



Members' guide

Promoting mental health at work



Contents

Introduction	1	7 Sickness absence and return to work	14
Primary, secondary and tertiary interventions	1	8 Mental health first aiders	15
1 What is mental health?	3	9 Employee Assistance Programmes (EAPs)	16
2 What is a mental health problem?	4	10 Useful links	17
What about stress?	5	11 Appendix A – The Thriving at Work core standards	18
3 Thriving at Work – workplace mental health standards	6	Mental health core standards	18
4 Mental health in the workplace and the law	8	12 Appendix B – The Thriving at Work enhanced standards	21
The social model of disability	8	Mental health enhanced standards	21
Reasonable adjustments	8		
Work-related stress and the law	10		
5 Create a mental health policy	11		
6 Train the workforce in mental health	13		
Resilience training	13		

Introduction

At any one time, one in six employees has a mental health condition. There will be people with common mental health conditions in every workplace; no one is immune from developing mental health problems.

The enjoyment of the highest attainable standard of physical and mental health is a human right, according to the United Nations' International Covenant on Economic, Social and Cultural Rights. That means that everyone has the right to conditions and services that are conducive to a life of dignity, equality and non-discrimination in relation to their health.

Trade unions are central to upholding this right. In his 2019 annual report, the UN's Special Rapporteur for the right to health, Dainius Pūras, said: "Relationships of solidarity, including through unionisation to secure better pay, conditions and dignity at work, are critical to the promotion of mental health."

Good work is good for your health. Work will have a preventative effect if it is stimulating and fulfilling; allows you to balance job and home commitments; if colleagues support one another; the reward reflects effort; employees are listened to and respected; and there is a culture based on trust and fairness.

Union reps have a vital role in addressing mental health in the workplace, whether that's negotiating for good working conditions,

raising awareness of mental health issues or supporting members with mental health problems. They are not expected to be mental ill health experts or carers, however.

Employees with good mental health are more productive. Employers that promote a progressive approach to mental health can see a significant impact on business performance, so it makes good business sense too.

Primary, secondary and tertiary interventions

When looking to address any health issue, either in national or local environments, there are three categories or "levels" of intervention. In the context of stress and mental health, they can be considered as in *Table 1 (page 2)*.

Each level of intervention has a role to play in a holistic mental health programme. Measures to support employees if they develop a mental health problem and, for example, help them return to work must be implemented alongside efforts to reduce work and job factors that cause stress.

This guide will look at secondary and tertiary prevention. The guidance in this document focuses on addressing the effects of mental ill health, not the problems that cause it. It focuses on good practice and areas where reps can engage with employers to improve

Interventions in context of stress and mental health

Table 1

	Primary prevention	Secondary prevention	Tertiary prevention
Definition	An intervention that modifies or eliminates stressors, targeting problem at source. It deals with aspects of work design, the organisation and management. It is targeted at the group level, rather than the individual employee.	An intervention that tends to help individuals manage stress without trying to eliminate or modify workplace stressors. It will typically assist individuals to identify stress symptoms in themselves and others, or acquire or improve coping skills.	An intervention that seeks to assist individuals who are experiencing on-going problems emanating either from the work environment or their work lives. The purpose is to adapt individual behaviour and lifestyle without much reference to changing organisational practices.
Intent	Reduce or eliminate causative risk factors.	Early identification and treatment.	Stop the condition from getting worse.
Workplace example	Redesigning jobs; increasing employee consultation; addressing workloads.	Stress or mental health awareness training; time management training; mental health first aid.	Mental health first aid; return to work policies; employee assistance programmes; counselling.

organisational practice. It will be of help to reps who want to find out more about how employers should support employees who have developed mental health conditions, whether caused by work or other factors.

If you would like more information about how to stop work-related mental health problems arising, please consult Prospect's guide to preventing work-related stress, which mainly focuses on primary prevention.

1. What is mental health?

1.1 There are many different definitions of mental health. The World Health Organisation (WHO) defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

1.2 The Public Health Agency of Canada says that mental health is “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity”.

