Leading by Example

Making the NHS an exemplar employer of people with mental health problems

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ISBN: 1 870480 69 4

Published by
The Sainsbury Centre for Mental Health
134-138 Borough High Street
London SE1 1LB
Tel: 020 7827 8300
Fax: 020 7403 9482
www.scmh.org.uk

The Sainsbury Centre for Mental Health (SCMH) is a charity that works to improve the quality of life for people with severe mental health problems. SCMH was founded in 1985 by the Gatsby Charitable Foundation, one of the Sainsbury Family Charitable Trusts, from which it receives core funding. SCMH is affiliated to the Institute of Psychiatry at King's College, London.

A charitable company limited by guarantee registered in England and Wales no. 4373019
Charity registration no. 1091156

This publication can be made available in alternative formats on request.

Front cover artwork: Maria Warren (winner of a competition to design the cover of *Leading by Example*)

Design: www.intertype.com
Printing: Nuffield Press, UK

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Foreword

The Disability Rights Commission (DRC) has supported the production of this good practice guide on employing people with mental health problems, in conjunction with the Sainsbury Centre for Mental Health, a leader in the field.

The document is the result of a project undertaken by the Sainsbury Centre for Mental Health, in collaboration with the South East Development Centre of the Care Services Improvement Partnership and a number of NHS mental health trusts who wanted to demonstrate that the aim of recruiting, retaining and developing employees who are, or have been, mental health service users is achievable. The guide does not shy away from difficult issues, but always steers the reader down a path that is flexible and should deliver real change for people with mental health problems, who are a group of disabled people facing some of the most severe discrimination in our society.

We are proud and pleased to be able to support this publication, and believe that it will not only make a real difference to disabled people but will also be helpful for employers in their push for higher quality performance.

Bert Massie, CBE
Chairman
Disability Rights Commission

Acknowledgements

We would like to give our thanks to the staff and service users from Hampshire Partnership NHS Trust, Portsmouth City Teaching Primary Care Trust and West Sussex Health and Social Care Trust who participated in the *Leading by Example* programme and contributed to this book. Their energy and commitment to improving services illustrates the high quality of the NHS at its best. Similarly, we owe thanks to our partners in the programme and experts in this field, the staff from South West London and St George's Mental Health NHS Trust, who were always ready to help. Staff from Sheffield's User Support and Employment Service made an important contribution to the *Leading by Example* conferences in 2004 and 2005 and to this book, and we thank them.

The authors owe a special thanks to Joss Hardisty, Miles Rinaldi and Mary Tidyman who wrote much of chapters 6 and 8 (Joss and Miles) and 7 (Mary).

The programme would not have been possible without the vision of the commissioners at the National Institute for Mental Health in England's South East Development Centre (now part of the Care Services Improvement Partnership). This publication has been supported and funded by the Disability Rights Commission. To both these bodies we would like to express our thanks. They have 'put their money where their mouth is' in the true style of *Leading by Example*.

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Mental health trusts have always employed thousands of staff who have suffered from or who continue to suffer from mental health problems. This is, of course, a fact, as mental health problems affect one in four of the population and the vast majority of these have jobs. However, because the identities of people with mental health problems working in services have not been a very well kept secret, thousands of staff have suffered from stigma and discrimination. Thousands have lost their jobs and many would rather own up to having had a period of time out on their CV for going to prison as opposed to being mentally ill. Is this a healthy and effective way for mental health trusts to help people recover?

Leading by Example turns this dire scenario on its head. Having a mental health problem or having used mental health services becomes a desirable qualification for all posts. Who better to identify with and understand the mental health problems of others? The work environment becomes mentally and physically healthy. Staff who experience mental health problems are supported and retained in the workforce, with reasonable adjustments to their work where required. Recruitment is enhanced as 900,000 people across the country who currently survive on benefits because of their mental health problems become eligible for work.

Is this all a dream? No, *Leading by Example* begins to show how it can happen. Mental health trusts should be leading the way for other employers, and they can. If they demonstrate how to deliver on healthy work environments and successful employment policies they can then convince others. Unless they put their own house in order they will be hard pressed to convince anyone else about the benefits of mental health and supporting recovery through employment.

There is a strong moral case for achieving employment for people with mental health problems. It is the single most influential factor in terms of social inclusion. From employment stems friends and money and therefore relationships and somewhere decent to live. There is also a strong self-interest case for mental health trusts and all employers. Mentally healthy workplaces and an inclusive approach to employment result in improved recruitment and retention and more effective working. Let's not keep this secret – let's shout about it!

Dr Richard Ford
Regional Director South East
Care Services Improvement Partnership

CHAPTER 1

Introduction

About this book

This book is a practical aid for NHS managers and others, demonstrating how they can lead by example in employing mental health service users in the NHS workforce while at the same time improving working lives and job retention for all staff in their workplace. It brings together contributions from managers at all levels, service users and front line staff who have experience of introducing these changes. It uses personal stories which demonstrate how employing people with mental health problems can be done well in practice. There is also a list of practical tools to support implementation of organisational change. Above all, the book aims to encourage and support people who take up the challenge of leading by example.

Who this book is for

This book is aimed mainly at mental health trusts and other public sector organisations who want to 'put their money where their mouth is' by offering better employment opportunities to people who use mental health services and by becoming exemplar mentally healthy employers for all their staff.

This is a challenging and exciting task, both in practical terms and in terms of culture change. However there is no need for everyone embarking on this journey to do it on their own. Pioneers such as South West London and St George's Mental Health NHS Trust have been travelling down this road for more than ten years and have inspired others to follow suit.

Please note that where we have used the term 'trusts' in this publication, we are referring to specialist mental health trusts, partnership trusts and primary care trusts, and much of what is said will be equally applicable to local authorities and other public sector organisations.

The *Leading by Example* programme

In 2003 the South East Regional Development Centre of the National Institute for Mental Health in England (NIMHE) asked the Sainsbury Centre for Mental Health (SCMH) to work with volunteer trusts in the region to develop their own user employment/exemplar employer programmes. We called the programme *Leading by Example* and began by teaming up with South West London and St George's Mental Health NHS Trust to learn from their inspirational success and practical experience.

The innovative feature of our programme is the way it combines measures to recruit more people into the NHS who use mental health services, with measures to promote the mental wellbeing of all staff already in the organisation. This gives it a particular appeal to managers and others who are concerned to improve the working lives and reduce sickness levels for the workforce as a whole. We also hope it will ensure new recruits enter a mentally healthy working environment.

The purpose and structure of this book

The original idea behind this book was to provide a manual for getting started. As the result of our experience in *Leading by Example*, we quickly realised that everyone starts their journey from a different point and that local resources and priorities shape the decisions that are made and the pace at which change is possible. We have therefore chosen to highlight key issues and decisions that our partners faced and asked them to share with us their experiences of how they set about each task. Many of the same voices are to be heard in each chapter, and the names of our most active partners and their trusts are to be found in the Acknowledgements. In many respects, they have shaped and informed the book.

Chapter 2 provides a brief overview of the reasons for undertaking the good corporate citizenship challenge. This covers the legislative, policy and financial drivers as well as noting the valuable and unique contribution to service quality made by staff who have personal experience of using mental health services – the 'experts by experience'.

The book continues with chapters roughly reflecting the journey that our collaborators have told us they made once the initial decision to take up *Leading by Example* had been made. In Chapter 3 we outline the many issues to think about when preparing the organisation for new ways of recruiting and supporting employees. In Chapter 4 we deal with making allies and finding champions in key places in the organisation. Human Resources (HR) and Occupational Health (OH) have a pivotal role in the programme's success and in Chapter 5 we suggest ways of engaging them at the start. In Chapter 6 we look at the practical issues of what is meant by support and how to overcome the very specific barriers that people with mental health problems and their mental health service employers can face when it comes to recruiting and retaining 'experts by experience'.

Chapter 7 looks at how to improve the working environment for all staff and give out the right messages about the safety of seeking help for mental health problems; whether we need specific policies on mental health or should rely on general wellness and anti-discrimination policies.

Chapter 8 looks at how to advance *Leading by Example* from being an isolated project to becoming embedded in the policies and working practices of organisations. We end with a conclusion from those who have 'walked the walk'. Has the effort been worthwhile? Have there been measurable benefits?

We have also included in the appendices details of relevant legislation to 'make the case' for *Leading by Example,* information about helpful resources, and a range of tools that can be adapted to local requirements.

Commitment makes the difference

Of course attracting, training and supporting non-traditional employees and 'experts by experience' is not easy. It involves more than good intentions and government targets. It requires, as we shall see from accounts in this book, a determined, strategic and committed approach to recruitment, training, occupational health support and management. The changes required reach deep into the organisational culture and are as much about attitudes as they are about policies and systems – important as these are.

