



# Managing Mental Health in the Workplace

A Guide for Employers

Published September 2017

Revised April 2020

## Contents

1. Introduction .....	3
2. Facts and Figures .....	3
2.1 UK and worldwide .....	3
2.2 Workplace .....	3
3. Definitions .....	4
3.1 Mental Health .....	4
3.2 Mental Health Conditions .....	4
4. Types of Disability (including Mental health conditions) .....	5
5. The Legislation .....	6
6. Implications of Non-Compliance .....	7
7. Employing People with Mental Health Conditions.....	7
8. Reasonable or Workplace Adjustments.....	8
8.1 Definition .....	8
8.2 What is reasonable? .....	9
8.3 Advice on workplace adjustments .....	9
8.4 Access to Work Scheme.....	10
9. Dealing with more serious situations .....	10
10. Maintaining the Health and Wellbeing of Employees .....	11
11. Best Practice for Forward Thinking Organisations .....	12
12. Top Tips for Managing Mental Health in the Workplace .....	13
13. Case Study - Jane .....	14
14. Sources of Information and Support.....	15

## 1. Introduction

This Guide provides practical advice for Line Managers, HR & Diversity professionals on mental health and wellbeing in the workplace. It will not make you an expert in understanding or dealing with all mental health conditions but it will provide you with an insight into mental health and mental ill-health and highlight some of the resources and support available to you.

## 2. Facts and Figures

### 2.1 UK and worldwide

Common mental health conditions include: - depression (which affects more than 300 million people worldwide); anxiety which is one of the most prevalent mental health problems in the UK; schizophrenia, which affects more than 21 million people globally. Source: World Health Organisation – April 2016.

A quarter of the UK population (one in four people) will experience some kind of mental health problem in the course of a year - with mixed anxiety and depression being the most common mental health condition in Britain.

When it comes to your employees one in six will be experiencing depression, anxiety or stress related problems at any one time.

Gender can affect mental health and the way in which mental ill-health is experienced. Women are more likely to have been treated for a mental health problem than men. However, suicide rates show that British men are three times more likely to commit suicide than British women. The UK also has one of the highest rates of self-harm in Europe: 400 per 100,000 population. (Source Mental Health Foundation).

### 2.2 Workplace

You will almost certainly have someone in your team who is experiencing mental health problems, but they may not have told you about them. The name or diagnosis of the mental health condition isn't important. As an employer and, particularly as a manager, you don't need to know what condition a colleague or someone you manage has. Concentrate instead on the effects of the condition in the workplace. Managers need to be able to spot the signs that someone is unwell and have an open and honest conversation with them (this may be before the person themselves has acknowledged that they are struggling).

Forty percent of employers are seeing an increase in reported mental health problems - (Source: CIPD 2016 Absence Management Survey)

Forty percent of survey respondents reported that stress-related absence in their organisations had increased over the last year, although that rose to half of public sector organisations. (Source: CIPD 2015 Absence Management Survey)

However, research conducted by The Priory Well-being Centre in London found that 71% of people would worry about telling their employer if they had a mental health condition for fear of getting a negative response (Source: Personnel Management July 2015)

This is perhaps unsurprising. With the continued global pressures on businesses to maintain or increase growth, return on investment and work more efficiently, usually with fewer resources and smaller budgets, many can feel overwhelmed. On top of that many people worry about job security and are struggling to cope with the increasing demands on personal debt and work-life balance. Work-life integration or overlap is more prevalent than work-life balance due to the development of technology and introduction of more flexible working arrangements. Therefore businesses are having to take a more holistic approach to managing mental health and not just focus on standard interventions such as occupational health or gym membership to address the symptoms.

### **3. Definitions**

#### **3.1 Mental Health**

Mental Health is “a person’s condition with regard to their psychological and emotional well-being”. Source: Oxford Press.

Mental health issues may start when we are born but most of us will experience some sort of mental health condition during our lifetime. Whilst the workplace alone rarely causes mental health issues it can be a factor. A condition may also be triggered or exacerbated by life events such as bereavement or trauma and this will then impact the way we behave, perform, interact or have relationships with our colleagues, family and friends, managers and customers/third parties.

#### **3.2 Mental Health Conditions**

A mental illness or psychiatric health conditions, is “a mental or behavioural pattern that causes either suffering or a poor ability to function in ordinary life and is usually defined by a combination of how a person feels, acts, thinks or perceives”. Source: International Journal of Emergency Mental Health and Human Resilience

There are many different mental health conditions, which will have a different impact on people. They are generally characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others.