1.3 However we define mental health, we all have it. It is a spectrum, and we will move from one part of the spectrum to another over time.

1.4 What causes us to move from one part of the spectrum to another is complex. For many people there is likely to be a complicated combination of factors, and different people could be more deeply affected by certain things than others. There is a strong body of research which suggests that mental health problems develop following adverse life experiences, including ones which happened in childhood.

1.5 According to the WHO: “Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one’s thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, and community support. Stress, genetics, nutrition, perinatal infections and exposure to environmental hazards are also contributing factors to mental disorders.”

2. What is a mental health problem?

2.1 Diagnostic criteria for mental health problems are codified in two publications: **the American Psychiatric Association's Diagnostic and Statistical Manual (DSM)** and **the Mental, Behavioural or Neurodevelopmental Disorders chapter of the WHO's Classification of Diseases and Related Health Problems (ICD)**. They group manifestations of mental distress into discrete categories, some of which are set out below.

2.2 Mental health conditions tend to fall into one of two categories: "common mental health problems" and "severe mental health problems". Each one will have different implications for an individual at work.

2.3 We all have a right to describe our experiences in the way that makes most sense to us. But not everyone who meets the criteria for mental health problems are comfortable with such diagnoses. For some people, diagnosis can be helpful, validating and providing an explanation for their feelings or behaviours. For some people, however, diagnostic labels can be problematic. We should be open to different terms according to how people define their own experiences of mental health, and validate the lived experience of people who are suffering.

2.4 Common mental health problems include:

- **Anxiety** – experiencing a number of different worries that are excessive and out of proportion to a particular situation, and having difficulty in controlling one's worries.
- **Depression** – feeling "low" and losing pleasure in things that were once enjoyable. These symptoms may be combined with others, such as feeling tearful, irritable or tired most of the time, changes in appetite, and problems with sleep, concentration and memory.
- **Panic disorder** – unexpected and recurring panic attacks, and worrying about having another panic attack. A panic attack may happen because of a particular situation (something that the person fears or wants to avoid), or it may have no obvious cause.
- **Obsessive-compulsive disorder (OCD)** – thoughts, images or impulses that keep coming into the mind and are difficult to get rid of (called obsessions), and a strong feeling that the person must carry out or repeat certain physical acts or mental processes (called compulsions).
- **Post-traumatic stress disorder (PTSD)** – psychological and physical symptoms that can sometimes follow particular threatening or distressing events. A common symptom of PTSD is repeated and intrusive distressing memories of the event.

2.5 Severe mental health problems include:

- **Bipolar disorder** – a potentially lifelong mood disorder characterised by episodes of mania (abnormally elevated mood), episodes of depressed mood and, potentially, psychotic symptoms such as hallucinations or delusions.
- **Schizophrenia** – a severe mental disorder characterised by profound disruptions in thinking, which can affect language, perception and the sense of self. It often includes psychotic experiences, such as hearing voices or delusions.

2.6 Some people think schizophrenia causes a “split personality” or violent behaviour. This is not true. The cause of any violent behaviour is usually drug or alcohol misuse.

What about stress?

2.7 Stress is not a mental health diagnosis and is not a recognised mental health condition. However, it can lead to or trigger a range of mental and physical health problems.

2.8 The Health and Safety Executive defines stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. This distinguishes between “pressure” – which in small quantities can be beneficial – and “stress”, which is always damaging.

3. Thriving at Work – workplace mental health standards

3.1 In October 2017, the government released *Thriving at Work*, an independent review of mental health and employment. It sets out what employers can do to better support all employees, including those with mental health problems, to remain in and thrive through work.

3.2 Research commissioned for the report found that poor mental health costs employers between £33 billion and £42 billion each year, with presenteeism – where people attend work despite being ill – accounting for more than half of that. The cost of poor mental health to the economy as a whole from lost output was estimated to be between £74 billion and £99 billion per year.