This, then, is more like a guidebook written by enthusiasts than a manual. We hope that the richness of the personal experience contained within these pages will both inspire and reassure readers,

because this agenda can only be delivered by an alliance of expertise and personal commitment. As Margaret Mead, the American anthropologist, once famously wrote:

> *"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."*

CHAPTER 2

Making the case

KEY POINTS

- ❖ Government policy supports and in some cases requires these changes.
- ❖ The changes bring substantial potential benefits to the trust, including improved services, reduced costs and greater wellbeing in the workforce.
- ❖ They bring many new employment opportunities for service users.

Introduction

> *“All mental health trusts have two crucial roles, first and foremost as a provider of specialist mental health services, and secondly but still of crucial importance is the role as a large local employer.*
>
> *The benefits of work for people with mental ill health are many, not least addressing issues of self esteem, money, social inclusion and opportunity to socialise and make friends.*
>
> *For some years mental health providers have concentrated on treating the person’s mental illness and working with other employers to try and help individuals keep their employment or obtain employment. However I strongly believe that mental health trusts should be exemplar employers and lead by example. This provides a role model for other employers as well as us being able to demonstrate that we are practising what we preach. It also helps us, as a provider of services, achieve cultural change by demonstrating to staff the importance of helping service users sustain or obtain employment in line with the recovery philosophy.”*
>
> Martin Barkley, Chief Executive
> Hampshire Partnership NHS Trust

This chapter sets out the business case for *Leading by Example*. It provides the key arguments and background information necessary to set out why it is not just the right thing to do but also squarely in the interests of NHS organisations, and indeed, those of many other public sector bodies.

The idea of the NHS *Leading by Example* as an employer is not new and does not only apply to the way it treats people who use mental health services. The NHS is the largest employer in Europe. In many areas of the UK – especially areas where poverty, worklessness and poor health are endemic – it is also the largest local employer. It has a huge range of potential jobs and career opportunities from personal care to accountancy, from catering to psychiatry, from basic administration to senior management, with budgets comparable to small and medium sized enterprises and even to large corporations.

The Government is determined that the NHS as an employer should play its part in the central planks of its domestic policies, including *Welfare to Work* (DWP, 2006), the elimination of childhood poverty (Strategy Unit, 2002), and public health as set out in the White Paper *Choosing Health* (DH, 2004a). The role of 'public services as exemplar employers' is identified as one of the five key elements within the commissioning framework for vocational services (CSIP, 2006). This commissioning guidance, endorsed by the Department for Work and Pensions and Department of Health, applies to the NHS, local authority, voluntary and independent sectors as public providers, and sets out the implications in terms of staff roles and performance indicators as described in this book (see Appendix 1).

To comply with these policies, the NHS will need to recruit, train and retain staff from a much broader pool of talent than before. It will need to identify, train and support people who at present would not consider or be considered for posts in the NHS. These will include people who use mental health services and disabled people more generally.

The benefits of employing mental health service users

> *“We are proud to lead by example, as a health based employer, to show how workable it can be and potentially how much there is to gain as an organisation by doing this. Also from our point of view there is so much scope to improving services and working lives by employing people who are quite literally the experts in the field of mental health.”*
>
> Nicky Johnson, Communications/Press Officer
> Portsmouth City Teaching PCT

As Nicky Johnson from Portsmouth suggests, there are many benefits to be gained from recruiting people with personal experience of mental health problems, which significantly increase if the organisation simultaneously promotes mental health in the workplace. This section highlights the way *Leading by Example* can help to address shortages and sickness within the workforce but, arguably most importantly of all, it enhances the quality of services and makes a positive impact on the wellbeing of both service users and staff. In current times, it is always necessary to demonstrate cost benefits of a new initiative wherever possible and these are summarised in Box 1.

Box 1: Cost benefits of being an Exemplar Employer

a) Reduces dependency on agency staff by helping to:
   - ❖ fill hard to fill posts
   - ❖ fill temporary (maternity) vacancies
   - ❖ attract more staff
   - ❖ reduce sickness levels
   - ❖ reduce staff turnover.

b) Reduces recruitment and training costs by reducing staff turnover.

c) Improves morale and productivity of the workforce.

d) Increases work opportunities for mental health service users, leading to their reduced dependency on services and medication.

(List drawn up by participants in *Leading by Example*)

Helping to ease the NHS workforce crisis

Recruitment to the NHS is already difficult in many areas of the country. Retaining staff is also problematic in the face of competition from the private sector and from other countries. The truth is that there will simply not be the people to staff the NHS unless there is a bigger pool of talent to draw on and the NHS becomes an employer of choice for people who use mental health services.

This is not a new concern and sometimes it is useful to glance back to see how the Government and the NHS have developed in the last decade. The business case for a different approach to workforce issues was recognised in *The NHS Plan* (DH, 2000a). The NHS was beginning to acknowledge that it was suffering from a recruitment and retention crisis, which could only be addressed by making the NHS a more attractive employer, and reducing the barriers to a more diverse workforce. To this end the Human Resources Strategy for the NHS Plan (DH, 2002a) comprised the following key aspects:

- increasing workforce numbers
- increasing workforce diversity
- increasing workforce flexibility
- increasing workforce lifelong learning.

The commitment to increasing workforce diversity was always set within the wider context of government policy on equality and valuing diversity, set out in the *Equalities Framework for the NHS* (DH, 2000b). The theory behind the framework was that there should not only be equality of provision (i.e. that services would be responsive and accessible to all) but also equality of employment. The Framework recognised that a diverse workforce can be vibrant and dynamic, and also that work should be a positive experience, with staff feeling valued.

Even stronger messages about mental health were confirmed by the (belated) launch of *Mental Health and Employment in the NHS* (DH, 2002b) which was published by the Department of Health specifically to counter the very negative guidance issued after the notorious Beverley Allitt case, which struck fear into the hearts of all NHS employees who use mental health services whether or not they had disclosed this to their employer. This policy document affirmed the valuable contribution of 'experts by experience' and set out the role of occupational health as facilitator in supporting their recruitment to and retention in the NHS.

More recently, the 1995 *Disability Discrimination Act* was extended in 2005 (see www.drc-gb.org for details) to require all public sector employers, including the NHS, to promote equality for people with mental health problems and disabilities, within their workforce and in their services (see Appendix 1). The NHS will have to become proactive in the measures it takes to ensure equality in the recruitment and retention of staff with experience of mental ill health. Trusts will be required to produce a plan, set targets and report progress.

At the same time, staff sickness due to stress is alarmingly high in several public sector services, including the NHS. Staff sickness attributable to mental ill health costs approximately £4 billion a year for UK employers (SCMH, 2003). In part to tackle this problem, the idea that work should be a positive experience was reinforced by the introduction of the *Improving Working Lives Standard* as part of *The NHS Plan* (DH, 2002a) and the advanced level *Practice Plus Standard* (DH, 2003).

In 2005 all these strands of thinking were brought together when the Department of Health finally took on board the need to address ill health in the workforce and most importantly to set targets and requirements for the NHS and other public authorities to lead by example. Chapter 7 of the public

health white paper *Choosing Health* (DH, 2004a) recognised the impact of working lives on health and set out the action that employers, employees, government and others can take to improve our health. It also set out what the NHS would do to become a model employer in promoting and supporting the health of its staff. This was followed by another major step forward when the Department of Health, the Department for Work and Pensions and the Health and Safety Executive jointly produced the *Health, Work and Wellbeing Strategy* (2005) committing them among other things to appointing a National Director of Occupational Health (see Appendix 1).

Developing a recovery-based service

Another major reason to diversify the NHS workforce is that in the longer term it will provide better, more sensitive services. Mental health service users have invaluable experience on which to draw to ensure that people who acquire a diagnosis are not disabled by the social or physical environments in which they live. We need 'experts by experience', and there is plenty of evidence from the mental health field and from the *Expert Patient Programme* (DH, 2001) that people who are facing life-changing difficulties due to ill health find it very helpful and reassuring to work with people who have a personal understanding of what they are facing.

People who have used mental health services and moved on to gain good employment will inspire and encourage other service users who may lack hope and confidence about their future. Similarly, they provide evidence to other staff of what can be achieved so will challenge the low expectations prevalent among many mental health professionals.

Research tells us that the stigma of mental ill health and discriminatory attitudes are most effectively challenged when people with direct experience of mental health problems work side by side on an equal basis with others (NIMHE, 2004). Nothing else will change the 'them and us' culture so effectively as enabling service users to work as equals with other NHS staff.

Box 2 summarises the ways in which *Leading by Example* can lead to improvements in service provision.

> “*If you really want to change culture within provider organisations I can think of no better approach than this. This really is about Recovery.*”
>
> Malcolm Barrett, Programme Lead, Social Inclusion
> South East Development Centre NIMHE/CSIP

Box 2: Potential improvements in services through implementing *Leading by Example*

- Draws in the expertise of personal experience, adding to the 'skills mix' with new insight and ability to engage.
- Breaks down stigma and discrimination: the 'them and us' divide.
- Raises staff and service user expectations of what can be achieved by people with mental health problems; provides positive role models.
- Promotes a 'recovery-based' service, both through change of attitude and by increasing opportunities for paid employment and work experience.
- Improves working lives and therefore leads to improved morale, productivity and job retention within a skilled NHS workforce.

