

Mental Health

in the workplace

situation analysis

United Kingdom

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International
Labour Office
Geneva



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ISBN 92-2-112228-X

First published 2000

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Printed in Switzerland

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*The ILO gratefully acknowledges the support of
Eli Lilly and Company Foundation
for the Mental health in the workplace project.*

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INTRODUCTION

Population:
59.1 million
GDP per capita:
\$21,200 (est. 1998)
Unemployment:
7.5% (est. 1998)

Mental health problems are among the most important contributors to the global burden of disease and disability.

The ILO's activities promote the inclusion of persons with physical, psychiatric and intellectual disabilities into mainstream training and employment structures.

Mental health problems are among the most important contributors to the global burden of disease and disability. Of the ten leading causes of disability worldwide, five are psychiatric conditions: unipolar depression, alcohol use, bipolar affective disorder (manic depression), schizophrenia and obsessive-compulsive disorder.¹

The burden of mental disorders on health and productivity throughout the world has long been profoundly underestimated.² The impact of mental health problems in the workplace has serious consequences not only for the individuals whose lives are influenced either directly or indirectly, but also for enterprise productivity. Mental health problems strongly influence employee performance, rates of illnesses, absenteeism, accidents, and staff turnover.

The workplace is an appropriate environment in which to educate and raise individuals' awareness about mental health problems. For example, encouragement to promote good mental health practices, provide tools for recognition and early identification of the symptoms of problems, and establish links with local mental health services for referral and treatment can be offered. The need to demystify the topic and lift the taboos about the presence of mental health problems in the workplace while educating the working population regarding early recognition and treatment will benefit employers in terms of higher productivity and reduction in direct and in-direct costs. However, it must be recognised that some mental health problems need specific clinical care and monitoring, as well as special considerations for the integration or re-integration of the individual into the workforce.

Why should the ILO be involved?

Mental illness constitutes one of the world's most critical and social health problems. It affects more human lives and wastes more human resources than any other disabling condition.³ The ILO's activities promote the inclusion of persons with physical, psychiatric and intellectual disabilities into mainstream training and employment structures.

The ILO's primary goals regarding disability are to prepare and empower people with disabilities to pursue their employment goals and facilitate access to work and job opportunities in open labour markets, while sensitising policy makers, trade unions and employers to these issues. The ILO's mandate on disability issues is specified in the ILO Convention 159 (1983) on vocational rehabilitation and employment. No. 159 defines a disabled person as an individual whose prospects of securing, retaining, and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or *mental impairment*. The Convention established the principle of equal treatment and employment for workers with disabilities.

Most recently, the ILO has recognised the need to promote increased investment in human resource development, which can help support employment productivity and growth. This focus pays particular attention to the human resource needs of vulnerable groups, which include individu-

als with mental health problems. As pointed out, employee mental health problems and their impact on an enterprise's productivity and disability costs are a critical human resource issue. Increasingly, employers, employers' organisations and international organisational bodies are recognising that the economic and social costs of mental health problems in the workplace cannot be ignored.

*In the ILO study, **Mental health in the workplace, situation analyses of Finland, Germany, Poland, the UK and the USA provide in-depth assessments of the impact of mental health concerns in the workplace to determine the scope of the problem in the open labour market.***

The purpose of the research

With a grant from the **Eli Lilly and Company Foundation**, the ILO conducted in-depth situation analyses in five countries. The five countries selected were Finland, Germany, Poland, UK, and USA. The primary purpose of these situation analyses was to conduct an in-depth assessment of the impact of mental health problems in the workplace in order to determine the scope of the problem in competitive employment. Related to this purpose was also the assessment of the specific ramifications of the impact of mental health problem for employees and enterprises such as workplace productivity, loss of income, health-care and social security costs, access to mental health services and good practices by employers.

An essential objective of these situation analyses is that the information collected and assessed may be used to create further educational materials and assist in designing programmes which can be used by governmental agencies, unions, and employers' organisations for mental health promotion, prevention, and rehabilitation.

The situation analyses were based primarily on a thorough literature review, including documents from government agencies, NGOs, employer and employee organisations, as well as interviews with key informants.

The case of the United Kingdom

In the UK, one adult in six has some type of mental health problem. The Department of Health and the Confederation of British Industry have estimated that between 15 and 20% of employees will experience some form of mental health difficulty during their working lives, with depression representing the largest percentage of this problem. Mental ill health is a major cause of absence from work, reduced productivity, and employee turnover.

Over the last ten years, the United Kingdom's general response regarding all mental health issues has been proactive. The following situation analysis will illustrate how the various social partners, i.e., the government, advocates from non-governmental organisations, and employers' and employees' organisations have sought to prioritise and address mental health concerns, and in particular, the impact of workplace stress on mental health. Selected key agencies, groups and institutions are highlighted with examples of how important it is for all the social partners to work together in order to be more effective. Although the situation analysis is primarily concerned with the impact of mental health, and in particular depression, on the workplace, this issue is often viewed within the context of overall mental health. This is partly due to the nature of the information, which does not always distinguish between depression and other mental health concerns such as work related stress.

This situation analysis examines three major areas: Mental health at the national level, the role of government and social partners, and managing mental health in the workplace.

In the United Kingdom, mental ill health is a major cause of absence from work, reduced productivity, and employee turnover. However, over the last ten years, the United Kingdom's general response regarding all mental health issues has been proactive.

MENTAL HEALTH AT THE NATIONAL LEVEL examines the evolution of the disabilities rights movement; the prevalence and cost of mental health problems; access to information and services and the legislative and policy framework.

THE ROLE OF THE GOVERNMENT AND THE SOCIAL PARTNERS examines the implementation of law and policy by government agencies; the role of workers', employers' and governmental organisations and selected academic institutions in promoting and educating the public about mental health issues, policy, and legislation.

MANAGING MENTAL HEALTH IN THE WORKPLACE discusses the importance of a mental health policy as an integral part of any organisation's health and safety policy; and provides examples of corporate practices and innovations which address mental health in the workplace.

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GLOSSARY

The definitions and terms related to mental health are evolving and still subject to much debate. Terms are often used interchangeably, which can be confusing as well as inaccurate. It is therefore useful to attempt to define the vocabulary of mental health and to make distinctions. Specific countries use different terminology to refer to the same issue. In the five situation analyses of mental health in the workplace, the reports have remained faithful to the terminology used by the mental health community in each country. This glossary therefore includes definitions of these nation-specific terms. The following definitions and terminology are based on current usage by such organizations as the WHO and ILO, participating countries in the situational analyses, and the European Union.

This glossary is conceptually oriented and will give the reader the familiarity with the vocabulary of mental health, which is necessary to fully understand the situation analyses.

MENTAL HEALTH: Though many elements of mental health may be identifiable, the term is not easy to define. The meaning of being mentally healthy is subject to many interpretations rooted in value judgements, which may vary across cultures. Mental health should not be seen as the absence of illness, but more to do with a form of subjective well-being, when individuals feel that they are coping, fairly in control of their lives, able to face challenges, and take on responsibility. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity specific to the individual's culture.¹

MENTAL HEALTH PROBLEMS: The vast majority of mental health problems are relatively mild, though distressing to the person at the time, and if recognized can be alleviated by support and perhaps some professional help. Work and home life need not be too adversely affected if the appropriate help is obtained.² In the situation analyses, the terms mental health problems and mental health difficulties are used interchangeably.

MENTAL ILLNESS: Mental illness refers collectively to all diagnosable mental health problems which become "clinical," that is where a degree of professional intervention and treatment is required. Generally, the term refers to more serious problems, rather than, for example, a mild episode of depression or anxiety requiring temporary help.

The major psychotic illnesses, such as endogenous depression, schizophrenia, and manic depressive psychosis, would fall in this category and would be seen less often in the workplace.³ Mental illness is sometimes referred to as *psychiatric disability*.⁴ This term is used primarily in the United States.

MENTAL DISORDERS: Mental disorders are health conditions characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with distress and/or impaired functioning. Mental disorders are associated with increased mortality rates. The risk of death among individuals with a mental disorder is several times higher than in the population as a whole.⁵

DEPRESSION: Depression is an example of a mental disorder largely marked by alterations in mood as well as loss of interest in activities previously enjoyed. It affects more women than men, by a ratio of about 2 to 1. It is projected that up to 340 million people will suffer from depression in the near future. The risk of suicide is high amongst those suffering from depression. Yearly, over 800,000 deaths attributable to suicide are recorded worldwide: The majority of suicides are due to depression.⁶

There is a great deal of information about the different types, causes and treatments of depression. However, it is important to realize that depression is not simple. There are different types and different degrees of each type. There is a high degree of variation among people with depression in terms of symptoms, course of illness, and response to treatment, all indicating the complexity and interacting causes of this illness. The most common form of depression is chronic unipolar depression (clinical depression). This category of depression has been frequently discussed and written about in the popular media in recent years, primarily due to new modalities of treatment.

Other types of depression recognized at this time are:

- Acute Situational Depression
- Dysthymia
- Bipolar Depression (manic depressive disorder)
- Seasonal Affective Disorder (SAD)
- Post Partum Depression
- Depression secondary to other diseases or drugs.

MENTAL HEALTH PROMOTION: Mental health promotion is a multidimensional concept that implies the creation of individual, social, and environmental conditions, which enable optimal overall psychological development. It is especially focussed, among other concerns, on personal autonomy, adaptability, and ability to cope with stressors, self-confidence, social skills, social responsibility, and tolerance. Prevention of mental disorders could be one of its outcomes.⁷

MENTAL HEALTH PREVENTION: Prevention is based on specific knowledge about causal relationships between an illness and risk factors. Prevention results in measurable outcomes. Within the context of the workplace, prevention is concerned with taking action to reduce or eliminate stressors. *Prevention* and *promotion* are overlapping and related activities. Promotion can be simultaneously preventative and vice versa.⁸

POST TRAUMATIC STRESS DISORDER: PTSD or post-traumatic stress disorder can occur as an acute disorder soon after a trauma or have a delayed onset in which symptoms occur more than 6 months after the trauma. It can occur at any age and can follow a natural disaster such as flood or fire or a man-made disaster such as war, imprisonment, assault, or rape.