3.3 As well as this analysis of the economic consequences of poor mental health, the report contains a set of standards, which provide a basic framework for a set of addressing mental health in organisations. The authors recommended – and the government agreed – that all organisations in all sectors should implement them. These mental health core standards are:

- Produce, implement and communicate a mental health at work plan;
- Develop mental health awareness among employees;

- Encourage open conversations about mental health and the support available when employees are struggling;
- Provide employees with good working conditions and ensure they have a healthy work-life balance and opportunities for development;
- Promote effective people management through line managers and supervisors; and
- Routinely monitor employee mental health and wellbeing.

3.4 It also contains a series of more ambitious “enhanced” standards, which build on the core standards, for large employers and those in the public sector. The enhanced standards are:

- Increase transparency and accountability through internal and external reporting;
- Demonstrate accountability by nominating a health and wellbeing lead at board or senior leadership level;
- Improve the disclosure process; and
- Provide tailored in-house mental health support and signposting to clinical help.

3.5 Both sets of standards are reproduced at appendix A with guidance on how organisations can implement them. The full report can be found at: <http://bit.ly/ThrivingAtWork>

3.6 Mental health charity Mind has also released guidance on implementing the standards, which can be accessed at: [**http://bit.ly/mind-thriving**](http://bit.ly/mind-thriving)

3.7 In the following sections you will find some useful additional information which will support the implementation of the core and enhanced standards.

4. Mental health in the workplace and the law

The social model of disability

Prospect believes people are disabled by external barriers and that, by removing these physical and attitudinal barriers that prevent them from accessing work and services and living independently, we can ensure their full participation, to everyone's benefit.

We encourage our representatives to adopt this social model, based on what disabled people can do rather than what they cannot do, in workplace negotiations.

It distinguishes between impairment – a characteristic or long-term trait that may result from an injury, disease or condition – and disability, which is experienced by people with an impairment when society does not take sufficient account of their needs.

It compares to the medical model, which presents impairments as the cause of disadvantage and exclusion, rather than considering how to make workplaces accessible.

4.1 The Equality Act 2010 legally protects people with certain specific characteristics from discrimination in the workplace and in wider society. These protected characteristics include disability. For many people, mental health problems will be classed as a disability under the Equality Act. For the purposes of the Act, a person is considered to be disabled if they:

- Have a physical or mental impairment. This includes the effects or symptoms of any illness and includes the side effects of any medication.
- The impairment is long-term – it has lasted or is likely to last for at least 12 months. This includes fluctuating or recurring conditions such as depression.
- The impairment has a substantial adverse effect on their ability to carry out normal day-to-day activities – “substantial” means more than small or minor.

4.2 The Act specifically excludes addiction to or dependency on alcohol or any other substance, unless it is a consequence of a substance being prescribed. However, branches may want to consider substance dependence and abuse when negotiating a mental health policy (see section 5 for more information on policies). If there is already a separate policy on this matter, it should link with the mental health policy.

Reasonable adjustments

4.3 To ensure equality for people who are disabled, employers may be required to change the way employment is structured, remove physical barriers or provide individuals with extra support, helping to ensure equality for people with impairments. Under the Equality Act, these changes are known as “reasonable adjustments”.

4.4 The law does not state that an individual must have been diagnosed with a mental health condition in order to have reasonable adjustments. The duty applies when the employer is aware or should reasonably be aware that an employee has an impairment.

4.5 In practice, employers unfortunately often want evidence that an individual is disabled – particularly when it comes to hidden disabilities, such as mental health problems. However, reps may want to consider what sources of information are available to the employer for them to be reasonably aware of a member’s mental health condition, for example occupational health information.

4.6 Simple changes will often be all that are required, and many will be good for everyone, not just those with mental health problems. While there is no list of reasonable adjustments that can be made, they should be introduced following discussion with the individual and appropriate specialist advice. This might be their GP, through the statement of fitness for work (also known as the “fit note”); any specialist mental health support they are receiving; or occupational health.