(List drawn up by participants in *Leading by Example*)

Creating job opportunities for mental health service users

> *"If we, as specialist mental health service providers, can't get our own house in order then we have a long way to go! How can we advocate recovery and social inclusion without dismantling barriers to the recruitment and retention of people who have personal experience of mental ill health or distress? It's not going to be easy but we have to do it – this is about moving beyond the rhetoric and making it real. If we truly believe that people are able to recover and live fulfilling lives as active citizens, no matter what their diagnosis or history, then we can't pick and choose where their contribution is 'allowed'. We have to open our doors, and perhaps most importantly our minds to accommodate the challenges. And we have to guard against our best intentions becoming patronising – it must be the same jobs, same recruitment processes, same expectations – just the additional support that might be needed to level the playing field a bit..."*

Lesley Herbert, Consumer Advisor
Hampshire Partnership NHS Trust

People using mental health services have spoken of gaining work as a crucial step on the route to recovery from ill health, aiding further improvement in their health and wellbeing (Ridgway, 2001).

Most people with mental health problems want jobs but experience significant barriers to employment, including the low expectations of those charged with their care. Box 3 summarises the research evidence relating to employment for people using mental health services.

Box 3: Research evidence relating to employment for people with experience of mental health problems

- ***Most people with mental health problems want to work but unemployment levels are high.***
  76% of people with a mental health problem are unemployed. This is higher than for other groups with a disability or health condition (Labour Force Survey, 2004). People attending community mental health teams have even higher rates of unemployment: more than 90% according to local studies (Secker *et al*., 2001). However, most people with mental health problems want to work (Social Exclusion Unit, 2004).

- ***Work improves mental health.***
  It leads to an increase in self-esteem, and can reduce symptoms of ill health, dependency and the risk of relapse (Leyman, 1995; Cook & Razzano, 2000). It is both an aid to and indicator of recovery from mental ill health (Ridgway, 2001).

- ***Unemployment increases the risk of mental health problems and suicide.***
  There is an association between poor health, depression and unemployment; people are more at risk of suicide if unemployed (Warner, 1994; Lewis & Sloggett, 1998).

- ***People with mental health problems can work if given the right support.***
  The capacity to work is determined by an individual's wish to work and their access to the right kind of support (Bond, 2004). Motivation and self-belief, both important factors in success, can be fostered by good support staff (Grove & Membrey, 2005).

- ***The Individual Placement and Support (IPS) approach to helping people with mental health problems into work is more effective than traditional approaches.***
  IPS has been developed in the USA and is increasingly available in the UK. It is more effective than traditional approaches to helping people with mental health problems into work (Crowther et *al*., 2001). The principles of IPS are set out and recommended in *Mental Health and Social Exclusion* (Social Exclusion Unit, 2004).

- ***Where an IPS model of employment support is implemented in a trust which encourages service user recruitment to the NHS, it can help to increase the employment levels of its service user population and the numbers of people with experience of mental ill health in its workforce.***
  South West London and St George's Mental Health NHS Trust implements an IPS approach. Progress and outcomes are regularly reported by the Vocational Services. See Chapter 9 for details of their findings.

The Government recognises the central importance of work as a route to better mental health and a return to an active and fulfilled life in the community (Social Exclusion Unit, 2004). Commissioning guidance now expects mental health services to provide employment support services within every clinical team, with an emphasis on opportunities for ordinary jobs (CSIP, 2006).

We have already noted the enormous range of jobs on offer within the NHS, and, if trusts *Lead by Example*, it will help to convince other employers in the locality that it is safe and sensible to recruit people who have used mental health services if they have the right skills for the job.

Conclusion

There is a good business case for *Leading by Example*. It is financially beneficial to NHS trusts, it increases the skills and morale of the workforce, it furthers trust business objectives by promoting recovery from mental health problems, and it enables the trust to fulfil its legal obligations as an employer under the Disability Discrimination Act (DDA) by extending equal opportunities within its own workforce and, through influence, within other organisations in the local area. There are many policy and legislative requirements: the key is in recognising these drivers within the system and working with senior managers, human resources (HR) and occupational health (OH) to demonstrate how this programme is, or could be, implementing these policies for the organisation.

> “*I think it is vital that we lead by example as an organisation that has much involvement with people who have mental health problems. One in four people experience mental health problems and this needs to be acknowledged by employers everywhere, particularly in large organisations such as ours where so many people are potentially affected.*”
>
> Nicky Johnson, Communications/Press Officer
> Portsmouth City Teaching PCT

Box 4: Key policies relating to *Leading by Example*

(see Appendix 1 for further details and sources of legislation, policy and resources to support policy implementation)

***Vocational services for people with severe mental health problems: Commissioning Guidance* issued by DWP & DH (CSIP, 2006)** www.dh.gov.uk
The commissioning framework sets out the requirements for the NHS and other providers of public services as 'Exemplar Employers'. It outlines how supported employment services for mental health service users should be integrated within clinical settings and delivered through partnerships.

Disability Discrimination Act (DDA) 1995, amended 2005 www.drc-gb.org
Public authorities, including the NHS, have a duty (from December 2006) to publish and implement a Disability Equality Scheme which demonstrates how they will promote equality between disabled persons and others.

***Health, Work and Wellbeing – Caring for our Future* (DH, DWP, and HSE 2005)** www.dh.gov.uk
This sets out a joint strategy to improve workplace health by encouraging employers to improve occupational health support, training for healthcare professionals and addressing barriers to work.

***Choosing Health: Making healthy choices easier* (DH, 2004a)** www.dh.gov.uk
Chapter 7 of this White Paper sets out the role of the NHS as an exemplar employer, widening the workforce and improving working lives for all.

***Improving Working Lives and Practice Plus Standard* (DH, 2003)** www.dh.gov.uk
NHS organisations are expected to be a model employer: an organisation that is excellent to work for, which values its staff and delivers excellent services.

***National Standards, Local Action: Health and Social Care Standards and Planning Framework for 2005-2008* (DH, 2004b)** www.dh.gov.uk
PCTs are required to take measures to reduce suicide, and to note that unemployment is an important risk factor which therefore needs to be addressed.

***Mental Health and Social Exclusion* (SEU, 2004)** www.socialexclusionunit.gov.uk
This comprehensive report gives guidance on what needs to be done by health and social care agencies to reduce unemployment and other aspects of social exclusion.

***Mental health and employment* (DH, 2002b)** www.dh.gov.uk
This provides guidance on the role of occupational health in recruitment and retention to facilitate the contribution of people with personal experience of mental health problems to the NHS workforce.

***National Service Framework for Mental Health* (DH, 1999); *Five Years On* (DH, 2004c)**
www.dh.gov.uk
This stipulates that support for employment or other daytime activity has to be addressed within every Care Plan. Addressing employment remains a high priority five years on.

CHAPTER 3

Making a start

KEY POINTS

- ❖ Aim for a ‘whole systems approach’ but start small.
- ❖ Commitment from the top is essential, but the push may be bottom-up.
- ❖ Identify a ‘change agent’ and bring together a steering group.
- ❖ Draw on the expertise of your service users.
- ❖ Start developing a Charter.
- ❖ Address support needs and locate enthusiastic managers.
- ❖ Anticipate a steep learning curve.
- ❖ Don’t expect new money.
- ❖ Build in data collection from the start and keep everyone in touch.
- ❖ ‘Just do it!’

Introduction

This chapter begins by noting the aspirational aspect of *Leading by Example*. This level of organisational change takes a long time, but there are many activities, outlined here, which begin the process. A multi-pronged approach is required, as disregarding one or two of the issues raised here can cause the whole programme to fail. The quotes illustrate the challenging demands upon the ‘change agent’ who both drives and leads the programme in a complex multi-faceted role.

A ‘whole systems’ approach

The benefits of *Leading by Example* depend upon an approach which aspires to organisational change on a big scale. This means adopting a Charter for the trust which affirms a commitment to equality and diversity in the workforce and the active promotion of mental wellbeing for *all* staff (Chapter 7). It means opening up *all* posts within the trust to people with experience of mental ill health, not just non-clinical or ancillary staff. It means treating *all* staff with the same respect, career and learning opportunities, right to privacy and access to support when they need it.

This is ambitious but Rachel Perkins, Director of Quality Assurance and User/Carer Experience at South West London and St George’s Mental Health NHS Trust, who, together with her colleagues has now achieved massive organisational change, urges others to begin as they did, with a small pilot.

