

Equality and mental health in an age of austerity

Report of TUC seminar February 2016



Contents

3 Introduction

4 Mental health and disability: the context and the law

Mental health and disability

Peter Purton, policy officer, TUC Equality & Strategy Department

The legal context

7 Equality impacts of mental health

Gender and mental health

Vicky Knight, chair, TUC Women's Committee, University and College Union, trade union studies lecturer at Manchester College

Race and mental health

Jabeer Butt, OBE, deputy chief executive, Race Equality Foundation, leading on health and housing

LGB people and mental health

Tim Eastwood, equalities consultant, formerly training manager at PACE, the LGBT+ mental health charity

Young people and mental health

Aisling Gallagher, Unite London and Eastern Region Young Members' committee

Trans people and mental health

Sophia Dixon, equalities officer for Unison, member of National Young Members' Forum and National Women's Committee.

18 Trade union responses

Work on mental health by the Royal College of Midwives

Amy Leversidge, employment relations adviser for the Royal College of Midwives

Mental health campaign at the National Theatre

Emily Collin, BECTU rep at the National Theatre, and TUC Young Workers' Forum

Q&A

26 Action points – group discussions

Training

Negotiating and representing

Organising

Campaigning

30 Resources

TUC publications

TUC training resources

Mental health organisations

Equality and mental health: reports

Section one

Introduction

One hundred people representing a wide range of trade unions and NGOs took part in the second national TUC seminar on mental health on 3 February 2016.

The meeting had been organised to follow up a similar event held in February 2015 where the focus had been on good practice in workplace mental health. The report of the 2015 event was published and can be accessed on the TUC website at www.tuc.org.uk/sites/default/GoodPracticeMentalHealth.pdf.

One of the issues emerging from discussion in 2015 was a growing awareness of the disparate impact of mental health issues on particular groups of people. In response, and working with the TUC's four equality committees (Women's, Race Relations, LGBT and Disabled workers) and the TUC Young Members' Forum, the 2016 seminar was organised with expert speakers to provide information on these impacts. Additionally, there were presentations on good workplace practice around some of the equality aspects. Finally, delegates took part in working groups that led to a set of recommendations for continuing trade union action in this area.

Delegates were informed that a report of the event would be produced and copies of this are also free to download from the TUC website.

The high level of interest in both events confirmed both that mental health issues are of growing concern, and that trade unions are extending their ability to tackle them in the workplace. The seminar was unable to resolve, of course, the external factors that have deepened the scale of the problem for many people. These include workplace cultures that as a result of cuts and increasingly precarious employment in many sectors have increased levels of stress and mental health for some workers, and the effect of cuts to mental health services.

One of the main recommendations emerging in 2015 had been a call for more training and TUC Education has now published a mental health workbook to help trade unionists develop the skills they need to support members and deal with employers. This and other resources are listed at the end of this report.

The seminar was chaired by Alice Hood, Head, TUC Equality and Strategy Department. Contributions from speakers and action points from the discussions are reproduced here as provided by the speakers and facilitators, with their permission.

Section two

Mental health and disability: the context and the law

Mental health and disability

Peter Purton, policy officer, TUC Equality & Strategy Department

Mental health has been a trade union issue for a very long time. For many years, it was approached as a health and safety matter, and stress at work continues to be a significant health and safety concern.

With the introduction of the Disability Discrimination Act 1995, consolidated into the Equality Act 2010, mental ill health became an equality issue under the heading of disability which meant that providing the individual qualified as disabled under the law's definition, they were protected from discrimination and entitled to "reasonable adjustments".

Mental health has continued to be a major element of the TUC's work on disability.

Some politicians seem to have only recently become aware of the scale of the consequences of mental health problems both for those affected and for the economy and it is regularly discussed in the public arena. Once a taboo subject, even celebrities have become willing to "out" themselves.

But greater public notice has not by and large led to better treatment.

The employment rate for disabled people of working age as a whole continues to stagnate at less than 50 percent (compared to more than 75 percent for non-disabled people). The employment rate for people with mental health problems has been stuck for many years at less than half even of this level.

Reasons for this include that people fear that being open about having a mental health problem will cost them their job, and sometimes their friends and family as well. All too often, they are right about the risk to their employment. Then, if they do turn to seek help, they encounter NHS mental health services that have been cut time and again, despite promises from ministers.

Two critical challenges have yet to be tackled by government.

- Ignorance about mental health is widespread and results in endemic prejudice against people with mental health problems. Fellow workers and bosses are equally likely to share these prejudices. The consequence is a stigma that makes it less likely that people will come forward early enough to try to resolve the causes of the problem before they reach the point of crisis.

Mental health and disability: the context

- Discrimination against people with mental health issues is illegal (see below) but it takes place all the time. Statistics and studies confirm that anyone losing their job because of time taken off for mental health reasons is much less likely to secure another job.

In 2010, the Labour government published the results of a cross-departmental expert study calling for joined-up policy to tackle what was recognised then as a crisis. No action was taken by the new government elected that year to put this into effect. Instead, since 2010, there has been massive pressure on NHS mental health services leading to significant reductions in community MH services at the same time that year on year cuts and savings across the public sector have increased workloads, involved frequent structural changes, and driven managers to become ever tougher in resisting or restricting the adjustments they are required to make by law. Similar impacts occurred in the voluntary sector, while the consequences of recession have also frequently caused the same kind of issues to arise in private sector employers.

The picture is not entirely bleak. The TUC has found many cases where the impact of trade unions has led to positive results. At the TUC's 2015 mental health seminar, case studies were presented of unions working with employers to develop practical measures to identify the early signs of mental health problems and to intervene to resolve the problem. These included such steps as training mental health first aiders and training managers to recognise and deal early with mental health problems. In other case studies presented, the employer had been less positive, but the union had worked to save the member's job and convinced the employer to adopt a more positive approach and policy.

One consequence of the trade union discussion on mental health was the production of the comprehensive training workbook by TU Education.

One issue that arose during the 2015 seminar was the need to recognise the disparate impact of mental health problems on Britain's diverse communities. Motions have been debated at each of the TUC's equality conferences (Women's, Black, LGBT, and Disability, and Young Members') on mental health issues for the communities or groups they represent. It has been established that while mental health is primarily a "disability issue" it is one best approached with a proper understanding of the impact of mental health on each section of our community, and the overlaps between them. That is the purpose of this seminar.