REHABILITATION: A process aimed at enabling persons with disabilities to regain and maintain their optimal physical, sensory, intellectual, psychiatric, and/ or social functional levels, by providing them with tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/ or restore functions or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.⁹

STRESS: Stress is defined as a nonspecific response of the body to any demand made upon it which results in symptoms such as rise in the blood pressure, release of hormones, quickness of breathe, tightening of muscles, perspiration, and increased cardiac activity. Stress is not necessarily negative. Some stress keeps us motivated and alert, while to little stress can create problems. However, too much stress can trigger problems with mental and physical health, particularly over a prolonged period of time.¹⁰

JOB STRESS: Job stress can be defined as the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury. Long - term exposure to job stress has been linked to an increased risk of musculoskeletal disorders, *depression*, and *job burnout*, and may contribute to a range of debilitating diseases, ranging from cardiovascular disease to cancer. Stressful working conditions also may interfere with an employee's ability to work safely, contributing to work injuries and illnesses. In

the workplace of the 1990s, the most highly ranked and frequently reported organisational stressors are potential job loss, technological innovation, change, and ineffective top management. At the work unit level, work overload, poor supervision, and inadequate training are the top-ranking *stressors*.¹¹

The following are specific examples that may lead to *job stress*:¹²

The design of tasks. Heavy workload, infrequent rests breaks, long work hours and shiftwork; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills and provide little sense of control.

Management style. Lack of participation by workers in decision-making, poor communication in the organization, lack of family-friendly policies.

Interpersonal relationships. Poor social environment and lack of support or help from coworkers and supervisors.

Work roles. Conflicting to uncertain job expectations, too much responsibility, too many "hats to wear."

Career concerns. Job insecurity and lack of opportunity for growth, advancement or promotion; rapid changes for which workers are unprepared.

Environmental conditions. Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.

BURNOUT: This term is used most frequently in Finland to refer to job stressors and the resulting mental health problems that may occur. It is defined as a three-dimensional syndrome, characterized by energy depletion (exhaustion), increased mental distance from one's job (cynicism) and reduced professional efficacy.¹³

MENTAL STRAIN: This term is used in the German situational analysis to refer to psychological stress that impacts everybody in all realms of life.

WORK ABILITY: Individuals' work ability is based on their, physical, psychological and social capacity and professional competence, the work itself, the work environment, and the work organization. This term is often used in Finland in the world of work.

JOB INSECURITY: Job insecurity can be defined as perceived powerlessness to maintain desired continuity in a threatened job situation or as a concern about the future of one's job.¹⁴

STIGMA: Stigma can be defined as a mark of shame, disgrace, or disapproval, which results in an individual being shunned or rejected by others. The stigma associated with all forms of mental illness is strong but generally increases the more an individual's behavior differs from that of the 'norm.'¹⁵

INTELLECTUAL DISABILITY: This disability is defined by a person's capacity to learn and by what they can or cannot do for themselves. People with this disability are identified by low scores on intelligence tests and sometimes by their poor social competence.¹⁶ The term mental retardation is also used to refer to a person with an intellectual disability and is the most common term used in the situation analyses.

DISABILITY MANAGEMENT: The process of effectively dealing with employees who become disabled is referred to as "disability management." Disability management means using services, people, and materials to (i) minimize the impact and cost of disability to the employer and the employee and (ii) encourage return to work of an employee with disabilities.¹⁷ It should be noted that the term "disability management" is not commonly used, despite the fact that practices understood to be within the scope of disability management processes are now taking place within enterprises of all sizes worldwide.¹⁸

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Part 1

Mental health at the national level

The evolution of disability employment policy

The Disabled Persons Employment Act 1944 provided the first comprehensive framework for the employment of people with disabilities.

Beginning in the late 1970s, employers were encouraged to adopt good practices in recruitment, hiring, and retention of employees with disabilities.

During the 1990s, disability rights issues gained support and prominence in the UK, culminating with the passage of the Disability Discrimination Act, in 1995.

During the 1990s, disability rights issues gained support and prominence in the UK. The disability rights movement in the UK has been influenced by the experiences of anti-discrimination legislation advocates in other countries. For example, the UK and the US share many concepts and common language, particularly in the area of independent living and employment. The UK has also been influenced by worldwide efforts, such as Disabled People International and its focus on human rights, as well as initiatives by people with disabilities in countries such as South Africa.¹ The disability rights movement has had a profound impact on public policy and social awareness regarding all disabilities, and advocacy for people with mental health problems must be examined within its context.

In the UK, the Disabled Persons Employment Act 1944 provided the first comprehensive framework for the employment of people with disabilities. It established a disabled persons employment register; assessment, rehabilitation and training facilities; a specialised employment placement service; protection against unfair dismissal; and a National Advisory Council and local Advisory Committees. It also established a quota for the employment of people with disabilities. The Act required that in firms of 20 workers or more 3% of the workforce be drawn from the disabled persons employment register.²

The Disabled Persons Employment Act 1944 was not very effective. The resources of the employment placement services were limited and unable to adequately monitor vacancies and propose candidates for employment. Sanctions against employers not adhering to the 3% quota were almost never enforced.³ Many employers were also unaware of the law and its requirements, which had not been adequately publicised. By the 1970s, it was proposed to eliminate the quota mandate as unworkable, but there was no agreement on an alternative policy. The quota provision was repealed in 1995 when the Disability Discrimination Act (DDA) became law.⁴

Generally, governments in the UK have tended towards deregulation and non-interference in the labour market, a policy which favours persuasion rather than compulsion and encourages voluntary action by employers. Beginning in the late 1970s, employers were encouraged to adopt good practices in recruitment, hiring, and retention of employees with disabilities. This was supported by codes of practice, strategies for recognising good employers, and campaigns to raise the awareness of employers and the public regarding the abilities and value to the workplace of people with disabilities.⁵

The Disability Discrimination Act, which was passed in 1995 following a vigorous campaign by the disability rights movement, marked a significant break with the past.⁶ Although the DDA is not an all-embracing civil rights law and did not go as far as most advocates wished, it ensures full and fair access to employment for people with disabilities.

The prevalence of mental health problems

According to estimates, in the UK at any one time one adult in six suffers from some type of mental health problem, and 16 % of the adult population have a common mental health disorder such as depression or anxiety.⁷ The rate of psychiatric disorders such as schizophrenia is not as prevalent. They affect four people in every 1,000.⁸

“Whilst mental ill health constitutes one of the biggest health, social and economic issues this country faces, its prevalence remains inadequately analysed and documented, and, as a result, woefully misunderstood and under-resourced.”

*June McKerrow,
Director of the Mental Health Foundation,
2000*

National Health Service data indicate that some type of mental health problems occur in 50% or more of social workers' caseloads.⁹ The table below illustrates the disease prevalence and medical service contacts likely to occur in a Local Authority or District/Purchasing Consortium with a population of 500,000.

According to the UK Department of Health, these figures probably underestimate the full extent of the impact of mental health problems. This is due, in part, to the failure to recognize mental illness at the community and primary health care levels and because insufficient attention is given to psychological distress associated with physical diseases.¹⁰ An analysis by the Mental Health Foundation of the number people seeking help and access to services suggests that 1 in 4 people with mental illness has not sought treatment. Individuals usually seek help from their general practitioners (GP), since this is seen as less stigmatising than consulting a mental health care professional. Once a person has contacted the GP, they are usually treated within that practice. Fewer than 10% of cases are referred to secondary care within mental health services.¹¹

SUICIDE

Mental illness is a significant cause of premature death, of which suicide and undetermined death account for a large portion. People with mental illness are also at increased risk of early death from respiratory illnesses, cancer, and coronary disease. The suicide rates in the UK are low compared to other European Union countries. Yet, on average, suicide accounts for more than one death every two hours.¹²

Over 95% of people who commit suicide have been suffering from mental illness. Ten to 15% of people with severe mental illness commit suicide. Suicide is three times more common among men than women, and the risk is even greater for men in unskilled occupations, who are four times more likely to commit suicide than professionals. Unemployment also increases the risk of suicide. In the population as a whole, suicide is the most common cause of death among 15 to 34 year-old males.¹³ However, in the immigrant

Disease Prevalence		Service Figures	
1,000-2,000	with schizophrenia; between 33% and 50% only will be in touch with mental health services	10,000	seen annually by psychiatrists
500-2,500	with affective psychosis	1,350	on certified nurse practitioner caseload at any time
10,000-25,000	with depressive disorders	2,000-2,500	admitted to psychiatric ward annually
8,000-30,000	with anxiety states	450-500	psychiatric inpatients at any time
3,500	with dementia	30,000-40,000	seen annually in general practice with diagnosed mental illness

Facts about people who commit suicide

- 90 %** have some form of mental disorder
- 60 %** have consulted their GP in the previous month
- 40 %** have consulted their GP in the previous week
- 33 %** have expressed clear suicidal intent

population, the suicide rate is higher for women than for men.¹⁴ Women who live in the UK but were born in India or West Africa have a 40% higher suicide risk than women born in the UK