4.7 Employees discussing adjustments with their line manager have a right to have their union rep with them, so you may be asked

to attend meetings with members. As well as ensuring that members’ are treated fairly, reps can be a valuable source of information, as they may have knowledge of reasonable adjustments introduced elsewhere.

4.8 According to ACAS, the conciliation service, common adjustments for staff experiencing mental ill health include:

- Adjustments to the work schedule
 - Allow more breaks
 - Change the working day to start earlier or finish later
 - Allow the use of paid or unpaid leave for appointments
 - Offer a phased return to work
 - Allow part-time working
- Adjustments to role and responsibilities
 - Review workload
 - Re-assign duties among the rest of the team
 - Temporarily transfer the individual to a different role they want to do
- Adjustments to working environment
 - Provide partitions to enhance soundproofing and visual barriers
 - Offer a reserved parking space to make it easier to get to work
 - Offer homeworking for some of the week
 - Provide a private space to use

- Policy changes
 - Extend additional paid or unpaid leave during a hospitalisation or other absence
 - Allow additional time to reach performance milestones
 - Adjust the “trigger point” – the level of absence the employer considers to be of concern

in the workplace and work out with staff how these can be addressed.

4.12 For more information, see Prospect’s guide to preventing work-related stress.
[***http://bit.ly/prospect-stress***](http://bit.ly/prospect-stress)

4.9 For more information on about the Equality Act and securing reasonable adjustments for members, see Prospect’s disability resource pack for reps and members
[***http://bit.ly/disability-resource-pack***](http://bit.ly/disability-resource-pack).

Work-related stress and the law

4.10 Employers have duties under health and safety law to ensure that employees are not exposed to risks which may damage their health, safety or welfare, in so far as is reasonably practicable. This duty covers stress. This general duty is complimented by regulations which require employers to assess any health and safety risks – including factors that can cause stress – and take steps to control them.

4.11 In practice, this involves identifying the extent to which recognised stressors – such as excessive workload, bullying, a lack of organisational and peer support – are present

5. Create a mental health policy

5.1 Employers and the union should negotiate and implement a workplace mental health policy. Good mental health policies establish the employer's commitment to promoting mental health and removing or minimising psychologically harmful work practices. You may need to refer to the stress guide for further information.

5.2 The mental health policy should link to and identify how it relates to other policies and procedures, e.g. health and safety, disciplinary procedures, sickness absence, performance management, substance abuse and dependency, training and development, etc.

5.3 A good policy will contain:

- The employer's commitment to promoting and protecting employee's mental health
- A commitment to, and methods for, promoting awareness of mental health and tackling stigma
- Roles and responsibilities of the people in the organisation who have specific obligations and functions under the policy, including:
 - line managers (e.g. supporting employees with mental health problems);
 - human resources (e.g. monitoring the effectiveness of the policy and referral to HR-linked services such as occupational health or the EAP);
 - occupational health (e.g. carrying out occupational health assessments)
 - employees (e.g. responsibilities to colleagues)
 - union reps (e.g. promoting mental health, supporting members, representing members and monitoring the impact of workplace policies and procedures on mental health)
- The practical arrangements in place to achieve the statement of intent, including:
 - the presence and maintenance of a stress risk assessment and action plan
 - reasonable adjustments (see section above), for current workers and during recruitment and selection
 - methods for monitoring employee mental health at an organisational level
 - the Thriving at Work core and enhanced standards, and how they will be implemented
- A list of key internal and external sources of information, support and advice
- A commitment to provide training, including raising awareness, and roles and responsibilities. (See Train the workforce in mental health section for more information.)
- What methods will be used to monitor the effectiveness of the policy, and a commitment to keep the policy under review.

6. Train the workforce in mental health

6.1 Training is a vital part of making the mental health policy work – reps may want to negotiate this as part of the policy development or review process, and may wish to consider joint training.