The legal context

In general, unions will want to avoid taking legal proceedings because of the uncertainty, the stress on an individual and the possible costs of doing so, instead preferring to negotiate solutions with the employer. However, knowing that a member with mental health issues may be protected legally can be a valuable negotiating tool, and taking a case to tribunal remains an option if all other means fail to reach a conclusion. It will be important to remember that there is a three

month time limit from the date of the incident that is the cause of the complaint on taking claims to tribunal.

People with mental ill health where the consequences are long-term (lasting 12 months or more, or recurring over a long period) and sufficiently serious to affect their day to day life are likely to be considered to be disabled and therefore protected by the anti-discrimination provisions of the Equality Act 2010. A disabled worker is entitled to “reasonable adjustments” from the employer subject to a number of conditions (including that the employer knew or could reasonably be expected to know about the disability). Another part of the Act allows claims on the basis of “discrimination arising from disability” where it may be possible to argue, for example, that a member’s behaviour leading to management action has happened because of their disability and therefore falls within the scope of the legal protection. Of course, it remains open to any worker who believes they have faced discrimination on grounds of mental health issues to challenge the employer in law. However, taking a case for discrimination to an Employment Tribunal now involves paying a substantial fee upfront and proceedings can be lengthy and themselves very stressful.

Information on the law as it applies to disabled people and those with mental health issues is available in the TUC guidance, *Disability and Work*, 3rd edition 2011, and in the TUC guidance *Representing and Supporting members with mental health problems at Work*, 2008, available free from the TUC website: www.tuc.org.uk.

Section three

Equality impacts of mental health

Gender and mental health

Vicky Knight, chair, TUC Women's Committee, University and College Union, trade union studies lecturer at Manchester College

My specialist areas are very much around gender mental health and equality. Mental health and gender are also never very far away from our debates on the TUC Women's Committee.

So, inequality, gender and mental ill-health, all areas of great concern still and although statistics show that women and men experience mental ill-health issues in similar numbers, some are more common among women – the data shows that abuse is still all too often a factor in women's mental ill-health.

Mental illness is growing at an alarming rate in the UK and what we have seen as a response by the last government and is being maintained by this government are swathing cuts to healthcare provisions, refuges and crisis centres, mental health beds – with reports from the Kings fund think tank showing that the evidence of poor quality MH care is widespread – with in fact only 14 per cent of service users saying that providers can deliver appropriate care.

Lives are knowingly being put at risk.

Of course, this is a government hell-bent on undermining employment security, employment rights and trade union rights – with workers doing more for less – working longer hours, pay freezes in the private and public sector – where 60 per cent of the workforce are women. Flexibility for employers not staff and the cost of living and the cost of childcare continue to rise – unmatched by income - and with more than 90 per cent of single parents being women – and the greater number of workers in part time vulnerable work being women – women are bearing the brunt of the cuts fiscally, socially, physically and mentally.

Increased stress is everywhere and although stress is not a mental health condition or mental health diagnosis, most people with stress will have anxiety, depression or what is known as GAD or generalised anxiety disorder.

Workplace stress is absolutely an employment issue and it's an economic issue – costing the economy £3.6 billion a year.

As well as being the stand-out safety hazard in the TUC safety reps survey – stress comes in the top three major workplace issues for consecutive years as reported by two thirds of all reps surveyed.

- With workplace bullying and harassment following as a close second – which in itself is extremely stressful;
- We also have suicide rates that have never been higher – and self-harm statistics that are worryingly high;
- 1 person in 4 in the UK has a mental health condition – that is potentially a lot of people – just in this room?
- Up to 15 per cent of women have post-natal depression;
- Increasing numbers self-harming;
- Eating disorders and body dysmorphic conditions are alarming; and
- Obsessive Compulsive Disorders are increasing; and
- substance and alcohol dependency in women, with alarmingly high numbers of young women in particular – this all paints a worrying picture doesn't it.

Statistically, different groups report differing levels of mental ill-health. On average – all ethnic groups report higher levels of anxiety than those identifying as white British; and LGBTI people in the UK have higher rates of depression than any other group.

Unsurprisingly 1 in 4 women compared to 1 in 10 men will seek treatment for depression, eating disorders and suicidal thoughts. Perhaps one of the reasons why the biggest increase in recent years is the numbers of men taking their own lives.

So, for many reasons, sex and gender are relevant to mental health and wellbeing – and in times of economic and industrial hardship – they are more relevant than ever.

Cuts in welfare and benefit systems are creating monsters of their own – bedroom taxes, working taxes, and more children are living in poverty now than ever say the Joseph Rowntree foundation – and this, they say is set to rise even further if drastic action is not taken immediately.

There are alarming increases too in trafficking and prostitution, and sex slavery is a multi-billion pound industry in the UK today. Post-trauma numbers reported as a result are in the tens of thousands and long term depressive episodes often follow.

More cuts to domestic violence charities and shelters, community services and GP support mean that help is not always readily available to the most vulnerable in our society.

With all these contributory factors to the growing prevalence of mental ill-health, we in trade unions often have to take the lead in securing progressive and effective approaches to dealing with mental ill-health in the workplace and in communities.

As well as raising the issues in workplaces, political and educational forums are key.

Meanwhile – it's heartening to see the shadow cabinet's appointment of a Minister for Mental Health in Luciana Berger – there is a long way to go to get Ministerial

Equality impacts of mental health

action, progressive legislation and the massive investments that are required to address the multitude of problems we have around mental ill-health.

Education is key, awareness raising is key and breaking the silence around mental illness is the only way forward to change the future.

It would be remiss of me not to mention the fantastic trade union education training available, free to union members and affiliates around mental health and this is accredited by the National Open College Network . Numerous training options are available from one day awareness raising events, three day initial training courses and year-long certificate courses online, classroom based and a mix of both, called blended learning.

So please sign up soon – whilst we still have some funding!

Race and mental health

Jabeer Butt, OBE, deputy chief executive, Race Equality Foundation, leading on health and housing

The study of mental health in black and minority ethnic communities is complicated by limited data but there is sufficient to demonstrate that mental ill health in BME communities is at similar or higher rates than white communities, and their experience of services is comparatively poorer. They are also more likely to face use of psychotropic drugs or confinement in secure settings.