STRESS

Mental health disorders are common in the workforce. Each year, it is estimated that approximately 3 in every ten employees will have a mental health problem.¹⁵ In the UK in 1995, 2 million employees reported suffering from work-related illnesses which translates into about 20 million days lost through work related ill health. Musculoskeletal illness is the leading cause of days lost through work-related illness (11 million days) and stress, depression, and anxiety rank second (5 million days). A company of 1,000 employees can expect between 200 to 300 people to suffer from depression and anxiety per year and for 1 suicide to occur per decade.¹⁶

In the UK, the impact of job stress on the mental health of employees is considered one of the most important occupational health issues of the last decade. The Health and Safety Executive (HSE) has estimated that there are approximately 250,000 cases of stress or depression caused or aggravated by work each year. Stress is considered the second largest category of occupational ill health.¹⁷

A number of studies on stress have been carried out in the UK with the following findings:¹⁸

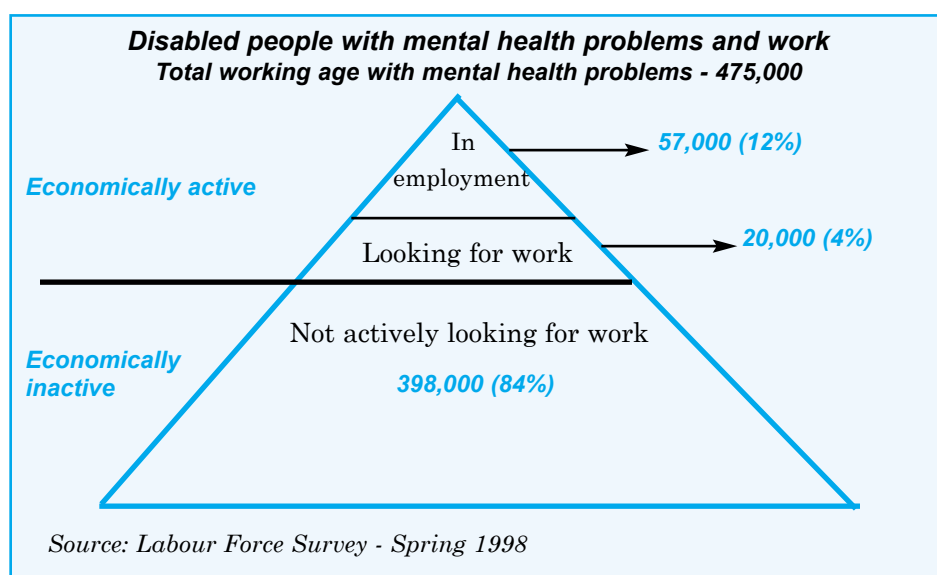
- In a 1997 survey of trade union members, 81% of respondents considered stress to be a fairly or very serious problem for employees in their organisation. According to 72% of respondents, stress levels had worsened over the past year.
- In 1998 40% of 500 randomly selected members of the Institute of Directors regarded stress as a big problem in their organisation. Nearly 90% said that working practices were probably affecting stress levels, and 60% were of the opinion that responsibility for dealing with stress in the workplace was shared by employers and employees.
- A survey of Institute of Management members showed that 16% of managers had taken time off work because of stress during the last 12 months.
- A survey of 114 subscribers to Employment Review and Occupational Health Review revealed that 58% of respondents considered stress to be among their firm's top 3 health-at-work priorities. The survey predicted that, over the next 2 years, managing stress would be the fastest growing area in occupational health.
- According to the Health and Safety Executive's Survey of Self-reported Work-Related Illness, in 1995, 279,000 people in the UK believed that they were suffering from work-related stress, anxiety, or depression. A further 253,000 people suffered from an illness they believed to be caused by work-related stress.

In the UK, the impact of job stress on the mental health of employees is considered one of the most important occupational health issues of the last decade.

UNEMPLOYMENT, DISABILITY AND MENTAL HEALTH

According to a survey commissioned by the Department of Health, unemployment was found to be the strongest risk factor associated with mental health disorders. People who are unemployed had twice the incidence of mental health problems, specifically depression, than those who were employed.¹⁹

According to the Office for National Statistics for the UK, in 1997 there were 5 million people of working age with “work-limiting” conditions. People with mental health problems are much less likely to be economically active than those with physical or sensory impairments.²⁰ Although the unemployment rate is high among individuals with a disability due to a mental health disorder, obtaining and retaining work are key goals for this group. According to the National Service Framework, responsibility for addressing these needs rests with the mental health services.²¹



In the UK, mental health problems are a leading cause of distress, illness, and disability and therefore carry a significant financial cost.

The costs of mental health problems

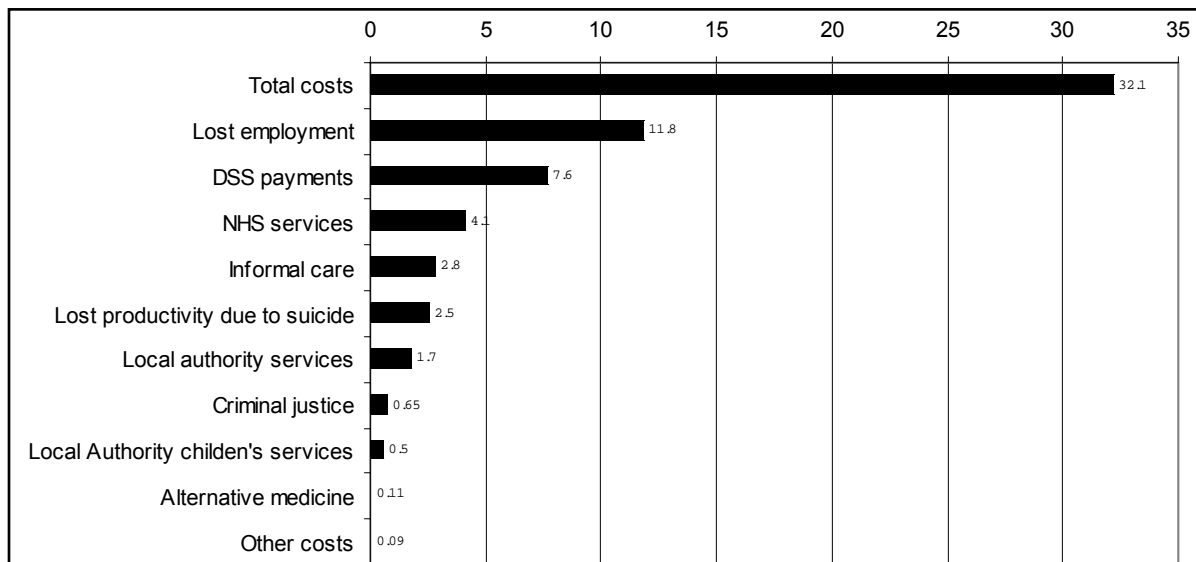
In the UK, mental health problems are a leading cause of distress, illness, and disability and therefore carry a significant financial cost. Recent research indicates that:²²

- The total cost of mental health problems in Britain is an estimated £32 billion.
- More than a third of the total estimated cost (£12 billion) is attributed to lost employment and productivity.

Mental health problems make significant demands on the National Health Service (NHS), social services, employers, and society as a whole. Though over the past decade the cost of treatment and care of mentally ill people has remained constant in real terms, it represents the largest single item of NHS expenditure. Mental illness accounts for approximately:²³

- 10% of total National Health Service expenditures (the cost of providing treatment for mental illness is an estimated £4.2 billion);
- 14% of NHS inpatient costs;
- 14% of certified sickness absence.

Cost implications of mental health problems
Total cost of mental health problems in billions of £



It has been estimated that 91 million working days are lost due to mental health difficulties.²⁴ Suicide accounts for about 8% of all working days lost through death.

Between five and six million working days are lost yearly due to workplace stress and its effects. The Department of Health estimates the cost of sickness absence due to stress and mental health disorders at more than £5 billion each year. Workers' compensation for stress-related mental health problems is increasing as employees are seeking compensation through the court system.²⁵

Indirect costs such as absenteeism, loss of productivity, impact on family members, and job loss account for a large part of the cost of mental ill health. It is therefore difficult to provide comprehensive and accurate estimates of the total costs involved. Most experts believe that if all indirect costs were included, the cost of mental health problems would be enormous.

Access to information and services - national strategies

Despite growing evidence that mental health is fundamental to wellbeing, mental health promotion is one of the most underdeveloped areas of health promotion in the UK. Resources available to meet the service needs of people with mental health problems, particularly severe mental health problems, are insufficient. Eighty per cent of people with diagnosed depression are treated entirely within primary health care. Up to 40% of visits to primary health care are due to common mental health disorders, second only to respiratory infections²⁶. According to the Mental Health Foundation, an extra £540 million is needed annually to provide adequate care for the severely mentally ill.²⁷

Though a Department of Health survey indicates that popular attitudes are changing, mental health problems still arouse fear and stigma.²⁸ This may prevent people from seeking help and inhibit work organisations from developing mental health policies.²⁹ Business and industry are beginning to give priority to improving mental health in the workplace through mental health promotion and prevention. However, a 1996 survey carried out by the NGO, MIND, found that 39% of respondents had been denied a job,

Mental health promotion is one of the most underdeveloped areas of health promotion in the UK, but business and industry are beginning to give priority to improving mental health in the workplace.

Attitude to Mental Illness Survey 1994	
Percentage of general population agreeing with statements about mental illness	
We have the responsibility to provide the best possible care for people with mental illness.	95%
Increased spending on mental health services is not a waste of money.	90%
Best therapy for many people with mental illness is to be part of a normal community.	81%
People with mental illness are far less of a danger than most people suppose.	67%

15% had been denied promotion, and 34% had been dismissed or forced to resign because of a mental health. A further 38% of the respondents reported being teased, harassed, or intimidated at work, while 69% had been put off applying for jobs because of unfair treatment.³⁰ In addition to reducing the employment prospects of people with mental health problems, negative, stigmatising attitudes can impact the health of all employees by hindering the development and implementation of mental health policy. Accepting that mental distress is a normal part everyone's life at some point is essential to building a workable strategy for improving the mental well-being of the workforce

Over the past decade, the UK government has responded to the prevalence and impact of mental health problems, their social and economic costs, and the ensuing need to improve awareness and treatment of mental illness.