Base the pilot in a part of the organisation where managers are supportive and staff likely to be positive. You may want to pilot the recruitment of service users and the mental health promotion in the same area, but avoid a situation where it is obvious that new recruits will be service users. The feedback from past initiatives has been very clear: service users do not want their health background to be made known to their colleagues when taking on a mainstream job within the workforce. Posts under *Leading by Example* need to be distinguished from those posts which are usefully ring-fenced for service users and publicly identified as such (such as 'Service User Development Officer'). This programme is about enabling service users to take up mainstream jobs on the same terms and conditions as others. Employees can then have control, as others do, over if, when and how they disclose their health issues to colleagues.

Some trusts aspire to the 'whole systems' approach but get stuck in the early stages of development for many years because they cannot achieve complete support. Again, Rachel gives good advice: "Just do it!" As we said before, the best way of changing attitudes is through personal contact on equal terms, as staff work alongside colleagues who have used mental health services. Discussion around a table will never be as convincing. Start small and support will grow.

Get commitment from the top

The programme will be implemented more quickly, in more depth and more smoothly if there is commitment at the top, from the chief executive. Support from as many Board members and senior managers as possible is also important.

The inspiration and drive may initially come from a group of occupational therapists (OTs) (as it did in Sheffield Care Trust), from human resources (as it did in Merseycare NHS Trust) or from employment and training workers. They will have the arduous process of bringing others on board while at the same time carrying out a demanding 'day job'. A bottom up initiative is not the easy way, but in practice staff on the front line may be more aware than others of the potential benefits to the service, and have the energy to make change happen.

> *"The initial drive came from the CEO – I think he fundamentally believed that it was the right thing to do, and I think he absolutely understood the business case for making it happen.*
>
> *We had a CEO who was willing to take the risk and to start a piece of work without, at that time, really understanding where it was going to lead to. That's the kind of support you need to make this happen."*

Stephany Carolan, Employment Development Manager
Hampshire Partnership NHS Trust

> *"The energy and inspiration had grown for us from the Vocational Service we had developed as OTs within Adult Mental Health over two years and was a logical progression of this work. The programme at South West London and St George's had inspired and motivated us and we were excited to be part of this philosophy."*

Deborah Hannam, Development Worker
Portsmouth City Teaching PCT

Identify a 'change agent' to drive the work forward

There is a huge amount of work to be done, across different departments, at different levels, making the case, hearing the concerns, finding allies and agreeing ways of addressing the challenges. A lead 'change agent' who can give dedicated, preferably full-time, attention to this work is essential. This should be a senior level appointment, or, failing that, with the close support of a senior manager. A Vocational Services Manager is an ideal post to drive the development of employment support within clinical teams and a user employment programme across the trust. See Appendix 5 for a manager's job description which could be adapted for this role.

Some argue that a health background helps the 'change agent' to speak with authority to other health professionals; others say this is unnecessary and may be the wrong kind of approach. Rachel Perkins found that the 'change agent' needs the calibre, knowledge and personal skills that can influence others. Chapter 4 outlines the challenges they will face.

As our programme in the South East came to a close, it was noted that a 'change agent' can achieve worthwhile progress working as an individual, but the spread and depth of change involved in *Leading by Example* requires the active support of many people across the trust.

> *"You need at least one member of staff with the energy to start the ball rolling – this can't be a one person initiative, but it does need someone to take a practical lead. We decided to fund a co-ordinator post to lead on the work."*
>
> Stephany Carolan, Employment Development Manager
> Hampshire Partnership NHS Trust

> *"The Head OT who had the links with senior management led the project. I was appointed as a development worker to set about gathering support, assessing needs, and uncovering attitudes, with the eventual goal of arguing a case for a User Programme within the trust."*
>
> Deborah Hannam, Development Worker
> Portsmouth City Teaching PCT

> *"The person has to be of sufficient calibre to be able to win hearts and minds at all levels ... You're selling it to managers, to professionals, you are selling to service users ... so I think a marketing/public relations mentality is one that's particularly useful. Battering people over their heads and telling them they ought to do this because it is good is not successful ... it's how can we sell this as being useful and valuable and meaningful ... You also need someone who is incredibly knowledgeable. The biggest problem we face in the health service at the moment is not that people aren't supportive in a sort of general sense, but they haven't the faintest clue of what to do ... I think that's the bridge we have to cross, I think then people start feeling confident and are more likely to do it."*
>
> Rachel Perkins
> South West London and St George's Mental Health NHS Trust in *Working Towards Recovery*
> (Seebohm *et al.*, 2002)

The loss of a 'change agent' can have serious implications for the programme's overall progress and the workload of human resources staff in particular. In Hampshire, it was difficult to replace the previous dynamic leader when she left to take up another post, and the role remained vacant for many months. Fortunately an Employment Service Co-ordinator was appointed so recruitment could start and the programme progressed at ground level.

Form a steering group

Active support can be gathered and nurtured through a steering group of the key people who can take the programme forward.

Who should attend the steering group? The chair is ideally the chief executive or operational manager. Key members would include:

- Director of human resources
- Occupational health manager
- Vocational services manager or representative of the employment support staff, if there are any (internal and/or external)
- Trade union representative
- 'Champions' from across the trust representing managers, clinicians and estates
- Mental health service users.

Representatives of human resources and occupational health departments should be at a senior level to ensure that they have the authority to carry through the commitments they make on behalf of their departments. Enthusiastic managers, clinicians and estates staff are also essential – they are the ones who will be recruiting the staff. Service users contribute their insight into recruitment and support processes.

In one area of our *Leading by Example* project, the continued chairmanship of the chief executive encouraged good attendance, while in another area, which lacked leadership at a senior level, the steering group members became more interested in pursing their own objectives than in furthering the needs of the programme and the group was disbanded.

As the programme develops, it may be appropriate to change the composition and role of the group, as occurred in South West London and St George's (see Chapter 8).

> *“We began by forming a steering group. The steering group was chaired by the chief executive and consisted of a range of people including representatives from human resources, occupational health, staff who have used mental health services, and the unions. We had a number of managers involved; we understood right from the beginning that we needed to get managers on board – they are the people with the power to make this happen. We also involved the work psychologist from Jobcentre Plus. This was really useful because it involved someone from outside of the 'health culture' – she was able to just question why we did things in certain ways ('Because we have always done it that way!').”*
>
> Stephany Carolan, Employment Development Manager
> Hampshire Partnership NHS Trust

> *“A steering group was planned and the SCMH Director of Employment, Dr Bob Grove, was invited to speak. We felt this would provide a sense of occasion and a good evidence base for the project. As I met with managers I was able to invite them to this meeting and I think the personal approach helped to get people on board.*
>
> *Importantly, representatives from human resources and occupational health were able to get to most meetings, which provided us with valuable support and information.”*
>
> Deborah Hannam, Development Worker
> Portsmouth City Teaching PCT

Draw in service user expertise

Sometimes, probably rarely, there is a prominent, well respected and 'out' member of staff already employed within the trust (as in South West London, Sheffield and Hampshire). This has enormous benefits, as the individual raises important questions that staff may not have thought of, encourages other service users (staff and unemployed) to support the programme, and draws in their valuable insight about what will and will not work. However, this role can be high profile and highly pressured, with no control over exposure to discrimination and stigma so *Leading by Example* does not recommend duplicating it or introducing it where it does not already exist. Other ways have to be found to draw in the expertise of existing and potential employees who have used services.

In Hampshire, a range of communication methods was used to get feedback from existing staff who had used or who were using mental health services.

> *"Having someone willing to put up their hand and say 'I am someone who has used mental health services, and I am working and it is OK' goes a long way to convincing people of the need to value and not fear this initiative. One of the first things that we did was bring together a group of staff who had used mental health services, to make sure that the work we were doing was underpinned and informed by their experience. This wasn't easy.*
>
> *We booked a room in a nice venue for an evening and ordered food. We sent an email out to all staff explaining what we were trying to achieve, we had an article in the staff magazine and we made A4 size posters to be displayed. We gave people the option of emailing or telephoning our 'out' member of staff if they had any concerns about attending the event, or if they wanted to give their feedback anonymously.*
>
> *Nine members of staff contributed to this group. And we learnt so much from it. Some of the issues were about staff attitude. For example people spoke of listening to their colleagues as they discussed clients – with a 'them' and 'us' attitude – without realising that the person stood next to them was one of 'them'.*
>
> *People talked about the role of occupational health, asking could they really support an employee when they also needed to support the manager? They felt that there may be a lack of mental health knowledge within occupational health.*
>
> *There were also some really positive examples of where people had been supported by their managers or their colleagues. In particular, people valued the phased return to work."*

Stephany Carolan, Employment Development Manager
Hampshire Partnership NHS Trust

> *"It's important to engage service users in the process from the onset. People already working in the organisation who use mental health services have a lot to offer in terms of thinking through sensitivities around the process."*

Malcolm Barrett, Programme Lead, Social Inclusion
South East Development Centre, NIMHE/CSIP

Start the process of drawing up a Charter for the trust

Agreeing a Charter for the employment of people who have experienced mental health problems is an important step in the process of implementing *Leading by Example*. It gives the programme top level authority, drive to the eradication of discrimination throughout the organisation and official

recognition of the important contribution of people with personal experience of mental health problems. Examples from South West London and St George's Mental Health NHS Trust and MINDFUL EMPLOYER (see Chapter 7) – now copied in numerous trusts across the UK – are provided in Appendices 2 and 3.

