impact on how men work and live their lives.
- PPE has been a huge issue in workplaces. The availability of it, the quality of it, and for women, the fit. Women dominate our lowest paid jobs, and the jobs most likely to be working on the front line of this crisis. Although some workplaces have allowed extra breaks for workers who are using this PPE, this is not necessarily standard practice, leaving workers exhausted, thirsty and more likely to feel faint at work. This impacts on wellbeing and can make workers feel demotivated, exhausted, and burnt out.
- There has been a sharp rise in cases of domestic abuse. National and local lockdowns can increase the likelihood and the trauma and impact on mental health when living with an abuser is enormous. Many feel further trapped as they fear they have fewer options because of the impact of the virus. If you live with abuse, please seek help. There is a list of organisations who can help in the help and further resources section at the back of this document.
- The financial impact of the Covid-19 crisis on mental health is significant. However, since 2011, Black women have seen the sharpest rise in zero-hour contracts and are therefore the least likely to be protected. Additionally, women dominate in the minimum wage/term time, part time, fixed term, and low paid contracts and so the impact on wages may be more significantly felt. This can



in turn take a huge toll on mental health.

Perinatal and postnatal mental health

- Perinatal mental health (PMH) issues are those which occur during pregnancy or in the first year following the birth of a child. This may be new mental health problem, or an episode of a problem that has been experienced in the past. Post-natal mental health problems are more common in mothers but can also affect fathers and help is available for parents irrespective of sex.
- For new parents there is an enormous amount of pressure to be completely bonded to their baby, to be on top of everything and to be managing well after the birth of a baby. It isn't always like this and mental health issues are common. Tailored, non-judgemental support is available from a GP, midwife or health visitor. Support could involve taking pregnancy/breastfeeding safe medication, accessing counselling or bibliotherapy services or developing a care plan to make sure that parents feel supported.

- If you have experienced mental health issues whilst on maternity or paternity leave, you do not have to tell your employer, but it may help you to access ongoing support when you return to work.

Transgender, non-binary and gender non-conforming

Whilst acceptance has rightfully grown greatly towards the LGBT+ community, being transgender, non-binary or gender non-conforming may impact mental health because of the way that society treats people who don't conform neatly to gender norms. Being transgender is not a mental health condition, but ongoing stigma from society can cause mental health issues.

For transgender people, they may be, or feel at greater risk of hate crime. Or they may be living with the after-effects of experiencing a hate crime. This can cause safety concerns.

Mis-gendering and concerns about 'passing' may impact negatively on daily life meaning that some may want to avoid public places or people where

this is more likely.

Family estrangement may also be more likely for people on the gender spectrum as is reduced access to work or discrimination within the workplace. Additionally, what feels like daily public debates seeking to diminish the rights of Trans people can be exhausting and debilitating, having a huge impact on mental health. Furthermore, specialised mental health support may be more difficult to access, particularly with Covid-19 restrictions and trans people may encounter a more complicated route to be able to get the right treatment whenever they access medical assistance.

However, being able to make empowering choices to be yourself and receiving support and acceptance from family, friends and the workplace and community can be incredibly positive and life affirming, particularly for trans people. It can play an important role in reducing the likelihood or incidence of mental health issues and can provide excellent wellbeing, fun and an entirely new and accepting community.

Sexual orientation

Accepting and celebrating your sexual orientation can be empowering and important and many people just want to be open and honest about who they love or who they are attracted to. There is a huge and welcoming community that can provide excellent support and there are excellent examples of inclusive workplaces who put in place measures to actively include people because of their sexual orientation.

For some, their journey may not be so smooth, and it may take some time to be able to express your sexual orientation. Things such as age, religion, where you live, and ethnicity can further complicate how able you feel to be yourself.

Whilst legally and societally, acceptance towards people who are lesbian, gay, bisexual, queer, pan

or other has grown, a hateful minority of people still exist. For those who fear discrimination because of their sexual orientation, being yourself at work can be a worry.

There is widespread heterosexism (the presumption that someone is heterosexual or that heterosexuality is the social or cultural norm) in our society and it can be stressful having to constantly 'come out' in work, when accessing services or receiving medical treatments or therapy.

The experience or fear of, discrimination, prejudice, victimisation and stigma on people because of their sexual orientation can be extremely stressful and isolating and have a very negative affect on a person's mental and physical health and wellbeing. This is especially true where the harassment goes unchallenged and there is a lack of support or reluctance to tackle such behaviour on the part of the employer.

Strong evidence shows that inclusive environments can impact massively on mental health and people perform better when they are able to be themselves. Workplaces should recognise that creating an inclusive and safe environment not only protects from discrimination but can have a very positive effect on people with a protected characteristic, allowing them to feel comfortable, safe and valued as a worker.

Black and Minority Ethnic (BME) people and mental health

The UK's population has changed significantly and will continue to do so in the coming decades. Arguably the biggest changes are the ageing population and the increasing ethnic diversity of that population, along with the types of contracts that people are employed on.

Whilst racism and hate crime are serious offences, they still occur. Sometimes blatant, but often as microaggressions or because of systemic racism.

Living in a culture such as this can take a huge toll on mental health. Over a third of BME workers had witnessed or experienced racist abuse in the seven months after the Brexit vote. Racism at work can increase work related stress which may impact negatively on mental health.

Research by the TUC has shown that BME workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. This insecurity within the workplace can create instability and may mean that workers aren't able to access workplace benefits specifically designed to improve mental health. Wales TUC menopause research also found that BME women on insecure contracts were the most reluctant to raise the issue of their menopausal symptoms, many of which are psychological, because of concerns that doing so may negatively affect their job security.

Disability

Disability is part of the human condition. Everyone is likely to experience it, either permanently or temporarily, at some point in their life. There isn't a single definition of disability and mental health amongst disabled people can be as diverse as their disabilities. Most employers will already employ disabled people or people who will become disabled in their lifetime.

Unjustly, disability may often come with negative perceptions. Mental health issues may arise out of the discrimination that disabled people face, or from lack of access to work, treatments, support or adjustments. Disabled people are often categorised or pigeonholed, being labelled 'inspiring' for simply living their lives, or pitied for having a disability. This can be exhausting. Many people within society have not educated themselves adequately around disability issues, putting extra pressure on disabled people who live with ignorance and exclusion.

Many workplaces are still completely inaccessible to disabled people and many employers challenge and deny perfectly reasonable and cost-effective requests for adjustments from disabled workers.

Not all disabilities are visible. Disabled people are often asked to justify how disabled they are, or how much they require aides or adjustments. Mental health can be a hidden disability and may be caused by work or made worse by work, particularly through stress or bullying. Common causes of workplace stress include problems such as excessive workloads, unsupportive management, unrealistic targets, changes at work and bullying and harassment.

Disabled workers are more likely to report lower levels of workplace wellbeing compared to able bodied workers and multiple levels of discrimination

Strong evidence shows that inclusive environments can impact massively on mental health and people perform better when they are able to be themselves.



Stress is one of the leading causes of work-related ill health and it can have wide ranging effects on people's physical and mental health.

affect disabled people. In the UK fewer than half of disabled adults are in employment, compared to around 80 per cent of able-bodied adults. This is a gap of more than 30 per cent and has remained virtually unchanged over the last decade.

It is important that the multiple levels of discrimination and barriers often faced by disabled people are recognised. These will often impact on mental health. Each person's needs should be addressed sensitively on an individual basis. Employers should ensure that workplace policies, recruitment, common practices and culture are flexible, supportive and inclusive to accommodate the additional needs that disabled people experiencing mental health issues may have and that reasonable adjustments are reviewed regularly to

ensure they are still suitable and effective.

Disabled people are the best people to speak to about the adjustments they require. When working in supportive and accessible workplaces, disabled people are enabled to bring new and different life experiences, talents and perspectives. These are valuable and exciting for businesses. As the number of disabled people grow within society, disabled workers better reflect businesses customer or client base. It's crucial that employers protect disabled workers' mental health and work with disabled people to ensure that steps are taken to ensure that it is prioritised.

There is more on mental health and disability on page 54.



Myths and facts

There are many preconceptions about mental health, let's look at the truth behind some common mental health myths:

Myth	Fact
Only certain people struggle with their mental health.	Anyone can struggle with their mental health at any time in their life. People can be affected at different times and in different ways. There are many factors that can impact a person's mental health including traumatic events, living environments or physical health.
People with mental health difficulties can't work.	You probably work with someone who has experienced mental health difficulties.
People with mental health difficulties never recover.	There are various therapies, treatments and support available for a wide range of mental health difficulties. The majority of people learn to manage their wellbeing and can still lead a meaningful and fulfilled life.
After experiencing difficulties with their mental health people are weak.	Many successful and inspirational people have struggled with their mental health and gain strength from the experience. By learning coping strategies and developing positive ways to manage they can change how they react to future life experiences.
There is nothing we can do to look after our own mental health.	Many successful and inspirational people have struggled with their mental health and gain strength from the experience. By learning coping strategies and developing positive ways to manage they can change how they react to future life experiences.
Older workers are out of touch and won't be as innovative or creative as young people.	There are lots of things we can do to promote our wellbeing just like we look after our physical health. Talking to others about how we're feeling, relaxing, being outdoors, exercising, switching off from technology, eating well and meditation can all help.
People experiencing obsessive behaviours love keeping things neat and organised.	Obsessive behaviour can cause high levels of anxiety and emotional distress. People may keep things clean and organised because otherwise they will experience anxiety. It is also important to remember obsessive behaviour isn't related to cleanliness for everyone who experiences it.

