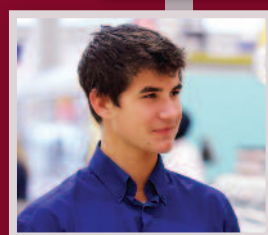


Supporting Members with Mental Health Problems



Usdaw
*Union of Shop, Distributive
and Allied Workers*

Executive Council Statement
to the 2014 ADM

Foreword



Usdaw has long recognised that members' health, both physical and mental, is a trade union issue. For many years the Union has published a wide range of leaflets addressing issues of personal and workplace health but this is the first time an Executive Council Statement has focused exclusively on supporting members with mental health problems.

The Union is very much aware that in the current economic climate, members are under pressure like never before. The Coalition Government's approach to reducing the deficit has led to cuts and caps to in-work benefits, a rise in the cost of living at the same time as wages are falling in real terms, shorter working hours and worries over job security. All of this has disproportionately impacted on Usdaw members. Not surprisingly this has led to an increase in the numbers of enquiries from members who are experiencing problems with their mental health and greater demand from reps for advice and guidance on this issue.

I am keen to ensure that Usdaw gives mental health the space it deserves in the Union. Mental health problems are very common. One in four people will experience stress, depression or anxiety or a less common mental health problem at some time in their lives – that means at least 100,000 Usdaw members will be directly affected by any one of these conditions. Even if we do not ourselves suffer from one of these conditions we are likely to know or work with someone who does. Given the scale of this issue and the fact that mental health problems across society are on the rise it is important the Union talks about mental health.

Talking about mental health is also an effective way of breaking down the stigma that still, in the 21st century, surrounds this issue. For too long, people with mental health problems have been judged, blamed and ridiculed. This has led to people feeling that they are in some way responsible for their illness and has pressured them into hiding it from others. The shame and secrecy surrounding mental health has devastating consequences as examined in Section 2 of this statement. It can lead to people losing their jobs and tragically, on rare occasions, losing their lives.

The Equality Act 2010 (or the Disability Discrimination Act in Northern Ireland) is an important tool for reps. If someone is experiencing problems at work relating to performance or attendance for example, the law can help. Section 3 of this statement gives practical advice and guidance to reps about how they can help someone with a mental health problem stay in or get back to work.

However, Usdaw is conscious that this is an enormously complex and sensitive area. The Union is very clear that Usdaw activists and reps are not mental health professionals nor do we expect them to be. We need to ensure that reps have the confidence to say upfront that the Union is limited in the help it can offer to members with mental health problems. Where the issues raised go beyond the workplace, then the most reps can do is to signpost members to specialist support organisations. This statement contains an extensive list of organisations that offer free, independent, specialist support.

Whether you are a member, a rep or an activist I very much hope you will find this statement of help in your work supporting members with mental health problems and challenging the myths that prevent members who might be worried about their mental health from seeking help.

A handwritten signature in black ink that reads "John Hannett". The signature is written in a cursive, flowing style.

JOHN HANNETT

General Secretary

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Introduction

The last five years have been difficult ones for millions of working people across Great Britain and Northern Ireland. The onset of economic recession and the Coalition Government's approach to reducing the deficit has resulted in:

- A rise in the cost of living.
- A fall in the value of wages.
- Cuts and caps to in-work benefits.
- A growth in redundancies and higher levels of job insecurity.
- Industry wide cuts to budgets and staffing levels.
- Shorter working hours.
- Tougher management attitudes.

Usdaw members have been hit particularly hard. All of the above factors, over which members have little if any control, are taking their toll on members' health and well-being. The pressure on family incomes and household budgets together with new pressures at work has led to an increase in the number of reps and members contacting the Union for advice and guidance on stress, depression and anxiety.

Evidence is now emerging that incidents of stress, anxiety and depression are on the rise across society. Since 2008 and the onset of the current economic crisis there has been a four-fold increase in the number of people reporting stress, depression and anxiety. The increase in mental health problems is not limited to the UK. The World Health Organisation predicts that by 2030, depression will become the biggest global cause of illness.

Mental health problems are very common. It is reliably estimated that at least one in four of us will experience a mental health problem at some point in our working lives. In the UK, problems relating to mental health account for the biggest single cause of illness, ahead of both cardiovascular disease and cancer. The largest recent increase in the rates of stress, depression and anxiety are in women aged 45 to 64. Incidents have risen by more than a fifth since 1993. It remains true that women are more likely than men to experience depression.

The causes of mental health problems are complex and still not fully understood but social and environmental factors play a big part. What happens in our lives both at home and in work and the amount of control we are able to exercise over our lives impacts on how well we feel.

Certain groups of people are more at risk of developing problems with their mental health than others. The statistics tell us that women are more likely to experience depression than men. Those who have suffered trauma or brain injury, migrant workers and refugees, unemployed or homeless people are more vulnerable to developing depression and anxiety as are those at the sharp end of discrimination such as Black workers or lesbian, gay, bisexual and trans workers.

On the whole research has shown that having a job is good for your mental well-being. Paid work is more than just a way of earning a living, as important as that is. It helps to boost self-esteem, provides identity and contact with other people and gives a structure and purpose to life. But being in paid work carries its own risks to mental health. Not all work environments are good for your mental health. Just as in other aspects of life, having some control over your working environment and being able to have a say in what you do at work are very important in terms of maintaining good mental health.

Research has shown that the following aspects of work can be bad for your mental health:

- Lots of unpaid overtime.
- Few opportunities for training.
- Physically demanding work.
- Temporary work.
- Not having a lot of say in what you do and how you do it.
- Bullying.
- Poor relationships at work.
- An unsupportive work culture, eg where needing help is seen as being weak.
- Conflicting demands of managing home and work life, especially if you have a personal crisis going on.

Usdaw recognises that members have physically and mentally challenging jobs. Those who have never worked in the retail or distribution sector do not always appreciate that the majority of Usdaw members are doing difficult and dangerous jobs, seven days a week, 52 weeks a year. Our members are routinely:

- Dealing with members of the public. Customers are often very demanding and we know from our own research that they are frequently physically or verbally abusive.
- Working long and unsocial hours including working weekends and public holidays.
- Coping with regular changes to the hours or the days of the week they work, sometimes at short notice.
- Doing jobs that require sitting or standing for long periods, heavy lifting and moving heavy objects.
- Required to be flexible in order to respond to the supply and demand of businesses that operate 24 hours a day, seven days a week.
- Required to cope with frequent changes in job duties, including developing new skills and learning new policies and procedures.

The Union has a key role to play in ensuring our members have a say in what they do whilst at work as well as making sure the environments in which they work are safe and promote physical and mental well-being. Research has shown that being a trade union member and working in a unionised workplace results in:

- Better pay and safer working conditions.
- More opportunities for flexible working.
- More access to training and career development.
- Improved communication between employer and employee.
- More supportive working environments, including access to advice and representation if things go wrong.
- Less exposure to bullying and harassment.
- More likely to be treated with dignity and respect.

Evidence shows that having a say in what you do at work is good for your mental health. The evidence also shows that being a trade union member means you are more likely to be in a position to exercise control over your working life. Therefore it is a fact – being a trade union member and working in an organised workplace is good for you!



Section 1: What are Mental Health Problems?

Our mental health affects the way we think and feel about ourselves and others, and how we deal with life. We all have mental health, just as we all have physical health. Both change throughout our lives and there are times when we might become physically or mentally unwell.

Mental health problems are very common and on the whole very treatable. One in four people will experience a mental health problem in any given year and one in six will develop a problem during their working lives.

Some problems are more common than others. Conditions such as bipolar disorder (that used to be known as manic depression) and schizophrenia are comparatively rare – most studies give a lifetime prevalence of just 1% of the population.

The following mental health conditions are those that Usdaw reps are most likely to come across at work:

Depression

Overall 10% of the population in Britain experience depression at any one time and 1 in 20 people (about a fifth) experience major or 'clinical' depression.

We all have times when we feel sad, anxious or upset but usually these feelings pass within a relatively short period of time. However, depression occurs when these feelings do not lift or they start to interfere with how someone wants to live their life.

Depression can be mild, moderate or severe. In its mildest form depression can mean finding everything harder to do and less worthwhile. At its most severe it can be life threatening as it can make someone feel suicidal or lose the will to go on living.

Depression can present itself in many different ways. A person might not always realise what is going on because sometimes symptoms can be physical rather than psychological or emotional.

