



# Promoting Positive Mental Health in the Workplace

<b>Title</b>	Promoting Positive Mental Health in the Workplace
<b>Who should use this</b>	All Staff
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# 1. Introduction

- 1.1 The Board is committed to promoting a culture and environment in which mental wellbeing is encouraged and supported, through providing a safe and productive working environment which encourages the health, safety and well-being of its employees.
- 1.2 This guide supports the Board's Framework for Maximising Attendance at Work, Capability policy and Equality at Work, all of which are available on Share Point.
- 1.3 The overall aim of this guidance is to enable the Board to support managers and employees in effectively managing mental ill health. Good practice can reduce sickness absence, improve performance and productivity and improve recovery time therefore retaining skills, knowledge and experience.
- 1.4 Employees are encouraged to seek support at the earliest stage possible. However, it is recognised that there may be other related support (outwith employment) which the employee chooses to access to assist in managing or in the recovery of their mental wellbeing.
- 1.5 The Board will ensure that positive equalities practice underpins the operation of this policy which applies to all Local Government Employees and Chief Officials and has been developed jointly with Trades Unions in line with the principles of partnership working.

# 2. Mental Health

- 2.1 Mental health is the mental and emotional state in which we feel able to cope with the normal pressures of everyday life. It influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate and to form and sustain relationships. It also influences our ability to cope with change, transition and life events: e.g., becoming a parent; moving house; experiencing bereavement.

There is much debate about terminology in relation to mental health with terms such as mental illness, mental health problems and mental health conditions being used interchangeably. Research suggests that mental health consists of two dimensions:

- **Mental health problems** (mental illness) which include e.g., depression, mania, anxiety and personality disorder conditions
- **Positive mental health** (mental wellbeing) which includes e.g., life satisfaction, positive relationships with others and purpose in life.

- 2.2 Mental health conditions are widespread and most of us will experience one, or know someone who has experienced one. Mental health conditions are the second largest category of occupational ill health.
- 2.3 Mental health problems may present in a number of different ways. They may range from mild to severe, may be acute or chronic, short-term or long-term. Some conditions will arise as a reaction to specific circumstances or may be related solely to the workplace. Life experiences may have an impact on employee wellbeing.

## 3. Legislation

3.1 Employers have a legal obligation towards their employees. The main areas of legislation that relate to mental wellbeing in the workplace are:

- Equality Act 2010
- The Health and Safety at Work Act 1974 (HASWA)
- Human Rights Act 1998 (HRA)
- Management of Health and Safety at Work Regulations (1999)

3.2 The Equality Act 2010 introduced '*protected characteristics*', one of which is disability.

Disability is defined as "*a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities*".

The term "*mental impairment*" is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning difficulties.

3.3 Only a person who meets the Equality Act's definition of disability has the protected characteristic of disability. Only MS, Cancer and HIV receive automatic protection at point of diagnosis. The test is whether the legal definition as specified at 3.2 above is met. In most circumstances a person who no longer has a disability will retain the protected characteristic of disability. There is no need for a person to establish a medically diagnosed cause for their impairment.

3.3 The Equality Act also outlines prohibited conduct and more detailed information can be found in our Equality at Work policy.

3.4 Managers and employees should also ensure they have completed the mandatory equalities eLearning modules on COAST to further aid their knowledge and practice.

## 4. Responsibilities

### 4.1 MANAGERS

South Ayrshire Council provides awareness training to ensure staff have the appropriate skills to recognise the signs of mental ill-health and that managers are equipped with sufficient information to support employees and colleagues.

Managers should develop a culture where open and honest communication is encouraged and support and mutual respect are the norm. Employees should know that it is okay to talk about mental health if they are having problems.

4.1.1 The Assessor and nominated senior officers are responsible for ensuring that they are aware of this policy and other policies such as The Framework for Maximising Attendance, the Capability policy, Flexible Working policy, Special Leave policy and Equality at Work policy to proactively support employees who experience mental health conditions.

4.1.2 We regularly provide Healthy Working Lives 'Mentally Healthy Workplace' awareness sessions for covering:

- Definitions of mental health and mental health problems;
- Attitudes to mental health;
- Mental Health and the Equality Act 2010;

- Benefits of a mentally healthy workplace.