6.2 General mental health awareness training should help organisations develop a workplace culture that is more supportive of mental health. Staff members will also need to be trained in the responsibilities assigned to them under the policy, what the employer is going to tackle stress and support those with mental health problems, and how they can get help if they need it.

6.3 Training for line managers is particularly important. They should be trained and supported to spot signs of distress, help people with conditions, understand how their behaviours affect others' mental health, make reasonable adjustments and what support the organisation could offer staff members experiencing mental ill health. They may also need training if they are assigned responsibilities following a stress risk assessment.

6.4 It is important to note that training staff and line managers will not, by itself, create an organisational culture of openness and respect. For this there must be support and leadership from senior and middle management.

Resilience training

6.5 Employers sometimes provide employees with “resilience” training, which aims to make them cope better with stress. It is based on the idea that through training and personal development we can be helped to “bounce back” from adversity. If it is carried out in isolation, without any attempt to tackle the organisational sources of stress, it implicitly blames employees for not being strong enough to cope with those work stressors.

6.6 While some aspects of resilience may be useful, it is not a sustainable solution. This is because it fails to recognise that individual resilience stems from organisational resilience and social support. Health and safety law is clear that employers must remove or minimise sources of stress. Ultimately, the workplace and the working environment must be changed, not the worker.

7. Sickness absence and return to work

7.1 Sometimes employees who experience mental health problems will need to take time off work. They should feel supported when returning to work after sick leave, ideally following the development of a return to work plan, and must not be pressured into coming back before they're ready.

7.2 You may already have a sickness absence or return to work policy in your workplace, setting out the rights and responsibilities of workers. If not, it is worth negotiating one. The HSE has a useful guide to sickness absence management and return to work, which details what a sickness absence policy should contain. It can be found at:
<https://www.hse.gov.uk/sicknessabsence/>

7.3 Line managers' approach to employees who are absent due to mental health problems should be sensitive to the nature of the problem and the number of days spent away from work recovering. They should maintain contact with anyone off sick, but not put them under pressure to return before they are ready. They should also remember that changing the absence "trigger point" – the point at which the employer would consider absence to be of concern – may be a reasonable adjustment.

8. Mental health first aiders

8.1 Mental Health First Aid (MHFA) is a training course which teaches people how to identify, understand and help people feeling distressed or overwhelmed. MHFA-trained people aren't therapists, but they may help people access sources of support, for example through their GP or employee assistance programme.

8.2 Like physical first aid, MHFA is mainly reactive. The limited research into MHFA has found no evidence that it improves organisational management of mental health in workplaces. There is evidence, however, that it raises employees' awareness of mental ill-health conditions, including signs and symptoms.

8.3 While MHFA may have a role in a workplace, reps should first encourage employers to proactively look at the working environment and how people's jobs are designed, and the psychological harm this can cause. This will have a preventative effect.

8.4 Research funded by the Institute of Occupational Safety and Health has found a number of common problems with the way many employers run MHFA programmes, which include:

- challenges with measuring impact and success;

- establishing boundaries within the role of the MHFA-trained person – reps may want to negotiate a role profile for MHFAers with clear boundaries and escalation routes for serious incidents; and
- inconsistent strategies to identify trained workplace members and promote their role – reps should think about how the role is communicated with members of staff, and how people who are feeling distressed or overwhelmed will be able to locate MHFA-trained people in a time of need.

8.5 If a MHFA programme is felt to be necessary, the researchers identified three active ingredients of successful workplace MHFA programme. In addition to the above common issues, reps negotiating the introduction of a MHFA programme should consider:

- Is there is clear rationale for introducing training?
- Are there well-motivated MHFA coordinators?
- Is there a support network for MHFA-trained people?

9. Employee Assistance Programmes (EAPs)

Many employers contract services called Employee Assistance Programmes (EAPs) for employees who are experiencing mental health problems.

EAP services provide a range of support including online information, confidential helplines, access to self-care tools and counselling support. EAPs vary in depth and breadth of provision between providers and the specifications of the employers who commission them. They are often under-utilised, for a variety of reasons.