Myth	Fact
<p>People struggling with anxiety should just avoid the situation that is making them anxious.</p>	<p>Avoiding the situation may lower an individual's anxiety in the short term but it can actually maintain and reinforce it in the long term. Breaking the cycle of avoidance may cause an increase in anxiety to begin with but ultimately help reduce it.</p>
<p>Depression is something you can simply 'pull yourself out of.'</p>	<p>Depression is more than just having occasional sad thoughts. Everyone can feel sad at some point in their life, but prolonged periods of hopelessness, sadness, and low mood can become an issue. Tasks such as taking a shower or getting dressed can be a struggle.</p> <p>People experiencing depression at its most intense may also feel life is not worth living or may even think about self-harm or taking their own life.</p> <p>Depression can arise suddenly, even when things in life seem to be going well. It isn't something you can simply 'snap out of'.</p>

Challenging stigma

Talk openly about mental health

The only way to break down barriers and make progress is if we all feel more able to talk about mental health, good and bad. It can help people who are struggling feel less isolated and alone, and it can help everyone recognise that mental health is an issue that affects us all.

Educate yourself and others

Use this toolkit to learn what you can and share that knowledge in your workplace. The TUC offers a range of courses to help reps learn more about mental health and how to support colleagues – see page 36 of this booklet for more information.

Also, consider getting involved in local and national campaigns on mental health – many of them supply useful materials and freebies when you sign up.

Be conscious of language

Thinks about words you use to describe mental illness – what was intended as ‘jokey’ language or a throwaway comment can hurt. As well as considering your own choices, challenge any inappropriate language you hear in the workplace or elsewhere – let people know that it’s not okay.

Encourage equality between physical and mental illness

Talk to your Health & Safety Reps – they should be involved in the mental health agenda too – and between you try and monitor sickness/disability absences in the workplace. This ‘mapping’ might help show up trends or patterns which could guide you to the best resolutions.



Stress in the Workplace

Work-related stress is one of the biggest factors affecting people's mental health, but many people don't know that employers have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it. The Health & Safety Executive (HSE) have done a lot of work in this area and are the experts on stress at work.

What is stress?

The HSE defines stress as 'the adverse reaction people have to excessive pressures or other types of demand placed on them'.

Generally, people feel stress when they can't cope with pressures and other issues. To help manage this, employers should match demands to employees' skills and knowledge. For example, employees can get stressed if they feel they don't have the skills or time to meet tight deadlines. Providing planning, training and support can reduce pressure and bring stress levels down.

Stress affects people differently – what stresses one person may not affect another. Factors like skills and experience, age or disability may all affect whether an employee can cope.

Employers should assess the risks in these areas to manage stress in the workplace.

Signs of stress

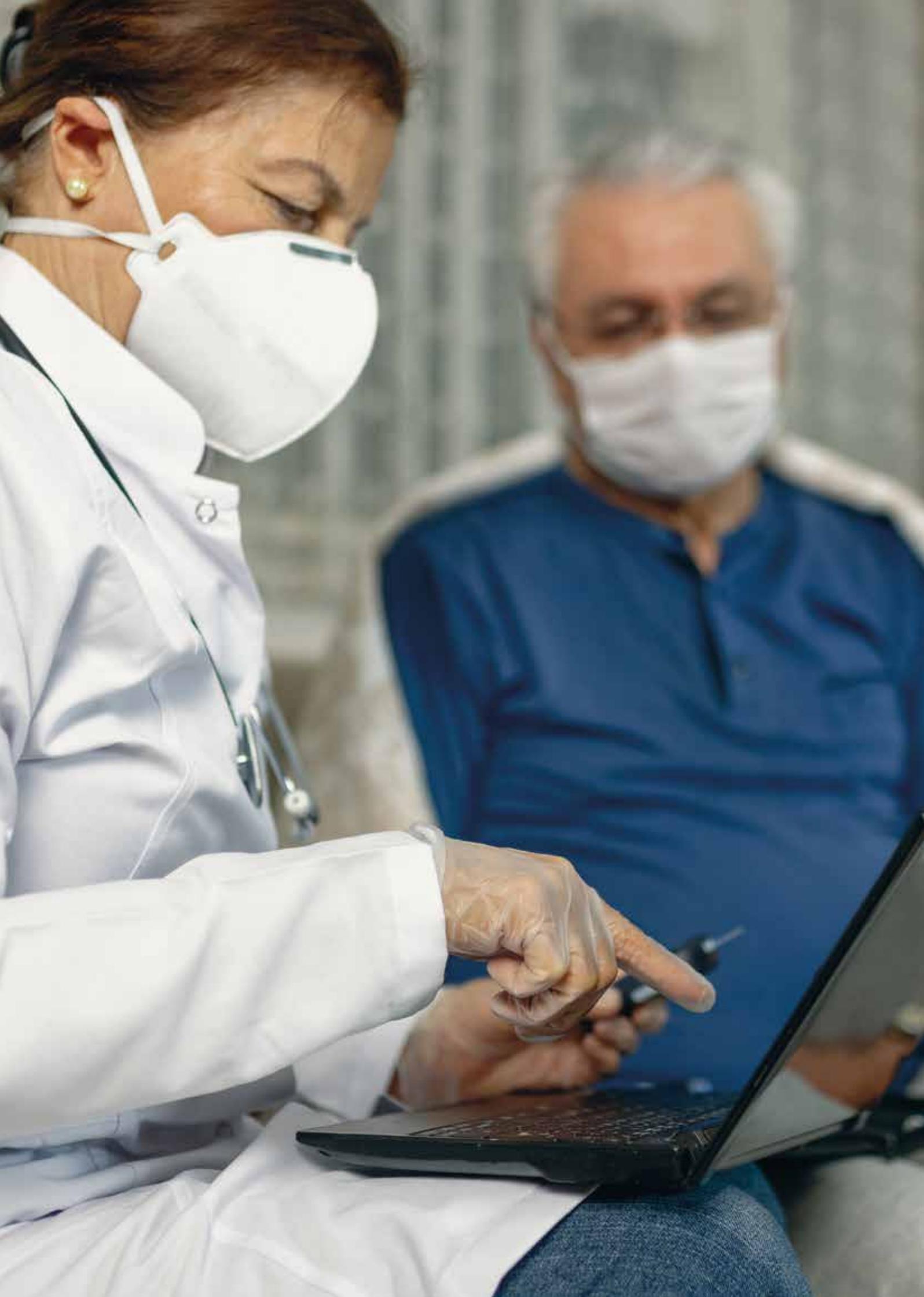
Stress is not an illness, but it can make you ill. Recognising the signs of stress will help employers to take steps to stop, lower and manage stress in their workplace. Signs of stress in a workplace culture may include:

- arguments
- higher staff turnover
- more reports of stress
- more sickness absence
- decreased performance
- more complaints and grievances

How to help

The earlier a problem is tackled the less impact it will have. If you think that an employee is having problems, encourage them to talk to someone, whether it's their line manager, trade union representative, GP or their occupational health team.

To protect employees from stress at work, employers should assess risks to their health. The HSE provides example stress risk assessments which may help, see www.hse.gov.uk/stress/risk-assessment