Someone may not always recognise or be aware of how they are feeling or what is happening to them and may only begin to understand how depressed they have become on reflection or when it is pointed out to them by others. Depression is a real illness with disabling symptoms that often vary from person to person.

There are also some specific forms of depression¹:

Seasonal affective disorder – this is depression which is related to the seasons and the length of the day. It usually comes on in the autumn or winter when days are short and the sun is low in the sky.

Postnatal depression – this is a serious illness and is different to what is often referred to as the 'baby blues' that most women experience in the days immediately following giving birth. It can occur any time between two weeks and two years after the birth of a new baby.

Bipolar disorder – this refers to a depressive illness that is characterised by moods that alternate between periods of high excitement (or mania) and periods of severe depression.

¹ *Understanding depression, published by Mind available at mind.org.uk*

What are the symptoms of depression?²

A general 'rule of thumb' is that if you can tick off five or more of any of the symptoms below then you may be depressed. Everyone has bad days but depression is more than just feeling fed up or occasionally sad. Depression is when negative or distressing feelings and thoughts do not lift but stay with you. Bear this in mind when you are going through the list. If you have any concerns about your own mental health or the mental health of someone close to you, the best advice is to share these with a health professional such as your GP.

Am I depressed?

My feelings

- I am low-spirited for much of the time every day.
- I feel restless and agitated.
- I get tearful easily.
- I feel numb, empty and full of despair.
- I feel isolated and unable to relate to other people.
- I am unusually irritable or impatient.
- I find no pleasure in life or things I usually enjoy.
- I feel helpless.
- I have lost interest in sex.
- I am experiencing a sense of unreality.

My behaviour

- I am not doing activities I usually enjoy.
- I am avoiding social events I usually enjoy.
- I have cut myself off from others and cannot ask for help.
- I am self-harming.
- I find it difficult to speak.

My thoughts

- I am having difficulty remembering things.
- I find it hard to concentrate or make decisions.
- I blame myself a lot and feel guilty about things.
- I have no self-confidence or self-esteem.
- I am having a lot of negative thoughts.
- The future seems bleak.
- What is the point?
- I have been thinking about suicide.

My physical symptoms

- I have difficulty sleeping.
- I am sleeping much more than usual.
- I feel tired and have no energy.
- I have lost my appetite and am losing weight.
- I am eating a lot more than usual and putting on weight.
- I have physical aches and pains with no obvious physical cause.
- I am moving very slowly.
- I am using more tobacco, alcohol or other drugs than usual.



² The table of symptoms reproduced from 'Understanding depression', published by Mind.

Anxiety and panic attacks

As with depression, everyone experiences anxiety from time to time. Often it is a reaction to a stressful event or circumstances such as speaking up at a public meeting, sitting an exam or taking a driving test. Usually once the stressful event is over and done with the feelings of anxiety fade and eventually disappear altogether. However, problems occur when the feelings of panic or anxiety do not fade, or when they occur randomly or unpredictably.

If anxiety levels stay high for a long period of time, they can interfere with everyday life. For example, a person may start to avoid certain everyday situations that they think might trigger the feeling of anxiety. If the feelings of anxiety are intense and overwhelming a person may experience a panic attack.

When feelings of anxiety persist over a long period of time, mental health professionals refer to them as anxiety disorders or 'troublesome' anxiety. Anxiety disorders are very common. Seven million people in the UK have been diagnosed with an anxiety disorder.

Someone who is experiencing troublesome anxiety may experience the following physical or psychological symptoms:



Physical effects

- Muscular aches and pains.
- Headaches.
- Rapid breathing leading to light-headedness or shakiness.
- Rise in blood pressure leading to shortness of breath or a 'pounding' heart.
- Nausea and sickness.

Psychological effects

- Sleeping difficulties (insomnia).
- Tiredness and a loss of energy.
- Feeling on edge, tearful, irritable, angry and/or impatient.
- Difficulties concentrating or relaxing.
- Feeling your actions are out of control, detached from your surroundings or the need to seek the reassurance of others.

There are several types of anxiety and panic disorders. Some of the more common are listed below:

Phobias – are about having an irrational fear or a fear about something that is no danger to you. A person's anxiety will be triggered by very specific circumstances such as spiders. A person may know that the spider they see is not poisonous or will not bite them but they feel anxious all the same.

Obsessive compulsive disorder – is where obsessive thoughts and compulsive behaviour interfere with day-to-day activities. For example, a person may have obsessive thoughts about cleanliness and germs and repeatedly wash their hands or feel the need to always do something in a certain order.

Panic attacks – are intense, overwhelming feelings of fear and anxiety. They can sometimes occur for no reason and a person may not always understand why they happen. A person may experience physical symptoms such as shaking and a 'pounding' heart and/or psychological symptoms such as feeling they are going to have a heart attack or even die.

Stress

Stress is not in itself a medical diagnosis as such but it does have very real physical and psychological symptoms. If left untreated it can and often does develop into depression, anxiety or more severe mental health problems.

Everyone experiences stress, often when we have too much to do or feel that too many demands are being made of us.

According to Mind³ stress is often associated with change. Even happy events like marriage or the birth of a new baby can be stressful.

Four of the most stressful events we might encounter in life are:

- Moving house.
- Relationship breakdown.
- Bereavement.
- Serious illness in yourself, a friend or family member.

Other more long-term events can cause stress such as poverty, caring for another person, bad housing or difficulties at work.

Everyone responds to stress in a different way and every person's tolerance threshold is different. Some people manage and cope with stress well whereas others find it more difficult. Stress becomes a problem when someone feels that they cannot cope with the demands placed on them. Again stress is common. Recent figures show that at least one in five workers call in sick each week and report stress as the reason for their absence.

³ *How to manage stress available to download from the Mind website at mind.org.uk*



Often, because of the stigma surrounding other mental health problems such as depression or anxiety, people might say that they are stressed rather than anxious and depressed. It can be more difficult to argue that stress falls within the definition of disability as defined by the Equality Act 2010 (or the Disability Discrimination Act in Northern Ireland) precisely because it is not a medical diagnosis. This in turn might make it more difficult to argue for reasonable adjustments at work for someone who says they are suffering from stress. Section 3 of this statement explores this in more detail. This is not to say however that stress does not have an impact on both physical and mental health if it continues over a long period of time or returns with regular frequency.

Psychological effects

- Changes in behaviour and appetite.
- Frequent crying.
- Difficulty sleeping or concentrating.
- Anger, irritability and impatience.

Physical symptoms

- Dizziness and fainting spells.
- Chest pains.
- Raised blood pressure.
- Feeling restless, nervous twitches and pins and needles.

Members experiencing stress, depression or anxiety or any other mental health problem are likely to face difficulties at work, often relating to performance, conduct or absence. These difficulties can be made worse by the fact that very few people feel able to talk to others about their mental health because of the stigma and shame that still surround this issue. The next section looks at the very real consequences prejudice, ignorance and stigma have on the lives of people with mental health problems and their families.

Section 2: Tackling the Stigma

Attitudes towards mental illness and mental health problems are regularly monitored in the UK and Northern Ireland. Since 1994, an annual survey of almost two thousand people is carried out by researchers in people's homes in order to find out what the public think about mental health problems. The results are a useful measure of public opinion and of how attitudes have changed over time.

On the whole, real progress has been made. The good news from the most recently published 'Attitudes Towards Mental Illness' survey conducted in 2011⁴ is that:

- The overwhelming majority (91%) agree that anyone can become mentally ill.
- Only a tiny minority (6%) agreed with the statement that 'people with mental illness are a burden on society'.
- More than three-quarters (77%) agreed that people with mental illness have been the subject of ridicule for far too long.
- A clear majority (70%) said that they would be comfortable talking to a friend or family member about their mental health, for example telling them that they had a mental health diagnosis and talking about how it affects them.

But assumptions and stereotypes about people living with mental illness have far from disappeared from our society. Certain myths and prejudices have changed little over time and remain as stubbornly persistent today as they did two decades ago. For example, the public attitudes survey has shown that more than a third of the general public believe there is a link between mental illness and dangerousness or anti-social behaviour.

- More than a fifth (21%) of respondents agreed that 'people with mental health problems should be excluded from public office'.
- Less than two-thirds of people (62%) agreed that 'people with mental illness are far less of a danger than most people suppose'.
- One in five people agreed that 'there is something about people with mental illness that makes it easy to tell them apart from normal people'.
- Almost half of people (43%) said that they would feel uncomfortable talking to their employer about their mental health problem.

