

Department of Health. October 2006.

Action on Stigma: Promoting Mental Health, ending discrimination at work

The guidance identifies lifestyle choices, discrimination and bullying as significant causes of mental ill health in the working population. Methods for tackling these issues are described. The evidence base is probably a synthesis of individual study findings and expert opinion. The emphasis on these cited causes is quite different from the approach adopted in the Stress Management Standards.

Described as 'Best Practice Guidance', this book is aimed at all employers and providers of public services. The aim is to improve the mental health of society, or at least to reduce the adverse effect it can have on productivity and access to services. The guidance explains the principles of how to comply with the Disability Discrimination Act, and how to show evidence of compliance.

The principles are stated as follows:

- Employers are encouraged to help enable employees to take steps to protect their own and others mental well-being.
 - This is really advice on health promotion e.g. eating a balanced diet can protect mental health. Other suggestions include keep physically active, drink in moderation, talk about your feelings, keep in touch with family and friends, get involve, make a contribution, do something creative, take a break, ask for help.
- Employers promote a culture of respect.
 - Everyone is treated with respect.
 - Teaching employees to recognise [and report] when problems are developing.
 - Bullying and harassment are not tolerated.

These characteristics can reduce sickness absence, grievances and discrimination claims, complaints and reduce the incidence of mental health problems.

- Employers to encourage an awareness of mental health issues
 - Early recognition leads to more effective prevention of deterioration.
 - People in trouble need support.
 - Information on mental health and any services available.
 - Flexible working arrangements allow a more balanced life.
- No one is to be refused employment on the grounds of mental illness or disability
 - The guide states that people with mental health problems often work successfully, when given a chance and productivity is often higher than in those with no stated problem.
 - There is a legal obligation to make reasonable adjustments for employees who have a disability [emphasis on this because most mental health varies with time and is likely to be incident after employment commences].
 - Employee selection should be on the grounds of skill, aptitude and experience.
- Employers can demonstrate that customers are not disadvantaged in relation to the availability of goods and services.

Three steps to success. One experienced practitioner described a practical framework for managing mental health issues at work:

- 1) Organise work so that it is psychologically sound and socially responsive taking account of the need to balance home and work commitments.
- 2) Identify vulnerable staff and areas of work where distress could be anticipated and make practical changes.
- 3) Provide practical support for people off work with mental health problems, focussing on return to work when stress risk factors, degree of support required, work relationships and role clarity issues have been resolved.

Comment

The six principle of good management described in the Stress Management Standards [SMS] are not highlighted here [demands, control, role, relationships, support and change]. Instead, the new guidance focuses on a description of health promotion, anti discrimination, mutual respect and informed empathy but does not suggest objective or semi objective methods for demonstrating good practice. There is some overlap in that specific aspects of demands, relationships and support are highlighted in the new guidance.

Both sets of guidance are aimed to some extent at preservation of good mental health and well-being and yet are very different in their choice of key issues and the characterisation of a good employer. The

choice of key issues is determined by the degree to which issues have been researched. For this to be an effective mechanism for selection, the researchers must have researched the right things. In practice researchers tend to focus on retesting the same concepts with the same tools rather than testing the completeness of concepts and uniqueness of tools.

Neither guidance is evidence-based in the sense that neither approach has been tested in a randomised controlled trial. Both represent a best guess based on the available evidence.

It is not clear which guidance should be followed, when, for whom and by whom? Neither of them has the status of an approved code of practice.

Duty of care, causation, material contribution, attribution issues remain a matter for individual judgement. Employers could create evidence of an attempt to meet their duty of care but would, in our view, have little confidence in the efficacy of any measures taken.

