Mental health in the workplace

L&D needs to meet the challenge of workplace reintegration for those who have experienced a mental health difficulty, says **Robbie Swales**

Mental health in the workplace is an issue at the cutting edge of the diversity agenda. According to a report by the Office for National Statistics, one in four British adults will experience a mental health difficulty in any one year[1]. This creates two clear problems for organisations.

Firstly, it means that mental health difficulties could potentially affect a quarter of the workforce and, too often, organisations are ill-prepared to cope with the level of disruption that this could bring. Anxiety and depression are the most widespread mental health conditions and, in July, Deputy Prime Minister Nick Clegg claimed that they result in 70m sick days a year, costing employers more than £1,000 per employee per year, or almost £30bn across the UK economy[2].

The second challenge for organisations is that mental illness remains shrouded in prejudice,

ignorance and fear. The problem here is that organisations are legally bound to ensure their employees do not suffer from discrimination. Yet, those who experience mental health difficulties often feel excluded or alienated at work, and in social situations, with some claiming that this is a bigger burden than the illness itself.

Organisations are realising that these problems can't be resolved simply by putting policies in place. The real need is to change attitudes and behaviour around mental health in the workplace. Line managers also need to be given extra support if they are to reintegrate someone who has experienced a mental health difficulty back into their team. Here lies the challenge for L&D.

Adjustments

Organisations have a legal duty to make 'workplace adjustments' when someone with a health condition or disability returns to work. These are changes that may need to be made either to the work environment, to working practices or to the individual's role so that he can cope effectively and give his best. The idea is to remove any 'barriers' that may exist or to minimise their impact.

When someone has a visible impairment, this includes making reasonable adjustments to physical features such as buildings and equipment, for example by installing ramps or making IT accessible. A key point here is that it is not the individual's condition or impairment that is the 'disability' but the barriers he faces. Someone who can't use his legs can use a wheelchair to get from A to B. The inability to use his legs doesn't disable him; what disables him is a set of steps that he can't climb. Therefore, the steps are the disabling barrier.

This becomes a little more complicated when people don't have a visible impairment. Difficulties can arise because their condition is less obvious. For example, someone returning to work after experiencing anxiety, stress or depression is unlikely to face any physical barriers that need to be overcome. Instead, the 'barriers' will be predominantly the prejudicial attitudes of others about mental health. These 'barriers' can have a very negative impact on the individual's self-esteem and motivation.

The line management challenge

Reintegrating an individual back into a team is not easy. The onus of responsibility for managing this transition often falls on line managers.

A line manager may have to make 'non-physical adjustments' in the workplace to help

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people who have experienced mental health difficulties return to work. These adjustments may involve changing their roles, allowing them to work from home or, perhaps, adjusting their performance measures.

The implications of these adjustments may need to be explained to the person's colleagues, some of whom may be resentful of the increased workload they've had to endure in his absence. Dealing with their expectations and reactions can be problematic for line managers, particularly if employees haven't been told why their colleague has been off (which is often confidential).

Every line manager has a duty of care for the well-being of their team members but this can create a conflict in their role because they're also judged on results. In attempting to create a positive working environment, some line managers may sympathise with an individual who has been off with a mental health difficulty, and they may genuinely want to help, but they also have to consider the needs of everyone else in the team and the impact on performance. Others may not understand the issue that he is dealing with. They may not know what to say or how to treat him when he returns to work. Indeed, their reaction may be that, if he has returned to work, he must be ready to 'get on with it'.

Handling the 'people aspects' of reintegrating someone back into a team is therefore a significant training need for many line managers. They may need help to change their own attitudes and behaviour regarding disability; they'll need to become more confident and competent in dealing with this issue and they'll need to respond appropriately if they encounter prejudicial attitudes about mental health from members of their team. They'll also need to provide greater support, both to the individual who has experienced a mental health difficulty and to other members of the team. These are sizeable challenges.

References

1 Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H The Office for National Statistics' psychiatric morbidity report *Psychiatric Morbidity Among Adults Living In Private Households* 2000 (2001)

2 *The Independent* http://www.independent.co.uk/news/uk/politics/nick-clegg-sets-out-mental-health-plan-7973046.html

3 www.time-to-change.org.uk

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Providing training helps foster an open and inclusive environment in which difference is respected and catered for

So what are organisations actually doing to help line managers and individuals who have experienced mental health difficulties?

In practice

At Steps, we've worked with a number of L&D teams to implement drama-based training interventions around mental health, to challenge attitudes, change behaviour and prevent discrimination in the workplace. One of these is with Lloyds Banking Group.

A gold member of the Employers' Forum on Disability – an employers' organisation that focuses on disability as it affects business – LBG provides holistic support for disabled people and those with long-term health conditions as well as carers. This includes training line managers, to develop their confidence and competence around disability, and the colleagues of disabled people.

Graeme Whippy, senior manager of the Group's disability programme, said: "Most training around managing people with disabilities focuses on the compliance angle rather than the talent management and retention side, which is where we're coming from. We've found that the line manager's role is crucial because the engagement level of individuals with disabilities is directly related to the level of support they get from their line manager and the workplace adjustments that are provided."