⁴ *Attitudes to Mental Illness – 2011 Survey report published by the NHS Information Centre and available at hscic.gov.uk/catalogue/PUB00292*



Usdaw understands why members with mental health problems are often reluctant to talk to either the Union or their employer about them. There is plenty of evidence to show that despite progress, stigma and discrimination is widespread in our society against those with mental health problems and affects all areas of people's lives including:⁵

- Employment.
- Holding onto friendships and building new ones.
- Joining groups and taking part in community and social activities.
- Feeling confident to go out and about – a visit to the shops or going down to the pub.
- Ability to openly disclose mental health issues for fear of being judged.

The 'Stigma Shout' survey conducted by 'Time to Change' found that:

- 9 out of 10 people said that stigma had a damaging impact on their lives.
- 71% of people living with mental health problems felt that stigma and discrimination stopped them from doing the things they wanted to do.

"I've stayed away from many parties and other social situations because of a lack of confidence and a fear of stigma. It has also stopped me applying for some jobs."

⁵ 'Stigma Shout': Service user and carer experiences of stigma and discrimination.

- More than a third of people said that stigma had negatively impacted on their friendships and relationships with others.

"Keeping in touch with friends – reaction is usually one of shock, horror, followed by avoidance; lots of people have no idea how it is. This leaves me feeling very isolated and with low self-confidence."

One of the areas in which stigma does the most damage is in employment.

- Over half of those surveyed said that stigma and discrimination had negatively impacted on their ability to get paid work.

There is clear evidence that discrimination in employment affects all disabled people. Half of all disabled people are unemployed, 25% more than non-disabled people and the position is considerably worse than this for people with mental health problems. People with mental illness issues have a shockingly low employment rate of little over 1 in 10 (or 10%). This is not because people with mental health problems cannot or do not want to work but is rather a result of employer attitudes. A study by the Chartered Institute of Personnel and Development found that 7 out of 10 employers would not consider employing someone who had a history of mental health problems.



Why does it matter what other people think?

What we think and say about people with mental health problems has a direct impact on their lives. The way we think and talk about others affects the way we behave towards them. This in turn influences the behaviour of those we spend time with such as colleagues, managers, family, friends and children.

The shame and secrecy that surrounds the issue of mental health has arisen as a result of deep seated prejudices in our society. Stereotyping people with mental health problems is a massive issue and has devastating consequences. There is clear evidence to show that stigma and discrimination:

- Leads to people feeling they have to hide their illness.
- Prevents people seeking help and in some cases can lead to a loss of life.
- Delays treatment.
- Slows down and sometimes prevents recovery.
- Isolates people.
- Excludes people from a job day-to-day activities.
- Stops people getting a job and getting on in paid work.

“As a rep, I’m often in conversations with members about absence. They might have reported in sick with flu or a stomach bug but by giving them time and talking things through, we sometimes arrive at the real reason for their absence which is to do with their mental health. A lot of the time the underlying problem is depression but people dare not be honest because they think they’ll be judged or might lose their job. Because of my own experience, I think I find it a little easier to spot the signs. I’m not afraid of asking whether or not someone might be feeling depressed or anxious. I don’t push it but simply raise the question. This can give a member who is stressed, depressed or anxious the chance to talk about what’s really going on. I can then talk to management about reasonable adjustments and proper support which you can’t do if the illness is something like flu.”

There are no quick fixes or instant solutions to challenging prejudice or stereotyping but trade unions have an important role to play tackling stigma. One way to do this is to expose the reality behind some of the more common myths that surround mental illness and mental health problems.



Challenging the myths

Myth: People with mental illness should not be given any responsibility.

Fact: It is a big mistake to think that people with mental illness cannot exercise responsibility.

Winston Churchill, Abraham Lincoln, Beethoven, Michelangelo, Isaac Newton all struggled with depression throughout their lives.

To say that people with mental illness cannot be given any responsibility is to misunderstand how people are affected. The vast majority of people with mental illness function well in society. They are just as trustworthy, rational and responsible as anybody else.

Someone with clinical depression described this as:

“You can go from being a go-to person on top of the world, to being an absolutely untrustworthy nothing overnight if the wrong person finds out. Nothing changes except their perceptions; but because of the stigma that says that mentally ill people are irrational and untrustworthy, suddenly everything you say, everything you do, can suddenly become questionable and untrustworthy.”

Myth: One of the main causes of mental illness is a lack of self-discipline and will power.

Fact: At best this is an unhelpful myth, at worst it is dangerous. Why? Because it leads to a ‘pull yourself together’ response which effectively prevents people from seeking help. This in turn seriously undermines a person’s ability to recover. It also results in people blaming themselves which is such a common feature of mental illness and far from helping, makes what is usually already a bad situation even worse.

For a long time those suffering from mental health problems were told it was their own fault, that they were weak, had no backbone or get up and go, or were less intelligent. The legacy of this prejudice stays with us today and it has made it very difficult for people to admit to themselves and to others that they might be suffering from a mental health problem.

Myth: People with mental health problems are more likely to be dangerous or violent than other people.

Fact: This is perhaps the most stubborn and most damaging myth of all. This fear of random unprovoked attacks on strangers by people with mental health problems is entirely unjustified. The fact is that people with mental health problems are very, very rarely dangerous. This is not a matter of opinion or political correctness. It is a fact.

95% of ‘homicides’ (murders) are committed by people who have not got nor have ever had a mental health problem.⁶ Another major research study conducted in 2010 with over 3,100 people who had been diagnosed with bipolar disorder showed no link whatsoever between mental illness and violent behaviour.

The truth is that the vast majority of people with mental health problems are not violent and the vast majority of people who are violent do not suffer from mental illness. Despite this there is a common perception that people with mental health problems are likely to behave in a violent way – a view that is repeatedly supported by films, novels and the media.

⁶ Kings College London, Institute of Psychiatry, 2006, *Risk of violence to other people.*



Rethink Mental Illness, a national mental health campaigning and support organisation, explains how irresponsible reporting reinforces this misconception. They say:

“The tabloids regularly use words such as ‘psycho’ and ‘bonkers’ which shows a total lack of sensitivity to people with mental illness. This encourages the public to believe that schizophrenia particularly is dangerous, and that it’s acceptable to fear and ridicule mental illness.

Due to this the public tend to view the mentally ill as unpredictable, responsible for their bizarre beliefs and behaviour, incapable of rational thought, and probably dangerous. When these beliefs filter through society at many levels it is no surprise that the mentally ill often find themselves socially excluded and isolated.”

In fact the opposite is true. People with mental health problems are far more likely to be the victims of violence rather than the perpetrators. There is clear evidence that people with mental illness are two-and-a-half times more likely to be attacked than those without.⁷

The vast majority of people on secure psychiatric wards are there not because they are at risk of harming others but because they are at risk of harming themselves. 90% of those people that take their own lives have a diagnosed mental illness.

On those incredibly rare occasions when a person with a mental illness kills another person, it makes the news for days as every incident is usually reported at least three times – the crime, the arrest, the trial. This fuels the misconception that mentally ill people are violent.

⁷ Appleby, L., Mortensen, P. B., Dunn, G., & Hiroeh, U. (2001). Death by homicide, suicide, and other unnatural causes in people with mental illness: a population-based study. *The Lancet*, 358, 2110-2112.

Myth: There are sufficient existing services for people with mental illness.

Fact: The World Health Organisation predicts that by 2030 depression will be the biggest global cause of illness. Mental health problems are currently the single biggest cause of illness in the UK, accounting for a quarter of the so-called ‘disease burden’ ahead of cardiovascular disease and cancer. And yet only 10.8% of the NHS budget for 2010 to 2011 was spent on NHS services to treat mental health problems. At a time when demand for treatment is rising, the Department of Health reports that spending in real terms on mental health is declining.

Unfortunately mental health services have become one of the many casualties of the Government’s so-called efficiency drive in the NHS. In 2012 total Government expenditure on mental health services was down by £150 million – the first reduction in more than a decade.



Myth: People with mental health problems are unable to work.

Fact: One in four people in the UK will experience a mental health problem at some time in their lives. This means that you probably work with someone with a mental health problem and are likely to do so in the future. The reason why so few people with mental health problems are in paid work has everything to do with discrimination and a failure to make reasonable adjustments and almost nothing to do with capability, reliability and competence.

Usdaw is taking action to make sure that members feel able to be open and honest about their mental health without worrying about being ridiculed, disbelieved or judged. This should help to make life easier for Usdaw reps too. If members feel able to be honest about their problems and the difficulties these might be causing at work at an early stage reps can step in. The longer it takes for someone to get the support they need the more chance there is of their health and the situation at work getting worse. The appendices at the back of this statement are resources the Union has produced for reps to enable them to better support members with mental health problems at work.