Rates of mental health problems are thought to be higher in minority ethnic groups in the UK, but are less likely to be detected by a GP. But despite overrepresentation in numbers of mental health cases and in the criminal justice system, black and other BME prisoners are under-represented in mental health team caseloads and in services that may be beneficial.

There is a clear relationship between socio-economic factors, education and employment and mental health, with each factor having a knock-on effect on the next. The “ethnic penalty” in employment (the extent of over-representation in unemployment) ranges from 3 per cent for Asian men or women to 9 per cent for black African men and 8 per cent for black African women. In 2014, the overall unemployment rate for white workers was 6 percent, for Black workers 15 per cent, for Asian workers 10 per cent, with the figures for 16-24 year olds being respectively 16, 32 and 25 per cent. Individuals from BME communities are more likely to be affected by all three issues.

Other factors that increase the likelihood of poor outcomes are:

- Experiences of both direct and structural/institutional racism;
- A reluctance to engage with mainstream services;

- Stigma and social isolation relating to mental health;
- Use of drugs and alcohol either as cause or response to mental health;
- Poor health, poor sleep quality and lack of exercise;
- Experiences of parental unemployment; and
- Duration of unemployment and lack of financial incentives to work.

Figures from 2013 showed that 42 percent of white British people referred for treatment completed the treatment, compared to 32 percent of Asian or 34 percent of Black or Black British.

Solutions include ensuring equal educational outcomes, providing ESOL support, improving aspiration through engagement with communities, enforcing legal provisions against discrimination and raising awareness of the relationship between unemployment, ethnicity and mental health.

Mental health support needs to consider cultural factors i.e. stigma in some communities, and stereotypes of black men as aggressive, ensure medication is at a suitable level to support employment, considering holistic approaches to mental health, building confidence to facilitate the return, and tackling stigma from employers and communities.

“I wouldn’t have gone through so much pain if I had known what to do about my illness, and who to go to, where I could get support. Maybe then I could have stayed in work.”

(Charlie, British-born African Caribbean man).

LGB people and mental health

Tim Eastwood, equalities consultant, formerly training manager at PACE, the LGBT+ mental health charity

Closure of PACE, the LGBT mental health charity

It is ironic that an event on mental health in an age of austerity, the organisation Tim would have represented, has just been closed due to loss of funding (after 31 years of service delivery). The impact of such cuts is severe, and directly affects vulnerable people – this is especially felt by many LGBT people, who don’t necessarily get the support they need from mainstream services

It is not always the best option to move services from specialist (often smaller) organisations to larger ones, as much of the specialist knowledge, and organisational experience is lost. In addition, there may be issues of confidence when LGBT people are accessing larger services. (From research done by PACE in 2012, it was suggested that roughly one third of LGBT people wanted to access LGBT specialist services).

Equality impacts of mental health

PACE published the Risk and Resilience Explored (RARE) report in 2015.

Statistical evidence that mental health problems disproportionately affect LGBT people

This doesn't mean that all LGBT people experience mental health problems, nor does it mean that LGBT people experience mental health problems because they are LGBT, however, the RARE report showed that:

- 34 per cent of young LGB people reported attempting suicide at least once, compared to 18 per cent of heterosexual young people (nearly double);
- 48 per cent of young trans people reported attempting suicide at least once, compared to 26 per cent of cisgender young people (nearly double); and
- 89 per cent of young trans people reported thinking about suicide at least once (meaning only 11 per cent have not).

In addition to the above statistics, there are also

- Higher levels of body image issues amongst gay and bisexual men;
- Different drinking patterns (and reasons for drinking) amongst lesbian, gay and bisexual women; and
- Increasing reporting levels of homophobic, biphobic and transphobic hate crimes, which can have a significant, and lasting effect on LGBT people's mental health.

Institutional discrimination – there is evidence that organisations can have a negative impact on different people because of policy, procedures, organisational 'culture' and lack of awareness. Institutional discrimination is key in mental health. The Public Sector Equality Duty in the Equality Act (2010) means that if an organisation receives any public funding, there is an onus on individuals as well as the organisation to challenge discrimination.

Heteronormativity is one of the biggest issues for LGBT people

Heteronormativity is the normalisation of heterosexuality and the binary, male/female gender system. This means organisations need to be more proactive in reaching out to LGBT people, and showing that they are aware and inclusive. Organisations should 'come out' as LGBT friendly, rather than expecting LGBT people to 'come out' as LGBT.

Internalised homophobia

Many LGBT people will take the many messages from society about sexual orientation and gender and internalise these. This can include stigma, direct discrimination, or indirect discrimination. This can lead to

- A significant drop in self-esteem;
- An increase in experiences of depression and anxiety;

- difficulties in forming, and maintaining relationships (including feeling that your relationship is less valid than others which society typically accepts – heterosexual male/female relationships);
- breakdown of familial relationships;
- increased levels of isolation, and feeling isolated; and
- difficulty in development of stable and positive mental health.

Intersections of identities lead to complex experiences not helped by an absence of role models.

Young people and mental health

Aisling Gallagher, Unite London and Eastern Region Young Members' committee

Aisling is 23 years old, from Belfast but now lives in south east London, and has had mental health problems for twelve years. She said:

I've had a variety of jobs from the age of 16 - including retail, bar staff, festival jobs, cleaning, office work - and when I first moved to London to study part-time for my master's degree I took up a job with a national mental health charity. It was the first job I'd had with a recognised trade union and I quickly became a union rep. I was signed off on long-term sick almost a year to the day, ironically the few days after I gave my colleagues a talk on living with mental illness on Time to Talk Day in 2015.

Being a union rep, not having had proper training, not being let out for proper training, in an organisation where most employees also had mental health problems, was exhausting. And debilitating. And the stress of trying to help other people alongside trying to cope with my own severe health problems, while studying, and doing my job, was too much.

I crashed and had to leave my job or my master's degree that I was spending my savings on, so I left the job, and started the horrible frustrating process of claiming Employment & Support Allowance and housing benefit. When I was working, I was classed as being on a poverty-level income and was only able to get by every month with the help of tax credits, tax credits that are about to be slashed. Living on ESA and housing benefit, more than two-thirds of my monthly income goes on my rent and I'm incredibly lucky I don't have anyone else to financially support.