Our stress response – Fight, flight or freeze



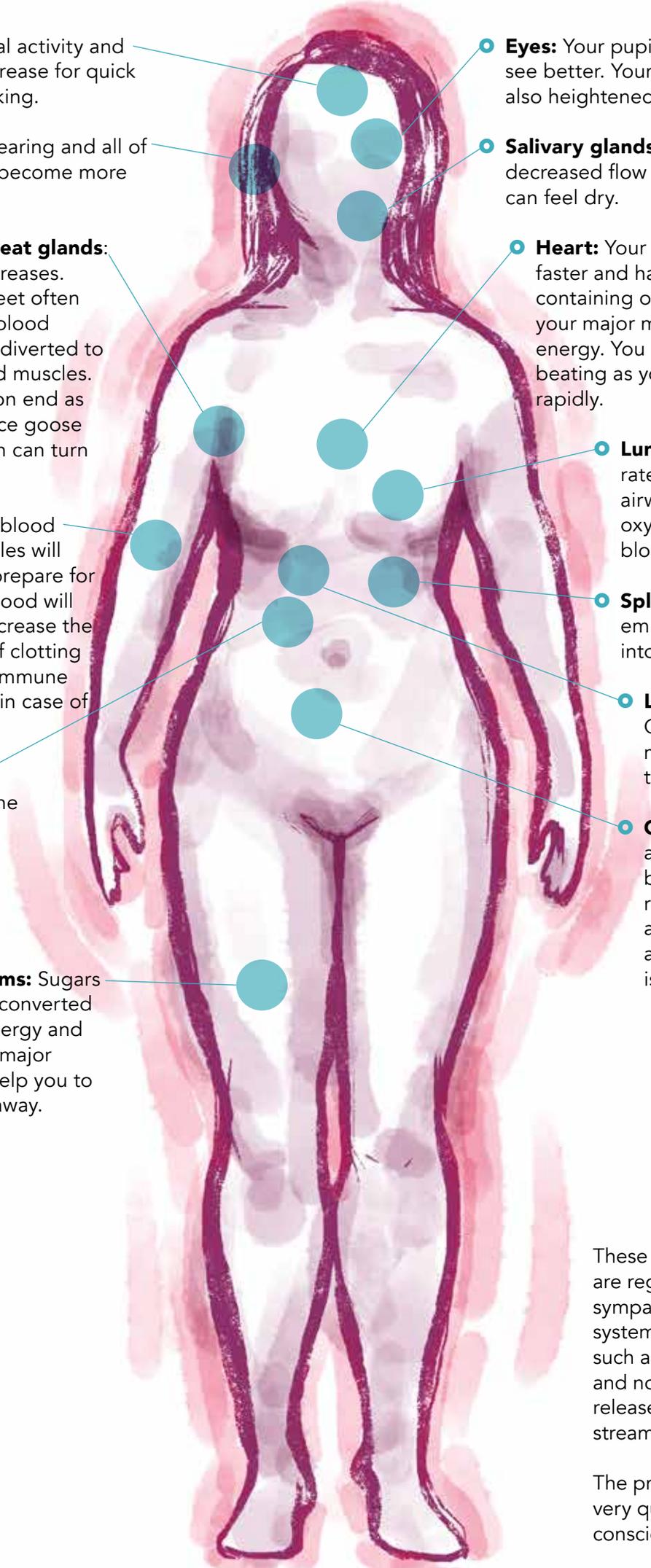
What is 'fight, flight or freeze'?

Any book you read about stress will refer to 'fight or flight' or 'fight, flight or freeze' as a survival mechanism that prepares you to either fight for survival or run away when you're threatened.

It's your body's automatic response to danger – a series of dramatic physical changes designed to give you a burst of energy and strength. Once the danger is over, systems return to normal and you become physiologically relaxed again.

The physiological changes

When your body goes into the fight or flight state, the following changes happen automatically:

- 
- **Brain:** Mental activity and alertness increase for quick decision making.
- **Eyes:** Your pupils dilate to help you see better. Your peripheral vision is also heightened.
- **Ears:** Your hearing and all of your senses become more acute.
- **Salivary glands:** There is a decreased flow of saliva. Your mouth can feel dry.
- **Skin and sweat glands:** Sweating increases. Hands and feet often feel cold as blood supplies are diverted to the brain and muscles. Hairs stand on end as we experience goose pimples. Skin can turn pale.
- **Heart:** Your heart begins to beat faster and harder to pump blood containing oxygen and sugar to your major muscles to use for energy. You may feel your heart beating as you breathe more rapidly.
- **Lungs:** Your breathing rate increases and your airways dilate. More oxygen enters your blood.
- **Blood:** Your blood flow to muscles will increase to prepare for flight. The blood will thicken to increase the availability of clotting factors and immune system cells in case of an injury.
- **Spleen:** Contracts and empties red blood cells into the circulation.
- **Kidneys:** Reduced urine formation.
- **Liver and fat tissue:** Glucose and fats mobilised for energy to fuel the muscles.
- **Gut muscles:** Gut activity slows as blood supply is reduced. This can affect digestion and cause digestion issues.
- **Legs and arms:** Sugars and fats are converted for use as energy and sent to your major muscles to help you to fight or run away.

These responses are regulated by the sympathetic nervous system and by hormones such as cortisol, adrenaline and noradrenalin which are released into the blood stream.

The process occurs very quickly and is not a conscious decision.



Physical threats

An ancient response to physical threats, fight or flight would have been very valuable to our prehistoric ancestors, as they faced physical danger many times throughout their short lives.

It still helps to protect us by heightening awareness and helping us deal with emergencies. For example, it enables us to react very quickly and slam on the brakes when someone runs in front of the car. However, once the acute stress is over, our bodies quickly return to normal.

The problem is that these days most of us are more likely to have to cope with psychological threats and stressors, like pressure of deadlines, traffic queues, delays, disagreements at work and office politics. They're not situations where physical aggression

or running away are the best answers – and yet our bodies react as if we're facing physical danger: with the fight or flight response.

We can be in and out of this fight or flight state many times throughout a day. This means we can be 'wired up' almost constantly – with dangerous consequences for our health.

The worst problem is the response to psychological triggers, to simple, not truly life-threatening events. Often, there's no defined enemy to fight or run away from, and yet your body is on the alert and keyed-up for action. It's left with the hormones and chemicals that would have otherwise been quickly removed or used up during the physical reaction it expected. The fats released which are not used are likely to be restored in the lining of the arteries. This can increase blood pressure, making the heart work



harder to pump blood around the body.

As your body works hard to prepare for physical activity it releases stored sugars, glucose, glycogen, nutrients and fats required for the process. This not only drains your body, it also depletes vital stores and takes further energy to release or restore anything converted which hasn't been used. Ineffective digestive and bowel functionality can also lead to irritable bowel syndrome (IBS), constipation, diarrhoea, indigestion and stomach ulcers which are all commonly related to stress.

Stress also inhibits the immune system, making you more vulnerable to colds, flu, fatigue and infections.

If you feel you are suffering with the fight or flight state on a regular basis, it would be advisable to make sure you get good nutrition, hydration, exercise and relaxation to help to combat the effect.

Acknowledgement - North West Boroughs Healthcare NHS Foundation Trust 2020

Often there's no defined enemy to fight or run away from, and yet your body is on the alert and keyed up for action

Resilience

There has been a recent increase in employers asking workers to cope better with stress – an approach called ‘resilience’. Resilience is based on the idea that through training and personal development we can be helped to “bounce back” from adversity or change, if we only learn to develop the ability to handle the demands placed on us better.

We don’t think this approach works. Resilience in the workplace is often a sign that there is something wrong. Workers are asked to be resilient, but often that means that they are in fact being quiet about problems in the workplace or trying to keep a positive attitude in the face of poor conditions. Instead of being able to change the situation to improve and alleviate it, workers can end up working harder to manage their increasing stress levels. It can seem endless and can quickly lead to a toxic workplace culture.

‘Resilience’ is an example of ‘blame the worker’ (for not being strong enough to cope with the work stressors), not the work. Employers should be protecting workers from experiencing stress in the workplace, not piling it on and asking workers to cope with it.

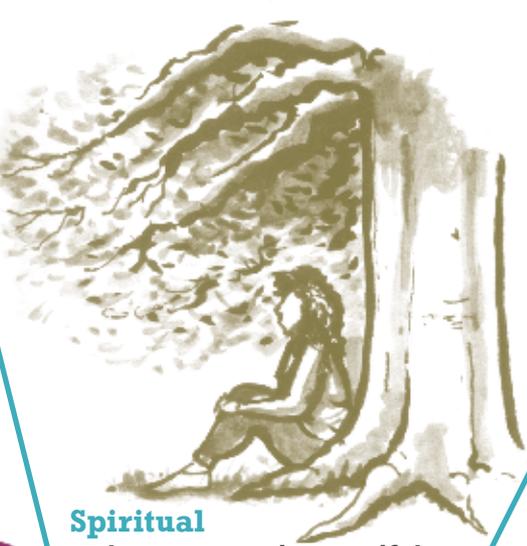
The bottom line is that if there is a problem with stress in the workplace change the workplace – not the worker.”^{iv}

Self-care

Self-care is an activity that is done deliberately to preserve or improve our mental, emotional, and/or physical health. Although it may seem simple, it is not always easy as we lead busy lives, work in stressful or demanding jobs, or are too consumed by technology and other demands to find time for ourselves. Self-care is something we very often overlook as we put me-time last on the agenda. Good self-care is key to improved mood and reduced anxiety and it is also key to a good relationship with yourself and others.

It is not selfish to make time for yourself, and you should not feel guilty about doing this. Self-care is beneficial, particularly for those who care for others and may help prevent some problems from developing or getting worse.

Self-care may help to meet your physical, emotional, social or spiritual needs. Some people may choose to practice self-care through taking a warm bath or a relaxing shower, but it’s important that routine hygiene or household chores do not take the place of genuine self-care.