In 1991, a paper was developed for the Chief Medical Officers' working group on *The Health of the Nation** outlining a strategic approach to mental health issues in the UK. The paper is a national response to the World Health Organisation's *Health for All by the Year 2000*. It sets goals for the achievement of concrete health outcomes and selects mental illness as a priority area.³¹

During the 1990s, the British government launched a public information campaign to increase understanding of mental health problems, reduce stigma, and help individuals with mental illness understand their rights and

Over the past decade, the UK government has responded to the prevalence and impact of mental health problems, their social and economic costs, and the ensuing need to improve awareness and treatment of mental illness.

United Kingdom, the health of the nation -key points

- The overall mental illness goals are to prevent illness, improve health and social functioning of people with mental illness, reduce mortality from mental illness, reduce stigma, deliver effective services, and continue research into causes, care, and consequences of mental illness.
- The national targets for the mental illness key area are: to significantly improve the health and social functioning of mentally ill people; reduce the overall suicide rate by at least 15% by the year 2000 from the 1990 level of 11 per 100,000; and reduce the lifetime suicide rate of severely mentally ill people by at least 33% by the year 2000.
- The overall strategy to achieve these targets is to: improve information and understanding about mental illness; continue developing local comprehensive services; and promote good practices in mental health promotion, primary, secondary, and tertiary prevention, and prevention of mortality.
- The mental illness key area encompasses the NHS as well as a whole range of organisations and settings such as local authorities, the voluntary sector, the criminal justice system, schools, workplaces, cities, and rural areas.

*The Health of the Nation: the government as a White Paper in July 1992 (Dept. published A Strategy for England. Of Health, 1992

responsibilities. Publications available to the public from the Department of Health include:³²

• ***Mental illness: What does it mean?*** which clearly explains common mental health terms;

• ***A guide to mental health in the workplace*** which encourages employers to adopt health policies which address mental as well as physical health; *Sometimes I think I cannot go on anymore* which raises public awareness of the nature of suicide and provides concrete recommendations for action;

• ***Sometimes I think I cannot go on anymore*** which raises public awareness of the nature of suicide and provides concrete recommendations for action; and

• ***ABC of mental health in the workplace.***

Government efforts to prioritise mental health issues have been beneficial in terms of more services and greater public awareness. More agencies are providing mental health services in increasingly diverse settings, and local community services offer more flexible treatment. More emphasis has been placed on rehabilitation and re-integration into the community, including assistance with vocational training and employment.³³

The legislative and policy framework

In the UK, an array of policies and laws reflect the national approach to mental health problems and provide the legislative framework for addressing their impact on the workplace. These policies and laws do not focus specifically on mental health problems, but operate from the larger framework of all disabilities. The United Kingdom relies on employers to devise their own recruitment and retention policies and, under the Disability Discrimination Act (DDA), gives employees with disabilities the legal tools to counter unfair practices in the employment process.³⁴ This report does not discuss all the laws and policies relating to people with disabilities, but highlights key legislation such as the Disability Discrimination Act and provisions of the Occupational Safety and Health Act relevant to mental health issues in the workplace.

THE DISABILITY DISCRIMINATION ACT (DDA) 1995

The DDA prohibits discrimination against a person with a disability in connection with employment, the provision of goods and services, and buying or renting land or property. Under the act, it is unlawful for employers with 15 or more employees to treat an applicant or an employee with a disability less favourably than others because of that disability.³⁵ This covers:³⁶

- application forms
- interview arrangements
- proficiency tests
- job offers
- terms of employment
- promotion, transfer or training opportunities
- benefits
- dismissal or redundancy

Although, the employment provisions of the DDA apply to employers of 15 or more people, all employers, irrespective of size, are encouraged to follow the government's Code of Practice on eliminating discrimination against people with disabilities in employment. The threshold of 15 employees will

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be reviewed and evaluated within five years of the DDA's enactment, with a possible recommendation to include all employers regardless of size.³⁷

How is disability defined in the DDA?

Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal daily activities. Mental impairment includes memory or ability to concentrate, learn, or understand. Mental illness is covered by the DDA providing that it is recognised by a respected body of medical opinion. Mental health problems ranging from schizophrenia and manic depression to panic disorders and various depressive conditions are within the scope of the DDA.³⁸

Long-term refers to a disability lasting at least 12 months. Individuals disabled due to recurring or episodic conditions are covered if the substantial adverse effects are likely to recur beyond twelve months after the first occurrence. For example, this could include someone with manic depression (or bipolar disorder), who has an episode lasting a few weeks followed by a period of recovery. An individual whose symptoms are controlled by medication may also be covered.³⁹ A person who has recovered from a disability, which is covered by the DDA, is also protected. For example, it would be unlawful to discriminate against a job applicant or employee who had been diagnosed with clinical depression five years previously and had recovered.

What is not a disability?⁴⁰

Under the DDA the following are not covered or considered to be a disability:

- disfigurements such as tattoos and non-medical piercings;
- exhibitionism and voyeurism;
- hayfever, if it does not exacerbate an already existing condition
- tendency to steal, set fires and physically or sexually abuse others;
- addiction to or dependency on alcohol, nicotine or any other substance, other than as a result of the substance being medically prescribed. However a condition could be covered if it was caused by an addiction such as liver damage or lung cancer.

What is reasonable adjustment?

According to the DDA, the employer is responsible for making a reasonable adjustment if an applicant with a disability is at a substantial disadvantage in relation to others. This applies to physical features of the workplace and to all aspects of employment, such as recruitment, selection, training, transfer, career development, and retention.⁴¹

The DDA lists examples of adjustments which employers may have to make. This list is not meant to be comprehensive. The act recognises that there will be situations which call for adjustments which do not fall under any of these categories.

The DDA recognizes that various factors determine whether it is reasonable for an employer to make an adjustment. Some of these factors are:

- how effective is the adjustment in assisting the employee with his/her work duties;
- the financial cost and level of disruption at the workplace; the employer's financial resources; and the availability of financial assistance for the employer.⁴³

Assistance is provided towards the extra costs of employing someone with a disability through the Access to Work Programme run by the Employment Service of the Department for Education and Employment. It is available to

The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal daily activities.

According to the DDA, the employer is responsible for making a reasonable adjustment if an applicant with a disability is at a substantial disadvantage in relation to others.

Examples of adjustments under the DDA⁴²

- Making adjustment to premises
- Allocating some duties of the person with a disability to someone else
- Transferring the individual to fill an existing vacancy
- Altering working hours
- Assigning the person to a different place of work
- Allowing absence during working hours for rehabilitation, assessment, or treatment
- Giving or arranging training
- Acquiring or modifying equipment
- Modifying instructions or reference manuals
- Providing a reader or interpreter
- Providing supervision.

unemployed, employed, and self-employed individuals with a disability. This assistance can be applied to any position whether it is full-time, part-time, permanent, or temporary.

It is important to note that disability rights advocates have seriously criticised the DDA. Their concerns are related to the definition of disability; the enforcement mechanism; the lack of involvement of persons with disabilities in the development of the law; and aspects of the employment provisions. The DDA's definition of disability does not include work as a normal daily activity which could be affected by a disability. The law is often compared to legislation in other countries and to alternatives proposed for the UK, which would have applied to employers of all sizes and established a commission to monitor and investigate complaints under the law.⁴⁴ One of the key functions of a commission would be to conduct investigations to determine whether employers are complying with provisions of the DDA. Currently, the individual is totally responsible for pursuing grievances. This could lead to the exclusion of individuals with disabilities who are less able to advocate for themselves.

In the UK, basic workplace health, safety, and welfare issues are covered under the Occupational Safety and Health Act of 1974.

THE OCCUPATIONAL SAFETY AND HEALTH ACT

In the UK, occupational health and safety is regulated by a combination of law and government guidelines with enforcement by health and safety inspectors.⁴⁵ Basic workplace health, safety, and welfare issues are covered under the Occupational Safety and Health Act of 1974. The act establishes the framework for the occupational health and safety system, while defining the powers and responsibilities of the Health and Safety Commission

An example of reasonable adjustment for an individual with a mental health disability

Occasionally an individual with mental health problems may experience difficulties with concentration and/or memory, perhaps a side-effect of prescribed medication.

Adjustments might include:

- Providing room dividers, partitions or other soundproofing or visual barriers
- Reducing noise in the work environment, if possible
- Giving written instructions which may help decrease anxiety, increase confidence, provide structure, or compensate for concentration difficulties.

A practical guide to employment adjustment for people with mental health problems. Employers Forum on Disability, UK 1998.

and Executive (HSC & HSE) and other enforcement agencies. It also articulates the broad duties of employers, employees, and other relevant people⁴⁶. The Act requires employers to provide a working environment which is, “as far as is reasonably practicable”, safe and without health risks. In addition employers are required to provide information, training, and supervision necessary to guarantee health and safety in the workplace.⁴⁷ However, over 75 % of firms in the UK have no occupational health care system beyond the statutory requirement of first aid, and less than a half of the population has access to occupational health facilities.