## 4. Types of Disability (including Mental health conditions)

Useful guidance is given in the document "Equality Act 2010 - Guidance on matters to be taken into account in determining questions relating to the definition of disability"<sup>1</sup>. This guidance does not impose any legal obligations in itself, nor is it an authoritative statement of the law about what constitutes a disability. However, Schedule 1, Paragraph 12 to the Act requires that an adjudicating body which is determining for any purpose of the Act whether a person is a disabled person, must take into account any aspect of this guidance which appears to it to be relevant.

Impairments include:

- Sensory impairments - such as those affecting sight or hearing;
- Impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgic encephalitis (ME), chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy;
- Progressive, such as motor neurone disease, muscular dystrophy, and forms of dementia;
- Auto-immune conditions such as systemic lupus erythematosus (SLE);
- Organ specific, including respiratory conditions, such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease;
- Developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia;
- Learning disabilities;
- Mental health conditions with symptoms such as anxiety, low mood, panic attacks, phobias, or unshared perceptions; eating disorders; bipolar affective disorders; obsessive compulsive disorders; personality disorders; post-traumatic stress disorder, and some self-harming behaviour;
- Mental illnesses, such as depression and schizophrenia;
- Produced by injury to the body, including to the brain

Exclusions from impairments:-

- Addiction to, or dependency on alcohol, nicotine, or any other substance (other than in consequence of the substance being medically prescribed);
- The condition known as seasonal allergic rhinitis (eg, hayfever) except where it aggravates the effect of another condition;
- Tendency to set fires;
- Tendency to steal;
- Tendency to physical or sexual abuse of other persons;
- Exhibitionism;
- Voyeurism.

---

1

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/570382/Equality\\_Act\\_2010-disability\\_definition.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf)

## 5. The Legislation

Disability is a Protected Characteristic under the Equality Act 2010.

People who have a disability, or who have had a disability in the past, are protected against:

- Direct discrimination, including their association with other disabled people;
- Indirect discrimination;
- Discrimination arising from disability;
- Harassment; and
- Victimisation

Non-disabled people are also protected against direct disability discrimination based on:

- Their association with a disabled person; or
- A perception that they have a disability.

Discrimination arising from disability arises where a disabled person is treated unfavourably because of something connected with their disability (e.g. a tendency to make spelling mistakes arising from dyslexia). This type of discrimination is unlawful where the employer or other person acting for the employer knows, or could reasonably be expected to know, that the person has a disability. This type of discrimination is only lawful if an employer can objectively justify that it is a proportionate means of achieving a legitimate aim.

Discrimination against a disabled person also occurs where an employer fails to comply with the duty to make reasonable adjustments to ensure that they can access and progress in employment.

The Act also makes it unlawful, except in certain circumstances, for employers to ask about a candidate's health before offering them work.

An employer must not directly or indirectly discriminate against, harass or victimise a person:

- When deciding who to offer employment;
- In the terms on which an applicant is offered employment;
- By not offering the candidate employment;
- In the way they are given, or not given, access and/or opportunities for promotion, transfer or training, or for receiving any other benefit, facility or service;
- By dismissing them (including constructive dismissal and the expiry and non-renewal of a fixed term contract); or
- By subjecting them to any other detriment as a result of their disability.

There are provisions in the Act, which will allow:

- Objective justification of indirect discrimination and discrimination arising from disability;

- Discrimination based on occupational requirements;
- Positive action to enable people of a particular disability to overcome a disadvantage.

## 6. Implications of Non-Compliance

More than ever, attracting and retaining sought after skills makes great business case for your organisation and as a manager you want to get the best out of each and every employee who works for you so ensuring their welfare should be at the top of your agenda. Obviously there are penalties for non-compliance with the Equality Act 2010 at Employment Tribunal.

In addition, you have legal obligations to ensure not only the health, safety and welfare of all employees but also to make changes, or reasonable adjustments for people who might be disabled by their mental health condition.

You could also be liable to personal injury claims from employees – not just from physical injury but also psychological injury as well as claims for disability discrimination under the Equality Act 2010.

## 7. Employing People with Mental Health Conditions

People with mental health conditions often worry that telling their future or existing employer about a mental health condition will result in stigma, poor treatment or discrimination - yet they can be your most loyal and productive employees.