4.1.3 Identifying early signs are important. Usually the key is a 'change' in typical employee behaviour e.g., tearfulness, loss of humour, increased sickness absence, tiredness, changes in physical presentation, reduced or poor performance, poor time keeping etc. Managers should be aware of what is happening at work on a day-to-day basis particularly with regard to the interaction between employee and immediate line manager and/or colleagues.

Managers through regular one to ones and catch ups should also be aware of wider issues that may have an impact on employees e.g. changes occurring in the Board or situations a manager may be aware of in an employee's personal life such as loss or bereavement.

4.1.4 Managers are not expected to 'diagnose' or have specialist knowledge of mental health conditions but should provide information and signpost employees to SAC support services and resources. The SAC link [here](#) provides **basic information** in relation to a number of mental health conditions, supporting agencies and resources.

4.1.5 Managers should ensure that individual cases are treated confidentially, as far as is legitimately and legally possible. However, in certain cases, it may be necessary in order to provide effective support, for information to be shared with others, for example, Occupational Health and/or other support agencies. The manager should discuss this with the employee prior to any disclosure being made. Referrals to Occupational Health should be discussed with and made via the Boards Personnel Representatives.

4.1.6 Managers are responsible for ensuring consistent application of guidance, as outlined in the Framework for Maximising Attendance at Work, is applied where an employee is absent from work, or returning to work, as a result of a mental health condition.

## 4.2 EMPLOYEES

4.2.1 Employees are encouraged to seek support at the earliest stage possible to allow appropriate support and action to prevent, reduce, minimise and/or eliminate any negative impact on their wellbeing. The SAC link [here](#) provides **basic information** in relation to a number of mental health conditions, supporting agencies and resources.

Staff may find it useful to develop a Wellness Action Plan that can be used to identify:

- Triggers, symptoms and early warning sign;
- How mental health can impact their performance;
- What support they need from line managers.

The charity MIND has a practical guide to creating a plan <http://www.mind.org.uk>.

4.2.3 Employees are obligated to inform the Board of any prescription medication which may affect their ability to fully undertake their work duties. This includes any impact on driving related duties (including commuting to and from work).