To highlight the challenge for line managers in supporting an individual returning to work after experiencing a mental health difficulty, we ran an interactive workshop at an event designed to showcase the issue of workplace adjustments within LBG. This featured a scenario in which a struggling line manager was trying to handle the return to work of an employee who had been absent with depression. The participants saw him

trying to implement workplace adjustments and help the individual but not really knowing what to say for the best.

Through facilitated discussions, the participants were able to challenge the characters' attitudes and behaviour in the scenario and explore what good practice looks like from the point of view of the manager and the wider team.

"The process of making workplace adjustments can be undermined by people's unwitting attitudes and inappropriate behaviour, and this is particularly true when dealing with a difficult or taboo subject such as mental health," said Whippy. "Using drama-based training to explore behaviour and attitudes has all of the advantages of role play without any of the awkwardness or embarrassment that that often brings. Instead, delegates can concentrate on directing the situation and let the actors role play: because the actors can 'pause' and 'rewind' a scenario, they can experiment with ideas, make mistakes and play things out in different and, crucially, safe ways.

"The realism that the actors bring to the scenarios – along with insightful use of humour – highlights how the wrong words and behaviour can create the most toe-curling situations and, more importantly, how subtle changes in what we say and do can turn such situations around for the benefit of all parties involved."

Tips for line managers

L&D teams looking to create a best practice intervention to change attitudes to mental health in the workplace should bring out some key learning points for line managers. For example, LBG encourages its managers to:

- challenge your own prejudices. Your goal is to manage people without embarrassment and support them in achieving their potential
- be supportive. An individual who has experienced a mental health difficulty may feel embarrassed; it's likely that he won't want a big fuss to be made. His condition may affect his ability to function on a day-to-day basis and his overall quality of life. He'll have to get used to doing things differently and this can be a difficult adjustment for him. His line manager should help him make the best of his change in circumstances. Remember, the relationship that an individual has with his line manager has a significant impact on both his well-being and his effectiveness
- keep any information he tells you about his condition or impairment strictly confidential
- use the right language to foster a positive and supportive environment. Use the term 'mental

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health difficulty'. Don't say 'a victim of...' or 'suffering from...' Avoid attaching labels to people. It is dehumanising to talk of someone in terms of a condition. Remember, you have a legal responsibility to ensure that members of your team don't experience discrimination

- don't tolerate language or behaviour that is focused on someone's physical or mental characteristics. What might be meant as a 'joke' or 'office banter' could be offensive and upsetting for the person on the receiving end, even if he appears to 'go along with it' at the time
- be flexible. Discuss any appropriate workplace adjustments with the individual, to ensure that he's able to fulfil an active role. This may include a phased return to work. Ask him what he would like. Review the adjustments to ensure they remain fit for purpose.
- liaise with the team about any issues that may be raised by these adjustments. Jointly agree solutions with the team. Remember, they may be struggling to cope. They will need additional support from you
- if the workload is causing or exacerbating a mental health condition for someone in your team, you must take reasonable steps to address the situation.

What to say and do
Additional best practice guidelines have been developed by Time to Change[3], a national campaign created by the mental health charities Mind and Rethink Mental Illness.

Since 2009, they've been trying to end the stigma surrounding mental health and the discrimination against people with mental health problems. Their campaign is aimed at people who know someone with a mental health problem – family, friends or work colleagues – but who don't realise the impact their attitudes and behaviour can have or who don't know what to say or do to help. Recently, they've focused on removing the fear and awkwardness that stops many people talking about mental health.

Time to Change says that everyday things can make a difference. It recommends:
- **take the lead** If you know someone has been unwell, don't be afraid to ask how he is. He might want to talk about it, he might not. But just letting him know he doesn't have to avoid the issue with you is important
- **avoid clichés** Phrases like 'cheer up' or 'I'm sure it'll pass' definitely won't help. Being open minded, non-judgmental and listening will
- **think about your body language** Try to be relaxed and open – a gaping mouth, regular clock watching or looking uncomfortable won't go unnoticed
- **ask how you can help** People will want support at different times in different ways, so ask how you can help
- **don't just talk about mental health** Keep in mind that having a mental health problem is just one part of the person. People don't want to be defined by their condition so keep talking about the things you always talked about. Just spending time with the person lets him know you care and can help you to understand what he's going through
- **don't avoid the issue** If someone comes to you to talk, don't brush it off. Acknowledge his condition or illness and let him know that you're there for him
- **give them time** Some people might prefer a text or email rather than talking on the phone or face-to-face. This means they can get back to you when they feel ready. What's important is that they know you'll be there when they're ready to get in touch.

With the scale of mental health problems in the UK, this issue isn't going to go away. By addressing attitudinal barriers that may exist in the organisation, L&D teams can help ensure a smoother transition for individuals who are returning to work after experiencing a mental health difficulty. Providing training also helps foster an open and inclusive environment in which difference is respected and catered for. Taking preventative measures also ensures that the organisation is able to defend itself in the event of a discrimination claim.

What would happen in your organisation if someone was diagnosed with a mental health problem? If your line managers would tell that individual to 'put on a brave face' or 'carry on regardless', you need to take action now. **TJ**

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