Spiritual

- Taking time to be mindful
- Journaling
- Making affirmations
- Making a connection
- Enjoying nature
- Yoga

Physical

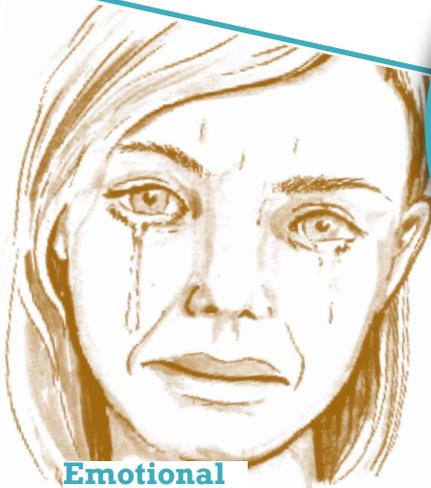
- Getting enough sleep and rest
- Making healthier food choices
- Moving your body more
- Working towards a physical goal



Social

- Spending time together
- Spending time alone
- Positive relationship with social media
- Putting in place boundaries with others
- Communicating
- Asking for help

Types of self-care



Emotional

- Seeking or giving forgiveness
- Managing stress
- Emotional maturity
- Kindness
- Not taking on more than you can do
- Allowing yourself to feel feelings
- Only giving energy to positive relationships

Financial

- Setting a budget
- Taking opportunities to be mindful of your spending
- No spend days
- Managing debts responsibly



Workplace

- Joining a union and having a voice in the workplace
- Having a manageable workload
- Setting boundaries with colleagues
- Taking breaks to exercise
- Reducing workplace stress on your body
- Having a safe, comfortable workspace



Talking about mental health at work

Here are some tips for talking to people struggling with their mental health at work:

Set time aside in a non-judgmental space. It's important to provide an open and safe space with no distractions.

Let them lead the discussion at their own pace. Don't put pressure on them to tell you anything they aren't ready to talk about. Talking can take a lot of trust and courage; you might be the first person they have been able to talk to about this.

Don't try to diagnose. Try not to guess how they are feeling or suggest solutions to their problems.

Starter sentences. Open the conversation with 'how you are feeling?', explaining behaviour changes you have noticed. For example, 'I've noticed that you don't seem yourself.' Give the person time and space to answer

Talk about wellbeing. Exercise, having a healthy diet and taking a break can help protect mental health and sustain wellbeing, but don't put pressure on them to make any changes they're not ready to make. Remember that everyone is different; ask if they find anything helpful for de-stressing.

Active listening. There are a range of techniques that keep us present and engaged in a conversation. Repeat what they have said back to them to ensure you have understood the difficulties they are facing. Open body language is also really important, as are eye contact, appropriate nods and gestures.

Suggest appropriate support. You might want to suggest that it could be helpful talking to their GP, a friend or family member. It may be useful to have a list of helplines and websites to hand.

Use non-judgemental language. Often, people experiencing mental health difficulties can feel like there's something 'wrong' with them, or they can feel like they are to blame for their problems. They

may not want to talk to people about it because they feel like they will be a burden. Avoid phrases like 'is something the matter with you?', and instead, try 'what's going on in your life at the moment?', or 'do you know what might be making you feel like this?'. Bear in mind that they may not know; the causes are not always clear.

The first attempt reaching out may not go as planned or perhaps they weren't ready to talk. Stay available and keep checking in.

Here are a few ways you could open the conversation:

'We haven't talked in a while. How are you feeling?'

Show you are listening by sitting alongside the person, maintaining an open body position and maintaining comfortable eye contact.

'I've noticed that you haven't seemed yourself lately.'

Explain behaviour changes you have noticed.

'This may seem awkward but I'd like to know if you are OK'

'How are you looking after yourself?'

Talk about ways of de-stressing and ask if they find anything helpful.

'Do you have support in place?'

You could suggest talking to their GP, a friend or family member.

Colleagues returning to work



Colleagues may have taken some time out after experiencing mental health difficulties, to give them space to recover. For some, returning to work can be overwhelming and a big milestone. Here are a few tips on how to support them:

1. Reaching out and letting them know you are available to help.
2. Be aware that they might not want to talk about it. It can be hard to open up about mental health at work.
3. Kind gestures such as making a cup of tea can help them to feel like part of the team again.

Conversation starters

'How are you feeling?'

Express genuine interest.

'Do you want to take a walk?'

Engaging a colleague that you are concerned about in a health activity like taking a walk together can be a great way to start a conversation. Doing an activity while you talk can take some of the nerves and discomfort out of the conversation.

'It's good to see you'

'I want you to know that I'm here to listen and support if you need me to.'

They may not want to talk but knowing you are available can be reassuring

People may not want to talk about mental health challenges they are going through or have been through. It is important to not pressure them to talk. Instead, it may be best to let them know you are available to talk if or when they are ready.

The importance of language

The language we use to describe mental health difficulties can affect how people view these difficulties and the people who are experiencing them. It can also affect how people view themselves; it may form part of their self-identity.

For example, if someone says you have a 'mental illness', you may view yourself as 'mentally ill', whereas a 'mental health challenge' suggests something that can be overcome.

It is far more positive and useful to use phrases or language that suggests that:

- Individuals are in control of their own lives, decisions, and actions
- Mental health challenges are something that happen to you, rather than being a fundamental part of who you are, or a sign of 'weakness'

By changing our language, we can help convey an important fact. Mental health challenges are **not** something to be ashamed of, and they **are** something that can be overcome with the right support.

Words and phrases to avoid

Certain language can cause offense and may be inaccurate when used in news stories about someone with mental health difficulties. Terms such as 'a psycho', 'a schizophrenic', or 'a depressive' can be offensive, as can 'lunatic', 'off their rocker/head', 'nutter', 'nutcase', 'unhinged', 'disturbed', 'deranged', 'demented', 'mad', 'insane', 'maniac', 'mental' or 'the mentally ill'.

Diagnostic and medical language

Avoid using specific medical terms or diagnostic language. If you are using this type of diagnostic language always try to ensure it is owned by others and not something you have originated - e.g. 'you may have received a diagnosis for schizophrenia/

PTSD/an eating disorder.'

If the person that you are talking to uses any of the terminology this is of course, completely their choice.

Opening the conversation

According to research, 30 percent of people feel unable to talk openly with their line manager about feeling stressed.

Support can go a long way to help someone cope during difficult times. If you have noticed a change in a person's behaviour or if there is something that is causing concern, reach out and ask if they would like to talk. If they don't want to talk, you could explain why you are concerned, and say that you're happy to talk if that would help and if they feel ready to do so at a later stage.

If you are struggling with your own mental health:

Starting the conversation is often the first step towards accessing support and staying well, but it can be hard to know where to begin. It might feel difficult to open up about how you've been struggling with your mental health. Starting the conversation can have a lot of potential benefits such as increased support and reassurance.

Talking to family and friends

Sometimes it can help to talk to someone you trust about how you are feeling. It may feel nerve-racking, but they could help you to find information and available support as well as accompanying you to appointments.

Talking to your doctor

Your local GP practice is there to help you with your mental health as well as your physical health. They can recommend local support options and refer you

to a mental health specialist. In some instances they may also offer medication to help manage mental health symptoms.

It can be helpful to be prepared and write down what you want to say in advance so you get the most out of your appointment. Here are some suggestions:

Focus on how you feel, rather than what diagnosis criteria you might meet.

4. **Be open and honest** - try to explain how you've been feeling over the past few months or weeks, and mention anything that has changed.
5. **Use words and descriptions that feel natural to you** – you don't have to say specific things to get help.
6. **Try not to worry** – your issue is important and your doctor is there to support you.
7. **Give yourself enough time** to get to your appointment, so that you don't feel rushed or stressed.
8. **Think about taking someone with you** to support you, like a close friend or family member.
9. **Think about any goals** you would like to achieve such as access to talking therapies.

Talking to your employer

It can be very helpful to identify a person or people within the workplace who you can talk to about mental health concerns. This could be a union rep, a welfare officer, a personnel officer or someone from an employee assistance programme. The main things to consider are:

- Be sure to choose someone you feel comfortable with and who will be supportive

- Decide what you feel comfortable disclosing; talking about your mental health doesn't mean you have to provide every last detail if you don't want to

- Pick a time and place to talk - somewhere you feel secure and where you won't be disturbed

Some workplaces offer free access to support services such as talking therapies.

Counselling gives the opportunity to explore your feelings, thoughts and behaviours and find effective ways to manage. There are many different approaches to counselling including person-centered, systemic and Cognitive Behavioural Therapy (CBT).

In sessions people can explore and understand how their thoughts, emotions and behaviours can all influence each other and sustain an unhelpful cycle. Counsellors work with clients to set achievable goals such as learning coping skills for managing different difficulties.

Returning to work after taking leave for mental health

We want to create supportive and caring working environments so that people don't feel that sickness absence is their only option during periods of poor mental health. We want workplaces where workers are included in the decisions made at work, and have people or systems they can turn to when required. However, there are times when a period of sickness is the best option, an often absences due to poor mental health can be longer than for other conditions.

Coming back to work following a long period of sickness absence is never easy. After an absence due to poor mental health there can be even greater challenges, but there are steps we can all take to make sure the transition is smooth, and members get the support they need.

The guidance below can be used by **employers** – helping them understand what is required of them but also providing tips to ensure they look after employees the best they can.

It can help **union reps** who perhaps aren't clear on what might be available to members and show them where there are opportunities to negotiate workplace improvements that will benefit everybody.

For **members** the following is aimed at providing options. Ideas for how you can be properly supported back in to work without it feeling overwhelming or unmanageable.