Section 3: The Law

Members with mental health problems might sometimes experience difficulties at work and if they do they will need the support of their Union. Common problems relate to time keeping, attendance, performance or conduct. If these problems are not addressed early on members can find themselves getting caught up in disciplinary procedures and in some cases dismissal.

The law can help protect members with mental health problems (and other disabled workers) at work from disciplinary action or dismissal. In England, Scotland and Wales, the relevant piece of legislation is called the Equality Act 2010. In Northern Ireland the relevant piece of legislation is called the Disability Discrimination Act. The advice in this section applies equally to reps and members in Great Britain and Northern Ireland.

The definition of disability

Members with mental health problems such as depression or anxiety may not think of themselves as disabled or may not be aware that there are laws that protect disabled workers from discrimination at work and place certain duties on employers.

The law is a very useful tool. Usdaw is keen to ensure all reps understand what the law says and how they might use it to protect disabled members from being treated unfairly at work and ensure they receive the support they are entitled to from their employer.

The starting point when deciding whether or not someone is covered by the law is to work out whether or not they fit the definition of 'disability' as outlined in the legislation.

The definition of 'disability' is:

'A physical or mental impairment which has a long-term, substantial effect on your ability to carry out day-to-day activities.'

When deciding whether or not a member fits the definition of 'disability', it helps to break this definition into five questions.

1. Does the member have a physical or mental impairment?

Clearly stress, depression or anxiety are mental impairments so members with these conditions would normally meet this part of the definition. A person with a mental health problem may not look disabled and managers may therefore not believe they have anything wrong with them. It is not always obvious that someone is disabled. Generally you will not know if a person has a 'hidden' impairment, such as anxiety or depression when you first meet them. Nonetheless these people can be covered by the Equality Act 2010.

2. Is it more than a trivial condition?

Someone with mild depression for instance may still be able to carry on as normal and they would be unlikely to meet this part of the definition. Another person however may have difficulty sleeping and be unable to get up in the morning. They may lack the motivation to wash or eat. Their depression is having a significant impact on their life and they would probably meet this part of the definition.

3. Has the condition lasted or will it last for more than a year?

The member has to show that their mental health problem has lasted for more than a year already or that it is likely to go on for at least a year or more. It does not matter if their condition comes and goes – the law is absolutely clear that so called fluctuating conditions can be counted. So someone who suffers acute anxiety, stress or depression but finds that some days they are better than others could meet this part of the definition. They do not have to have the problem every day or even every week.

4. What would happen if the member stopped taking their medication?

Employers sometimes argue that the member is not disabled because their condition is controlled by medication. However in deciding whether or not someone is disabled they must be assessed as if they were not taking their medication. A member who would have severe depression were it not for their medication could be regarded as disabled even though their condition is controlled by drugs such as an anti-depressant. If their GP decides that they no longer need an anti-depressant because they are better, then that is a different matter. This is because whilst they are taking the medication, it is controlling the problem but the depression has not gone away. The member still has a mental health problem otherwise their doctor would not carry on prescribing the medication.

5. Does the condition affect the member's everyday life?

If you can show that the member's condition has a substantial effect on how they carry out normal day-to-day life then they may be covered. Some members with anxiety for instance may feel unable to travel to work in the rush hour or make decisions. A person with depression may struggle to interact with customers because they feel so flat or find it difficult to concentrate and so make mistakes at work. People with mental health problems can have good and bad days, so again it does not matter if the effect is not there every day. As long as someone can show that the effects are likely to reoccur at some point then they are to be treated as continuing throughout.

If you can show that the member meets the above criteria then they will be entitled to the protection of the Equality Act 2010. This is well worth having and gives the member strong legal rights.⁸

⁸ This section and the next on 'reasonable adjustments' are taken from Usdaw's factsheet for reps "Supporting Disabled Members in the workplace: Mental Health Issues (SDAFS 002). For a copy of the full factsheet see Appendix 1 or visit usdaw.org.uk or contact your local Usdaw office.

Reasonable adjustments

Once you have established that a person fits the definition of 'disability', their employer falls under a specific legal duty to make what are called reasonable adjustments to take account of the member's condition.

This means that they may have to change some aspect of the member's working arrangements to help them stay in or get back to work.

The member will be the best judge of what adjustments they need but examples of reasonable adjustments could include the following. All of the following examples are taken from guidance issued by either the Government or the Equality and Human Rights Commission (EHRC):

- **Flexible working** – The EHRC suggest that a worker with depression could have their shift changed so they do not need to start work until later in the day. This could help where someone was taking medication that made them sleepy in the morning.
- **Extra support from colleagues** – A worker in a fast food chain with a mental health condition had low self-confidence and needed extra supervision to carry out basic tasks and reassurance they were doing the job correctly. The support was gradually reduced over three months before ending altogether. Or someone with anxiety could be met at the bus stop so they can walk into work with a colleague.
- **Time off to attend therapy or self-help groups** – Allowing someone with stress more time to adjust to new systems or ways of working or reducing the standard required of the member.
- **Adjusting sickness absence formula** – To ensure that absences related to their disability are counted separately and not used to trigger disciplinary action. Guidance for employers to the Equality Act 2010 published by the Equality and Human Rights Commission⁹ states that:

⁹ What equality law means for you as an employer: working hours, flexible working and time off. Equality Act 2010 Guidance for employers, Vol 2 of 7, published by the EHRC.

“Once you know that a worker comes within the definition of a disabled person ...to make sure that you have complied with the duty to make reasonable adjustments you should:

Record the worker’s disability-related time off separately from general sick leave. This will mean that you are not calculating bonuses or making any other pay or employment-related decisions in a way that unlawfully discriminates against them.”

Making these kinds of adjustments can mean that the person with a mental health problem is being treated more favourably than their colleagues. This is perfectly acceptable within the law which expressly allows employers and others to treat a disabled person more favourably than a non-disabled person.

Drug or alcohol dependency

Although drug and alcohol dependency are excluded conditions under the Equality Act 2010 and the Disability Discrimination Act, if a person has another condition which might have led to the misuse of drugs or alcohol or the misuse has given rise to another illness or disability then the underlying or resulting illness can be taken into account.

The official guidance to the definition of ‘disability’ makes this clear by using the following example:

‘A person with an excluded condition may nevertheless be protected as a disabled person if he or she has an accompanying impairment which meets the requirement of the definition. For example, a person who is addicted to a substance such as alcohol may also have depression, or a physical impairment such as liver damage arising from the alcohol addiction. Whilst this person would not meet the definition simply on the basis of having an addiction, he or she may still meet the definition as a result of the effects of the depression and/or liver damage.’¹⁰

¹⁰ Equality Act 2010 Guidance: Guidance on matter to be taken into account in determining questions relating to the definition of disability, published by the Office for Disability Issues.

On the whole, research has shown that attitudes towards people who have developed a drug or alcohol dependency problem are even more negative than those towards people with mental health problems. However, research has also shown that people who have become addicted to a drug or to alcohol are likely to have a pre-existing mental health problem for which they have not received any treatment. Therefore they have turned to drugs or alcohol in an attempt to cope with the distressing feelings they have been experiencing. The Union is keen to ensure that we do not accidentally exclude members with drug or alcohol problems from the protection of the law. If someone is struggling at work for these reasons it is worth exploring with them whether they have any other illnesses or conditions which are not excluded which could mean that they do fall within the definition described above.



Informing your employer

The previous section 'Tackling the Stigma' examined in detail the reasons why members with mental health problems might be reluctant to tell either the Union or their employer about their mental health problems.

People with mental health problems are not under a legal obligation to disclose it to their employer, although if they decide not to tell their employer this will affect their legal rights.

The reason for this is that an employer only falls under the duty to make an adjustment if they know or could reasonably be expected to know that a worker has a disability and is, or is likely to be, placed at a substantial disadvantage as a result.

The Code of Practice to the Equality Act 2010¹¹ however makes it clear that employers should be pro-active in their approach. It says:

'The employer must, however, do all they can reasonably be expected to do to find out whether a person has a disability. What is reasonable will depend on the circumstances.'

It then goes on to give the following example:

'A worker who deals with customers by phone at a call centre has depression which sometimes causes her to cry at work. She has difficulty dealing with customer enquiries when the symptoms of her depression are severe. It is likely to be reasonable for the employer to discuss with the worker whether her crying is connected to a disability and whether a reasonable adjustment could be made to her working arrangements.'