Certain work activities may carry greater health and safety risks for people with disabilities, however the Occupational Safety and Health Act does not distinguish between disabled and non-disabled workers. The law requires that employers reduce safety and health risks as far as it is reasonably practical, by making reasonable adjustments to working arrangements and physical premises. The reasonable adjustment is determined on the basis of risk/cost-benefit analysis.⁴⁸

The Occupational Safety and Health Act does not specifically address mental health issues stemming from work-related stress, but the Management of Health and Safety at Work Regulations (1992) do provide some specific coverage. They require that employers assess the nature and scale of risks to health in the workplace and ensure that appropriate control measures are in place. This applies to risks which cause stress as well as other workplace hazards.⁴⁹ However, for a person with a history of schizophrenia reasonable adjustments may include modifying the job description in order to remove non-essential but potentially hazardous duties, reviews at suitable intervals by an occupational health practitioner, regular management feedback and information and training for colleagues.⁵⁰

The Management of Health and Safety at Work Regulations (1992) provide some specific coverage of mental health issues stemming from work-related stress.

Part 2

The role of government and the social partners

The role of the government: employment policy

There are mainstream and special employment policies and programmes for people with disabilities. Increasingly, mainstream education and training is being promoted, and people with disabilities are expected to use the employment services available to all unemployed people.² However, there is no specific information regarding the use of these programmes by people with mental health disorders. The main policies and programmes that encourage access to competitive employment specifically for people with disabilities are:^{3, 4}

“The workplace is an important setting in which action can be taken to improve people’s health, but addressing mental health is a difficult and complex problem. It requires action through a partnership of line managers, professional human resource managers, occupational health and safety specialists, health promotion specialists, trades unions and employees themselves.”¹

Angela Eagle, Minister responsible for occupational safety and health, 1998

- **Vocational preparation and placement services** contracted by local **Placement, Assessment and Counselling Teams (PACTS)** to independent specialist agencies for disabled people who require assistance beyond what is available in mainstream employment services;

- **Access to Work**, a co-ordinated programme of financial assistance and practical aids to help overcome obstacles in the workplace or in getting to work;

- **Disability Working Allowance**, a social security benefit supplement for low-income earners, designed as an incentive for partially disabled employees and self-employed people;

- **The Supported Employment Programme**, which works with selected employers to provide subsidised work for people with severe disabilities through the Supported Placements Scheme;

- **The New Deal for Disabled People**, a scheme launched by the British Government in 1998 and aimed at people who would like to reenter the labour market without losing the security of benefits. Thanks to changes in benefit regulations which promote access to work for the disabled, people in the program may keep their benefits for their first year of employment. However, only one of the ten organisations which took part in a pilot employment program focused on people with mental health disabilities, which illustrates the difficulty in helping people with a history of mental illness return to work. The fact that mental illness is often cyclical, recurrent, and hard to predict can make the goal of permanent employment problematic.⁵

AGENCIES RESPONSIBLE FOR IMPLEMENTING EMPLOYMENT POLICY

A number of agencies are responsible for promoting and implementing the UK’s employment policy for people with disabilities.

- **The Department for Education and Employment (DfEE)** is responsible for most aspects of the national employment policy. It oversees the employment provisions of the Disability Discrimination Act (DDA) through the National Council for the Employment of People with Disabilities.

- **The Employment Services (ES)** agency, located within the DfEE, operates Access to Work, oversees PACTS, and the Supported Employment

Programme, and provides support to unemployed people with disabilities within its mainstream services. The ES has joint responsibility with the Benefits Agency for administering employment-related benefits.

•**The Department of Social Security** which hosts the Minister for Disabled People and the National Disability is responsible for promoting and implementing policy relating to the DDA and all benefit policies.⁶

COMPLAINTS AND REDRESS

An employee with a disability who alleges discrimination against an employer can file a complaint with an industrial tribunal. When a complaint is filed, a conciliation officer from the Advisory, Conciliation and Arbitration Service (ACAS) will try to settle the case. The main function of the ACAS is to provide factual information regarding the DDA and assistance related to its effects on industrial relations practices and procedures.⁷ If the conciliation effort does not succeed, the industrial tribunal will provide a remedy, which can be an award of unlimited compensation. Unfortunately, the industrial tribunal has no power to issue binding orders or injunctions to require employers to adopt non-discriminatory policies or practices.⁸

A POLICY OF PERSUASION

In the UK, the basic policy is to promote a voluntary commitment on behalf of employers to hiring and retaining people with disabilities. This is not, however, supported by financial rewards or incentives. The government expects employers to hire people with disabilities because it makes good business sense. The primary line of persuasion is that disabled workers should be valued for ability not disability and that they are potentially more valuable to an employer than people without disabilities.⁹ Materials from the Employment Services emphasise that in excluding a person with a disability, an employer could be missing the best person for the job. By retaining disabled persons in employment, an employer benefits from their skills and experience and saves hiring new workers.¹⁰

All of the policies and programmes described in this section cover people with mental health problems or a disability due to a mental illness. However, the effectiveness of the policies and their implementing agencies at encouraging employment and re-integration into the workforce of people with mental health problems is unclear. The unemployment rate for people with mental health problems is approximately 90%.¹¹ This is an indication that their employment goals have not been effectively addressed.

The role of government: health policy

The Health of the Nation (HOTN) strategy was the central plank of health policy for mental health services in the UK from 1992 to 1997 and was the context for the planning of NHS services. It represented the first explicit attempt by government to provide a strategic approach to improving the overall health of the population.¹²

In July 1999, the British Government put forward the first comprehensive government plan to tackle the five main causes of ill-health, namely cancer, coronary heart disease and stroke, accidents, and mental illness. The plan was introduced in the White paper, “Saving Lives: Our Healthier Nation.” In the area of mental illness, by the year 2010, the government aims to reduce the death rate from suicide by at least a fifth.¹³ The White Paper, “the National Contract for Mental Health”, recognises levels of actions, such as social and economic, environmental, and personal behaviour, and servic-

In the UK, the basic policy is to promote a voluntary commitment on behalf of employers to hiring and retaining people with disabilities.

es in which individuals, communities, government, and stakeholders at the local and national levels can promote mental health.

Mental health is one of two new National Service Frameworks to be implemented since April, 2000. The National Framework sets standards and defines service models for mental health promotion, suicide prevention, assessment, diagnosis, treatment, rehabilitation, and care. It plays a key role in achieving the goal of reducing suicides. Another new initiative is The National electronic Library for Health (NeLH), which is part of the government's Information for Health strategy and includes a library for mental health issues.¹⁴

In 1999 the Ministries of Public Health and Safety and Health launched the Healthy Workplace Initiative with the slogan "Improving Health is Everybody's Business." It is promoting healthy workplaces by developing good practices for handling key workplace issues; making available relevant information; encouraging better access to services and connecting them to prevention, treatment, and rehabilitation; and helping to promote compliance with relevant workplace legislation.¹⁵

AGENCIES RESPONSIBLE FOR IMPLEMENTING FOR HEALTH POLICY

The Department of Health seeks to improve health and well being by supporting activities to protect, promote, and improve the nation's health; to secure the provision of comprehensive health care for all; and to provide responsive social care and child protection for those in need.¹⁶ It is responsible for developing and implementing the National Service Frameworks for Mental Health.¹⁷

The Department of Health played an active role in promoting mental health throughout the 1990s. It convened an interagency group to co-ordinate mental health activities in the workplace which included representatives from the Trade Unions Congress, employers' bodies, the Health and Safety Executive, and the Institute of Personnel Management. This resulted in the resource packet, "Mental wellbeing in the workplace" for management training and development and in conferences on mental health in the workplace, which took place in 1992 and 1993. Both conferences led to major publications, one of which was disseminated to NHS managers, and leaflets designed to increase employers' awareness of mental health in the workplace. These are: "A guide to mental health in the workplace" and "ABC of mental health in the workplace."

The Health Development Agency (HDA), previously the Health Education Authority (HEA), was founded in 1987 as a special health authority, and is largely funded by the government's Department of Health. The HDA is England's lead body in health promotion. It aims to improve the health of the nation and works to reduce health inequalities. The HDA advises the government on health promotion strategy, undertakes research within key areas of health promotion, maintains a knowledge base on the subject, and works with health professionals on practical projects. The HDA also disseminates information on health issues to the public.¹⁸

The HDA's Mental Health Programme has been running two projects, which support the strategic promotion of mental health. Through Mental Health Charters, it is developing four charters which support and set specific guidelines for the development of mentally healthy schools, workplaces, neighbourhoods, and prisons. In Mental Health Promotion Strategies it is developing effective evidence-based promotion strategies and disseminating existing examples of national, local, and regional strategies.

Since the late 1980s, government departments have been playing an active role in promoting mental health.

“This research (a research report by the HSE) confirms what a serious problem occupational stress is for Britain. We already knew from smaller studies that stress was probably our second biggest occupational health problem, after back pain, but this research now puts that beyond doubt. What is more, we can now be sure that how employers design jobs affects the mental and physical health of their employees. It also affects whether employees take sick leave. The work that has gone into these reports will assist us in our work of protecting the health and competitiveness of Britain’s workforce.”¹⁹

Elizabeth Gyngell a senior policy manager in HSE’s Health Directorate, 2000

Since 1995, the HDA has co-ordinated the World Mental Health Day (WMHD) campaign in Britain on behalf of the Department of Health. WMHD, which is a yearly event, was established by the World Federation for Mental Health to encourage and promote awareness about mental health issues, to challenge negative stereotypes and to give voice to people’s experiences. The WMHD is co-sponsored by the World Health Organization (WHO).