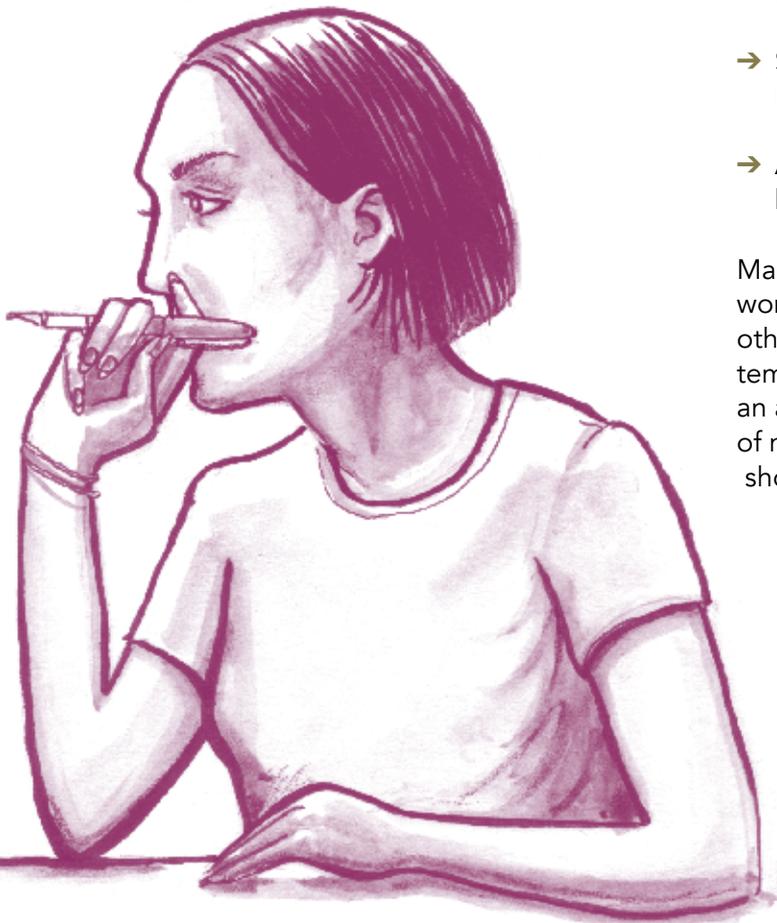
During sickness absence

The temptation, when someone is off sick with a mental health condition, is not to contact them at all.

Whilst this is understandable, it isn't usually best. Contact can be a vital way for people not to feel ignored and abandoned, and to keep them in the loop with important workplace changes should they wish. But it is crucial that contact is made in the right way.

"I don't want to interfere"

"What if they think I'm pressuring them to come back to work?"



- Establish who the individual's preferred contact would be. This may be a union rep, line manager or workplace friend.
- Agree with the person the method of contact they would like; telephone calls, emails, workplace newsletters, post or face-to-face meetings, and stick to it unless they ask you otherwise. Remember that the individual may prefer not to be contacted at all.
- Agree how often the chosen contact will be - weekly or monthly, for example.
- Check if the individual would like to receive information about work – again they may want nothing at all, but minutes from team meetings, for example, can help people stay connected with their own work area.
- Signpost people to Employee Assistance Programme (EAP) if appropriate.
- Agree with the individual how or if colleagues will be informed of their condition.

Managers should also make sure that the persons workload is shared out as fairly as possible amongst other staff. They may even consider hiring additional temporary staff. No one should have to return from an absence to a desk groaning under the weight of neglected work, and equally, remaining staff shouldn't be unduly put-upon to fill the gaps.

Phased return

Going straight from a long period of absence back into full-time work is often unmanageable, and the sharp change and associated stress may even make people unwell again. A gradual return to work over a period of weeks or even months is generally a much better way to transition back into a normal working pattern.



The type of phasing needs to be agreed between the manager and the individual, but might start with one or two days a week increasing over time, or by starting off with half-days or reduced hours, or working from home.

Managing workload and responsibilities

It's important to agree the type of work the returner will be expected to complete. Whilst there is every chance the individual will be able and willing, following a phased return, to carry on doing the same work they did before, this isn't always the case. It may be that a particular task involves high levels of stress for the person, or that certain functions require extended travel. It might mean that the person doesn't feel able to do those tasks at all, or that they can but with some additional support. Agree any necessary adjustments and also whether they are to be temporary or permanent.

What next?

Agreeing a plan that works for everyone involved is a great start. But how do we all make sure it *keeps* working?

- Understand and discuss the signs of a relapse in mental health, where possible
- Give it time – any changes need a little while to bed in
- Be prepared to re-assess and adjust the plan if required
- Consider if any of the changes or adaptations made could be rolled out to benefit the whole workforce

What can employers do?

<p>Training for managers and staff</p>	<p>Employers should provide training for all levels of management and HR to ensure understanding and awareness of mental health in the workplace. Employers should ensure all managers recognise mental health as an important workplace issue. Provide training for all staff to raise general levels of awareness and understanding.</p>
<p>Clear policies developed in consultation with unions</p>	<p>Employers should work with unions to ensure that workplaces practices and policies are fit for purpose and support the value of equality and diversity, including workers mental health needs. A specific policy on mental health can be put in place in consultation with unions. Employers should ensure that policies and practises protect workers from discrimination and detrimental treatment because of their mental health. Once agreed policies should eb fully implemented, monitored and enforced to ensure they are effective.</p>
<p>Awareness raising campaigns</p>	<p>Employers should highlight mental health as part of a wider occupational health awareness campaigns so that staff know that the employer has a positive attitude to the issue and is willing to be proactive in working on this. Leaflets and online resources should also be provided.</p>
<p>Establish recognised points of contact within the workplace</p>	<p>Employers should recognise their responsibilities under the Health and Safety at work Act in relation to workers mental health and ensure that risk assessments and stress management assessments are carried out.</p> <p>Employers should also consider their duties with relation to the Equality Act</p>
<p>Improve access to support within the workplace peer support groups and mentoring/buddying schemes</p>	<p>The opportunities to form support groups or access mentoring or buddying schemes in the workplace is helpful. Employers could help organise their action and support groups and provide resources such as meetings rooms and promotional material.</p>
<p>Decent jobs</p>	<p>In view of the vulnerability of workers on casualised contracts and the detrimental effect these contracts can have on health and wellbeing, employers should aim to employ staff on permanent secure contracts which offer decent hours, pay and terms and conditions.</p>

<p>Recruitment</p>	<p>Unions can help make a positive difference to reducing the discrimination faced by workers with mental health problems by urging employers to review their policies and procedures on recruitment. People with mental health problems have a high rate of exclusion from entering the workplace and recruitment is a key area where that needs to be tackled. Union reps have a key role in identifying potential areas of discrimination or barriers in the recruitment process and raising and raising them with the employer.</p>
<p>Monitoring of policies</p>	<p>The employer should monitor disability actions taken under the sickness absence policy, to see if disabled workers and/or workers with mental health problems are disproportionately represented.</p>
<p>Provision of reasonable adjustments</p>	<p>Organisations that improve the quality of their procedures for providing reasonable adjustments report reductions in sickness absence.</p>
<p>Ensure the provision of a disability leave policy</p>	<p>The policy should be flexible enough to accommodate the needs of workers with mental health problems and should count absence for reasons associated with disability separately. This will help ensure that as an employer you are not discriminating against workers whose mental health is legally a protected characteristic.</p>

A Mental Health Policy – ideas and tips

One of the steps that employers can take to support employees with mental health problems is to develop and implement a workplace policy, negotiated with the recognised trade union(s). A good workplace mental health policy should cover the following areas:

- **Recruitment and selection** - Encourages, supports and provides reasonable adjustments for applicants with mental health issues.
- **Defines mental ill health** - Clear definition of Mental Health and Mental Health Problems – not limited to stress or anxiety.
- **Provides some indicators of mental ill health** - Signs that an individual may be having mental health problems, for example - changes in an employee's usual behaviour.
- **Commitment to promote awareness** - How the policy will be promoted. As well as how awareness and understanding of the policy will be shared across the organisation.
- **Promotion of good mental health wellbeing** - Identifies steps employer will take to support and promote mental health wellbeing
- **Links to other policies and procedures**, e.g. flexible working, disability leave, career breaks, grievance, disciplinary, capability, sickness absence, performance management, substance abuse & dependency; dignity at work (bullying and harassment), training and development.
- **Identifies how the Mental Health Policy** relates to other policies and procedures in the workplace, identifying how the employer supports people with mental health problems through these linked policies/procedures.
- **Links to Health & Safety Stress Management Policies** - Identifies how the policy relates to Health & Safety policies and procedures on Work-related Stress. Including reference to Risk Assessment and implementing Control Measures.
- **Defines the role of line managers** - Identifies the role of line managers in encouraging people to disclose mental health problems and their role in supporting people with mental health problems.
- **Defines the role of Human Resources** - Identifies the role of Human Resources department and staff. Including monitoring the effectiveness of the policy and linked policies/procedures in developing a mentally healthy workplace. This could include services available through Human Resources, such as Occupational Health or access to a confidential counselling service.
- **Defines the role of union reps** - Including Shop Stewards, Safety Reps Union Learning Reps and other reps e.g. Equality Reps. Identifies the role Reps have in the workplace to promote mental health, supporting members, representing members and monitoring the impact of workplace policies and procedures on mental health.
- **Clarifies the roles and responsibilities of employees** - Identifies the responsibilities employees have towards each other on mental health issues. This could include roles for specific employees e.g. Mental Health First Aiders.
- **Provides a list of key contacts internal and external to the employer** - Who employees can contact in the organisation should they need advice or support (for themselves or others in the workplace). As well as information about support and advice available in the local community.
- **Check whether your workplace or organisation already has one.** There's no need to reinvent the wheel, you might just be able to improve upon or promote what already exists.