Usdaw understands that decisions over whether or not to tell someone about a mental health problem are deeply personal. The downside to not sharing this information (and it can be shared in confidence) with an employer is that they do not have to make any reasonable adjustments to the workplace, job duties or to their policies and procedures.

At Appendix 2 of this Statement you will find a resource *Supporting Disabled Members in the Workplace: 'Talking about Mental Health'* which gives some tips to reps about how they might open up conversations with members who might be experiencing difficulties at work because of problems with their mental health.

¹¹ Equality Act 2010 Code of Practice: Employment, published by the EHRC.

Harassment

Usdaw knows from its own experience that members with mental health problems are more likely to experience harassment than those without. This has been borne out by research which has found that people with mental health problems are almost three times as likely to be harassed (41%) than the population at large (15%).¹²

Harassment does have a legal definition (see below) and it covers a wide range of behaviour and conduct including:

- Spoken or written words or abuse.
- Imagery.
- Graffiti.
- Physical gestures.
- Facial expressions.
- Mimicry.
- Jokes.
- Pranks and practical jokes.

The definition of harassment is:

'Unwanted conduct which is related to disability and has the purpose or effect of:

- violating the worker's dignity; or
- creating an intimidating, hostile, degrading, humiliating or offensive environment for that worker.'

The word 'unwanted' simply means unwelcome or uninvited. Even if someone did not 'intend' to cause offence their actions or words might still amount to harassment. This is because the law is more concerned with the effect a person's behaviour has on the disabled person than with their intentions. This means that people cannot usually rely on the defence 'I was only joking' or 'It was only a bit of banter'.

Harassment is a serious form of disability discrimination.

¹² Prevalence and experience of harassment of people with mental health problems living in the community, Kathryn M Berzins, MCC and Alison Petch PHD.

Section 4: Organising the Workplace

Supporting members with mental health problems (and disabled members more broadly) can help reps organise the workplace.

This section gives some ideas on how you might use the issue of mental health and Usdaw's disability equality agenda to organise your workplace.

Raise the profile of the issue and the Union

Members with mental health problems may not think that this has anything to do with the workplace, let alone the Union. They may worry that the Union will not understand their problems or that they will be judged. In order to give members the confidence to talk to their rep and perhaps share their experience more widely, Usdaw needs to make it clear that mental health is a trade union issue and that we are here to support members with mental health problems at work.

Making sure Usdaw's mental health literature and poster is on display will help to get the message across that Usdaw understands the issues and is here to help. It will also raise the profile of Usdaw in your workplace.

"I've ordered a lot of the Union's literature and free literature from other campaigning mental health organisations like Time to Change and themed workplace noticeboards. This sends the message out to members and non-members that mental health is an Usdaw issue and that the Union gets it and can support members who might have problems at work because of their mental health. I did this in December and January – which can be very difficult times for people who might be depressed or anxious. This tackles the stigma and raises the profile of Usdaw as well as sharpening our appeal."

Activists are knowledgeable

For several years now, Usdaw has been keen to ensure that reps have access to the knowledge they need to better support disabled members. Usdaw has produced a range of leaflets on disability rights and equality. Those that specifically deal with mental health problems like stress, anxiety and depression are to be found in Appendices 1, 2 and 3 at the back of this statement. They can also be downloaded from www.usdaw.org.uk or ordered free of charge from your local Usdaw office. Usdaw regularly updates existing literature and produces new guidance for reps.

Members are involved

The Union is keen to make sure that just as reps understand what rights members have, members also have knowledge of their own rights. By taking up the issue of mental health, Usdaw is able to demonstrate to members that we understand the issues that matter to them. We can show by campaigning on mental health that we are not just there for when things go wrong but that the Union is taking positive action to address the concerns members with mental health problems have at work.

This all helps to demonstrate that the Union is relevant and in touch with what is happening both in the workplace and in members' lives, which in turn helps to sharpen our appeal. Making sure that there are high levels of Union membership in the workplace helps to keep Usdaw organised workplaces safe, healthy and harassment free.



Engage with members and non-members around the issue of mental health – use the survey

One of the simplest ways to engage with members and non-members is to survey your workplace.

Usdaw understands that it is not easy to open up and talk to others about any issues relating to disability, least of all mental health. A survey is a relatively easy way of raising the issue without singling out any one person. It gives members the opportunity, if they feel ready, to talk about their mental health and any problems they might be having at work because of it.

Usdaw is keen to raise awareness of the fact that mental health problems are very common and a normal response to the stresses and strains of everyday life. The survey helps to do this.

Remember the best way to carry out the survey is to approach people one-to-one. You can ask the questions and fill in the form. This way you get the best return. It also gives people the chance to talk to you in confidence about their concerns. Also if the person is not an Usdaw member you can spend some time talking to them about the benefits of joining the Union.

The survey deliberately does not ask for a name and address – it is anonymous. This helps give members and non-members the confidence to be honest as they know they cannot be identified.

In Appendix 4 you will find a short survey you can use to find out more about the specific problems in your workplace and what more support members want from the Union to address these. If you would like more copies of the survey simply contact Ruth Cross or Jo Bird in the Equality Section at Usdaw's Central Office on 0161 224 2804.

It might be helpful to start by discussing at your reps' meeting how best to approach members and non-members and also what you might do with the findings.

Usdaw would also like to see your completed surveys so that we can make sure our future work in this area develops in the right direction and prioritises the issues that matter most to members and reps. Please do not forget to send your surveys back to Usdaw once you have finished with them. You do not need a stamp. Simply post them back to the freepost address on the survey form.

Remember members join the Union so that they can get help in solving problems. The survey on *'Mental Health and Well-being in the Workplace'* should help you to identify what the problems are in your workplace and what extra support Usdaw can give.

Usdaw understands that reps already have a lot on their plate and that they are not mental health professionals or counsellors. The causes of mental health problems are complex and are often the result of unavoidable life events. If you discover when talking to members that the problems they are experiencing are not work-related or members need help from health or other expert professionals, you can point members in the direction of an organisation that can help. In Section 5 of this statement you will find an extensive list of specialist organisations that you can signpost members to.

Appendix 1



Appendix 2



Appendix 3



Section 5: Useful Contacts

Mental health campaigning and support organisations

The Samaritans

24-hour confidential, emotional support for anyone who is feeling bad.

www.samaritans.org
08457 90 90 90

British Association for Counselling and Psychotherapy

Through the BACP you can find out more about counselling services in your area.

www.bacp.co.uk
01455 883300

Mind

Providing advice and support to empower anyone experiencing a mental health problem, and campaigning to improve services, raise awareness and promote understanding.

www.mind.org.uk
0300 123 3393

Rethink Mental Illness

Working together to help everyone affected by severe mental illness to recover a better quality of life.

www.rethink.org
0300 5000 927
(Monday to Friday, 10am – 2pm)

Time to change

A programme to challenge mental health stigma and discrimination, led by Mind and Rethink Mental Illness.

www.time-to-change.org.uk
020 8215 2356

SANE

A mental health charity providing practical help to improve the quality of life for people affected by mental illness, and campaigning to end the stigma.

www.sane.org.uk
0845 767 8000

Self-Injury Guidance & Network Support

A user-led voluntary organisation which raises awareness about self-injury and helps people who self-injure by providing a safe, friendly message board, ideas for distraction techniques and empowering them to find alternative, healthier coping mechanisms.

www.lifesigns.org.uk

Support for parents and young people

Papyrus

If you are a young person at risk of suicide or are worried about a young person at risk of suicide.

www.papyrus-uk.org
0800 068 41 41
(Monday to Friday, 10am – 5pm
and 7pm – 10pm; Weekends 2pm – 5pm)

Young Minds

Provides information and advice for anyone with concerns about the mental health of a child or young person.

www.youngminds.org.uk
020 7089 5050

CALM

Raising awareness of suicide in young men, and offering guidance and support for young men with mental health problems.

www.thecalmzone.net
0800 58 58 58
(5pm – midnight, 7 days a week)

Childline

Free, national helpline for children and young people in trouble or danger.

www.childline.org.uk
0800 1111

Relationship problems

Women's Aid

24-hour National Domestic Violence helpline.

www.womensaid.org.uk
0808 2000 247

Broken Rainbow

National advice and referral hotline for Lesbian, Gay, Bisexual and Transgender (LGBT) people of all ages who experience domestic violence.

www.brokenrainbow.org.uk
0300 999 5428
(Monday and Thursday 10am – 8pm,
Tuesday and Wednesday 10am – 5pm)