The process of drawing up the Charter can be slow, and recruitment and support of service users should not be held up as it may be many years before the exact wording for the Charter is agreed. Success in practice may help to speed up agreement of the Charter by convincing the doubters.

In some areas a Charter may be agreed rapidly and the risk here may be that it is not backed up by sufficient employment support workers or new, improved recruitment procedures. If a phased programme of implementation which matches available resources is not in place, scepticism and failure may follow.

When it is agreed, the Charter should be forthright, including the personal experience of mental health problems as a desirable person specification for all jobs. Advertisements should specifically encourage people with mental health problems to apply. Monitoring of new recruits will indicate what progress is being made.

Drawing up a Charter for the employment of people with personal experience of mental health problems may be viewed as unfair in a primary care trust with responsibility for other disabled people and those with long term health conditions. However, this may be overcome by bringing in an Equality and Diversity Charter to cover all groups equally, which is the approach that was taken after much debate in Portsmouth City Teaching PCT. There is a need to recognise the greater discrimination people with mental health problems face in the workplace.

> *"Being part of a PCT caused a debate [about the Charter] that colleagues in mental health trusts did not experience. People were concerned that if there was a charter for people with mental illness there should also be one for people with stroke, diabetes, back pain and so on: 'Why positively discriminate for one group?' Under the equality and diversity agenda, everyone has to be treated equally."*
>
> Sue Beynon, Head of Occupational Therapy
> Portsmouth City Teaching PCT

Address support needs

Before recruitment of people with personal experience of using mental health services can begin, it is essential to address their need for employment and mental health support. The price of delaying this can be failure – for the first recruits and for the image of the programme, possibly setting it back years and leaving one or two individuals very distressed, possibly seriously ill.

Potential job applicants who use the trust services will want to know that their mental health needs will be addressed in confidence. In some trusts, employees transfer their support and treatment to a neighbouring trust, and a structure for this arrangement can be formally agreed before recruitment on the programme begins. However, this is more feasible in a city area than in a rural area where it would involve very long distances for staff and service users to travel. In Hampshire, the trust covers a wide geographical area so there is an arrangement to provide care outside the area of employment, but remaining within the trust.

Potential job applicants may need specialist support to help them get and keep a job. Support may be needed from the start, to encourage an application, help with the interview, appointment and occupational health processes, through the transfer into work (which can involve so many financial, practical and emotional pitfalls) and then is often even more necessary once the new recruit is in work. Job applicants may benefit from the financial and practical help available from Jobcentre Plus and the Access to Work scheme. Access to Work can be contacted via the Jobcentre and is also available to people already in work who are experiencing difficulties retaining their job due to ill health or disability.

Specialist employment support which offers encouragement and guidance in these circumstances needs to be distinguished from the management and supervision role. Managers may themselves want guidance when an employee is known or appears to have experience of mental health difficulties. They may want to resolve a problem in the most supportive and effective way possible, but not know how to do it. A preliminary step to active recruitment of people with personal experience of mental ill health within the NHS is therefore to put in place a specialist employment support service (often called a User Employment Support Team) which can support the 'employment relationship' between employees and their managers. It is a skilled job where a positive can-do attitude is a central requirement. Often, a user employment programme worker will not have a mental health professional background, but they will have a sensitivity to and expertise in how mental health problems affect the workplace. Good user employment programmes often recruit people who have personal experience of mental ill health themselves.

In Sheffield, the User Support and Employment Service is led by two staff, one with personal experience of using services and the other an occupational therapist. They feel the combination of their skills and experience in a 'job share' co-ordinator role is key to their success, enabling them to reach out to different audiences most effectively and to model a new kind of relationship based on a synthesis of their two perspectives. The support role is described in detail in Chapter 6.

In the two *Leading by Example* sites which progressed to this stage, a full time employment worker was appointed within the trust following the model of good practice set by South West London and St George's Mental Health NHS Trust. Ideally, the development post of a 'change agent' should be separate from the support role but, for different reasons, the two trusts combined these roles in one worker. To some extent this was feasible in the early stages but demand for support and development work later increased, leading to an urgent need for more staff capacity.

Embed the user employment team in mainstream services

In order to embed the programme in the recruitment practices for the whole organisation, the logical base for the specialist employment worker(s) is within human resources, closely linked to occupational health. This is recommended within the *Commissioning Guidance* (CSIP, 2006) and is the case in South West London and St George's Mental Health NHS Trust, where the User Employment Programme has had a major impact right across the organisation. To ensure the employment workers get the expertise, team support and local connections they need, they receive vocational supervision from the vocational services manager who also oversees the employment co-ordinators working with community teams across the trust.

Sometimes other locations are thought suitable.

> *"Our trust did not have a vocational service when the User Employment Programme was initiated so it was decided to opt for OT, but HR was considered. The benefits of sitting in OT are that you have regular contact with clinicians and from my experience OTs tend to refer more [potential job applicants] than any other profession.*
>
> *My supervision is provided by a senior OT who is passionate about vocational issues for people who use the mental health services. This has been very helpful, but it does lack the benefit of specific User Employment Programme experience. That's why in this situation it's helpful to network with other Service User Employment Programme managers for peer supervision and support."*
>
> *Claire Singers, Service User Employment Programme Manager*
> *West Sussex Health and Social Care Trust*

A few trusts have opted for an independent provider of employment support. In our opinion, these have been less successful in achieving the 'whole systems' approach with the cultural change that *Leading by Example* entails. Independent providers are, perhaps necessarily, more concerned with the numbers of people who get jobs, to meet their funding requirements. Voluntary sector staff are at a disadvantage if they aim to support NHS managers who recruit service users. The workplace culture is very different, they lack leverage, and may be regarded as outsiders. An important message of this book is that *Leading by Example* is about teamwork and developing trusting relationships between employment workers, OH, HR, managers and staff with mental health problems. It is hard – but perhaps not impossible – for someone from a different organisation to build strong relationships in this context, and their job may not allow them the time for the many meetings involved.

Locate the best areas for new recruits

To give new employees the best chance of success it is important to find places where they will be welcomed by their managers (who may be informed about their health needs, particularly if there are any adjustments to be made). This can be anywhere in the trust, but service user experience is especially useful in clinical teams where they can help to broaden the understanding of clinicians and create less oppressive services.

In Box 5, Rachel Perkins sets out a number of 'hurdles' to be jumped in the race to get full, integrated service user employment.

Box 5: Hurdles to providing fully integrated service user employment

- The very idea of employing people with mental health problems.
- Employing people with mental health problems in non-clinical posts.
- Employing people with mental health problems in clinical posts that do not require professional qualifications.
- Employing people with mental health problems in clinical posts requiring professional qualifications.
- Employing people with mental health problems as managers with responsibility for supervising other staff.
- Actually training people with mental health problems in the mental health professions.

Rachel Perkins
South West London and St George's Mental Health NHS Trust
Leading by Example conference, 2004

Posts within clinical teams can be described as, for instance, 'support workers' or 'OT technicians'. Life experience, understanding and a positive, practical attitude are usually the key qualities required for these posts. Experience of mental health problems can be an asset, but if this becomes an essential requirement it can equate to labelling the new worker, which is not desirable.

It is important to recruit several people with mental health problems at once, to ensure there is not undue pressure on one individual. Obviously, it is important to recruit only the number that can be supported adequately by the employment worker(s).

As new difficulties emerge and are dealt with effectively, confidence in the programme will grow and other hurdles will be overcome. A setback, such as the illness of one member of staff, should not harm the programme as a whole if lessons are learnt and the problems dealt with thoroughly.

> *"Our 'out' member of staff, who really inspired a lot of the work, became unwell, and although that was horrendous for her, it certainly didn't scupper the project. People become unwell for physical as well as mental reasons. That's the reality of people management. What I think this work can do is help people to plan for their illness, and plan for their return so the impact of their absence is lessened."*

Stephany Carolan, Employment Development Manager
Hampshire Partnership NHS Trust

Anticipate a steep learning curve

A programme to recruit people with personal experience of mental health problems into the NHS requires a fundamental change in the way staff, new and established, think about and behave towards each other. Superficial and tokenistic changes have to give way to deep-seated shifts in power and respect. The very language we speak to express our views may have to be reviewed as concepts of recovery and social disability start to replace the medical framework of mental illness and treatment (Sayce, 2000). Flexible ways of working may replace regimented procedures where all service users receive a set programme. The established notion of expertise in mental health is challenged as the value of peer support is recognised and conventional medical treatments are questioned. The message from those who have been through this experience is that the only way to move forward together is to talk over the differences, over and over again, to agree what should be done or said and how.