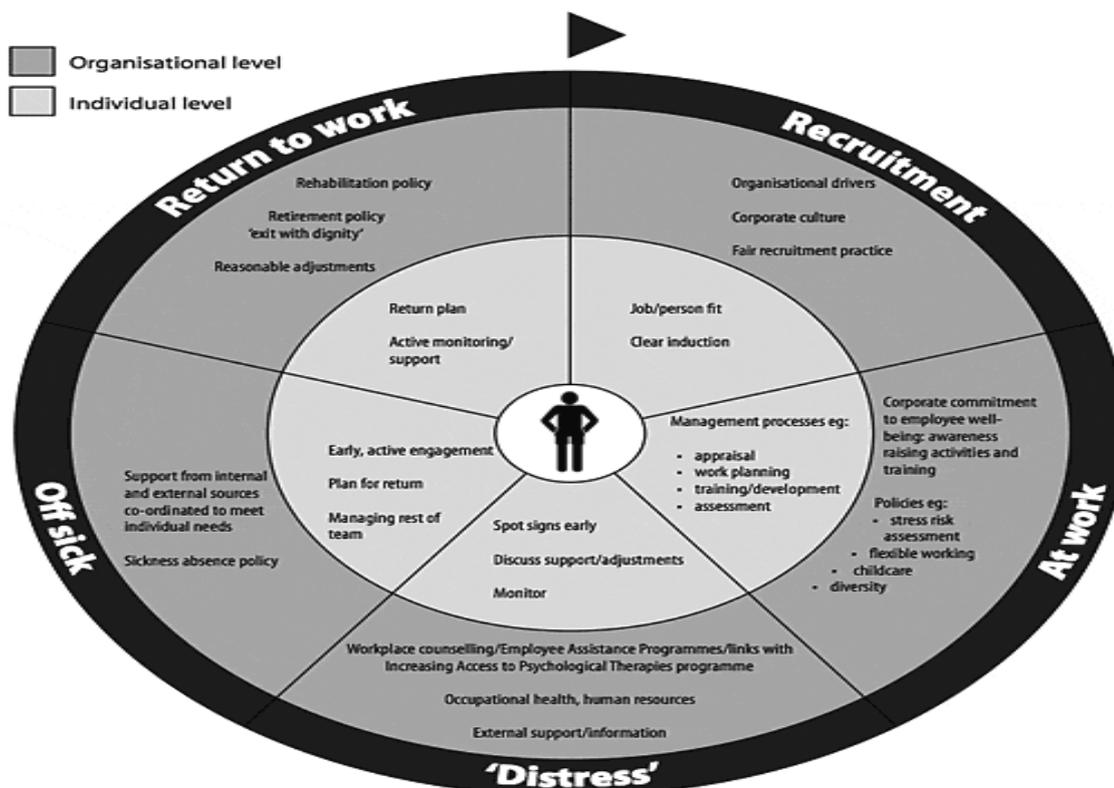
## 5. Supporting Employees

5.1 Employees will be offered support in line with this guide and all offers of support are made on the basis that employees will be granted time off to attend counselling and other related support to encourage recovery or ongoing management of a mental health condition.

5.2 The chart below presents ideas for a holistic approach to well-being and is based on the employment cycle while recognising that each employee's experience will differ. An employee's experience can be positively shaped by their line manager and at Board level from initial recruitment, through a mental health condition and back into work. Therefore the support provided will operate at different levels depending on the needs of the employee at a specific time.

5.3 **RECOGNISING WHEN PROFESSIONAL/CLINICAL HELP IS NEEDED :**  
 Although an employee can continue to be at work while not being 100% well e.g. through the use of reasonable adjustments, in some instances it may be evident that an employee may not be well enough to work. If an employee shows signs of distress despite reasonable adjustments and support provided, then advice should be sought from SAC HR and/or Occupational Health.

If the employee has not been referred to Occupational Health or their GP then they should be referred to OH in the first instance or encouraged to contact their GP.



## 6. Reasonable Adjustments

6.1 Employees with mental health illness can also be affected by their health condition to the extent that they become eligible for adjustments at work. There are no definite rules about what is a 'reasonable adjustment'. The most effective way to identify possible adjustments is to ask the employee how their health impacts on them in terms of the type of work they do, and discuss what could be adjusted to accommodate this. Reasonable adjustments can be temporary or long term but they should be reviewed regularly to ensure they are still effective and it is important to remember that adjustments are specific to an individual and may not be suitable for another employee who experiences a similar mental health condition.

Examples of adjustments may include:

- Flexible working to accommodate an employee's medication e.g. a later start time;
- Can some tasks be delegated to other colleagues;
- Is a colleague available to help or be a 'buddy' when things feel difficult;
- Is there an adequate place for someone to take a break away from work, **always ensuring they inform a colleague if they are going away from their desk**;
- Regular catch ups or review meetings can increase much needed communication and allows the employee dedicated time to raise any issues or concerns;
- If an employee is absent consider a phased return to work until they are confident working full time.

6.2 If an employee requests an adjustment that is not deemed to be reasonable then this should be clearly explained to them why it has been deemed unreasonable. It is important to focus on how an employee's health affects their ability to work and discuss alternative arrangements which would be reasonable for the Board to provide.

### 6.3 REASONABLE ADJUSTMENTS IN RECRUITMENT:

Candidates will not be asked questions about health and disability before a conditional offer of employment is made, except where this is necessary to:

- Establish whether the candidate can comply with a requirement necessary to the selection process;
- Establish whether any reasonable adjustments are required for the selection process;
- Establish whether the candidate will be able to carry out a function that is intrinsic to the work concerned;
- Monitor diversity;
- Take positive action;
- Ascertain whether a candidate has a disability where this is an occupational requirement of the job.

Questions on disability can only be asked if they are related to a function which is **intrinsic** to the role.

### 6.4 REASONABLE ADJUSTMENT – REDEPLOYMENT:

6.4.1 If there are no adjustments which will enable the employee to continue in their substantive post it may be that they are unfit for that particular job. Whilst it is not possible to create a job specifically, the employee may be redeployed to a vacant post which is better suited for them. Redeployment is considered a reasonable adjustment and should not be decided without input from the employee, SAC Human Resources and Occupational Health.