Southall Black Sisters

Provides a range of services to Asian and Afro-Caribbean women and children who have experienced violence and abuse. Can give telephone advice to women outside of the London Borough of Ealing.

www.southallblacksisters.org.uk
0208 571 0800
(Monday to Friday, 9am – 5pm)

Refuge

Provides accommodation and support for women and families experiencing domestic violence.

www.refuge.org.uk
0800 2000 247 (24 hour)

Forced Marriage Helpline

Provided by charity Karma Nirvana.

www.karmanirvana.org.uk
0800 5999 247
(Monday to Friday, 9.30am – 5pm)

Relate

Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support.

www.relate.org.uk
0300 100 1234

Men's Advice Line

A confidential helpline offering support, information and practical advice to men experiencing domestic violence.

www.mensadvice.org.uk
0808 801 0327
(Monday to Friday, 9am – 5pm)

Debt and money advice

Citizens Advice Bureau

Free confidential advice on money and benefits, from over 3,000 local offices – see the website or your local phonebook for your nearest branch.

www.citizensadvice.org.uk

Money Advice Service

A free, independent service that gives clear unbiased money advice, set up by the Government and funded by a levy on the financial services industry.

www.moneyadviceservice.org.uk
0300 500 5000

National Debtline

Free, confidential and independent advice on how to deal with debt problems.

www.nationaldebtline.co.uk
0808 808 4000

StepChange Debt Charity

A registered charity who offer free, confidential debt advice and solutions such as free debt management plans.

www.stepchange.org
0800 138 1111

Debt Action Northern Ireland

Free, confidential and impartial debt and money advice services across Northern Ireland.

www.debtaction-ni.net
0800 917 4607

GamCare

GamCare provides support, information and advice to anyone suffering through a gambling problem.

www.gamcare.org.uk
0808 8020 133
(8am – midnight, seven days a week)

Housing

Shelter

Shelter provides free, confidential advice to people with all kinds of housing problems through online housing information and face to face local services.

www.shelter.org.uk
0808 800 4444

Sanctuary

A national charity that provides high quality support and housing services catering for a variety of needs and levels of support, with a number of specialist services available – move-on, day services, self-contained flats and floating support.

www.sanctuary-group.co.uk
01905 334000

Advance

A charitable organisation providing housing, support, employment and other services to meet the needs of people in the community who have a mental health problem or learning difficulty.

www.advancehousing.org.uk
01993 772 885

Bereavement

Cruse Bereavement Care

Helping to promote the well-being of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss.

www.cruse.org.uk
0844 477 9400

Bereavement Advice Centre

Guidance and support on dealing with practical issues to manage when someone dies.

www.bereavementadvice.org
0800 634 9494

Bereavement UK

An organisation offering information about death, dying, bereavement, funerals and self-help counselling.

www.bereavement.co.uk

Child Bereavement UK

Supporting families and educating professionals when a baby or child dies or is dying, or when a child is facing bereavement.

www.childbereavement.org.uk
0800 02 888 40

Grief Encounter

Advice and support for bereaved children and their families, including games and resources to help children of all ages understand and come to terms with their loss.

www.griefencounter.com
020 8371 8455
(Monday to Friday 9am – 5pm)

Survivors of Bereavement by Suicide

A safe, confidential environment in which bereaved people can share their experiences and feelings.

www.sobs.admin.care4free.net
0844 561 6855
(9am – 9pm, 7 days a week)

Illness

NHS Direct

NHS 24-hour telephone helpline, NHS Direct. Information about health problems, how to keep healthy and advice on when to call for help.

www.nhsdirect.nhs.uk
111 from any landline or mobile phone free of charge (or 0845 4647 for the interpreter service in ten different languages)

Macmillan

One of the UK's leading cancer care and support charities, offering practical, medical and financial support and campaigning for better cancer care.

www.macmillan.org.uk
0808 808 0000

Carers UK

Information, advice and support for carers in the UK.

www.carersuk.org
0808 808 7777
(Monday to Friday, 10am – 4pm)

British Heart Foundation

A charity funding research into eradicating heart disease, and providing advice and support both for prevention and management of heart disease.

www.bhf.org.uk
0300 330 3311

Alzheimers Society

The leading UK care and research charity for people with Alzheimer's and other dementias, their families and carers.

www.alzheimers.org.uk
0300 222 11 22

Multiple Sclerosis Society

Providing support and information for people living with Multiple Sclerosis.

www.mssociety.org.uk
0808 800 8000

Age UK

Information and advice for the elderly about health, benefits, care, age discrimination and computer courses.

www.ageuk.org.uk
0800 169 6565

Sue Ryder

Charity to support people with disabilities and life-shortening diseases, their families, carers and friends, offering care at home or in residential centres.

www.sueryder.org
0845 050 1953

Unemployment and benefit advice

Job Centre Plus

0800 606 0234
(or 0800 055 6688 for new claims)

Benefits Adviser Online

Advice and guidance about the benefits system online.

www.gov.uk/benefits-adviser

Citizens Advice Bureau

Work and welfare rights including frequently asked questions in seven languages.

www.adviceguide.org.uk
08444 111 444 (England)
0808 800 9060 (Scotland)
08444 77 20 20 (Wales)

Immigration

Joint Council for the Welfare of Immigrants

Campaigns for justice in immigration, nationality and refugee law and policy.

www.jcwi.org.uk
020 7251 8708

Migrant Rights Network

Working for a rights-based approach to migration, with migrants as full partners in developing the policies and procedures which affect life in the UK.

www.migrantsrights.org.uk

Refugee Council Online

Services and support for refugees in the UK.

www.refugeecouncil.org.uk
020 7346 6700

The Runnymede Trust

Promoting a multi-ethnic Britain.

www.runnymedetrust.org
020 7377 9222

UK Pay and Work Rights Helpline

Help and advice for workers and employers on workers' rights at work.

0800 917 2368

Office of the Immigration Services Commissioner

Responsible for regulating immigration advisers by ensuring they are fit and competent and act in the best interests of their clients.

www.oisc.homeoffice.gov.uk
0207 211 1500

Scottish Refugee Council

Independent charity helping refugees and people seeking asylum in Scotland.

www.scottishrefugeecouncil.org.uk
0800 085 6087

Appendices

- Usdaw briefing for reps: Mental Health Issues (SDA FS 002)
- Usdaw briefing for reps: Talking About Mental Health (SDA FS 003)
- Mental health poster: It's Good to Talk (R50)
- Mental Health and Well-being in the Workplace Survey



Supporting Disabled Members in the workplace

Mental Health Issues

This briefing has been developed to help reps who are supporting members with mental health issues.

Usdaw
Organising
**For
Equality**

Mental health problems include stress, depression and anxiety.

There are other mental health problems such as psychotic conditions and schizophrenia but these are far less common and reps are very unlikely to come across them in the workplace.

Someone with mental health problems may be entitled to the protection of the Equality Act (or the Disability Discrimination Act (DDA) if you live in Northern Ireland).

Members with mental health problems may need the support of their Union. They may have poor attendance or performance and this may lead to them being disciplined under capability procedures or absence management policies. They may also find that aspects of their job make their condition worse.

Managers sometimes do not realise that members with mental health problems may have rights under the Equality Act (or DDA in Northern Ireland).

This briefing explains the most common mental health problems. It also looks at how reps can use the Equality Act (or DDA in Northern Ireland) to help support members in this situation.

Mental health problems

Around one in six people will have a mental health problem at some time in their lives.

The following mental health conditions are the ones most likely to be encountered by Usdaw reps.

Depression

Depression is much more than simply feeling sad or fed up. People with depression can feel hopeless, guilty, anxious and may feel life is not worth living. In some cases this can lead to suicidal thoughts or behaviour. Other symptoms include loss of interest and motivation, reduced energy levels and being unable to carry out everyday tasks. There are also physical symptoms including sleep problems, and loss of or an increase in appetite.

Some people have mild depression, whilst for others it is more severe.

Anxiety

Everyone feels anxious or worried at times. It's normal to feel anxious when faced with something difficult or dangerous. Anxiety becomes a problem when these feelings of tension and fear get in the way of someone trying to live their life. About one in 10 people in the UK are affected by troublesome anxiety.


Someone with troublesome anxiety may experience a range of unpleasant, and at times frightening, physical and mental symptoms.

Mental symptoms

- Sleeping difficulties (insomnia).
- Feeling tired.
- Being irritable or quick to get angry.
- Being unable to concentrate.
- A fear that you're 'going mad'.
- Feeling out of control of your actions or detached from your surroundings.