Some of the existing workforce may find these new ideas difficult and unsettling. Their response may be one of hostility or, at best, cautiousness. The role of the 'change agent' and support staff on *Leading by Example* must be to help them express their fears and to talk through the challenges.

> *"Have you ever seen that fridge magnet that says 'You'll always be my friend – you know too much!'? Well, amplify that a few million times for the sense of discomfort around initially meeting in a professional context people who have nursed me and have well and truly 'got stuff' on me! And as I was reminded the other day, I'm not the only one who feels exposed – for the practitioner there is the knowledge that I have seen their clinical practice in a way that colleagues and peers will not have. There's a level of honesty therefore that isn't necessarily as comfortable as we might like.*
>
> *We just need to talk about it though ... let's acknowledge the discomfort, own it, find the humour in it if we can, and ultimately let's celebrate: how positive an outcome of a therapeutic alliance that we now work alongside as colleagues – that's recovery! And for me there was that 'ouch' when I realised for the first time that actually I wasn't so important that individual practitioners had remembered every word or deed of mine for the last ten years as I have – oh, that egocentricity again...!"*
>
> Lesley Herbert, Consumer Advisor
> Hampshire Partnership NHS Trust

> *"I think there was something tokenistic about [the employment of a service user] at the beginning if I am brutally honest. I believed that the experience and perspective of a service user was important to the credibility of the project ... I suppose I wanted to feel 'above reproach'... I would also say that I expected to lead it, I expected to be in the driving seat, so to speak, as the professional ... I was very quickly on a steep learning curve in terms of having to think about the ways I did things, how I approached things, the way I said things, the language I used ... I have learned a lot about the power of language.*
>
> *The only way people can work together, especially when they come from fundamentally different backgrounds, is by talking. It necessitates venturing into the 'no-go areas' that traditionally lie between service users and professionals to find new understandings and meanings ... It's about synthesis, a putting together of differences into a new, connected view."*
>
> The staff team, User Support and Employment Service
> Sheffield Care Trust (Cockshutt & Bramley, 2005)

“I was asked to work at one unit for three shifts. I got on really well. They asked me for my phone numbers and seemed quite excited that I only lived down the road. However, during this time I was identified as a service user by nurses who nursed me when I was ill, and I haven’t heard from this unit since. This situation is not taken personally because I know that these nurses feel threatened by all the changes that are currently taking place with service user involvement. They are from the old asylum days. Working in the community is far different – I have been accepted from the start and everyone knew I was a service user.”

Beverly Tate, Bank Nurse
West Sussex Health and Social Care Trust

Don’t expect new money!

Leading by Example does not rely upon – and is unlikely to be given – new money. In Hampshire, the chief executive agreed to fund a full time employment service co-ordinator in anticipation of cost savings. In Portsmouth, the funding for the temporary development worker came through slippage in the OT budget. Later, at a time of stringent financial constraint, funding for the project was eventually found by transferring resources from a traditional style employment project to *Leading by Example*. In both cases, there were strong arguments put forward. Additional money may come in through Jobcentre Plus or other sources as the initiative expands (see Chapter 8) and can take on an element of ‘outcome based’ funding with more confidence.

“There wasn’t any additional funding, but it was decided that if this post holder could successfully reduce possible sickness absence and fill some of our vacancies, then the post would fund itself.”

Stephany Carolan, Employment Development Manager
Hampshire Partnership NHS Trust

Build in data collection from the outset and keep all in touch

Evidence of progress – or the lack of it – is crucial for those delivering the programme as well as senior management and all those in the trust with an interest in it, as described in Chapter 8. The commissioning guidance on vocational services sets out performance indicators for the ‘exemplar employer’ (the number of people being supported in employment and relevant policies, [CSIP, 2006, see Appendix 1]). The monitoring framework and necessary administrative support need to be built into the programme from the start.

“Make sure you keep accurate and up-to-date databases. You will be expected to provide information to all sorts of people who have a stake in the project. Most of them will ask you ‘How many people have you supported into work yet?’ For a long time you will not require a database to provide you with the answer – you will be able to count them on the fingers of one hand. However, you will have other factors to include, such as people who have come through the project and secured work elsewhere, those in voluntary placements, those who have decided now is not the right time, those who thought you’d be able to support them into a job that your trust does not have (shop work, portering, IT consulting etc). If you don’t provide people with a list of other achievements they will wonder what you’ve been doing, so make a note of the presentations you’ve delivered in and out of the trust, of the steering groups of which you are a member, of the policies you’ve worked on, of the relationships you’ve forged, and what you are

doing to change the culture in your trust. Don't forget that you are a project manager as a well as a provider of employment support – you may well have to develop a project plan which will not only include aims around how many people you will support, but a marketing strategy for your project. Sometimes it can feel like you have become an expert in justifying your existence, but in actual fact you are demonstrating the complexities of a challenging and multi-faceted role. ”

Claire Singers, Service User Employment Programme Manager
West Sussex Health and Social Care Trust

As progress is made, keep people in touch so they remember about the programme, take an interest and get used to the idea that it is here to stay. Use the trust newsletter, team presentations or local events to publicise what is happening, and involve service users as much as possible as spokespeople, especially when reporting success. Some trusts cover enormous geographical areas with widely different environments. Use all your ingenuity to reach a wide audience at all levels, in all areas.

“*If we were to do it again, we would have to do more communicating outwards about the project, what we are doing. There are still lots of pockets where they don't really know what's going on.*”

Lucy Coombes, Head of Operational Human Resources Services
Hampshire Partnership NHS Trust

Conclusion

The 'must haves' before recruitment can begin include workplace support (an employment worker or two), a few positive managers and a working relationship with human resources and occupational health. It would be good to have much more, but don't wait to transform the culture before you begin – it won't happen.

“*If I had to sum up what helped us to get this initiative off the ground then it would be the following:*

1. *Unequivocal support and commitment from the CEO.*
2. *Human resources not only involved but often driving the work.*
3. *Staff who had accessed mental health services taking the risk and allowing us insight into their experiences.*
4. *Access to external people (the Sainsbury Centre for Mental Health, South West London and St George's) who were able to support and inform the process.*
5. *A member of staff with the experience, knowledge and time to make this happen.*
6. *Occupational health colleagues who were able to support this work.*”

Stephany Carolan, Employment Development Manager
Hampshire Partnership NHS Trust

“*Choose carefully the Project Team, find people who not only have expertise but also have an enthusiasm to make things work, and engage operational managers into the process at a very early stage so they can champion the project as much as possible.*”

Lucy Coombes, Head of Operational Human Resources Services
Hampshire Partnership NHS Trust

CHAPTER 4

Getting managers and staff on board

KEY POINTS

- ❖ Find your allies and champions from all corners of the trust.
- ❖ Allow people to express their concerns, draw out their ideas.
- ❖ Tailor your argument and select your messenger.
- ❖ Bring in expertise and support from outside the trust.

Introduction

To be successful, *Leading by Example* requires a change in structures and processes but to implement this, many members of staff need to change their attitude towards and understanding of mental health issues. This chapter is about how to bring people on board with the programme, through sharing a positive understanding of mental health and fostering that attitude change. This can present the 'change agents' with their most challenging, distressing and frustrating moments, but in time they should be able to make an impact by focusing on fellow enthusiasts, tailoring their arguments and drawing in expertise and support (both personal and professional) from outside.

Find your allies and champions

Some people will immediately recognise the value of *Leading by Example*; others will listen to the arguments before deciding to support it, and some will not come on board until they see it working before their very eyes. Don't be disheartened by the many people with deeply entrenched views. Work with those who support the programme and the others will follow – in their own time.

You may find allies where you least expect them. At all levels, colleagues may 'come out of the closet' as they talk to you. People with personal or family experience of mental health problems will have a lot of ideas and moral support to contribute.

Find out who are the 'movers and shakers' in each part of the trust. Leadership operates at many levels. If you can win over those with influence, they will do much of the work for you. However, you may find one or two who only pay lip-service and do not give it the wholehearted commitment it requires.

> *“The 'User Employment Programme' is a very politically correct and high profile service so watch out for glory-seekers. Learn who your allies are quickly and hope that some of them are in high places.”*

Anonymous

Allow people to express their concerns

Meet with people individually, informally, before formal meetings so they know what's coming and can have the time and space to think about how they want to respond. Encourage them to air their concerns and draw out their suggestions for dealing with the challenges so that they feel they are contributing to the process.