There is no legal obligation for someone to tell their potential or current employer about a mental or physical condition. If the condition has no impact on the person at work and they don't need any changes to the way in which they work there is no need for them to tell their employer about it. Managers are likely only to become aware that someone has a mental health condition when it impacts on the person's ability to work. Some people may tell you that they have a mental health condition and if they know how to manage it they may even tell you what adjustments they need. In these cases you can talk through the adjustments or changes the person is requesting with them and with your HR department if appropriate and simply implement them.

In other cases managers will spot signs that all is not well with an individual in the workplace. In these instances managers need to be proactive and have a conversation with the individual as soon as possible about their concerns. Signs that someone is not well can include:

- Poor or deteriorating performance from someone who normally performs well;

- Poor attendance or persistent lateness;
- A change in appearance such as the person appearing to be more disheveled than usual;
- Procrastination or an inability to make decisions and meet deadlines which is unusual for that person;
- Signs of distress such as crying, being withdrawn or preoccupied or irrational outbursts of anger and aggression;
- Working longer hours, sending emails on days off or late at night and volunteering for more work;
- Unusual exuberance and energetic behaviour.

## 8. Reasonable or Workplace Adjustments

### 8.1 Definition

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing additional support or equipment. This extends to those applying for a job, considering applying for a job and those that already work for you. The Equality Act 2010 calls these “reasonable adjustments” for disabled people. In reality you are probably making workplace adjustments for many of your employees already. Workplace adjustments can include maternity and paternity leave, any type of study, compassionate or volunteer leave you all allow employees, flexible or agile working arrangements or allowing employees to use their own devices at work.

The best way to find out what adjustments or changes would help the person is by asking them. They might not know what would help but if you can establish an open relationship based on trust they should be able to tell you what the difficulties or barriers they are facing. You can then work on solutions together involving third party experts like HR, Occupational Health Advisers, the IT department or Access to Work where appropriate.

There is no definitive or exhaustive list of reasonable adjustments because every person and every situation is different but here are some that you could consider together:-

- Changes to start and finish times if travelling in the rush hour or getting up in the mornings is difficult for example because of the side effects of medication;
- Moving desks or workstations to a quieter spot or alternatively more at the “heart of things” if the person is feeling isolated;
- Allowing the person to have a permanent desk rather than hot desking ;
- Allowing the person to work from home for one or two days a week, from time to time or permanently – perhaps on a trial basis at first;
- Reducing hours so that the person works part-time for either a number of weeks or permanently;
- Time off for treatment or counselling. Ask if appointments can be made outside working hours but this is often not possible with NHS appointments. Your



organisation might consider paying for the counselling if this means the person gets treatment they need more quickly;

- Allocating duties that aren't core to the role to someone else if they are particularly difficult for the person eg answering the telephone;
- If reasonable adjustments cannot be made to the person's current role you may need to consider transferring them to a suitable alternative position.

You can get advice on reasonable adjustments from the Disability Employment Adviser (DEA) at your local JobCentre Plus office, or the Disability Employment Service if you're in Northern Ireland.

There's more detail about employers' obligations and how to meet them on the Equality and Human Rights Commission website. <http://www.equalityhumanrights.com/your-rights/in-employment/work-place-adjustments>

## **8.2 What is reasonable?**

You'll have to consider if the request is reasonable or not. "Reasonable" is not defined. What is reasonable for one person may not be reasonable for another even if they have a similar condition and do a similar job. Each case must be decided on its own facts. If you believe any request is unreasonable, you'll need to be able to explain why you believe this is the case. As a general rule if you think the adjustment is reasonable and you have the authority to implement it then just do it. If you think the adjustment is unreasonable seek a second opinion from HR or a Diversity expert. Remember that just because a particular adjustment is not reasonable does not mean that you don't have to make any adjustments at all. You will still have to find a way to remove or reduce the difficulties or barriers the person is facing at work.

## **8.3 Advice on workplace adjustments**

If there is one, your Occupational Health provider should be able to provide you with advice on possible adjustments. Remember to give them an up to date job description detailing the tasks the person has to perform and ask what difficulties they think they would encounter and possible suggested adjustments.

Remember though that the Occupational Health Adviser can only suggest adjustments. It is for you as the manager and employer to decide if they are reasonable. Occupational advisers cannot tell if you if someone is disabled under the Equality Act 2010 because the definition of disability is legal not medical. It is both best practice and legally least risky to make reasonable adjustments to enable the person to work rather than trying to work out if they are disabled enough to deserve them.