The Mental Health Programme has published a series of fact-sheets, which explore issues that affect the mental health of groups such as children, people with disabilities, and people at work. They can be downloaded at: http://www.hea.org.uk/campaigns/mental_health/index.html

The Health and Safety Executive (HSE) develops new health and safety laws and standards, inspects workplaces, investigates accidents and cases of ill health; enforces good standards, publishes guidance and advice; provides an information service, and carries out research. During the 1990s, the Health and Safety Executive expanded its activities on work-related stress. It commissioned an independent review of the scientific literature on stress, which resulted in HSE’s current guidelines on work-related stress, published in 1995. The guidelines seek to provide a flexible framework for action that employers can adapt to their organisational needs.²⁰ The first prosecution under the Occupational Safety and Health Act for stress-related ill health has been an added impetus to the Health and Safety Executive’s work. In 1998 the Health and Safety executive launched a discussion document to develop a new occupational safety and health strategy.

Workers’ and employers’ organisations

Workers’ and employers’ organisations are active at the national level in promoting equal opportunities, codes of good practice, and employment of people with disabilities. The Trade Unions Congress and the Confederation of British Industry are the principal organisations representing the workers and employers. There are also employer networks of national and multinational companies, such as the Employment Forum on Disability, that do important work in encouraging good practices among their members, and in removing barriers to the employment of people with disabilities.

THE TRADE UNIONS CONGRESS

Almost one in every three British workers from lorry drivers; office staff, and shop assistants to airline pilots and teachers belongs to a TUC union. The TUC has a combined membership of almost seven million.

The TUC and its affiliated unions have devoted increasing attention to raising awareness of stress as a major source of occupationally related health problems, which affect the mental and physical wellbeing of workers. The TUC recognises that stress is a not just a workplace issue, but also has many non-occupational sources. The general objective of the TUC and its unions is to focus on the jobs their members do in terms of work environment, job design, contractual issues, and working relationships, to determine how the organisation of work creates the stress which leads to ill health.²¹

In the early 1990s, the TUC co-operated with the Department of Health and the Confederation of British Industry (CBI) on a conference which presented good examples of managing mental health issues in the workplace. Since 1996 the TUC has been working jointly with CBI to combat stress. A 1996

A landmark case in employment law

In 1996 the public service union UNISON was securing substantial compensation for a worker who suffered a nervous breakdown, which the courts accepted was caused by workplace stress. UNISON says senior social worker John Walker made legal history when he became the first person to argue successfully in the High Court that his employers were liable for his nervous breakdown. The personal injury award of £175,000 in April 1996 followed an earlier ruling in the High Court that the “impossible workload” placed on Mr Walker by his employer had caused stress which resulted in a nervous breakdown. He had repeatedly sought extra staff and administrative back-up, but his requests had been refused. Mr Walker suffered a nervous breakdown in November 1986, returning to work in March 1987. His employer did nothing to reduce his workload, or ease the stress. He subsequently suffered a second nervous breakdown and retired on medical grounds in May 1988. UNISON’s solicitors effectively argued that his

nervous breakdown was caused by his employer’s negligence. He had been exposed to unreasonable stress which could have been avoided. The judge was convinced that among the causes of the “psychiatric damage to a normally robust personality” were “the sheer volume of work”, “the character of the work, regardless of the volume” and an inability “to control the volume of work or gain from senior management increased resources or guidance on priorities.” UNISON health and safety officer Sarah Copsey commented: “This landmark case confirms what UNISON has been telling employers for years - that they must take stress at work seriously. They must make jobs ‘do-able’ and it is no longer acceptable for employers to leave staff to struggle on, trying to provide under-resourced services on the cheap, or expect them to risk their health in doing so. “It’s time for management to start managing staff health and safety in a competent and committed way.”²³

TUC survey of union health and safety specialists identified stress as the top priority of trade unions. Thirteen unions named stress as their number one concern; eight others identified hazards associated with stress, including violence at work, bullying, sexual harassment, working alone, and working extended hours.

The TUC also points out that workplace stress is not just an occupational inconvenience but, in many cases, can result in a job threatening disability. A 1991 report, compiled for the teaching union NASUWT by Manchester University Institute of Science and Technology, found that “one in five teachers suffer levels of anxiety, depression, and psychosomatic symptoms at or above the levels of psychoneurotics.”²²

The TUC has suggested a legally binding code of practice on prevention of occupational stress. Recently, it has published advice on disability monitoring, to assist unions to meet their duties under the DDA and to provide full equal access to disabled members. It has also prepared a briefing on the DDA’s official employment code of practice and guidelines on the definition of disability used by the Act.

THE CONFEDERATION OF BRITISH INDUSTRY (CBI)

The CBI, which was founded in 1965, is a non-profit, non-partisan, political business organisation funded by members’ subscriptions. The CBI represents small and large companies from every sector of UK business. Its direct corporate membership employs over four million people, and it has a trade association membership representing over six million.²⁵

The CBI is working jointly with government agencies and the Trade Unions Congress to tackle stress-related problems in the workplace. It has participated in sponsoring a mental health conference with the Department of Health. The CBI has produced guidelines on stress management and addresses stress as a human resource development and occupational safety and health issue.²⁶

The TUC and its affiliated unions have devoted increasing attention to raising awareness of stress as a major source of occupationally related health problems, which affect the mental and physical wellbeing of workers.

The CBI has been active in drawing attention to problems related to absenteeism. Its regular surveys on absenteeism, conducted since 1987, are the most authoritative in the UK. Their results receive considerable media attention and are widely used by companies to benchmark their performance. The surveys provide information on the cost and causes of absence, company policies on controlling absence, and labour turnover by region, sector, and size of company.²⁷ In a CBI survey of over 800 companies, 98% of respondents said they thought that the mental health of employees should be a company concern, and 81% considered that the mental health of staff should be part of company policy. However, despite their concerns, fewer than 1 in 10 of these companies had an official mental health policy.²⁸

THE EMPLOYERS FORUM ON DISABILITY

The Employers Forum on Disability, is a national, apolitical, non-profit, member-funded organisation, which focuses on disability in the UK. Since its establishment in 1986, the Forum has grown to over 340 member organisations employing approximately 20% of the national workforce. The Forum is committed to making it easier for organisations to recruit and retain disabled employees and to serve customers with disabilities.²⁹

Publications produced by the Forum contain information on people with mental health problems. They are: “Disability Communication Guide”; “Welcoming Disabled Customers”; “Open for Business”, “DDA Best Practice Guide”, “Briefing Guides”, “Customer Action File”, and “The Bigger Picture Video”.³⁰

Key activities of the Employers Forum on Disability

- The Broadcasters’ Disability Network aimed at developing a wider and more diverse workforce in TV and radio, which will in turn make for richer programme content, combat discrimination, support individual rights, and ensure equality of access for audiences and workers.
- The New Deal Network, which is developing and co-ordinating activities relating to the New Deal, a key part of the government’s Welfare to Work strategy. It gives New Deal jobseekers the opportunity to develop their experience and skills and in order to find employment.
- The Agenda on Employment, which provides a framework for employers committed to developing best practices for the employment of disabled people.
- The Agenda on Customers, which covers all aspects of customer care for people with disabilities and includes the design of products and services for customers with disabilities, the physical environment, and communication with customers.

“We at the CBI are convinced that the mental health of a company’s employees can have an important impact on business performance in the same way as does a poor industrial relations climate or inadequate training. That is why the CBI continues to add its voice to the campaign to raise the profile of mental health as a workplace issue.”

*Howard Davies
Director General, CBI,
1993²⁴*

Non-Governmental Organisations

Non-governmental organisations constitute an important source of expertise and provide opportunities to reach people with mental health problems. They serve as policy monitors and as catalysts for change, and were prominent in securing the development of anti-discrimination legislation. The following section introduces some of the national non-governmental organisations.

Non-governmental organisations and the voluntary sector play a notable role in:

- Working to de-stigmatise social attitudes towards mental illness;
- Monitoring services and evaluating their effectiveness;
- Providing specialised advice to reduce and counter social stress;
- Directly providing a range of services, including support for access to mainstream employment.³¹

MIND

MIND is the leading mental health charity in England and Wales, working for the right of people with mental health problems to lead active and valued lives in the community. It is an influential voice on mental health issues. Since it was established in 1946, MIND, has grown into a major network, with headquarters in East London and offices across England and Wales and over 220 Local MIND Associations around the country. Drawing on the experience and skills of mental health service users and professionals, MIND has become the largest voluntary sector provider of quality community care.³³

Local MIND Associations offer services such as supported housing, crisis helplines, drop-in centres, counselling, befriending, advocacy, and employment and training schemes. Every year, MindinfoLine offers thousands of callers confidential help on a range of mental health problems and their consequences. MIND also advises government, health and local authorities, and the public on good practices, services and developments in mental health and community care. MIND develops its policies in consultation with the user network and allied organisations.

MIND's nationwide Legal Advice Network serves the public, government, lawyers, and mental health workers. It comprises over 600 lawyers who work on cases relating to mental health issues. MIND has published a comprehensive list of booklets covering anxiety, depression, schizophrenia, and other problems. It publishes OpenMind, the national mental health magazine and organises conferences and seminars on mental health issues.