→ **Find out from staff what the issues might be affecting mental health in the workplace.** You could do this casually, by having conversations with colleagues, or more formally by distributing a survey to all staff.

- Is there a culture of long hours and skipping breaks? Are staff working to impossible deadlines?
- Do members feel in control of their working lives? Are they allowed to manage their own work?
- Do they have opportunities to progress, learn and develop?
- Do you have people in particular departments or areas with specific issues?

→ **Involve all the reps** – mental health affects

everyone and talking to your union reps, ULRs and H&S reps will help to create ownership and get a policy that works for everyone.

→ **Think about your locations** – are you a one-site workplace or are there multiple sites? Do you have branches in England or elsewhere in the UK? Which site or sites is your policy going to cover?

→ **Make sure ALL staff are included under the policy** – whether they are part or full time, temporary, contracted, outsourced or on zero-hours contracts. Don't forget about people who aren't always visible – those who work from home, the cleaners and/or maintenance staff. We all have mental health.

→ **Get management onboard.** Use this toolkit to demonstrate the benefits of a robust policy; things like improved morale, reduced absences and lower turnover.



→ **When writing the policy, consider it in two halves;**

- How the organisation plans to prevent mental ill-health and reduce stigma in the workplace, perhaps by:
 - ☑ Training mental health champions
 - ☑ Raising awareness amongst all staff
 - ☑ Supporting external mental health campaigns such as World Mental Health Day
 - ☑ Ensuring an effective Employee Assistance Programme is in place
 - ☑ Working to identify and eliminate workplace stressors
 - ☑ Creating an environment where staff feel comfortable talking to line managers about mental health
- How the organisation will help members of staff should they become unwell, such as:
 - ☑ Signposting to support, advice and guidance
 - ☑ Allowing time off for medical appointments
 - ☑ Being flexible to changes in working patterns and hours
 - ☑ Managing any required absences sensitively and supportively

→ **Consider writing in a clause which means the policy needs to be re-visited and potentially redrafted** in say, 12- or 24-months' time. This will help make sure the policy stays relevant to the workplace and that commitments within are being fulfilled.

→ **Decide who needs to sign from management's side.** The higher up the better – it'll help raise awareness of the existence of a new policy and encourage buy-in once it's in place.

→ **Once it has been signed, ensure it is publicised** as much as possible throughout the organisation. You could even consider having a public signing; as part of a bigger workplace meeting or event, or even in the staff canteen. The aim is to make sure everyone knows the new policy exists, knows what it covers and knows where to find it should they wish to refer to it further down the line.



What can union reps do?

Action	Outcome
Occupational health and safety require preventative controls to stop harm being caused. It's important before beginning, to plan carefully and benchmark where the organisation is so that it can be monitored over time. This can help prevent harm by monitoring more closely what workers find helpful or detrimental to their mental health.	Changes over time can be seen clearly and can be monitored against changes within the organisation so that you can see the impact of changes on the workforce. For example a change in management or a redesign of mental health policies.
Ensure that sickness absence is dealt with fairly and in a way that doesn't discriminate against workers with mental health problems.	Sickness absences can often be a particular problem for workers with mental health problems. For those whose mental health issues meets the definition of disability (see page XXX for more information), it is important to check if the employer counts absence for reasons associated with disability separately.
Ensure that all workers receive access to support and training. It's important that they have a say in what professional development may be good for them.	Support and training can be beneficial to all workers, but if a worker is not included or given opportunities to progress because of their mental health this could be discrimination and can be demoralising.
Raise awareness of mental health in the workplace and challenge discrimination. Ensure that workplace policies are inclusive of mental health issues or that they don't disproportionately and negatively impact on workers with mental health challenges.	Some workers may be happy to disclose and discuss their condition. Often, if people are experiencing difficulties or discrimination, they may feel more comfortable speaking to someone else in the workplace, such as a trade union rep.
A trade union rep can provide confidential advice and support	Trade union reps can undergo training in mental health, but this doesn't mean they are experts. Trade union reps can help signpost workers to specialist help, whilst supporting them in interactions with the employer.

Action	Outcome
Unions can provide individualised representation to members with mental health issues and can represent members collectively	Workers can benefit from the collective power and voice of trade unions. Unions are democratic organisations. They can provide structures for workers with mental health issues to make themselves heard. Unions can bring members together to challenge discrimination and unfair treatment at work.
Attend the training for union reps to make sure you have the most up to date information on mental health and workplaces.	Reps can attend the Wales TUC accredited course on mental health. This training is available across Wales. Dates can be found on the Wales TUC website.
Start a workplace campaign	Union reps can kick-start workplace campaigns. actions could include consulting with workers who have experienced poor mental health and carrying out workplace surveys or mapping to identify issues that impact workers mental health. Reps can raise mental health awareness issues at branch meetings and meetings with employers. Actions could include lunchtime awareness raising sessions, organising peer support groups or providing leaflets to support organisations.
Negotiate workplace policies and press for effective implementation	In consultation, union reps can negotiate new policies or review and renegotiate any existing ones which impact on workers with mental health issues. It is important that union reps press the employer to train managers adequately to ensure that policies are implemented properly and that managers have a clear understanding of how they can impact on a person's mental health through their actions.
Press for proper monitoring of disability equality by employers	Ideally policies should be based on the social model of disability with the definition of disability and the support offered going beyond the legal minimum. Union reps can put pressure on employers to establish proper monitoring and auditing arrangements to monitor disability equality in the workplace.
Develop forums that encourage worker voice and participation	Workers are invested in the business and spend their time doing the work of that organisation. This makes them well placed to know what is happening and what could be improved or celebrated. It is important to recognise these workers and take into account their views and employers should invite workers to sit on boards, or find other ways of encouraging participation.
Ensure that your own unions events such as workplace meetings, communications and resources are inclusive, accessible and organised with plenty of notice	Accessible may mean different things for different workers, but it's crucial that meetings, communications, resources and events are accessible by law, but also because inclusivity and diversity enriches and adds value to every workplace.
Ensure fairness and equality throughout the recruitment process	Unions can help make a positive difference to reducing the discrimination faced by workers with mental health problems by urging employers to review their policies and procedures on recruitment. People with mental health problems have a high rate of exclusion from entering the workplace and recruitment is a key area where that needs to be tackled. Union reps have a key role in identifying potential areas of discrimination or barriers in the recruitment process and raising and raising them with the employer.

Top tips for Trade Union reps



1. Ensure that your workplace has an appropriate mental health policy, which is used and referred to regularly (see pages 46-48 for more information)
2. Challenge stigma by talking openly about mental health and wellbeing, using non-discriminatory language.
3. Promote the benefits of good physical health and wellbeing for colleagues across your workplace but also recognise that it's not helpful to make people feel bad about their choices.
4. Negotiate a training budget to help managers, reps and workers more aware of mental health in the workplace or to encourage mental health champions to develop.
5. Create a supportive environment, be open about mental health, talk about your union's campaign to ensure good workplace practice on mental health and let members know that you're there if they need to talk - so that all members of staff feel comfortable to raise an issue
6. Raise awareness of local mental health support services – provided by the workplace and local community - so everyone knows where they can signpost those who require help (e.g. counselling services, local doctors, voluntary organisations or helplines). Leave literature in the staff room, in common areas and on notice boards
7. Campaign for improved provision of mental health support services and Employee Assistance Schemes within your workplace
8. Encourage all members of staff to register with a local GP surgery - so that they can easily access mental health support services if they need to
9. Encourage people to contribute towards a healthy mental health culture within the workplace.
10. Mark World Mental Health Day (10th October) in your workplace

Looking after union reps and activists

As workplace reps, you voluntarily contribute a huge amount of time and energy in order to make a difference to colleagues' lives. We know that reps across Wales work tirelessly throughout the year to support their colleagues and run campaigns, often without any expectation of personal reward.

However, it is crucial that trade union representatives, activists and campaigners safeguard their own mental (and physical) health. Taking on too much, taking rep work home with you and not recognising the signs of being overloaded can all affect you significantly, and everyone operates at their best when they take the time to look after themselves.