If you do not have one in your workplace, you may want negotiate with the employer to introduce one. If you have one, it may be worth considering how effective it is. Consider:

- How widely is it known about?
- What is the quality of the service people receive? Do they get face to face counselling, or just over the phone?
- What range of services do people receive? Is it just counselling, or does the EAP provide things like financial advice?

10. Useful links

- Prospect's disability resource pack for reps and members focuses on workers' rights and contains valuable ammunition for reps dealing with personal cases. It also provides impetus to get disability issues on the negotiating agenda:
<http://bit.ly/disability-resource-pack>
- Prospect equality briefing that contains detailed guidance on disability discrimination and appraisal and performance systems:
library.prospect.org.uk/id/2013/01192
- Prospect employment law briefing on unfair dismissal, performance management and disability:
library.prospect.org.uk/id/2013/01430
- Prospect guidance on pre-employment health questions:
library.prospect.org.uk/id/2013/00219
- An access policy for Prospect staff and branches organising events:
library.prospect.org.uk/id/2009/00570
- A number of mental health charities provide information about mental health, including mental health in the workplace. These include:
 - Mind: **www.mind.org.uk**
 - The Mental Health Foundation:
www.mentalhealth.org.uk
 - Mental Health UK: **mentalhealth-uk.org**
 - Mental Health at Work:
www.mentalhealthatwork.org.uk

11. Appendix A – The Thriving at Work core standards

Mental health core standards

What should be done?	How should it be done?
<p>1. Produce, implement and communicate a mental health at work plan that encourages and promotes good mental health of all staff and an open organisational culture.</p>	<p>An organisation’s mental health plan should outline the approach to improving and protecting the mental health of all employees, including any awareness activities or training, and the support available to employees who need it. The plan can be developed collaboratively with employees, through an informal discussion for small and micro employers, but to include mental health champions or other leads in larger organisations.</p> <p>The plan could include how employers are improving the physical environment to improve employee mental health, or how the organisation encourages and supports employees to engage in physical activity, staff networks or social action.</p> <p>The workplace mental health plan could also be linked to other plans in an organisation, including strategies to improve staff engagement, corporate social responsibility plans, supportive and proactive sickness absence policies and improving the physical workplace environment.</p>
<p>2. Develop mental health awareness among employees by making information, tools and support accessible.</p>	<p>We know that employee awareness of mental health, including for line managers and supervisors, will encourage individuals to care for themselves and help them to provide support to others.</p> <p>There are many sources of information available from government, voluntary sector organisations and other bodies (some are included in the next section), many of which include free to use materials that employers can share within their organisation.</p> <p>Employers may also wish to appoint employee champions to share their experiences of mental health problems or other challenges through peer support and mentoring, and provide training courses or other tools for employees to use to further develop their knowledge and skills.</p>

Mental health core standards

What should be done?	How should it be done?
<p>3. Encourage open conversations about mental health and the support available when employees are struggling, during the recruitment process and at regular intervals throughout employment, with appropriate workplace adjustments offered to employees who require them.</p>	<p>Mental health should be discussed openly with employees wherever possible and appropriate. This is not just about discussing mental health problems, but about creating an environment in which employees feel able to talk openly. Engaging with external campaigns to address stigma are a good first step, and encouraging staff networks and groups of individuals with similar interests and experiences can also encourage openness. Where someone is struggling or is absent from work for any reason, conversations about workplace adjustments or returning to work should include mental health.</p>
<p>4. Provide your employees with good working conditions and ensure they have a healthy work life balance and opportunities for development.</p>	<p>Creating good working conditions for employees can help to prevent new mental health problems and support those with existing conditions to get on in work and thrive. Good work and jobs consists of components such as fair pay, job security, good working conditions, education and training, staff consultation and representation. The What Works Centre for Wellbeing have produced evidenced guides on characteristics of a good job and team working, where we know that control, autonomy and social networks are crucial for a positive experience at work.</p> <ul style="list-style-type: none"> ● What is a good job? http://bit.ly/wwcw-job ● Team working: http://bit.ly/wwcw-team