Recently, MIND published an Employers' Resource Pack, designed to help employers successfully manage mental health issues in the workplace, and the guide, "Surviving Working Life", for employees returning to work after time off because of a mental health problem, feeling under stress at work, or simply trying to maintain a healthy working life. The Employers' Resource Pack is a tool-kit that provides examples of good practice in areas such as workplace stress, employing people with mental health problems, and maintaining an effective and efficient business. It tackles a range of issues from fair recruitment and reasonable adjustments under the DDA, to what to do when an employee becomes distressed at work. It includes a guide that provides expert advice on recruitment and retention of people with mental health problems.³⁴

MENTAL HEALTH FOUNDATION

The Mental Health Foundation is a UK charity dedicated to improving the lives of people with mental health problems and learning disabilities. It conducts research, promotes service development, and disseminates information to increase understanding of the needs of people with mental health

"Looking after employees' mental health makes good business sense. The message to employers today is don't panic, you don't need to be an expert in mental health to make small but significant changes to working practice that could make all the difference to your organisation and your staff."³²

*Judi Clements, MIND
Chief Executive*

problems. It plays an important role in pioneering new approaches to prevention, treatment, and care. The Foundation's work includes: allocating grants for research and community projects, contributing to public debate, educating policy makers and healthcare professionals, and striving to reduce the stigma attached to mental illness and learning disabilities.³⁵

Recently, the Mental Health Foundation has published the booklet "Mental Health in the Workplace: Tackling the Effects of Stress", which addresses issues such as creating a healthy workplace, return to work after stress-related illness, and developing a workplace mental health policy. The booklet is on the Internet.³⁶

MENTAL HEALTH MEDIA

Mental Health Media brings together the media and the fields of mental health and learning difficulties to challenge discrimination and prejudice and to print and broadcast the voices of people who have experienced mental health problems. Mental Health Media produces video, television, radio, audio, interactive programmes, CD ROMs, and websites about learning difficulties and mental distress and well-being. It offers training for mental health care workers on media issues, and provides users of mental health services, and survivors of mental illness who are thinking about media work with advice, information, support, and media skills training. Mental Health Media gives awards to programmes that challenge stereotypes, inform about mental distress, and give a voice to people with mental health problems.³⁷

Recently, Mental Health Media has produced a resource pack to help employers support people with mental health difficulties at work. The pack, "Working Partners", includes a video and a booklet which give practical information and guidance on best practices and the DDA in the area of mental health problems. Targeted specifically at employers, human resource staff, and recruitment agencies, the video answers the questions many people have about mental health and employees with mental health problems. Viewers hear from the employees themselves and from their employers about how they deal with mental health at work.

SANE

SANE, a mental health charity established in 1986, campaigns to change attitudes, combat prejudice and intolerance surrounding mental illness, improve attitudes and services for sufferers and their families, and provide care. SANELINE is the only national after-hours telephone helpline dealing with mental health and giving practical information and emotional support to people affected by mental illness. To initiate and fund research, SANE has established the SANE Research Centre in Oxford. Its aims is to provide a research centre of excellence which looks into the causes, treatments, and potential cures for schizophrenia and other serious mental illnesses.

MENTAL HEALTH MATTERS

Mental Health Matters is a nationally registered charity organisation which promotes the health and well being of people with mental health problems and their families and caregivers. It also provides services for people with mental illness. Mental Health Matters works to enhance public awareness of and attitudes towards mental health; to reduce the stigma of mental illness; provide appropriate information and educational resources for a range of groups, including people with mental illness, formal and informal caregivers, professionals, and the public and promote the development of effective support groups. Recently increased emphasis has been placed on com-

Non-governmental organisations serve as policy monitors and as catalysts for change in the mental health field and were prominent in securing the development of anti-discrimination legislation.

munity-based care, networking at the European level, and the importance of the role of charities as service providers. Currently Mental Health Matters is running some 50 projects across the country to address mental health issues. These include projects concerning career counselling, employment services, and housing for people with mental health difficulties.³⁸

Academic Institutions

THE ROYAL COLLEGE OF PSYCHIATRY³⁹ is the professional and educational body for psychiatrists in the United Kingdom and the Republic of Ireland. It aims to advance the science and practice of psychiatry and mental health care; further public education in psychiatry; promote study and research work in psychiatry and all sciences and disciplines connected with the understanding and treatment of mental health disorders.

The College administers its membership examination, visits and approves hospitals for training, and organises scientific and clinical meetings, lectures, and continuing education activities. The College publishes the *British Journal of Psychiatry*, *Psychiatric Bulletin*, and *Advances in Psychiatric Treatment* as well as books, reports, and educational material for professionals and the general public.

THE DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF NOTTINGHAM is a research department of international standing. In 1988, the Department's research groups on stress and employment strategies were brought together under the newly established Centre for Organisational Health and Development. The Centre is devoted to psychological, social, and organisational issues in occupational and environmental health. It conducts research and intervention studies, disseminates information and guidance on an international basis, and influences the development of policy in areas related to occupational health and the health and development of organisations. It also supports more fundamental research into health-related issues. In 1994, the Centre, directed by Professor Tom Cox, was recognised by the World Health Organization as a Collaborating Centre in Occupational Health.

The research and evaluation studies of the Centre are currently organized into seven groups: the Psychosocial Hazards: Assessment and Interventions Group; the Violence Research Group; the Health Psychology Group; the Information Technology and Health Group; the New Methods Group; the Organisational Health Group; and the Environmental Psychology Group. The Centre is working with the World Health Organization (European Regional Office), the International Labour Office, the European Commission, and the UK Health and Safety Executive to produce guidance notes and reviews on occupational health and stress issues. The Centre also supports the international journal "Work and Stress"

INSTITUTE OF PSYCHIATRY, KING'S COLLEGE, LONDON provides post-graduate education and carries out research in psychiatry, psychology, and allied disciplines and has worked actively in the area of mental health issues in the workplace. It works jointly with the South London and Maudsley NHS Trust to conduct research on mental health and to advance mental health care. The Institute is a WHO collaborating centre.⁴⁰

THE INSTITUTE OF WORK PSYCHOLOGY, UNIVERSITY OF SHEFFIELD was established in 1994. It works to increase understanding of effectiveness and well-being at work through research and development projects in collaboration with employing organisations. Research conducted at the Institute

seeks to bring about advancements in psychology by developing and testing theories about behaviour and performance in work organisations. The Institute's research programmes are based primarily on longitudinal research in collaboration with industrial, commercial, and public organisations.

The strategy of the Institute is to balance three research themes:

- To specify the features of work tasks, roles and equipment which can affect employee mental health and performance;
- To examine the intrapersonal factors that are more apt to be affected and influenced by the work environment;
- To investigate the processes and outcomes of changes designed to enhance mental health.

The Institute's study "The impact of Mental Health on Job Performance and Absence from Work in NHS Staff"⁴¹ is an example of the type of work it does.

Part 3

Managing mental health in the workplace

In the United Kingdom, it is recognised that the workplace can be a major cause of stress affecting mental health and work performance. The Health and Safety Executive recommends that every organisation have a mental health policy.

In the United Kingdom, it is recognised that the workplace can be a major cause of stress affecting mental health and work performance. The scope of the problem is illustrated by the estimated 80 million days of sick leave (four days per worker) certified as due to mental illness.¹ This figure does not provide the full picture, since it does not take into account uncertified absences or absences wrongly attributed to physical illness.

The Health and Safety Executive recommends that a mental health policy be an integral part of any organisation's health and safety policy. Some large companies, such as Marks and Spencer, Astra, Zeneca, and The Boots Company, have developed policies that have addressed mental health issues in the workplace. Analysis of those policies has defined certain key elements of good practice regarding the promotion of mental well-being at work. As a first step, it is crucial for organisations to recognise and accept that mental health is an important issue. Introduction of a mental health policy demonstrates an organisation's commitment to mental health². Companies should provide information on existing levels of stress and mental ill health and on the ways in which organisational structure and function may be contributing to stress. Analysing the current situation helps to identify the needs of the organisation and to target areas where intervention is necessary. A mental health policy in the workplace can promote mental well-being, reduce the stigma associated with mental ill health, and provide assistance to employees suffering from stress or more serious mental health problems.

Example: A mental health policy for an employer³

1. AUDIT

To provide information on existing levels of stress and mental ill health within an organisation, and the ways in which organisational structure may be contributing to these, or otherwise. The process will identify areas for intervention via a mental health policy.

2. DEVELOPMENT

To produce a mental health policy tailored to the needs of an organisation. The policy document may include:

- An introduction, outlining the negative effects of mental ill health on sickness absence and work performance, and defining the aims and objectives of the policy. Core aims might be to promote mental wellbeing, reduce stigma associated with mental ill health, and promote assistance to employees suffering from stress or more serious mental health problems.

- Health, safety and welfare policy of the organisation.

- Human resources policies, e.g., on mental health and recruitment, sickness absence, rehabilitation, and alcohol use.

- Organisational philosophy on health promotion and mental ill-health prevention.

- Draft strategies for stress prevention and management, based on identification of mental health needs via the process of audit.

- Details of staff training programs, including management training and stress management courses, specific training of personnel managers on mental health, and health education of the workforce, e.g., mental health education within induction training programmes for new employees.

- Descriptions of the roles and responsibilities of employees at all levels of the organisation in respect to promoting mental health, including senior managers, line managers, personnel managers, occupational health services, staff associations and trade unions, and employees (for themselves and their colleagues).

- Details of the processes of auditing, monitoring, and evaluation.

- Estimated costs and time schedule for implementation.

Crucial to the success of a mental health policy is that it should be developed by a working group that includes representatives from all levels and sections of the organisation, including personnel/human resource managers, health professionals such as occupational health nurses, physicians or psychologists, senior management, and employee representatives. It should also be applicable to all staff, regardless of age, sex, ethnic origin or grade.

3. IMPLEMENTATION

To convert the policy into practice throughout the organisation. This relies on the commitment and co-operation of all employees, headed by management at the most senior level. Any mental health policy should be reinforced by regular monitoring and evaluation against performance indicators, such as reductions in sickness absence and improvements in job satisfaction as demonstrated by regular auditing. Revision of the policy in line with review findings should permit its continual improvement, alongside a parallel improvement in the mental well-being of staff.

Employee Assistance Programs

Access to professional counselling services can be invaluable in assisting the recovery and rehabilitation of stressed employees. The number of organisations providing such services is increasing. Employee assistance programmes (EAPs) are a way of providing confidential information and counselling that is independent of the employer. EAPs can provide referral to appropriate support services, including counselling support, for employees and their family members, through services such as a 24-hour telephone counselling/help line. The services are usually provided by an independent outside agency and paid for by the employer. In-house counselling is another option for bigger employers. The British Association for Counselling and the UK Employee Assistance Professionals Association are the main sources for information on these issues.