Some organisations offer an Employee Assistance Programme (EAP). If your company does this, find out what services are available and ensure your team are aware of this on a regular basis and make the most of this benefit.

See enei's Guidance on Reasonable Adjustments for more information - <https://www.enei.org.uk/media/1313/reasonable-adjustments-in-the-workplace.pdf>

For more information on Fit for Work click here - <http://fitforwork.org/>

#### **8.4 Access to Work Scheme**

There are organisations available such as Remploy<sup>2</sup> to assist you with reasonable adjustments as well as grants available through the Government's Access to Work Scheme. <https://www.gov.uk/access-to-work>

Access to Work grants are only available if the employer is based in England, Scotland or Wales. See information below for employees based in Northern Ireland.

An Access to Work grant can pay for practical support for a potential or existing employee if they have a disability, health or mental health condition to help: -

- start working;
- stay in work;
- move into self-employment or start a business.

Arrangements are slightly different for Northern Ireland:-

<http://www.nidirect.gov.uk/index/information-and-services/people-with-disabilities/employment-support/work-schemes-and-programmes/access-to-work-practical-help-at-work.htm>

### **9. Dealing with more serious situations**

In some case the situation may be more serious, for example if the person:-

- is unaware or won't accept that they are unwell and that this is having an impact on the way they behave or perform at work;
- does not want to accept the help and support available or chooses or is incapable of taking the necessary medication to manage their condition;
- talks openly in the work-place about self-harming or suicidal thoughts or intentions, which can be very distressing for colleagues.

---

<sup>2</sup> <https://www.remploy.co.uk/employers/mental-health-and-wellbeing/workplace-mental-health-support-service-employers>

If you are aware of or believe an employee has a mental health condition which does not appear to be managed well and is having a negative impact at work then seek advice at the earliest opportunity either via your HR contact, one of the sources mentioned in this Guide, via your Occupational Health provider or one of the many external organisations or charities available to you – sometimes for free.

Ultimately, if the matter cannot be resolved and continuing to employ the employee becomes untenable, you may have to consider dismissing the employee after a full and thorough investigation and having considered all of the reasonable adjustments available to you. You have a legal obligation to follow your company's disciplinary procedure or the ACAS code of conduct if your company does not have a formal disciplinary procedure available. Gather as much medical information as possible via your occupational health provision or the employee's GP/consultant. If necessary, take legal advice to ensure you have exhausted all options before dismissing.

If you feel that the employee is a serious risk to themselves you may need to call the police.

In less serious situations you should try to talk to the employee about their feelings. You can refer them to the Samaritans and even make the call and then hand the telephone to them. If the employee is very distressed you may require them to refrain from work – even if they want to continue to work – relying on your suspension policy arrangements or by asking them to take paid leave. This, in the long term, could be for their own or their colleagues' best interests and welfare. In such cases, always make sure the employee can get home safely and if necessary, contact their next of kin, social worker or Social Services who may be able to assist.

## **10. Maintaining the Health and Wellbeing of Employees**

As a Manager you have a responsibility to:-

- Understand your legal obligations - as a minimum you have a legal obligation to protect the psychological and physical well-being of your employees;
- Consider what interventions you can introduce to prevent or reduce the risk of exacerbating mental ill-health issues amongst your staff. Legislation as well as numerous organisations and charities provide guidance on how to prevent or reduce any risk and deal with matters once they are brought to your attention;
- Spot the signs of mental ill-health or its stressors and know what resources are available so that you can take action without delay;
- Understand the impact this has on the individual and your team if you don't handle the matter properly or speedily;
- Be aware of the broader issues and costs associated with mental health issues arising in your workplace not forgetting the damage of your internal and/or external brand and reputation on your organisation.

## 11. Best Practice for Forward Thinking Organisations

Mental health has become one of the most talked about subjects over the past decade – even in organisations where mental health has not normally been an issue. Some of this may well be because people, including celebrities, feel more able to discuss mental health more openly than previously – often using social media to share their condition and experiences.

Have you ever considered that people with managed mental health conditions may be some of your most loyal, high performing and valued employees?

Forward thinking organisations are considering the impact that the way their business is run is having on their employees. They are thinking about ways they can support them to perform at their best and help their business remain successful. They have recognised that offering gym membership, yoga classes or free fruit is not enough and that even having an EAP (Employee Assistance Programme) will not necessarily address the root cause.