At the more formal meetings, think twice before you speak your mind about someone's resistance to the programme. Use all your tactical and personal skills to work out the best way to move the situation forward. This can be very hard to do if you are a service user and feel that the employment of you and your peers is not valued, or your ability to maintain confidentiality and other professional standards is in doubt. The recurring message from 'change agents' is that the task of winning over allies to the programme can be extremely challenging, stretching people to their limits. Be prepared for the long haul: the 'them and us' divide can be very entrenched. Box 6 and the quotes which follow illustrate the extent of the challenge.

Box 6: The 'Them and Us' divide

- *"Won't they be unreliable – off sick all the time?"*
- *"Won't they be dangerous?"*
- *"They won't have the skills necessary for the job."*
- *"What happens if they go mad at work?"*
- *"OK – we'll employ one and see how it goes." (the 'token user')*
- *"What about transference – will they really be objective?"*
- *"Mentally ill people will be taking our jobs."*
- *"We won't be able to tell jokes in ward rounds any more."*

Rachel Perkins
South West London and St George's Mental Health NHS Trust
Leading by Example conference (2004)

"Whilst having your CEO chairing this work is without doubt a massive asset, it can also have its difficulties. People need to be able to express their concerns about this work and they may be reluctant to do that if their boss is sat in front of them. But you need to hear those concerns. One way of addressing this is to meet with people prior to meetings to brief them on what you are trying to achieve and to ask them what they think the barriers might be. This will also help you to gauge what information you need to be bringing to that first meeting. It is important that people have a safe place to really debate this initiative."

Stephany Carolan, Employment Development Manager
Hampshire Partnership NHS Trust

"What I have had to learn, and am still learning, is that sometimes discretion is the better part of valour and challenging someone in an open forum and putting them on the spot and

> *making them feel very uncomfortable achieves less than biding your time and doing it in a more appropriate place. [But] I still think there are times when you do need to make that public statement.*"

The staff team, User Support and Employment Service
Sheffield Care Trust (Cockshutt & Bramley, 2005)

> "*Quote the DDA [only] as a last resort, otherwise you could be seen as a militant, which can put people's backs up.*"

Claire Singers, Service User Employment Programme Manager
West Sussex Health and Social Care Trust

> "*There was one person in particular who was in an influential position who was vocal about their objections to this work. He was a psychiatrist and he believed we were potentially exposing vulnerable people to additional stress. He had a valid point and he had the energy and belief to voice it. I managed this potentially difficult situation by addressing his concerns, emphasising his leadership role within the organisation and asking for his support to address some of the issues he had raised so that we could keep this important work on track. Psychiatrists are in an influential position and of course they want to 'protect' their clients, but they also respond to the evidence base – and if they have the energy to be so vocal in their objection imagine what a great ally they will make when you get them on board.*"

Anonymous

Tailor your argument and select your speaker

When you are planning a meeting where you hope to influence people, think about who would be the most effective speaker. Often attitudes are challenged most effectively by a person who has used mental health services and is now in work, ideally in a mental health trust. Senior managers may be convinced by a national expert in the field who can inspire and speak with authority. Professionals may be more receptive to a person from the same profession, who understands how the changes will affect them – and maybe make their work easier! A dynamic 'change agent' within the trust who has persuasive skills, knows the issues inside out and can encourage people at all levels to express their fears and talk openly will be invaluable. See Chapter 2 for ideas on how to make the case. Different approaches may work for different groups of people:

> "*Consider who the audience is and identify what the levers are with them. For example, staff and managers interested in delivering evidence-based practice are more likely to be persuaded by detailed consideration of the evidence base. Those concerned with recruitment and retention issues are more likely to be persuaded by arguments about extending the potential pool of recruits and retaining staff who develop mental health difficulties. On the other hand, those whose primary interests lie in the area of user involvement and empowerment are more likely to be swayed by consideration of the ways in which recruitment of people with mental health problems can help to break down 'them and us' barriers within services and ensure that the expertise of personal experience is available to service users.*"

Miles Rinaldi and Joss Hardisty
South West London and St George's Mental Health NHS Trust

The ability to communicate tirelessly and effectively with a wide range of people is an essential requirement of the 'change agent'. This requires deep personal resources, intelligence, energy and sometimes, sheer guts.

> *“I got myself invited to all the different directorate management meetings – just as a way of informing people of what we were doing, and to address any initial concerns. During this time I coined a new phrase: ‘academic bullying’. This is a process whereby clinicians throw lots of long words at you as a way of trying to disabuse you of what they see as your misinformed opinions. Often this is done by focusing on detail (‘what definition are you using for mental illness?’), making sweeping generalisations based on their client work, or asking you to supply information on the exact methodology of the research you are quoting. Luckily I found these challenges amusing and had the confidence, knowledge and possibly even credibility to manage them effectively – and this is important – you need to have done your homework and practised your arguments before you expose yourself to possible challenge. There is lots of useful literature out there and there are people with real expertise who are more than willing to help.”*
>
> Stephany Carolan, Employment Development Manager
> Hampshire Partnership NHS Trust

Bring in experts and allies from outside the trust

There is already a lot of experience and expertise on user employment in the NHS and health promotion in the workplace. The first port of call is usually South West London and St George’s Mental Health NHS Trust, where the staff have always been generous with their expertise and hold regular open days (contact details in Appendix 1).

Regional CSIP/NIMHE offices have some responsibility for supporting *Leading by Example* and could sponsor local networks for staff implementing it, as they have done in the South East (contact details in Appendix 1). The opportunity provided by the collaboration between SCMH and NIMHE’s South East Development Centre to meet up bi-monthly with others in the region was welcomed by ‘change agents’ who were just starting on *Leading by Example* work. It can be an isolated role, with frustrations that cannot be freely aired within your own organisation.

Every trust is likely to have some experts in employment support for people with mental health problems within their area. There will certainly be expertise in benefits issues (Jobcentre Plus, Citizens Advice Bureaux (CAB) and welfare rights agencies). Jobcentre Plus has a wide range of resources which can contribute to the various aspects of *Leading by Example*. Mental health projects in the voluntary sector can become valuable sources of referrals. Projects led by Black and minority ethnic groups may be able to contribute both referrals and expertise and are often an under-used resource in this kind of programme. Indeed, under the public sector duty on race equality, trusts would be strongly advised to actively seek their involvement.

If the climate is totally hostile, Rachel Perkins suggests “graded exposure/systematic desensitisation”. Keep the communication channels open, publicise service users’ success in employment, involve service users as volunteers, trainers and spokespeople at events, and develop the service user voice within the planning processes of the trust.

> *“I started my role by networking with as many different individuals, partnership organisations and people who were in similar roles as I could find. I now have a whole circle of people whom I can call upon for various things. For example I have the CAB for benefits advice, I have an expert from Mind for queries about the Disability Discrimination Act and I have partnership charities who wish to work in partnership on work experience placements and on the placing of individuals into paid employment.”*
>
> Sheila Greenfield, Employment Service Co-ordinator
> Hampshire Partnership NHS Trust

> *"The opportunity to take part in the SEDC/SCMH Leading by Example programme came just at the right time, enabling us to bring in additional capacity [and] capability into the Project Team."*
>
> Martin Barkley, Chief Executive
> Hampshire Partnership NHS Trust

> *"What was really useful was having the example of St George's, both to guide us and as an example of where this kind of initiative can work. St George's were very generous with all their paperwork and we used their job descriptions etc. to help draw up our own."*
>
> Stephany Carolan, Employment Development Manager
> Hampshire Partnership NHS Trust

> *"It's essential for you and your supervisor to get to South West London and St George's in the first instance so some of the complexities and challenges are understood by both parties. After that, get on conferences and network like you've never networked before. Learn from other people's experiences and mistakes..."*
>
> Claire Singers, Service User Employment Programme Manager
> West Sussex Health and Social Care Trust

Conclusion

Publicise all the positive experiences that have come out of the initiative so far, and let colleagues know about what's happening in other trusts. At the same time be receptive to and understanding about people's concerns.

The job of 'change agent' is a tough one. Get the help you need to persevere in the face of outright hostility or subtle ambivalence.

> *"Ambivalence to change projects like this can be more threatening than open hostility – but the way of addressing them is the same:*
>
> - *Be clear about what you are going to achieve.*
> - *Use the research evidence and examples of best practice from elsewhere in the country.*
> - *Listen to and address people's concerns – don't dismiss them.*
> - *Work with the people who are positive, and always leave the door open so you can go back to the people who are less convinced.*
> - *Emphasise the gains that are going to be had from this work – for the organisation, for work teams and for individuals. Remember the 'business case'."*
>
> Stephany Carolan, Employment Development Manager
> Hampshire Partnership NHS Trust

CHAPTER 5

Getting human resources and occupational health on board

KEY POINTS

- HR and OH are essential allies: encourage them to take ownership at an early stage.
- Where there is reluctance, use a range of strategies to persuade, inform and enforce.
- Find ways to increase understanding of mental health needs where necessary.
- Get feedback from people using HR and OH procedures.