How am I involved in Unite, considering I'm no longer in traditional employment? Luckily, Unite have an ever-growing community section, open to students, people who've retired or are unemployed, or in insecure work. As a community member I am entitled to sit on the young members committees within my union because Unite recognise the fact that employment and workplace situations are very different for young people.

Equality impacts of mental health

July 2015 statistics put the unemployment rate for 16-24 year olds at 15.9 per cent, considerably higher than the 5.5 per cent rate of the general population. With the Tories gaining power in May, the UK is the only EU country not to implement the Youth Guarantee of a job or apprenticeship for every young person out of work for more than four months. Housing benefit for 18-21 year olds is being cut, waiting lists for mental health services are skyrocketing as budgets are being cut, and local authorities are being forced to close almost every non-essential life or death service. Research done by Young Minds showed that 8.9 per cent of young people aged 16-24 had self-harmed. Research by the Prince's Trust has shown that 40 per cent of young people who are unemployed have faced worsening mental health and symptoms of mental illness as a result, and 25 per cent of those who have been unemployed for more than six months have been prescribed anti-depressants.

We talk about tackling mental health stigma - appropriately, on Time to Talk Day - in a particular kind of way. The stigma of living with depression and anxiety exists, and I feel it every day. But I feel worse the stigma of living with a personality disorder, living with severe obsessive compulsive disorder as a teenager, living with the ugly disease that is bulimia, living with regular bouts of mania and suicidal ideation and a history of self-harm and suicide attempts.

We're talking about anxiety and depression more and more and that's only a good thing. But we must make sure that when we lift up those who suffer from anxiety and depression, we don't leave behind those who suffer from personality disorders, schizophrenia, or psychosis. Because there is a hierarchy of acceptability when it comes to mental health conditions and that needs to be challenged.

When you add this stigma to the stigma of relying on government benefits because of my severe mental health problems, that's ten times worse.

Who would you tell that you're trying to live off less than £5,000 a year? You'll probably receive some housing benefit, but that won't be enough to cover your rent anyway, especially if you live in London. You might get DLA or PIP, but you live forever in fear of new reforms being announced, the dreaded brown envelope coming through your door and the small benefit you get (which, rather than being spent on the extra costs of being disabled is probably spent on heating your room and paying your water bill) being cut. If you've kids or people to care for, you probably worry about making sure you can feed them, too. If you don't have anyone to care for, like me, you're one of the luckier ones.

When someone asks me what I do, I generally tell them the truth. Or a half truth. Partially because I think that I have a duty to, because it's so shameful. I need to make it less shameful. I need people to look me in the eye when I tell them I live off the state. The welfare state that was designed to help people out when they are in need. And for the most part, they don't. They glance sideways, awkwardly, look down at their feet. They don't know what to say. And I try to continue the conversation as if nothing has happened. But it's hard. And it's exhausting when this happens frequently. And it does.

Mental illness and ableism is part of a wider system of structural oppression in society. Do not forget this. Do not divorce this from your understanding of mental illness, stigma and treatment. There is a reason more black men are given medication rather than therapy, are sectioned at a much higher rate, and often given incorrect diagnoses of schizophrenia. White supremacy, sexism, homophobia, transphobia, Islamophobia play a massive part in why those who are unwell are prevented from getting better. The world is not built for people who are mentally ill, and it is doubly not built for those who are mentally ill and queer, who are mentally ill and sex workers, who are mentally ill and black, etc.

I'm going through a particularly difficult time right now health wise, and trying to get my thoughts out into words is like walking through quicksand. My world has been grey for quite some time, and I don't know when the colour is going to come back into it. I am still trying to choose life, but it's hard. I cannot see the end of the week, never mind the end of the year. When I turned 23 a few weeks ago, I sat awake in bed at midnight in disbelief. When I was 17 and returning to my A Levels after several months off, I told myself I would be dead by my own hand before 20. I simply did not want to be alive for much longer than that. I've had panic attacks in bars full of people enjoying their Friday night, I've left events early because I'm suicidal and I've cursed the Jubilee line for being safe and having tube barriers at every platform.

And while I'm still trying to keep myself alive, I cannot express in words how difficult a task that is, and how much people like me need the support of trade unionists and activists like you to help fight against the cuts that have already been implemented, and those looming on the horizon. Our lives depend on it.

Trans people and mental health

Sophia Dixon, equalities officer for Unison, member of National Young Members' Forum and National Women's Committee.

Trans people have been around in one way or another for as far back as recorded history goes, and sex reassignment surgery has been performed in various forms in the UK since the sixties. However, it is only recently that society has begun to become more widely aware of trans issues, and because of this it can be difficult to separate fact from fiction and stereotype.

It can be especially difficult to understand the "trans experience" because each person's experience will be different. This is something a lot of people find difficult to grasp, as they expect some form of commonality between stories. However, it's important to remember that trans people are as different and will have as varied an experience as anyone else. I will share a little bit about my own personal experience with both gender and mental health.

Like an increasing number of trans people I came to understand my gender better during my teenage years. Puberty can often be a wake up for a lot of trans people, as

Equality impacts of mental health

it's at that time that our bodies leave the relatively androgynous form and begin to develop more overt sexual characteristics. It can be a confusing and turbulent time for most people, as their bodies change into something they don't recognise, but for trans people it can be even harder to cope with, as your body is changing into something you don't want to be and don't feel comfortable with.

It wasn't until the age of 17 that I understood exactly what was wrong with my body, but I was aware that something was off, and came to suffer increasingly from depression, which in turn led to several years of self-harm. Like many people with issues with body image issues I also turned to sexual attention as a form of validation, getting the approval for my body from others that I couldn't give myself. This can be a dangerous and ultimately harmful road that a lot of trans people go down, as it can further damage the self-esteem of the trans person, reinforce misguided stereotypes about trans issues as a fetish and lead the trans person into dangerous situations where they will be more vulnerable to abuse and violence.