Physical symptoms

- Pins and needles.
- Irregular heartbeat (palpitations).
- Muscle aches and tension.
- Excessive sweating.
- Shortness of breath.
- Stomach ache.
- Nausea and diarrhoea.
- Headache.
- Frequent urinating.
- Painful or missed periods.



Most reps will know someone who has suffered with troublesome anxiety. However, there are other anxiety related conditions that are less common but that reps may still come across. These may include panic attacks or phobias.

Panic attacks

Someone may suddenly develop intense periods of fear known as panic attacks. A person may find that something triggers their panic attacks, or they may develop for no apparent reason. Panic attacks usually last five to 10 minutes, but they can last longer.

Phobias

A phobia is a fear that is out of proportion to any real danger. Phobias can interfere with someone's ability to lead a normal life. Common phobias include fears of heights, spiders, mice, blood, injections or enclosed spaces.

Stress

Stress affects different people in different ways and everyone has a different method of dealing with it. It becomes a problem when someone feels they can't cope with the demands placed on them.

The hormones that are released by your body as a result of stress can build up over time and cause various mental and physical symptoms. These include:

Mental symptoms

- Anger.
- Depression and anxiety.
- Changes in behaviour.
- Lack of appetite.
- Frequent crying.
- Difficulty sleeping and feeling tired.
- Difficulty concentrating.



Physical symptoms

- Chest pains.
- Constipation or diarrhoea.
- Cramps or muscle spasms, when your muscles contract (shorten) painfully.
- Dizziness.
- Fainting spells.
- Nervous twitches or pins and needles.
- Feeling restless.
- Sweating more.

For someone with stress, experiencing even one or two of these symptoms can make them feel anxious or frustrated. This can be a vicious circle. Someone may want to avoid stress, but symptoms such as frequent crying or nervous twitching can make them feel even more stressed and anxious.

Alcohol or drug dependency

Alcohol and drug dependency/addiction are specifically excluded conditions under the Equality Act and the DDA in Northern Ireland. If a member is dependent upon alcohol or drugs then they cannot claim that they are disabled simply because of their addiction.

However, addiction is very often linked to mental distress. People may have started to use drugs or become dependent upon alcohol to cope with feelings of depression or anxiety. If this is the case and their addiction started because of an underlying mental health problem, then this can count and you can argue that they are disabled. Equally if the drug or alcohol addiction has led to someone becoming depressed or anxious, then this can count too. It's important to find out more from members with alcohol or drug addiction problems about whether they have an underlying mental health problem. Even if they don't most big companies have alcohol or drug misuse policies that can be used to support a member to address their addiction.

Prejudice

People sometimes trivialise mental health problems or blame the person with the problem. Attitudes like this get in the way of someone asking for help. Studies show that most people with a mental health problem would rather not tell anyone because they worry about the stigma and discrimination they may face. Seven out of ten people with a mental health problem say they have suffered discrimination because of it.

With the right support, people with mental health problems can return to work. Failure to properly manage mental health problems is expensive. It costs the UK economy around £12 billion a year in lost work and absenteeism due to depression and anxiety.

Depression, anxiety and stress are potentially serious health problems that can cause both short and long term health problems, relationship breakdown, loss of someone's job and friends.

Supporting Members with Mental Health Problems

Members with a mental health problem may not think of themselves as disabled. However it may be in the interests of a member with a mental health problem to show they are disabled because they would then be entitled to the protection of the Equality Act or DDA in Northern Ireland. Employers only fall under a legal duty to make reasonable adjustments where they know a person is disabled.

The Equality Act has replaced the Disability Discrimination Act (the DDA) in England, Scotland and Wales, but all the rights members had under the DDA still apply and in some cases have been strengthened. The DDA still stands in Northern Ireland.

A member with a mental health problem would be entitled to the protection of the Equality Act (DDA in Northern Ireland) if they can meet the definition of a disabled person as set out in the Act. If you can show that the member meets this definition, you will have a much stronger case in arguing that the employer should support the member.

Not all members with a mental health problem will be covered by the Equality Act (DDA in Northern Ireland). Very few conditions are automatically covered under the Act and mental health problems are not one of them. Instead you have to show that the member meets the definition of a disabled person as set out in the Act.

When deciding if a member is covered by the Equality Act (DDA in Northern Ireland), ask five questions:

1 Does the member have a physical or mental impairment?

Clearly stress, depression or anxiety are mental impairments so members with these conditions would normally meet this part of the definition. A person with a mental health problem may not look disabled and managers may therefore not believe they have anything wrong with them. It is not always obvious that someone is disabled. Generally you will not know if a person has a 'hidden' impairment, such as anxiety or depression when you first meet them. Nonetheless these people can be covered by the law.

2 Is it more than a trivial condition?

Someone with mild depression for instance may still be able to carry on as normal and they would be unlikely to meet this part of the definition. Another person however may have difficulty sleeping and be unable to get up in the morning. They may lack the motivation to wash or eat. Their depression is having a significant impact on their life and they would probably meet this part of the definition.

3 Has the condition lasted or will it last for more than a year?

The member has to show that their mental health problem has lasted for more than a year already or that it is likely to go on for at least a year or more. It does not matter if their condition comes and goes – the law is absolutely clear that so called fluctuating conditions can be counted. So someone who suffers acute anxiety, stress or depression but finds that some days they are better than others could meet this part of the definition. They do not have to have the problem every day or even every week.


4 What would happen if the member stopped taking their medication?

Employers sometimes argue that the member is not disabled because their condition is controlled by medication. However in deciding whether or not someone is disabled they must be assessed as if they were not taking their medication. A member who would have severe depression were it not for their medication could be regarded as disabled even though their condition is controlled by drugs such as an anti-depressant. If their GP decides that they no longer need an anti-depressant because they are better then that is a different matter. This is because whilst they are taking the medication, it is controlling the problem but the depression has not gone away. The member still has a mental health problem otherwise their doctor would not be still prescribing the medication.

5 Does the condition affect the members everyday life?

If you can show that the members condition has a substantial affect on how they carry out normal day to day life then they may be covered. Some members with anxiety for instance may feel unable to travel to work in the rush hour or make decisions. A person with depression may struggle to interact with customers because they feel so flat or find it difficult to concentrate and so make mistakes at work. People with mental health problems can have good and bad days so again, it does not matter if the effect is not there everyday.

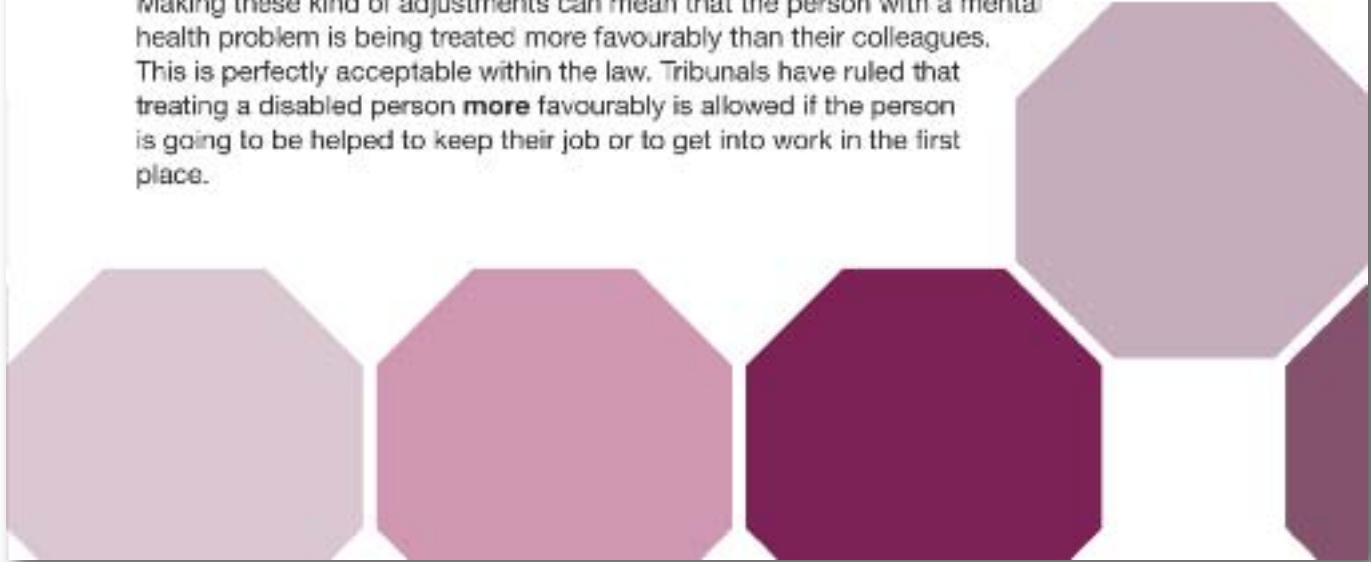
If you can show that the member meets the above criteria then they will be entitled to the protection of the Equality Act or DDA in Northern Ireland. This is well worth having and gives the member strong legal rights.