Mental health core standards

What should be done?	How should it be done?
<p>5. Promote effective people management to ensure all employees have a regular conversation about their health and wellbeing with their line manager, supervisor or organisational leader and train and support line managers in effective management practices.</p>	<p>We know that effective people management at all levels is crucial for supporting the mental health of all employees. It is vital that managers, supervisors or someone else have regular conversations with their employees so that employees have an opportunity to raise any issues. Giving and receiving feedback, as part of wider positive management processes, can help to identify problems early. Managers and supervisors can receive training and support to be confident in spotting signs of distress, ensuring they're own behaviours are positive and dealing with problems as early as possible.</p> <p>Employers should look for training which provides practical examples, and is tailored to the specific practices of their organisation. Stress management training and line manager communication training have been shown to be particularly effective. A recent study published in the Lancet has shown face to face training comprising of specific components has had a particularly strong return on investment. The research can be found at: http://bit.ly/lancet-managers</p>
<p>6. Routinely monitor employee mental health and wellbeing by understanding available data, talking to employees, and understanding risk factors.</p>	<p>An approach to measuring staff wellbeing will vary depending on employer size. The majority of employers will hold basic information about their employees, including sickness absence data, which can be used to spot problems and focus any support. Employers can also use staff surveys, mood trackers and other tools to improve communication with their employees and better understand risks to employee mental health.</p>

12. Appendix B – The Thriving at Work enhanced standards

Mental health enhanced standards

What should be done?	How should it be done?
<p>1. Increase transparency and accountability through internal and external reporting, to include a leadership commitment and outline of the organisation’s progress on mental health</p>	<p>In additional to communicating the mental health and wellbeing plan in the mental health core standards, this is about reporting more formally both internally and externally.</p> <p>Internally employers should consider producing an annual report on mental health, potentially within a report on wider employee health and wellbeing, to be shared with all employees. This can include; a statement from the individual accountable for the plan, priorities for the next period, relevant data such as staff survey or mood tracker results, sickness absence data, engagement in mental health activities or take up of support, or mental health disclosure rates within the organisation. Employers should seek opportunities for staff feedback on this report.</p> <p>Externally employers may wish to share information with board members or publically through their websites or annual reports.</p>
<p>2. Demonstrate accountability by nominating a health and wellbeing lead at board or senior leadership level, with clear reporting duties and responsibilities</p>	<p>Board level reporting ensures that mental health is prioritised and taken seriously. This could be part of the human resources or health and safety functions in larger organisations. It is important that this lead has clear accountability for protecting and supporting mental health of employees throughout the organisation, and looking for opportunities to increase collaboration.</p>

Mental health enhanced standards

What should be done?	How should it be done?
<p>3. Improve the disclosure process to encourage openness during recruitment, ensuring employees are aware of why information is required and make sure the right support is in place to facilitate a good employer response following disclosure</p>	<p>Any processes designed to encourage employees to discuss mental health or disclose any mental health problems need to be clear and fair to avoid discouraging employees from being open. For example, employers should explain on any forms why individuals are being asked to share information about any mental health problems and what will happen with that information.</p>
<p>4. Ensure provision of tailored in-house mental health support and signposting to clinical help, including digital support, employer-purchased Occupational Health or Employee Assistance Programmes, or NHS services, among other sources of support</p>	<p>There will always be some employees who are struggling and may need clinical help or other practical support. Employers can provide support in-house or buy in additional support for their employees, including access to cognitive behavioural therapy (including through digital platforms), occupational health, counselling or through employee assistance programmes and other tailored mental health and wellbeing support. Some employers are extending such support to organisations in their supply chain, particularly for smaller employers, to help them improve the mental health of their employees.</p>



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PRO-20-0010/MAR20/PDF

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