The Post Office has provided its employees with an EAP which has substantially reduced staff absenteeism and other indicators of mental ill health. A particular advantage of EAPs is that they can be used to provide feedback to employers, on a confidential basis, about recurring problems

For a mental health policy to succeed, it should be developed by a working group that includes representatives from all levels and sections of the organisation and should be applicable to all staff, regardless of age, sex, ethnic origin or grade.

Employee assistance programmes (EAPs) are a way of providing confidential information and counselling that is independent of the employer.

within an organisation, thus helping to identify sources of stress and areas of intervention for stress management and prevention programmes.⁴

Examples of good practice

MARKS & SPENCER

Marks & Spencer is an international retailer with 696 stores in North America, the Far East, and Europe. In the UK, Marks & Spencer employs approximately 56,000 people, over 52,000 of them in its stores. 83% of the workforce is female and 62% of these are part-time.

Strategy for Health Promotion

Marks & Spencer's strategy for overall health promotion which includes mental health is based on the following:

- Health education to raise awareness of factors affecting health and well-being.
- Screening programmes to detect risk factors or early signs of disease.
- Action programmes to address them.

The Role of the Occupational Health Service at Marks & Spencer

The Occupational Health Service works closely with personnel and line management regarding all aspects of employees' mental and physical health. The occupational health team is available to look at the effects of health on work or work on health, to discuss with staff any health problems they may have, and to promote good health through health education, screening, and action programmes. The company believes that the Occupational Health Service can play a major role in:

- Identifying work problems caused by mental ill health and taking action to improve the health of employees
- Assisting employers in modifying work and the work environment
- Enabling employees to remain at work rather than withdraw

The organisation assists in preventing mental ill health by providing a good working environment and a clearly defined job. Following absence it is often essential to be able to modify the working hours during the rehabilitation period to provide a gradual return to usual working practices through a good sick pay scheme. Financial support at this time will allay anxiety and encourage a speedier return to work.

Regular honest appraisals are important and problems in performance should be discussed at the time of occurrence, with an opportunity to follow-up and review progress. People should feel able to contribute to their development and feel accountable for the job. On site counselling facilities from personnel or health professionals are available which saves time away from work.⁵

THE NORTH EAST ESSEX MENTAL HEALTH TRUST

Organizational stress pilot for employees

The North East Essex Mental Health Trust employs approximately 846 people providing mental health services to a large catchment area in Britain. According to its data, stress related illnesses are responsible for 25% of all absence. To address this issue, the Trust implemented the Health Education Authority's (HEA) anti-stress pilot program, which is designed to reduce anxiety and tension within an organisation. The program was introduced at a time when the Trust was undergoing major organisational changes. As a result of the program, absenteeism due to stress-related conditions was reduced and morale improved.

“Marks & Spencer takes the mental health of its workforce extremely seriously, and we realize that in ensuring the mental well-being of staff we benefit from an individual and company point of view.”

Young, The Business Case- Action Taken by Marks & Spencer, 1992

By implementing the Health Education Authority's anti-stress pilot program, the North East Essex Mental Health Trust reduced absenteeism due to stress-related conditions and improved employee morale.

Highlights of the HEA anti-stress program

I. Stages of the HEA strategy

Formation of Stress Management Group (SMG). The SMG managed the total programme. It was usually led by the Human Resource Director with the full support of the chief executive.

The Listening Group (LG). This was a two-day event for 25-30 people representing all sections of the organisation and led by the programme's consultants. Its aim was to develop a preliminary analysis of the nature and extent of organisational stress by listening to the staff's views.

Post -Listening Group Action. Following the Listening Group event, the SMG worked with the consultants to plan an Organisational Stress Workshop on the basis of the Listening Group's findings.

Organisational Stress Workshop (OSW). This was a second two-day event for 30-60 people who had a particular interest in the Listening Group's findings. Their role was to draw up action plans.

The Action Groups. A number of groups were formed, co-ordinated by the SMG, to see the action plans through over a period of months or years.

II. Reasons for stress as expressed by the employees in the Listening Group

Staff feel uninvolved in the planning and process of change, leading to a loss of control, of choice and ownership, and a sense of devaluation and powerlessness.

Staff do not know what is happening as it happens. Decisions can change from one week to the next.

Many are struggling to cope with changes in their work environment such as service relocations and new methods of recording information.

III. Outcomes/Effectiveness

Sickness absence in North East Essex Mental Health Trust				
1993-1994	1994-1995	1995-1996	1996-1997	1997-1998
6.17%	5.72%	5.59%	5.6%	4.79%

Proportion of sickness absence due to stress				
1993-4	1994-1995	1995-1996	1996-1997	1997-1998
19.9%	20.4%	20.2%	19%	16.6%

IV. Employees' reaction and comments after participation

Managers were generally more enthusiastic about the project than staff. Most participants in workshops or action groups felt they had benefited. Several described activities as therapeutic and constructive.

Comments included: "Communications were better; more information was getting through." "It feels as though there is more support and that it's a team effort." "Things are changing in my department." "There's more on offer in terms of training, support, but I don't know if it's the result of this intervention."

A few identified other beneficial changes in attitudes or culture. Before the project, it had not been possible to admit to certain feelings, such as being upset about the organisational but now it was. Some felt more confident that things could be influenced from the bottom up.

CONCLUSION

Work-related stress has been identified as the second largest occupational health problem in the UK, and employers of all sizes are increasingly acknowledging and accepting that the mental health of employees is a company concern.

Full and fair access to employment opportunities is a key element in the UK government's stated policy of promoting people with disabilities, including those caused by a mental illness, to be fully integrated into society.

In the UK, mental-ill health is a major cause of absence from work, reduced work productivity, and employee turnover. It has been estimated that nearly 3 in every 10 employees will have a mental health problem in any one year. Although the UK Department of Health recognizes that the full extent of the impact of mental health problems is underestimated, work-related stress has been identified as the second largest occupational health problem in the UK, with musculoskeletal disorders ranking first. The Mental Health Foundation states that half of all workdays lost through mental ill health are due to anxiety and stress conditions, many of which are work-related. In recent years, stress in the work environment has become a major concern for employees, employers, and the public at large.¹

In response to this concern the Health and Safety Executive has issued guidelines to assist employers manage work-related stress and has promoted continued research addressing workplace stress.² As described in this situation analysis, there is a growing debate among employers organisations, unions, and policy makers regarding the development and implementation of *An Approved Code of Practice* focusing on stress under the Health and Safety at Work Act 1974. A number of organisations and mental health advocates have called for a code of practice to guide employers about their responsibilities under the law and encourage them to take action.³

During the last ten years, the general response in the UK regarding all mental health issues has been proactive. As early as 1991, a government sponsored working group on the *Health of the Nation* identified a strategic approach in order to achieve and measure health gains in mental illness.⁴ Most recently, the government intends to produce a *National Service Framework* for mental health which will address mental health services and treatment throughout the UK.⁵ One of the aims of the *National Service Framework* will be to address the mental health needs of working adults.⁶ In terms of mental health and work, the Department of Health, taking the lead in 1994, produced a policy on mental health for its own employees. For a number of years, the Department of Health also convened an interagency group with representatives from the Trade Unions Congress, employers' organisations, the Health and Safety Executive, and other relevant organisations to co-ordinate activities related to mental health and stress in the workplace. The Health and Safety Executive has promoted the full integration of a mental health policy in all employers' health and safety programs. In addition, the National Health Service has co-sponsored conferences on the issue of mental health in the workplace.⁷

Employers of all sizes in the UK are increasingly acknowledging and accepting that the mental health of employees is a company concern. In a Confederation of British Industry (CBI) survey of over 800 companies, 98% of respondents recognized the importance of mental health to their employees⁸ and realised that there should be a mental health policy for staff. Yet, the situation analysis points out that most companies do not have an official policy on mental health. The Health and Safety Executive recommends that a mental health policy should be an integral part of any employer's health and safety policy. As we have seen, some large companies have developed policies that address the issue of mental health in the

workplace through their occupational safety and employee assistance programs. It is clear, though, that this needs to become more widespread.

Historically, government policy has tended to favour voluntary action by employers. There has been a general commitment to deregulation and non-interference in the labour market, which encourages persuasion rather than compulsion. However, full and fair access to employment opportunities is a key element in the UK government's stated policy of promoting people with disabilities, including those caused by a mental illness, to be fully integrated into society. This has been approached on three levels: de-stigmatising attitudes about mental-ill health; legislation to ensure that individuals are treated equitably and without discrimination in the employment process; and practical support and services. Although there has been significant progress in the last decade, there is still sufficient unawareness and concern about mental health in general and mental ill health in particular, and their impact on the work environment.

Recent events in the UK indicate that there is a move to strengthen the implementation and enforcement of anti-discrimination legislation.

For example, there continues to be stigma and fear associated with mental health problems to such an extent that one survey reported that 69% of the respondents did not apply for employment because of past unfair treatment.⁹ As illustrated in the situation analysis, the UK's Disability Discrimination Act 1995 (DDA) is a landmark piece of legislation that has contributed to improving the acceptance of all disabilities, including mental health, in the workplace. Nevertheless, the DDA has been subject to criticism by disability rights advocates. One of the chief complaints has been the weak enforcement mechanism of the DDA. Recent events in the UK indicate that there is a move to strengthen the implementation and enforcement of this anti-discrimination law. This will eventually benefit the many individuals who have reported that they have been denied employment, forced to resign, or denied a promotion due to a mental health problem.

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