Forward thinking businesses are looking at ways to reduce the stigma associated with mental health by encouraging more open discussions and forums, providing more training and education on a subject which people are often scared to mention and are looking at both preventative approaches and interventions to promote good health and well-being amongst all of its employees. Some take it further in addressing root cause by, for example:-

- looking at job design – are they still fit for purpose when businesses are constantly having to re-invent themselves due to economic, social, shareholder, investor, employee and consumer expectations;
- reviewing objectives and deadlines to ensure that they are not unrealistic and so causing avoidable stress;
- improving management capabilities, employee performance and communications to ensure improved ways of working and efficiencies that drive employee engagement;
- considering whether the need for continuous or incessant change actually makes a difference or is seen to be a pointless activity;
- growing a culture where employees are encouraged to discuss their views, concerns and offer solutions through the introduction of forums, network groups, well-being champions and surveys.

In October 2017 the Government published “Thriving at work”<sup>3</sup>, an independent review of mental health and employers conducted by Lord Stevenson and Paul Farmer.

The report sets out “**mental health core standards**” – a framework for a set of actions which we believe all organisations in the country are capable of implementing quickly. These mental health core standards are as follows:

---

<sup>3</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf)

- 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;
- Routinely monitor employee mental health and wellbeing.

The report also outlines a series of more ambitious **'enhanced' standards**, for all public sector employers and private sector companies with more than 500 employees, who can and should do more to lead the way, building on the mental health core standards. These are as follows:

- Increase transparency and accountability through internal and external reporting
- Demonstrate accountability
- Improve the disclosure process
- Ensure provision of tailored in-house mental health support and signposting to clinical help

## 12. Top Tips for Managing Mental Health in the Workplace

- Recognise and treat your team as valued individuals. Allowing people to be themselves and not hide who they really are – trying to 'fit-in' can make the workplace a more comfortable and trusted place.
- Make time to hold regular 1:1 meetings with your team members at which you discuss not only tasks and objectives but also how they are feeling. Ask how they are, what additional support they may need from you as their manager, how they are getting on with their colleagues and even what they are doing at the weekend.
- Keep your team fully aware of what's happening in the business including those who can't attend team meetings. Remember, communication should be two way and not just a means for you to download information.
- Consider what additional soft skills training you'd benefit from eg on managing an underperformer or an employee who is considered "difficult" or challenges you a lot.
- Let the team know their opinions count and allow them as much control as possible over how they do their job. Employees are more productive and engaged and less stressed if they feel they have some autonomy and control over their work as well as support from their manager.
- Be aware of your company's policies and procedures and use them to make an informed decision to fit the situation and person you are dealing with.
- Always challenge and stop jokes or banter that singles out an individual or their behaviour. This type of bullying or harassment can lead to toxic work environments.

In relation to meetings with your employees:-

- Ask to speak to the person and choose a time when you will be undisturbed so you can speak confidentially. Turn off your phones or at least put them away and make

sure that you both have time to talk and that you don't have to hurry away to another meeting or to pick up the children

- Be prepared – have examples ready of the behaviour or performance that is causing you concern. If you ask someone how they are they are likely to respond with “I’m fine”. Be ready to say “I’m concerned that you’re not fine because” and then give concrete examples with dates and times of your concerns.
- Listen actively. This is far more difficult than it sounds. Try to put aside all your own concerns about work, deadlines, home life or anything else and concentrate on just listening to the other person. Be aware of your body language and theirs. What are you both saying without speaking?
- Remember that you don't have to have all the answers there and then. If you have prepared well for the meeting you will know the resources that your organisation has available for employees such as Employee Assistance Programmes (EAPs). Don't be afraid though to say simply “thank you for telling me - I’m sure we can help but I need to do some research and talk to other people such as HR”.
- Reassure the person that you won't divulge anything they have told you in confidence but if you do need to speak to someone else in the organisation tell the individual who this will be and why. Book another time to resume the conversation as soon as you can.

### 13. Case Study - Jane

Jane's father, and only surviving parent recently died. Her employer knew she had already been diagnosed with depression which was being successfully managed and rarely caused any concerns at work. At first Jane put on a brave face but she struggled to cope with her bereavement. She didn't sleep properly at night, appeared short-tempered at work and became prone to outbursts of tears. She had told her manager during her fortnightly review meetings that she didn't feel right and suggested that some time off work might help her.