At 17 I began to understand what the issue was. I saw a counsellor for a short time before going to my GP to seek to begin my transition. Unfortunately, as is the case for many trans people, my GP was not very knowledgeable or receptive when it came to the needs of trans patients, and no progress was made on my referral for quite some time. After a few months of chasing the GP and ultimately getting nowhere, I found myself very pessimistic about the transition and whether I would ever be able to be who I wanted. It was one morning before school when this pessimism got the best of me, and I made an attempt on my own life. It was obviously a rather unsuccessful one, and resulted only in what was for me a rather embarrassing hospital visit! After being discharged later that day I was sent to another GP, who unfortunately was also not very helpful in beginning my transition, and instead kept reminding me that actions like this would cause problems for my transition as it would call my mental health into question. I suggested my mental health might be a little better if they'd let me begin the transition already, but I don't think he was impressed!

After another couple of months and many phone calls made by my mother to the patient liaison service I was finally given a referral to a local psychosexual therapist, who I would see for a year before being referred to the central gender services at Charing Cross. I later found out that this wasn't actually an essential part of the process, but never mind! During most of my time at Charing Cross I was studying at university, so in the meantime I more or less just got on with life, and allowed the transition to happen in the background. I knew progress was being made and that I could do nothing to accelerate it, and so I concentrated on other things. There were, of course, always difficult periods in that time, such as during a period where I was put on a dose of hormones higher than the maximum due to a misunderstanding by a local GP, but self-harm became a rarer occurrence. After a few years at Charing Cross I finally got my surgery date and was admitted to the hospital. The initial recovery was emotionally difficult, as it is quite a shock to have such a drastic change in one's own body, and at the time you are exhausted and on painkillers. Over time,

however, as I became more used to it I grew happier with my body, and more confident in general.

While nothing is ever an immediate fix, and there will always be difficult times, my mental wellbeing has been incalculably better since my operation.

Generally I consider myself to have been very fortunate, as throughout my transition I have had the full support of family and friends. That kind of support is invaluable to anyone going through an emotionally trying point in their lives, which is why support organisations such as Mermaids [see Resources], which works with trans people and their families, are so important.

The emotional stress of transitioning or expressing a gender identity outside of what is deemed typical for someone of a given physical sex, whether it be through gender transition, gender fluidity or a non-binary gender expression, can be a great deal for some trans people to deal with, particularly coupled with the anxiety and fear of discrimination that comes with it. As a result trans people are disproportionately likely to experience mental health issues, with 88 per cent of respondents to a study in 2012 indicating that they had experienced depression. Further to that, 80 per cent had experienced stress and 75 per cent had experienced anxiety.

Many trans people experience self-harm as part of their emotional difficulty, with 53 per cent of respondents having self-harmed at some point, and 11 per cent self-harming at the time of the study. Suicide was also a much greater risk among trans people than in general society, with 48 per cent of participants having attempted suicide at some point in their lives, and 33 per cent having tried more than once. Most participants, 84 per cent, had thought about ending their lives at some point.

The gender services accessed by trans people are vital to their mental health, as illustrated by a sharp drop in self-harm and suicidal thoughts after transition. 63% of participants thought more about suicide before the transition, as opposed to only 3% thinking about it more after the transition. The same drop is evident in the participants who self-harmed, again with 63 per cent and 3 per cent respectively.

Unfortunately these services are becoming increasingly difficult for trans people to access. As it stands the Charing Cross clinic in London serves the largest portion of the trans people in the country, and the number of trans people is growing as people become more confident expressing their gender identities. The number of patients on the waiting list at the end of April 2015 for Charing Cross was 1359, while the projected number for the end of March 2017 is 2261. Unless the service is expanded to see more new patients the projected average waiting time for a first appointment is a staggering two and a half years. Given that one of the most cited reasons for the self-harming of study participants was delays or stumbling blocks during the transition, and that this experience has also been a major contributing factor in suicidal thoughts, this gap in service could very easily put lives at risk. Sadly, as is often the case with public services, the money is simply not being made available by the government, and under the Tories this is unlikely to change easily.

Equality impacts of mental health

Much of the support structure and legislation for trans people is outdated. A stark example of this is the Gender Recognition Certificate, the document that officially recognises a trans person's gender identity. Currently this is a lengthy and difficult process, where a trans person and their family are interrogated, medical history is examined, and the person is heavily scrutinised before eventually the Gender Recognition Panel, a board run by the HM Court and Tribunal Service, makes the final decision on whether or not this person will be given permission to fully identify as their expressed gender. This kind of legislation implies that a person's gender identity is for other people to assign, and puts people in the unfair position of having to justify their own identity. It's because of this that I have thus far refused to apply for a certificate myself, and will not pursue a certificate until it can be obtained in a similar manner to a Deed Poll, where I may simply inform them of my gender. I have changed my gender on my passport, but I disagree in principle with leaving my gender identity to the decision of a panel. I've never asked anyone's permission to be who I am, and I have no interest in starting now.

There are undoubtedly problems with the services for trans people in the UK, but things are improving. Acceptance of trans people is on the rise, which makes gender expression increasingly easier. More and more around the country organisations are beginning to accept the Mx title for those who do not wish their title to express a masculine or feminine connotation, the legislation for trans people, while still outdated and problematic in many areas, is far better than it was even 20 years ago, and high profile trans people are beginning to be seen more often (for better or worse, depending on the person!).

Ongoing campaigns by trans friendly organisations and trade unions are still pushing for greater equality, and there are still issues to be tackled. The services for trans people are still overwhelmed and underfunded, there is still a lot of discrimination and harassment experienced by trans people, and the legislation around the Gender Recognition Certificate is still anachronistic and offensive.

Over time we are changing things for the better, through campaigns, awareness raising, support charities and political pressure. If you're interested in the movement for greater equality for trans people then you can take the issue back to your workplace, union or local MP. Does your workplace allow staff to register as Mx? Is there an LGBT network for staff, are they supported? Does your MP know about the delays in treatment for trans people, and could they be petitioned to raise the issue? There are always ways to get involved with any fight for equality, and sometimes it can be as simple as just letting someone know you support them.

Section four

Trade union responses

Work on mental health by the Royal College of Midwives

Amy Leversidge, employment relations adviser for the Royal College of Midwives

The Royal College of Midwives welcomes the opportunity to speak at this important event. As the newest affiliate it is exciting to have the opportunity to work closely with the TUC and hear from other affiliated trade unions.

The Royal College of Midwives is the trade union and professional body for midwives and maternity support workers across the UK. Our membership is over 99 per cent female, we have an ageing workforce and as you can imagine with the high proportion of female workers there are particular issues with childcare and caring responsibilities.