- 6.4.2 In considering redeployment opportunities, a Skills Profile, must be completed in conjunction with the employee and considered in line with the Board's Framework for Managing Workforce Change Policy.

## 7. Communication

- 7.1 For anyone experiencing a mental health related condition, action should be taken as soon as possible, as the earlier signs are spotted the sooner support mechanisms can be implemented.
- 7.2 Ordinary management procedures can be used to identify problems and needs such as regular work planning sessions, PDR or informal chats. These are all processes which provide neutral and non-stigmatising opportunities to talk through any problems an employee may be having.
- 7.3 It does not have to be 'big' conversation and it is helpful to use open questions that allow the employee maximum opportunity to express concerns in their own way. If someone listens and is empathetic, the employee will feel more able to open up and be honest therefore making it easier to offer the appropriate support. If there are specific concerns, or 'triggers', such as impaired/reduced performance or timekeeping, it is important to talk about these at an early stage. Questions should be asked in an open, exploratory and non-judgemental way, for example, *"I've noticed that you've been arriving late recently and wondered if there was a problem"*.
- 7.4 Employees need to be reassured that any initial discussion is confidential; should managers have concerns in relation to employee health, safety and wellbeing you may need to share this information or encourage the employee to do so e.g. by contacting Occupational Health.
- 7.5 If the employee is reluctant to talk, then the reasons for this should be taken into account. It may be worth considering who would be the most appropriate person to talk to the employee as they may feel more comfortable opening up to a close colleague, SAC Human Resources or Occupational Health rather than a line manager. Regardless of who the employee speaks to the objective is to listen, signpost and support them.
- 7.6 Appendix 1 provides some useful information about talking with an employee who may be experiencing mental ill health.
- 7.7 **COMMUNICATION WITH COLLEAGUES:**  
Managers should agree with the employee whether they wish colleagues to be informed of their condition and how much information they wish shared.
- 7.7.1 It is important to remember that an employee's mental health condition may also impact their colleagues or team. In addition, if the triggers for a mental health condition are suggested as being work related then it is possible that other colleagues may be feeling a similar impact.
- 7.7.3 Employees should be supported where they may experience the impact of their colleagues mental health condition, e.g. where any reasonable adjustments impact on their workload or where they may need to increase their flexibility to accommodate amended hours or a phased return.

## 7.8 KEEPING IN TOUCH DURING SICKNESS ABSENCE:

Knowing how to best approach and talk to a team member who may be experiencing mental ill health may seem difficult, and it can be tempting to avoid the matter.

However, it is much better to try to resolve concerns at an early stage and nip issues in the bud before they can escalate further or worsen as lack of contact or involvement can actually make an employee feel less able to return to work.

7.8.1 Managers and employees must consider the requirements of the Framework for Maximising Attendance, particularly in relation to keeping in touch. Early, regular and sensitive contact with the employee during sickness absence can be a key factor in enabling an early return to work.

The employee should be informed that they too have a responsibility to keep in contact. If the employee does not make contact in the agreed way, contact should be made by an appropriate person e.g. line manager. At an early stage the fact of being in contact may be more important than what is actually said.

7.8.2 Keeping in touch does not necessarily need to be via the employee's manager. It may be appropriate in certain situations to allocate a colleague or 'buddy' to maintain contact. It may also be appropriate to communicate via Occupational Health or SAC HR however it is important to remember that while the employee might not wish to be 'out of sight, out of mind', too much uncoordinated contact from different people may be overwhelming.

7.8.3 In all instances of managing mental wellbeing in the workplace, the process of conducting meetings in line with the Framework for Maximising Attendance at Work must be carried out.

7.8.4 Appendix 2 provides some useful guidance on supporting employees' who are absent from work due to a mental health condition.

## 8. Occupational Health

8.1 Occupational Health support will be offered to employees to sustain wellbeing and to minimise absence from work. This support will be promoted through various mechanisms.

8.2 Employees can request through the Boards' Personnel Representatives to be referred to Occupational Health as a way of managing their mental ill-health condition. If the employee is referred by management, the employee will be made aware of this referral. Occupational Health will contact the employee for an initial appointment and appropriate support mechanisms implemented for each employee thereafter.