Her manager thought that being in work with her colleagues might help Jane feel better and keep her distracted. He didn't realise that Jane was really in a difficult place and needed extra support or at least an adjustment to her working hours to help with the fact that she was not sleeping properly. He failed to seek advice from his manager, HR contact or the Occupational Health provider. He heard Jane's colleagues comment on how she didn't seem to be herself at the moment but he thought things would improve over time as he had previously coped with a bereavement and felt that he understood what Jane was going through.

One afternoon, Jane told her manager she was exhausted. He told her to take the afternoon off sick. Jane was currently hitting all of her targets but performing less well than usual.

Then at the weekend Jane suffered a short breakdown because she was overwhelmed with anxiety at being alone. She was admitted to A&E twice - once with severe panic attacks and then because she had exceeded her medication dosage in an attempt to self-manage her anxiety. She told a work colleague about this who in turn contacted the HR manager.

The HR manager, caught up with Jane's manager to find out more about the situation and understand what the manager knew about the situation and action he had taken to support Jane. They agreed that it was important that her manager remain the main point of contact with Jane. He would ring Jane that day to reassure her about not attending work and suggest they meet in the next couple of days to discuss her situation in more detail. At that meeting they agreed what the manager should share with Jane's colleagues regarding her absence and what he could do to support her further and any adjustments she needed. In the meantime, the manager suggested that Jane go to her GP to see when she should return to work which she was keen to do as soon as possible.

Following discussions with her doctor, Jane decided she needed a week off to sort out her father's belongings and would also benefit from a couple of weeks working from home on reduced hours to help with her sleeping patterns but also to facilitate the sale of her father's home and belongings.

Her manager agreed to this and arranged for Jane to have access to her work from home. They maintained regular contact during this period and Jane was happy for colleagues be made aware of her situation and be in contact with her.

After a period of working from home and taking bereavement counselling, Jane returned to work, albeit on reduced hours for another month to enable her to finalise all of her father's arrangements. Her manager also suggested that he review her targets and adjust them to compensate for her reduced hours. Because Jane was entitled to company sick pay, her manager made sure that her pay continued for the hours she did not work. He was told however, that even if her sick pay had been exhausted, he could still arrange for her to receive full pay – at his discretion. This was because such a short term investment could make a real difference to Jane's speedier return to work as she then had less to worry about. Her manager knew that Jane was fully committed to returning to work on her usual hours once she had resolved her personal issues.

## 14. Sources of Information and Support

This list is not exhaustive as there are many organisations that support people with mental health and assist organisation in developing a full holistic well-being business plan.

**enei** – as a Member you receive 1-2-1 support on disability and the other Protected Characteristics in the Equality Act 2010 - [www.enei.org.uk](http://www.enei.org.uk)

**MIND and the New Economics Foundation** - Five Ways to Wellbeing

**CIPD** - The Resilience Programme (<http://www2.cipd.co.uk/events/resilience>)

- An Introduction to Mindfulness at Work <http://shop.cipd.co.uk/shop/cipd-training/courses-qualifications/leadership-management-business/psychology-work/an-introduction-to-mindfulness-at-work>

**Mental Health First Aid – England** - A social enterprise that works to increase mental health literacy and reduce the stigma associated with mental health. Trains employees to be mental health first-aiders.

**BITC** - Introduced the Ready to Talk Campaign with the support of MIND, Time to Change, The Work Foundation and the CIPD encouraging employers to commit to take action to create parity between mental and physical health.

**The Mental Health Foundation** - have pioneered new ways of looking at mental health and improving the lives of people experiencing mental illness for more than 60 years.

**See Me Scotland** - See Me is Scotland's programme to tackle mental health stigma and discrimination. It is funded by the Scottish Government and Comic Relief, and managed by SAMH and the Mental Health Foundation.

**NHS** - [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) - Charity improving the lives of those with mental health problems or learning disabilities.

**Health and Safety Executive** - Has resources on managing workplace stress and resources for line managers - <http://www.hse.gov.uk/stress/furtheradvice/stressandmentalhealth.htm>

**Government Access to work** - An Access to Work grant is a grant for those with a disability, health or mental health condition to help them:

- start working
- stay in work
- move into self-employment or start a business – [www.gov.uk/access-to-work/overview](http://www.gov.uk/access-to-work/overview)





Employers Network for Equality & Inclusion (enei)

7-14 Great Dover Street, London SE1 4YR

t: 020 7922 7790

e: [info@enei.org.uk](mailto:info@enei.org.uk) [www.enei.org.uk](http://www.enei.org.uk)

© Employers Network for Equality & Inclusion 2020

This information was correct at the time of publication.