Here are some tips to help you take stock:

- Remember: you are a more effective rep when you are happy, healthy and take care of yourself.
- Learn when to say 'no' to being involved in things
- Set your own limitations and stick to them
- Take care of yourself by doing the things that you enjoy
- Take time to do things other than union duties
- Set small, tangible goals and celebrate achieving these
- Find something that interests or inspires you, and refer back to it regularly
- Keep a close eye on your own mental and physical health and recognise when you need to step back and seek help for yourself
- Make sure you talk to people about how you are feeling
- Develop your own personal support network with friends, family, fellow reps and union members
- You are not alone and you can always speak to your Trade Union if you need help, advice or support



Mental Health and the Law

We don't need to be employment law experts to be good mental health advocates in the workplace, but sometimes understanding some of the basics of how the law works in this area can be helpful. It might mean that you can better support a member to find the best help, or it could assist in negotiations with management. With that in mind, here are the main areas of legislation that relate to mental wellbeing in the workplace:

The Health and Safety at Work Act 1974

Under the Health and Safety at Work Act 1974 (HASAWA) every employer has a duty to ensure that, so far as is reasonably practicable, the health, safety and welfare of employees are protected, and this includes their mental health, particularly when it comes to workplace stress. They must also carry out a risk assessment to identify what steps might be required to comply with the Act.

The Management of Health and Safety at Work Regulations 1999

These regulations were designed to enforce the HASAWA and give employers a list of duties which would help make workplace improvements for everybody. Most of these duties relate to 'traditional' areas of health and safety; ensuring noise levels are kept at safe levels, for example, or providing staff with protective clothing. However, it also states that employers must take account of the risk to their employee of stress-related ill-health.

The Human Rights Act 1988

Human rights are the basic rights and freedom that we all have, and which cannot be taken away. They are protected in law by the Human Rights Act of 1998. There are 16 rights in all and all public authorities or bodies exercising public functions such as the police, the NHS, local authorities and prisons must follow them. They are most relevant in the mental health field if a person needs residential treatment, so most of the rights are not applicable

in a workplace setting. Importantly, the Act does not apply to individuals or private employers.

The Equality Act 2010

The Equality Act of 2010 is essentially an anti-discrimination law, there to ensure people are not treated unfairly because of their race, sex, age, religious beliefs, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy/ maternity or disability. It is the last of these that is relevant to mental health. A mental health condition that has been diagnosed by a health professional such as a GP is a disability under the Act if:

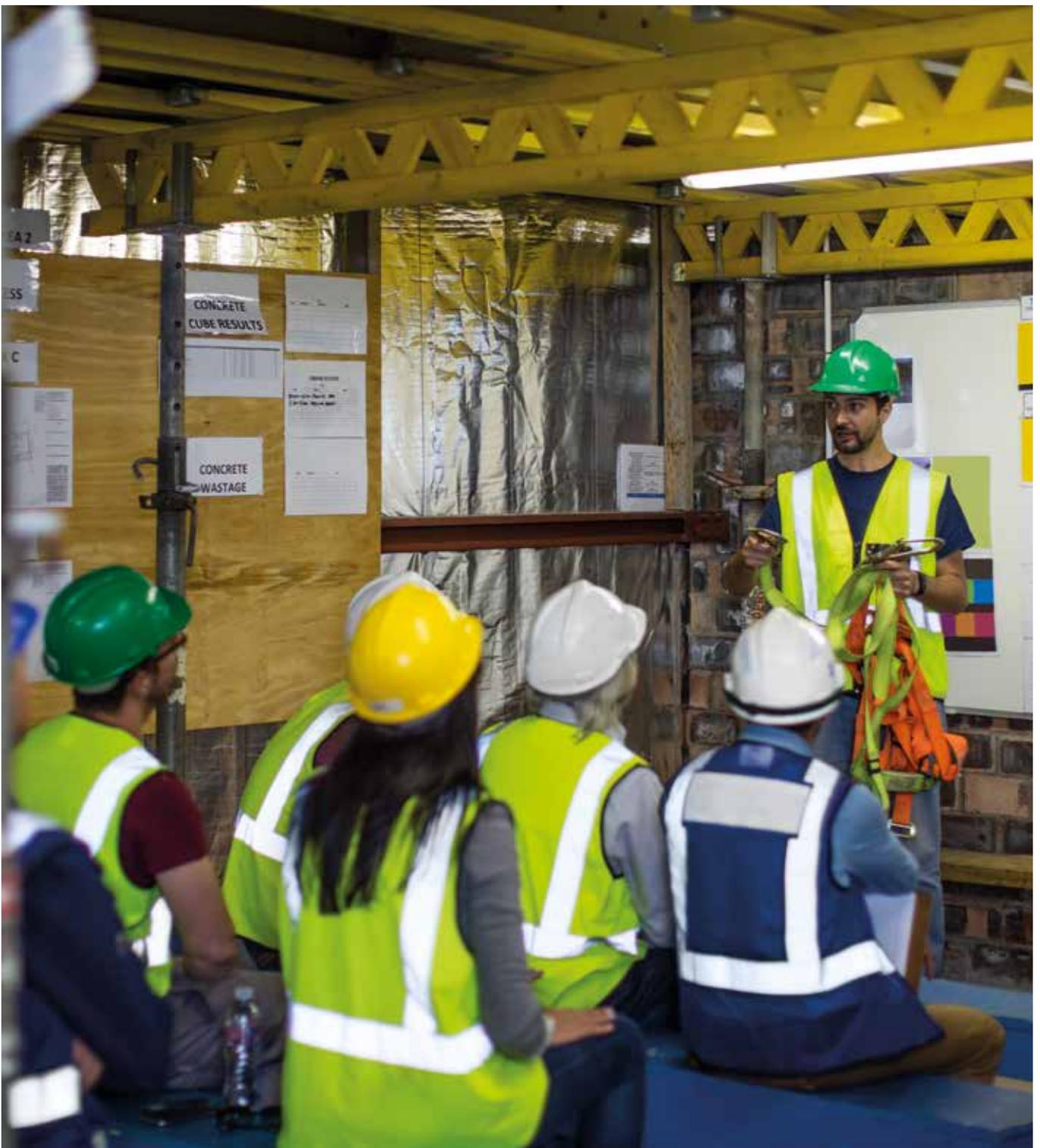
- It has, or is expected to last 12 months or more (even if it comes and goes)
- It has a significant impact on the individual's day to day life.

If the way your workplace is set up creates difficulties or the work you are required to do is harder for you because of a mental health condition considered to be a disability, your employer may have to make 'reasonable adjustments'. The Equality Act says that a reasonable adjustment can include:

- changing policies or procedures,
- changing a physical feature of the workplace, or
- providing you with extra support or equipment.

Whatever the reasonable adjustment is, it must reduce the disadvantage that you have compared to people without a disability. However, there is no specific list of agreed reasonable adjustments – what is reasonable for one workplace may not be reasonable for another. When deciding whether a change is reasonable, an organisation can consider:

- the cost of making the adjustment and how much money the organisation has



→ how helpful the adjustment would be, and

→ how practical it is to make the change.

Your employer cannot charge you for the costs of any adjustment.

It is important to note that unions are also subject to the law: The Equality Act placed obligations on unions as “trade associations”. This means unions must ensure they don’t discriminate against a member or applicant on grounds of disability in the provision of access to training or events, publications, level of representation, benefits, meetings and election procedures.

Mental health as a disability

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) recognises that ‘disability is an evolving concept’^v:

‘Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’^{vi}

There is often a level of misunderstanding or a sense of unease among members when they are asked

about whether they are disabled.

The Equality Act 2010 states that a person has a disability if they have a physical or mental impairment which has a substantial long-term effect on their normal day-to-day activity. In most circumstances, a person will have the protection of the Equality Act if they have had a disability in the past, even if they no longer have the disability.

To define some of these terms more clearly:

- Physical or mental impairment includes sensory impairments such as those affecting sight or hearing
- Day-to-day is not defined in the Act, nor is there a list of capacities that may be affected but the Act does cover the side effects of any medication, for example being very tired due to antidepressants. 'Normal day-to-day activity' is defined as something you do regularly in a normal day. This includes things like using a computer, working set times or interacting with people. A formal medical diagnosis is not always necessary.
- Long term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. This can include fluctuating or recurring conditions such as depression.
- Substantial means it is more than minor or trivial – for example it takes much longer than it usually would to complete daily tasks. Determining if the impairment has a substantial adverse effect requires comparison between the way a person carries out an activity with the impairment and the way they would carry out the activity without the impairment. It is not a comparison with other people.

The duty to make reasonable adjustments is a cornerstone of the Equality Act and requires employers to take positive steps to ensure that

disabled people can access and progress in employment. This goes beyond simply avoiding treating disabled workers, job applicants and potential job applicants unfavourably and means taking additional steps to which able bodied workers and applicants are not entitled.

The legal requirement to make reasonable adjustments applies to all workers, including trainees, apprentices, contract workers and business partners as well as those applying for jobs. The duty to make reasonable adjustments applies to employers of all sizes, but the question of what is reasonable may vary according to the circumstances of the employer.

The Act specifically excludes addiction to or dependency on alcohol or any other substance – other than where this is a consequence of the substance being prescribed. Note: Although drug and alcohol abuse/dependency are not covered by the Equality Act, trade unions may want to consider including these in negotiations about a workplace mental health policy. If there is a distinct workplace policy on substance abuse and dependency already in place, then there should be links with the mental health policy.