The employer would then have a duty to make what are called reasonable adjustments to take account of the members' condition. This means that they have to change some aspect of the members' working arrangements to help them stay in or get back to work. The member will be the best judge of what adjustments they need but examples of reasonable adjustments could include the following. All of the following examples are taken from guidance issued by either the Government or the Equality and Human Rights Commission (EHRC).

- **Flexible working** – the EHRC suggest that a worker with depression could have their shift changed so they don't need to start work until later in the day. This could help where someone was taking medication that made them sleepy in the morning.
- **Extra support from colleagues** – A worker in a fast food chain with a mental health condition had low self-confidence and needed extra supervision to carry out basic tasks and re-assurance they were doing the job correctly. The support was gradually reduced over three months before ending altogether. Or someone with anxiety could be met at the bus stop so they can walk into work with a colleague.
- **Adjusting sickness absence formula** so that absences related to their disability are counted separately and not used to trigger disciplinary action. Guidance for employers to the Equality Act published by the Equality and Human Rights Commission states that:
"Once you know that a worker comes within the definition of a disabled person ... to make sure that you have complied with the duty to make reasonable adjustments you should:
Record the workers disability-related time off separately from general sick leave. This will mean that you are not calculating bonuses or making any other pay or employment related decisions in a way that unlawfully discriminates against them."
● **Time off** to attend therapy or self help groups.
- Allowing someone with stress more time to adjust to new systems or ways of working or reducing the standard required of the member.

Making these kind of adjustments can mean that the person with a mental health problem is being treated more favourably than their colleagues. This is perfectly acceptable within the law. Tribunals have ruled that treating a disabled person **more** favourably is allowed if the person is going to be helped to keep their job or to get into work in the first place.





To find out more about the work of the Divisional Equalities Forums and Usdaw's equality work, or about joining Usdaw contact:

The Equalities Section
Usdaw, 188 Wilmslow Road
Manchester M14 6LJ

Tel: 0161 224 2804

email: womenandequalities@usdaw.org.uk

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SDA FS 002

January 2014



Supporting Disabled Members in the workplace

Talking About Mental Health

This briefing has been developed to help reps who are supporting members with mental health issues.

Usdaw
Organising
For
Equality

Mental health problems are very common. One in four people will experience a mental health problem at some point in their lives and one in six workers experiences stress, anxiety or depression. This means that Usdaw reps are likely to come across members with mental health problems at some point during their working lives.

Usdaw wants to do all it can to help reps better support members with mental health problems. The Union has produced a briefing and a poster to encourage reps to start talking about mental health in the workplace. Talking about mental health helps to tackle some of the stigma and prejudice that surrounds the issue and gives members the confidence to approach their rep if their mental health is causing problems for them at work.

This guidance has been produced by the Union at the request of reps and outlines general 'dos and 'don'ts' when discussing mental health with members. Remember these are guidelines only and what works for one person might not work for another.

Usdaw reps are skilled listeners and will already be familiar with most of the 'tips' in this briefing.

- Be aware that members might not recognise that they have a mental health problem. They might approach you because they have started to have problems at work relating to poor performance or attendance. They might say they are feeling stressed out or not sleeping properly. Explore whether or not the problems are having a negative impact on their ability to carry out normal day to day activities. If this is the case, the member may well be entitled to the protection of the Equality Act (or the Disability Discrimination Act (DDA) in Northern Ireland). See the briefing for more information about how the Equality Act (DDA in Northern Ireland) can help.
- If you know someone has been unwell or if you notice a change in someone's behaviour at work or problems with their performance or attendance, don't be afraid to open up a conversation.
- Remember it is often difficult for people to talk about mental health. Try to make sure you have the conversation in a private, quiet place.

- Don't rush the person but give them time and space to tell you about things in their own way.
- Don't feel you have to rescue someone or sort out all of their problems at once ... sometimes people just need to talk.
- Try not to interrupt or fire questions at the person. They may find this intimidating or they may feel you are judging them. Start by listening. Reassure the member that they can trust you and that anything they tell you will be treated in confidence.
- If you need to make notes, explain what you are writing down and why. Explain the notes will be kept in a secure, confidential place.
- Make sure if you share this information with anyone you get the member's consent first.
- Don't be quick to judge and avoid making statements like 'it can't be all that bad' or 'Pull yourself together'. These statements make light of what is usually a very difficult situation and tend to blame the person for the way they are feeling or behaving. These kind of remarks will almost certainly mean the person won't feel able to be open and honest with you.
- Don't make assumptions about what a person can or can't do because of their mental health. Everyone is different and different people will experience stress, anxiety or depression in different ways. Ask about what help they want and what outcome they would like to see.
- Members can sometimes be off sick with a physical complaint, like a recurring bad back when actually the real problem is depression or anxiety. If a member has had a lot of time off with a physical illness, it might be worth asking if their mood is OK.
- If you don't know what to do or say straight away, be honest and tell them this. You might need to go away and think about what has been said or find out more. You might want to talk it over, in confidence, with another rep or your Area Organiser.
- Once the member has opened up to you, stay in touch with them but don't feel you have to constantly ask them how they are feeling ... this might make them back off.
- Reassure the member that you and the Union will support them as much as you can.
- Encourage the member, with your support and representation, to talk to their manager. Remember, a person is only entitled to protection from unfair treatment and reasonable adjustments if the employer knows about (or could reasonably be expected to know about) an employee's mental health problem.

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Thanks to the TUC
and Trade For
Change for advice

SDA FS 003

January 2014

It's Good to Talk...

Usdaw
*Union of Shop, Distributive
and Allied Workers*

Usdaw
Organising
**For
Equality**

Anyone can feel **upset, sad**
or **overwhelmed...**

but if these feelings are not going away it
may help to talk to someone.

If you think you are experiencing a mental health problem such
as **stress, depression** or **anxiety** talk to your Usdaw rep.

Your rep can help make sure you get the
support you need at work.

You can also contact the national mental health
charity **MIND** Infoline on 0300 123 3393.

For information on your rights at work or joining
Usdaw contact your rep or your local office.

Call: 0845 60 60 640*
email: equalitymatters@usdaw.org.uk or
visit: www.usdaw.org.uk

*Calls charged at local rates

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Mental Health and Well-being in the Workplace Survey

One in four of us will experience stress, depression or anxiety at some point in our lives. Even if we don't, we are likely to know or work with someone who has. Evidence shows that since the onset of economic recession these problems are getting worse.

Usdaw wants to find out more so that the Union can better support members who might be experiencing stress, depression and anxiety. Could you please take just a couple of minutes to complete the survey below?

1. Are you:

Male Female

2. Age

16 – 24
25 – 39
40 – 49
50 +

3. Have you or has anyone close to you ever experienced stress, depression or anxiety or any other mental health problem? If no or don't know go to question 5.

Yes No Don't know

4. If yes, did you feel able to ask for help at work from:

a) Your manager/employer Yes No n/a
b) Usdaw Yes No n/a

5. Have you ever supported a member who has experienced stress, depression or anxiety or any other mental health problem?

Yes No

6. If yes, were any of the following issues raised in discussions with management? Tick all that apply. If no, go to question 7.

- a) Performance
- b) Absence
- c) Time off for treatment
- d) Harassment/bullying/attitudes of others
- e) The need for reasonable adjustments to job duties/policies and procedures

7. Are you aware of the guidance for reps Usdaw has published on supporting members with mental health problems?

Yes No

8. What additional support do you think Usdaw might offer reps/members in respect of this issue? Tick all that apply

- a) Leaflet on tackling the myths surrounding mental health
- b) Training for reps on disability equality
- c) Training for reps on mental health awareness
- d) A counselling service for members
- e) Signposting to other useful organisations
- f) Other _____

9. Are you an Usdaw member?

Yes No

10. If no, would you like to join?

Yes No

Please return completed surveys to:

Equalities Section
Usdaw
Freepost NAT19525
Manchester
M14 7DJ

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