Rising workload and stress

Just the same as across the public sector midwifery is getting more and more demanding with midwives and maternity support workers expected to do more with less. The birth rate is rising; the women that midwives care for have more complex needs and there is a shortage of about 2,600 midwives. This results in many midwives working long 12 hour shifts, with many working the whole shift without a break and beyond their finish time to get their work done. Midwives report that on average they work an extra 3 hours every week. Often midwives will say that they 'must put the woman first' and that leads to them missing their breaks and working beyond their hours but never thinking that if they don't look after themselves they can't look after the women. This may be ok now and again but the cumulative effect of doing this day in day out over a thirty or forty year career will take its toll.

The last NHS Staff Survey found that 38 per cent of NHS staff felt unwell due to stress in the last 12 months. The figure is even higher for midwives with 47 per cent reporting that they were unwell due to stress in the last 12 months. While stress is not a mental health issue but if severe stress continues over a long time it may lead to depression or anxiety or more severe mental health problems.

So stress is a big issue for the RCM, particularly because of the work demands placed on midwives and maternity support workers. But this is a big issue for the NHS because all the research shows that staff who are not looked after themselves will not

Trade union responses

be able to provide high quality care for NHS users. Or as we say, ‘an investment in staff is an investment in care’.

So what is the RCM doing?

Firstly, we have planned a series of publications on equality and diversity issues including one about stress at work and helping our members to recognise stress at work and information for our Workplace Reps and Heads of Midwifery about not only how they can develop stress management policies but how they can translate those policies into action. As part of the series we also have a planned publication on the menopause, which can also be a big issue.

We have worked with the Royal College of Obstetricians and Gynaecologists on developing guidance on undermining behaviours in the workplace. We all know that bullying and harassment can be big issues for staff and very stressful in the workplace. Our work has shown that bullying is not necessarily hierarchical, say when a manager bullies their staff, but can also be staff bullying their colleagues or different professional groups bullying each other. It can be very complicated. Our guidance deals with those different issues and is making a big difference in maternity units.

Additionally, the NHS has a sub group of the NHS Staff Council (which is our negotiating body) called the Health, Safety and Wellbeing Partnership Group. The group has produced guidance, in partnership, for managers, HR and workplace representatives about health, safety and wellbeing issues and the ways in what locally employers should be doing to look after staff’s health, safety and wellbeing. There is some really good partnership working in the NHS on these issues because the evidence is so clear that improved health, safety and wellbeing leads to better outcomes for NHS users.

Health, safety and Wellbeing campaign

The Health, Safety and Wellbeing Partnership Group has produced really useful guidance including ‘Guidance on the Prevention and Management of Stress at Work’. The guidance details management behaviours that can have a positive impact on stress in the workplace and the behaviours that can have a negative impact on stress in the workplace. The guidance also gives information about developing stress management policies in partnership. One of the most important pieces of advice is that the stress management policies should result in actions, they can’t just be empty words.

The RCM is currently in the planning stages of our forthcoming health, safety and wellbeing campaign which will focus on mental wellbeing as well as physical wellbeing as often times the two are interrelated. We are continuing to make the argument that we made during our industrial action in 2014 (which was the first time we had taken industrial action in our 134 year history) that investment in staff is an

investment in care and midwives working conditions are women's birthing conditions.

Finally, as I've set out, we are working on a number of different pieces of work as there can be no one action or policy that works for everyone. As this conference demonstrates, we are all different with different needs. Unions need to work on a number of different initiatives to get the message across and they need to make sure that policies are not just empty promises and words that they actually result in action and change. My final comment is why working on these issues is so important for midwives, maternity support workers and NHS staff; they spend their lives caring for others and putting everyone else first but no-one should be harmed caring for others.

Mental health campaign at the National Theatre

Emily Collin, BECTU rep at the National Theatre, and TUC Young Workers' Forum

The 2010 Equality Act makes it illegal to discriminate against anyone with a disability, but the trouble with mental health, is that sometimes we don't need the employer to discriminate against us, we do it ourselves. Sometimes people with a mental health issue, even one that qualifies as a disability (something that's "long term"), still don't speak up because of the stigma around the subject. Some people don't know that they're entitled to reasonable adjustments at work, so they don't bring it up. Sometimes people don't understand what is meant by mental health, which isn't necessarily mental illness, sometimes people don't speak to their managers or colleagues, because they're are worried about what they will think or how it might affect their job. Sometimes we're embarrassed to talk about it or sometimes we don't even have the vocabulary to do so.

I will tell you about an initiative that we ran last year at the National Theatre. A Mental Health & Wellbeing week, which I hope will inspire you and demonstrate how employers and unions can work together on this issue. When addressing staff at our last H&S Forum, our HR Director said, "we want to start to be able to talk about mental health the way we would physical health." And I always thought that was a great way to view it, to try to start normalising mental health, so we can start talking about it, openly and honestly.

Young Workers' campaign

Trade union responses

At last year's TUC Young Worker's Conference, all of the delegates were very moved about a proposition put forth by fellow young worker, Ben Abrams from CWU. The motion was to make mental well-being of young workers a priority issue, and to work with organisations to campaign on this issue. Not only was it voted a priority campaign at Young Worker's Conference, it was sent on to TUC annual Congress, where it was carried and received great support.

BECTU Young Members were very eager to support mental health awareness as some had sadly lost friends and colleagues to suicide and so felt this was a very important and relevant campaign. We set about promoting awareness in the lead up to World Mental Health Day, on October 10th. To give you an idea of the extent of the issue, suicide is the highest cause of death amongst men under 45 in the UK.

"Being tough"

In theatre, as most performing arts, people often work long calls, and unsociable hours. Being tough can be a badge of honour in our industry, but it can also be extremely stressful with deadlines and pressure to put up a show with all of the technical elements going perfectly. We are very lucky at the National Theatre to have both an Occupational Health Unit and a Welfare Counsellor, but when NT conducted a company-wide staff survey last May, we found that unwanted stress was an issue for many. So when I approached our Director of HR Tony Peers and said that I wanted permission to hold some activities for BECTU members on Mental Health Awareness he was immediately supportive of the initiative and suggested we work together to do something for all staff at the NT.