8.3 Occupational Health will discuss disclosure of information with the employee and then will write to the Boards' Personnel Representatives with guidance/recommendations on how best to support the employee based on the confidentially held knowledge of their medical background.

8.4 It may be appropriate for Occupational Health to write to the employee's GP and the employee would need to give their written consent for this.

Additional resources can be found [here](#).

**APPENDIX 1****TALKING WITH AN EMPLOYEE WHO IS EXPERIENCING MENTAL ILL HEALTH**

A manager should:

- Ensure the conversation takes place in private as this is a confidential matter, and the staff member should be given as much time as they need.
- Focus on what the team member says, be open minded and try to identify what the cause is.
- Ask open questions about what is happening, how they are feeling, what the impact of the mental health condition is. Ask what solutions there might be - but appreciate that they may not be able to think clearly about solutions when experiencing distress.
- Discuss whether work has contributed to their condition, listen without passing judgement and make sure you address their concerns seriously. If there are workplace issues, look at how can these issues may be resolved.
- Enquire about any issues outside work that they may like to talk about and/or would be helpful to know to allow appropriate support. Do not put pressure on the employee to reveal any external/personal issues.
- Ask employee if they are aware of available sources of support that can be arranged via Occupational Health and discuss any Board policies which may assist them in managing their situation.
- Ask if there is any aspect of their medical care that it would be helpful for you/colleagues to know, e.g., side effects of medication that might impact on their work/ability to undertake the full remit of their post e.g. driving restrictions. You may need consult Occupational Health for additional information and look at a risk assessment.
- Discuss any adjustments to work that may be helpful, and consider how this may affect colleagues in the team. This can assist towards minimising the impact on other employees and allow arrangements for appropriate team or individual support mechanisms.
- Establish precisely what they wish colleagues to be told and who will advise them. Any inappropriate breach of confidentiality or misuse of information may constitute discrimination.
- Should not rush or pressure employee if they do not want to talk about issues they are going through. Instead, it may be best for a manager to simply ensure that the team member knows they are available at any time, to talk about anything. A manager should then monitor the situation. Supporting a team member during periods of mental ill health.
- Assure them of the confidential nature of the discussion and that information will only be disclosed to allow appropriate support to be arranged e.g. to Occupational Health/Boards Personnel Representatives/SAC HR.
- Agree what will happen next and who will take what action e.g. set up of regular review meetings, referral to OH etc.
- If a team member's mental ill health amounts to a disability, an organisation must consider making 'reasonable adjustments' to help them carry out their job without being at a disadvantage.

## APPENDIX 2

**MANAGING AN EMPLOYEE WHO IS ABSENT**

([The Framework for Maximising Attendance at Work](#) must always be followed)

Sometimes staff experiencing mental ill health will need to be absent from work for a period of time. This may be because they are too ill to work or it could be because the medication they are on means they are not able to safely carry out their work. To support staff while they are away from the workplace, a manager should:

- Agree when and how regular contact will be maintained during the absence. Lack of contact can lead to misunderstandings, make the team member feel that they are not missed and make it much harder for them to return.
- If appropriate, arrange to meet up in a neutral venue away from the workplace to catch up. Early intervention is the key,
- Refer an employee to OH as early as possible and it is essential to keep in touch with them.
- Be positive, professional and supportive at all times
- Agree what the team member would like their work colleagues to know about their absence and how they are doing
- Keep the employee up to date with workplace events, (particularly if the employee's absence is long term) e.g. forward Board wide emails / Bulletins to their home address/email, will show that you still think of them as one of the team.
- Be prepared for the employee being distressed, hostile or distant when you communicate with them. These reactions may or may not be symptoms of their illness or medication. You must still ensure that any concerns raised by the employee are investigated and dealt with quickly.
- If the employee is too unwell to be contacted directly, explore whether there is someone else such as a family member or friend who can keep in touch on their behalf. As soon as the employee is well enough for direct contact, then this should be arranged and followed up immediately.
- Plan a phased return to work as the employee approaches fitness for work; you may wish to arrange for them to pop in informally beforehand. The decision as to when it would be best for them to return to work, even on a phased return, would be assisted by their GP using the 'fit note'. Valuable information can also be provided via Occupational Health.