Types of discrimination

This section uses information from the Equality employer statutory code of practice.^{vii}

The Act says that treatment of a disabled person amounts to discrimination where:

- an employer treats the disabled person unfavourably; this means that he or she must have been put at a disadvantage. Often, the disadvantage will be obvious and it will be clear that the treatment has been unfavourable; for example, a person may have been refused a job, denied a work opportunity or dismissed from their employment. But sometimes unfavourable treatment may be less obvious. Even if an

employer thinks that they are acting in the best interests of a disabled person, they may still treat that person unfavourably.

- this treatment is because of something arising in consequence of the disabled person's disability; This means that there must be a connection between whatever led to the unfavourable treatment and the disability and
- the employer cannot show that this treatment is a proportionate means of achieving a legitimate aim; there is no definition of legitimate aim in the Act but it could include: the health and safety of staff or people using a service the business needs of the employer or service needing to make a profit. Proportionate means that there should be a fair balance between the employer's needs and the rights of the disabled person.

unless the employer does not know, and could not reasonably be expected to know, that the person has the disability.

How does it differ from direct discrimination?

Direct discrimination is where an employer, because of someone's protected characteristic, treats them less favourably than they treat or would treat others. By contrast, in discrimination arising from disability, the question is whether the disabled person has been treated unfavourably because of something arising in consequence of their disability.

How does it differ from indirect discrimination?

Indirect discrimination occurs when a disabled person is (or would be) disadvantaged by an unjustifiable provision, criterion or practice applied to everyone, which puts (or would put) people sharing the disabled person's disability at a particular disadvantage compared to others, and puts (or

would put) the disabled person at that disadvantage.

What is victimisation?

The Act protects people from being treated detrimentally because they have made an allegation about discrimination or you supported someone who has made an allegation of discrimination. A detriment can be 'something that the individual affected might reasonably consider changes their position for the worse'.

How long does protection under the Equality Act 2010 last?

The Equality Act provides lifelong protection against disability, even if the disability is no longer present. For example, if a person experienced a period of mental health issues but were discriminated against in the future for having experienced this, then they would legally be protected against discrimination, even if they no longer experienced that mental health issue. This includes protection where they are perceived to have a disability or are associated with a disabled person.

Mental Health risk assessment checklist

The table below gives an example of a workplace risk assessment checklist for mental health that could be included in a mental health risk assessment.

This checklist is not intended to be a comprehensive list of specific issues relating to mental health for every workplace but provides some common examples of what union health and safety representatives and employers could look at to make sure that the relevant issues relating to workplace mental health are identified and addressed. There may be additional things that you need to add into this checklist and it is important that once these targets are set, that they are then periodically revisited to check progress.

What are the hazards	Considerations	Who may be harmed and how, including level of risk	What is already being done	What further action is needed	Action by whom	Action by when	Date achieved
Information on mental health							
Sickness Reporting							
Stress							
Occupational health arrangements							
Unions and support groups							

Physical

What are the hazards	Considerations	Who may be harmed and how, including level of risk	What is already being done	What further action is needed	Action by whom	Action by when	Date achieved

Environment

What are the hazards	Considerations	Who may be harmed and how, including level of risk	What is already being done	What further action is needed	Action by whom	Action by when	Date achieved
	Job contracts						
	Hours worked						
	Flexibility						
	Time off to care						
	Wellbeing days						

Working conditions

What are the hazards	Considerations	Who may be harmed and how, including level of risk	What is already being done	What further action is needed	Action by whom	Action by when	Date achieved
	Shifts in general						
	Lone working						
	Overtime						
	Travelling for work						
Other							

Mental Health and the Welsh Government

A national priority

Mental health spending is protected in Wales and funding was increased in to over £700m in 2020-2021, an additional £13m compared to the year before. This means that the Welsh Government continues to spend more on mental health services than on any other part of the Welsh NHS.

The Welsh Government have a national strategy; Prosperity for All which reaffirms its commitment to mental health by making it one of eight cross-cutting priorities. The Welsh Government Minister Eluned Morgan MS has responsibility of Mental Health, Wellbeing and the Welsh Language.

Together for Mental Health

The Mental Health Measure came into force in 2010 with the aim of ensuring that modern, person-centred care is implemented consistently across Wales. The measure has improved timely support, interventions and treatment available for people with mental ill-health; ensuring mental health services are available within primary care and closely integrated with services provided by GPs. This unique piece of legislation is central to the Welsh Government's 10-year all-ages strategy Together for Mental Health. Prevention, early intervention and an increasing role for non-clinical support are key themes in Together for Mental Health.

Nine out of ten people with mental ill-health find that stigma and discrimination can be a barrier to everyday activities. That is why one of the central themes of Together for Mental Health is about changing attitudes to mental health and builds upon the commitment to end mental health discrimination.

Only in Wales is every person receiving specialist mental healthcare guaranteed the right to have a care and treatment plan, supporting people in a

range of areas such as personal care and wellbeing and education and training, as well as medical treatment. Significant investment has also been made in local primary care mental health services in recent years and child and adolescent mental health services (CAMHS) are being improved in Wales thanks to an additional £7.65 million being invested every year.

The Welsh Government has introduced stringent waiting times targets for mental health treatment within local primary mental health support services and expects 80% of people, including children and young people, who have been assessed as requiring a service provided in primary care, to begin to receive that treatment – which may include a psychological therapy – within 28 days of assessment.

Since 2015 the Welsh Government has invested £1.5m a year in community perinatal mental health services across Wales, which help identify, treat and manage mental ill health before and after childbirth. There are now community teams in every health board in Wales.

Campaigns

The Welsh Labour Government funds the Time to Change national campaign to end stigma and discrimination which workplaces can sign up to.

Suicide and self-harm prevention

Talk to me 2, the Welsh Government's five-year strategy to reduce the suicide and self-harm rate in Wales, was launched in 2015. It is the Welsh Government's second five-year suicide and self-harm prevention strategy. It identifies groups of people who are especially vulnerable and sets out expectations regarding their care, which should be provided in the right place, at the right time. The

Welsh Government has also provided funding to four bereavement organisations (2 Wish Upon a Star, Papyrus, Cruse and the Jacob Abraham Foundation) to support the work that they undertake with those bereaved by suicide).

Support for veterans

Since 2010, the Welsh Government has had a fully funded priority NHS healthcare service for veterans. Wales is the only part of the UK with this dedicated national service for veterans.

Support in the workplace

The Welsh Government funds Healthy Working Wales (delivered by Public Health Wales) which helps employers, individuals and health professionals to support working-age people in Wales to stay fit and healthy so they can remain in employment, or return to work following a period of ill health, including mental health.

Employers are able to access support and advice to develop health, well-being and safety initiatives in the workplace, through the 'Corporate Health Standard' (CHS) for businesses who employ more than 50 people and the 'Small Workplace Health Award' (SWHA) for smaller organisations

Where can you find help?

Many of us will experience mental health problems during our life and it's important that people can access support when they need it. If a colleague confides in you and says they are experiencing mental health problems you could advise them to:

- Talk to someone they trust such as a friend or family member if they feel they can.
- Make an appointment to see their local GP where they can describe the mental health problems they are experiencing. Some people find it helpful to write down their experiences before their appointment so that they can explain them to the doctor.
- Ask about the range of advice, treatment and support available through their local GP surgery.
- Ask about the range of advice, treatment and support available in the community, through voluntary sector groups and charities.
- Find out if their workplace has access to support services, some workplaces offer staff benefits which might mean you are able to access advice and support services such as counselling or financial advice services.
- Talk to a Trade Union Representative, workplace reps may be able to offer help by helping your workplace provide reasonable adjustments, advocating on your behalf, signposting and supporting you to get the help you want or need.
- Phone a confidential mental health advice helpline
- Give them a copy of this toolkit where they can look for relevant organisations to contact.



Acknowledgements:

Design by: Frank Duffy www.frankduffy.co.uk

Photos: All photos are for illustrative purposes only. Photos that are not credited are stock photos depicting models, and are from iStock.

The Wales TUC would like to acknowledge with thanks the contribution of Helen Jones from Breathe UK

The Wales TUC would also like to acknowledge with thanks the information and guidance incorporated into this toolkit from existing TUC guidance, including the following publications:

XXXXXXXX

Endnotes

- i <https://www.who.int/teams/mental-health-and-substance-use/covid-19>
- ii <https://www.who.int/teams/mental-health-and-substance-use/covid-19>
- iii <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19round-updeathsandhealth/2020-06-26#deaths>
- iv www.hazards.org/stress/resilience.htm
- v UNCRPD, 2006, p. 1
- vi UNCRPD, 2006, p. 4
- vii <https://www.equalityhumanrights.com/sites/default/files/employercode.pdf>

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All TUC publications can be provided for dyslexic or visually impaired readers in an agreed accessible format, on request, at no extra cost. This toolkit will be regularly updated, so we would welcome any comments or suggestions on how it could be improved. Please let us know if you notice anything that is out of date, unclear, or that you think may need correcting or updating.

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