A team was put together including nurses from our Occupational Health unit, our welfare counsellor, our H&S manager, HR, and myself. We met a number of times to develop ideas about what we would like to focus on. I put together a survey to get a better idea of staff's concerns on mental health; their own or that of others, and what mediums they felt would benefit them most. Many people said they were interested in activities to give them tools to support their own mental health and most people said that they wanted material they could take away with them.

Week of activities

So we put together a programme, for the week of 10 October for World Mental Health Day. We placed posters across staff areas and sent emails out to

all, advertising the week and sharing facts about mental health, like 1 in 4 people will experience a mental health problem in any year in the UK. And explaining that everyone has mental health, and it can be affected by a variety of factors. I think this started the process of people talking about the subject and understanding how common it is.

I started canvassing a variety of mental health charities and health care specialists about getting material. HR was able to secure a budget for the week which allowed us to run a series of workshops on alternative therapies including; Mindfulness, Music Therapy, Yoga. We also had staff who volunteered their expertise to hold guided meditation, discounted reflexology session, workshops on emotional resilience and coping with anxiety, the Samaritans came and spoke about what they do and how they can help. We held a tea and talk session to discuss what people found interesting about the week and about what they got out of it or why they were interested in mental health.

I was able to get lots of written information and resources from Mind, Papyrus, Samaritans, even AA and of course we had the amazing pack that TUC put together in conjunction with Gofal Cymru [see Resources], “How Are You?” It’s available on the TUC website, and has lots of resources, information and suggestions on how to improve mental health at work – I highly recommend it. We had guides on proving disability, on coping with mental health as an employer and employee, so both managers and staff could take something away with them. We had all these resources available on our Mental Health info table which we ran on Monday, Wednesday, Friday and on the Saturday, which was World Mental Health Day. HR was able to help promote sessions and asked managers to allow staff to attend activities during the week wherever possible, which meant we were able to get staff volunteers to help staff the info table, and wonderfully two of our volunteers became fast friends, bonding over shared experiences with MH and now continue to support each other to this day.

One of the things I’m most proud of was getting the National Theatre to agree to start developing a Stress Policy, which will help reduce and manage stress for staff now and in the future. We had an open invite for the session, which we called The Way Forward, Developing a Stress Policy, and at the start our Director of HR explained that we wanted to create an open discussion and assured staff that they wouldn’t be judged for anything they said. We asked

Trade union responses

them what they saw as the issues around stress and the problem factors. The level of honesty was really refreshing. We heard from managers about how they were afraid to not have the answers, and about staff who felt discouraged from raising problems. Everyone came away from that meeting feeling very positive about how open and constructive the discussion had been and I'm pleased to say we are continuing to work on the development of the policy.

One of the things that I was touched by was that throughout the week and after, so many people emailed, or stopped me in the hall, and said, we're so happy that the NT and the union is doing this and talking about these issues, and even when they said they weren't able to attend any of the activities, they said they felt better just knowing that there was a dialogue about these issues. A couple people stopped me to share their stories about their personal experiences with mental health and said they felt we had helped normalize their condition for them and made them feel less alone, like they could talk more openly about it. This was so touching.

Over the week we ran 16 events and activities and had 142 people sign up for things, and that's not including people who took info from the table and just started talking about the subject with colleagues and managers. So needless to say, I'm very proud of the work we did.

Ideas for workplace activity

I wanted to give people some suggestions on how to improve MH in their workplace.

1. Get evidence of any issues – run a staff/members survey and share the results with the employer.
 - What are the issues;
 - How strongly people feel about it ;
 - How many people feel strongly about it;
 - Difference between good stress and unwanted stress.
2. Push for a Policy. The Health and Safety Executive (HSE) has a stress policy template on their web site, which you can share with employers and ask them to support or tailor to their organization.
3. Make mental health a business issue and ask your employer to get involved:
 - Share stats on how much sickness costs;

- Productivity;
 - It's a business issue & moral one;
 - Get support and training for managers.
- 4) Have available documents to support your members and to guide employers.
- Documents on proving disability;
 - TUC guidance on Equalities Act and Mental Health at work;
 - TUC's: How Are You? Mental health at work: A Young Workers' Guide
- 5) Involve your members – Help them feel empowered, many people were very eager to volunteer their time and participate in the activities. If you can create a safe space for people to talk and share, they will open up, they will support their colleagues & most of all they will be grateful for the chance to do so.

There's such a variety of ways people deal with stress or different conditions such as depression, anxiety, phobias and many more. And many people manage mental illness and even overcome it. I think it's so important to understand that these issues can affect anyone. We all have mental health, just like physical health and it's important we work together to start to acknowledge that.

Q&A

A number of points were raised in the two Question and Answer sessions. These included:

- There is an absence of joined up services. People are continually being asked to provide the same information.
- When raising mental health with employers, it can be productive to point out the impact of failing to support staff mental health on their profitability.
- Many delegates reported the problem in raising the issue and discussing it.
- There are many good policies, but many are not being implemented...
- ... that makes it vital to keep it on the agenda.
- The best policy is to prevent mental ill health in the first place.

Trade union responses

- It was suggested that social media provided a route to bypass failures to discuss mental health, and it is important to break out of the isolation surrounding it. However, using social media can also bring risks.
- Proper training is the key.
- Make full use of Health, Safety and Wellbeing: this is a powerful tool.
- Disclosure can be a major challenge – cultures of “being tough” make this more difficult.
- It is essential to highlight the reality of discrimination and the invisibility of mental health problems.

Section five

Action points – group discussions

Four working groups took place facilitated by Vicky Knight, Sally-Ann Spring, Adrian Toomey and Rob Hancock. Each focussed on a particular topic. These were points the groups fed back to the conference.

Training

Facilitated by Vicky Knight

Barriers for reps dealing with mental health were identified:

- Access to information;
- Lack of employer policies;
- Inability or inexperience in having difficult/sensitive conversations;
- Access to training in mental health – courses with small numbers are often cancelled;
- It's still the workplace 'taboo';
- Honesty and disclosure often prohibits progression/promotion opportunities;
- People don't talk about the issues- therefore we don't raise them!
- Too many managers don't have a clue and often discriminate;
- Stigma associated with mental ill health often means that men won't talk about it (the consideration that men talking to women is easier but women reps are in the minority in some workplaces was raised).

The conclusion was that these were the issues that should be woven into all trade union training!

Negotiating and representing

Facilitated by Sally-Ann Spring

There was a mixture of very new, and extremely experienced representatives and negotiators in the group. This fuelled an extensive discussion exploring a number of

Action points

negotiating and representational issues. Three delegates did the report back – each handling a different issue.

Health and Safety and Equality link

Participants agreed that it is vital to maintain the intrinsic link between mental health and equality; and mental health with health and safety.

One of activists' biggest bargaining strengths is being able to rely on the legislation associated with equality and health and safety. There was some detailed discussion about the culture of using Equality Impact Assessments. Progressive employers recognise that – although it is no longer a legal requirement – Equality Impact Assessments provide an effective and reliable checklist for Equality as well as Health and Safety criteria.

It was agreed that management often violate legislation and internal policy through their own lack of knowledge, rather than through conscious discrimination.

It is therefore imperative that all representatives are comfortable with the intrinsically linked legislation and internal procedures.

Collectivism

The value of the visible impact of 'collectivism' was discussed at length.

The group agreed that when an individual member has a problem, it is more beneficial to highlight the potential generic impact during negotiation and representation (e.g. "rectifying this situation now will not only provide clarity for Ms X, but also all other mums to be in the future").

The group discussed how important it is for reps to ensure that they are never the only person to know about a case. This does the members a dis-service as they miss out on the benefit of shared knowledge and expertise.

It becomes more difficult to pick up on workplace trends if a culture of 'collectivism' doesn't exist at grassroots level in the union.

Employers are more likely to engage and work collaboratively with an organised group of union reps, than individuals. This way of working also formalises accountability.

Collectivism provides a safe forum for negotiation and workforce representation, with reduced risk of personal attack on individual reps.

Policy Working Groups

Participants explored the importance of proactive union involvement with policy working groups in the workplace. Very few participants had any experience of this. Those who did have experience, were able to give examples of some of their achievements. These included:

- Changes to sickness notification procedures (female workers being able to speak to different line manager who is also female)

- Modifications to uniform policies
- Restructuring and consultation processes.

Organising

Facilitated by Adrian Toomey.

The three main points to come out of the small group discussion were:

Union reps to raise the issue at workplace inductions.

It was acknowledged that not all reps have a presence at inductions but this should be addressed at workplace level. In accessing the workplace induction there would be an opportunity to access all employees. In raising the issue of mental health at the induction stage the stigma attached to mental health could be addressed. The reps would need training.

Joint approach with the employer

It was agreed in the group that, as with health and safety, it was pointless exercise if the employer wasn't involved in the raising awareness of the issues. The unions could give the joint working approach credibility. There was also a suggestion of involving the voluntary sector.

Agenda item for Health and Safety Committees

Having acknowledged that potential members can be accessed through workplace inductions the question arose 'what about existing members'. It was suggested that in order to bring the issue of mental health to the fore, providing it with some form of credibility, Health and Safety Committees should be incorporating it into agendas. Sub groups could then be set up to run and analyse workplace surveys.

Campaigning

Facilitated by Rob Hancock. The main points discussed were:

- It is important to support and share info re community campaigns on MH issues- especially any relating to austerity cuts;
- The key level at which to raise awareness about MH is shop steward level;
- it is possible to build branches, unions and activity in general around the issue of mental health in the workplace;
- reps advised to link up with local mental health and campaigning groups to raise awareness;
- one branch had organised "well-being days" in workplaces with mental health campaigns but these were getting harder to sustain in the wake of austerity cuts;

Action points

- One participant disagreed with the platform speaker who mentioned stress as sometimes being a good thing. This group emphasised that “all stress is harmful”.

Suggestions from the group included:

1. Reps were reminded to work within policy-setting conferences etc. to raise awareness and to ensure good union policy on the issue;
2. Ideas were shared for public awareness campaigning around language and preconceptions.
4. Use social media to show the unions are tackling mental health. Would draw attention to MH as an issue but also draw attention to unions as part of a solution.
5. The TUC could compile a list of volunteer speakers on mental health for unions to tap into.

Section six

Resources

TUC publications

A range of TUC publications cover different aspects of mental health issues at work as well as the law covering disability and health and safety.

Disability and Work, 3rd edition 2013. Available free from TUC Publications or from the website, www.tuc.org.uk/sites/default/files/extras/disabilityandwork.pdf.

Representing and advising members with mental health problems at work, hard copies free to unions, £5 otherwise; free from www.tuc.org.uk/sites/default/files/extras/mentalhealth.pdf.

You don't look disabled: supporting members with invisible impairments, 2015, free from www.tuc.org.uk/equality-issues/resources/you-don't-look-disabled.

How are you? Mental health at work: a young workers' guide, free from www.tuc.org.uk/sites/default/files/Gofal%20TUC%20Toolkit%20-%20England.pdf.

Work and wellbeing can be found at www.tuc.org.uk/sites/default/files/work-and-well-being-2015.pdf

TUC training resources

The *TUC mental health workbook* can be obtained from TUC Education at www.org.uk/TUC_Mental_health_workbookLO.pdf

Many unions provide their own advice publications and training. Visit your union's website or talk to a union representative or officer for further information.

Mental health organisations

There are a number of national and local charities dealing with mental health. Some have local branches. For more information visit their websites or call their advice or help lines. The information provided here was correct at February 2016.

MIND: www.mind.org.uk. Helpline: 0300 123 3393

GOFAL Cymru (Wales): www.gofal.org.uk

Rethink Mental Illness (also known as the National Schizophrenia Fellowship): www.rethink.org.: Advice line 0300 5000 927 (10am-2pm).

Resources

Support for young trans people (see page 17)

'Mermaids'

www.mermaidsuk.org.uk; email: info@mermaidsuk.org.uk; helpline: 0344 334 0550; 0844 334 0550 (mobiles only).

'You are Loved'

<http://www.youareloved.uk.com>

Equality and mental health: reports

N Nodin et al, *LGB&T mental health – risk and resilience explored*, (2015) free at www.pacehealth.org.uk/files/1614/2978/0087/RARE_Research_Project_PACE_2015.pdf.

(PACE has now closed but the report may still be available from other websites).

Jabeer Butt, OBE, *Ethnicity, mental health and work*, from the Race Equality Foundation, www.raceequalityfoundation.org.uk

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