Introduction

Human resources (HR) and occupational health (OH) have a pivotal role in the success of *Leading by Example*. Across the UK there are stories of the way they have given invaluable support. In Hampshire, HR were already considering how to address Department of Health guidance on mental health and employment (DH, 2002b) before it became a trust-wide issue, and they have always been at the forefront of the programme. But there are also stories of resistance, making the process of change slow and painful.

Try to bring on board both HR and OH at the very earliest stages. They are the experts and have the lead responsibility for recruiting and supporting the workforce. By acknowledging this and involving them when *Leading by Example* is first proposed, they will be more likely to take ownership of this aspect of the initiative. New work can build on their existing interventions to support job retention and wellbeing. With their expertise, it is possible to work out what changes are needed and how to achieve them, so the initiative can become embedded in all the trust's selection and support procedures. However, always be sure to involve the key people. One trust developed a policy with an enthusiastic HR worker, but it was subsequently rejected by a more senior manager.

> *"Get to know your HR staff as they are key in greasing the wheels of the project. Invite them to any meetings and try to get invited to theirs to build relationships and gain an understanding of their systems (especially recruitment) and their work pressures. Aim for two or three key people with whom you forge a stronger relationship; for instance one HR officer, an HR manager, and someone from the recruitment department. Many more than that and it can get confusing because you will have so many other people in your network."*
>
> Claire Singers, Service User Employment Programme Manager
> West Sussex Health and Social Care Trust

Making the case – addressing the concerns of OH/HR

It is helpful to see the challenge from the point of view of OH/HR. They may have serious concerns:

“Time pressures are likely to increase”

It is imperative that adequate staff support systems are put in place as part of *Leading by Example*. HR, OH, trust vocational advisors and the user employment support workers need to be part of a team effort. It is part of the role of the ‘change agent/driver’ to ‘knit together’ the team. Administrative resources need to be built in, to support the employment workers and HR, so that the monitoring and regular reporting which is so valuable can be delivered (see Chapters 3 and 8).

> *“The main challenge for me was fitting it in amongst everything else. We did split up fairly quickly within the steering group, into streams of work, which made it a bit more manageable.”*
>
> Lucy Coombes, Head of Operational Human Resources Services
> Hampshire Partnership NHS Trust

“This is not part of our job”

Privately contracted OH staff may feel their contract does not give them the time to attend steering group or other meetings about *Leading by Example*. When the contract is due for renewal it should be changed to include the expectation that OH will give practical support to *Leading by Example*. In the meantime, look carefully at what the contract does say about the advisory role of OH and how that fits into this agenda.

“I don’t believe they can cope with the pressures”

The OH physician has a statutory responsibility under Health and Safety legislation to advise the employer on the safety and health of an existing or potential employee. OH staff may lack a good understanding of mental ill health and may, as a consequence, become risk-averse, bearing in mind the damage a mistake could cause. Tackle this with a combination of approaches:

- ❖ Ensure newly recruited employment workers can provide support to existing staff experiencing mental health problems as well as new recruits, thereby providing an additional resource for OH services.
- ❖ Remind staff of the government guidance to OH (DH, 2002b), the public sector duty to promote equality and other legislative requirements.
- ❖ Share information on successful user employment in the NHS elsewhere e.g. organise a visit, bring in a speaker, use research evidence (see Box 3, Chapter 2).
- ❖ Support them to develop or bring in expertise on mental health at work, with extra resources if possible.

> *“Occupational health suggested that it would assist their work if they knew there would be ongoing support available for employees as they are unable to continue long term involvement.”*
>
> Deborah Hannam, Development Worker
> Portsmouth City Teaching PCT

Box 7: Sickness levels of staff with mental health problems

1. An estimate of the UK-wide cost of sickness absence attributable to mental health problems is about £4 billion in 2001 (SCMH, 2003).

2 Evidence from South West London and St George's Mental Health NHS Trust shows that employees with experience of mental health problems *who receive support* have lower levels of sickness than the general trust workforce (3.8% compared with 5.8% in 1998/1999) (Perkins *et al.*, 2000).

3. The Employers Forum on Disability states that most employers of staff with disabilities (including mental health problems) are keen to take on more. Employers report that staff with disabilities have a strong commitment to their job, bring in new skills and improve the morale of the workforce (Zadek & Scott-Parker, 2000).

There are examples, however, of occupational health staff positively embracing and participating in this work, such as in Hampshire.

> *“I have been working in occupational health for 20 years. My experience has told me:*
>
> ❖ *Don't have pre-conceived ideas, don't put up barriers about potential difficulties or imagine that individuals who have experienced mental ill health in the past/currently will have a higher usage of the occupational health service or a worse sickness absence record than others, because they won't!*
> ❖ *The key to success is making a good risk assessment at pre-employment stage; if the individual has been assessed as fit to undertake a specific job with or without recommendations for reasonable adjustments (under the DDA) and offered support at an early stage, there should not be problems.*
> ❖ *It helps if the trust has an employment co-ordinator/support worker who can iron out work problems with the employee's manager and also provide support in the workplace. Don't see this role as threatening; make good links with them – we're all working on the same side.*
> ❖ *Everyone has a right to work.”*

Carol Morant, Occupational Health Manager
Hampshire Partnership NHS Trust

Assessments and adjustments

Occupational health staff deal with a wide range of disabilities and health conditions, often under pressure of time and, as mentioned above, some may find it hard to understand how mental health problems affect work and vice versa. A partnership approach between OH and mental health specialists to develop skills in mental health, increase job retention and reduce sickness levels is described in Chapter 7. Hampshire Partnership NHS Trust's OH Manager Carol Morant suggests that mental health assessments for staff off work or wanting to return to work could be improved and speeded up by:

❖ bringing in a community psychiatric nurse (CPN) to join the OH team

❖ setting up a fast tracking procedure to in-house mental health services

- setting up reciprocal arrangements with a neighbouring trust
- setting up a fast tracking referral procedure with an independent consultant psychiatrist.

Many emphasise that a team approach is required, involving the employment support worker, employee, OH and in many cases but not always, the manager. If the employment worker is familiar with the trust, he or she may have a good knowledge of the employee's working environment, which can be vital information for OH staff. The employment support worker can make a critical difference to the support available, making a positive assessment of their ability to cope with the job much more likely. If OH or HR do not involve their in-house employment support workers (which has been known), they lose out on valuable expertise and support services.

There is a lot of information available about possible adjustments at work which make it easier for people with mental health problems to return to or stay in work (see Chapter 7 and Appendix 1). Most cost little or nothing.

Leading by Example can require a huge effort from staff who have to review the way they work, and this can be especially true for OH. Feedback suggests that some OH staff do not feel this effort is worthwhile, perhaps because they feel unsupported, unconvinced or unfairly overloaded with new responsibilities. Others get satisfaction from knowing their service is improving and doing more to implement equal opportunities. Their response makes a huge difference to staff who use mental health services.

Hampshire Partnership NHS Trust's OH Manager sets out below her advice for OH professionals working in this area, and the trust's consumer advisor gives her perspective on the value of the support she received from OH:

> “
> - *Recognise the importance of developing good liaison/working arrangements with the employment support worker. This is a key role and can help everyone. Good communications and a good working relationship here is really important.*
> - *Think of mental ill health as just another health problem, and look at the person as an individual who wants to maximise their potential to work or get back into the workplace.*
> - *Try to empathise with their difficulties, and have an open discussion about problems and coping mechanisms. With informed consent, find out as much as possible about their individual mental health problem and how it affects them.*
> - *Understand the work environment, the job, and the challenges the individual will be faced with. Think about the reasonable adjustments the manager can introduce in the workplace to help keep the employee at work.*
> - *Be honest with the individual. Be willing to learn yourself! This promotes understanding and then the individual can be supported.*”

Carol Morant, Occupational Health Manager
Hampshire Partnership NHS Trust

> “*I've worked occupational health hard I know – coming out of hospital after an emergency admission and being extremely intolerant of the idea that I have to wait weeks for an appointment to discuss my return to work. If my clinical team feel that I'm ready to return to work then I ask OH to consider taking this as the lead rather than relying on an interview with a general occupational health consultant who does not know me. And OH has risen to the challenge – my respect for them has grown as we've worked together to find a way of being that meets both mine and my employer's needs.*”

Lesley Herbert, Consumer Advisor
Hampshire Partnership NHS Trust

Getting feedback

Feedback is not always easy to obtain but is the best source of information on the experience of using OH and HR processes. This is why it is so important to engage service user staff in the review of procedures, with full confidentiality assured (see Chapter 3). Even OH staff may be unaware of the impact of their words and approach. The manner in which any health professional responds in an encounter can itself be positive or devastating – regardless of the content of their words.

> “*When I came back from sick the other week I was asked how I'd managed to get myself into this mess, and that I may have a personality disorder. Nice, eh? Can't complain though as it'll be seen as 'oh, another narky service user, etc etc'.*”
>
> Staff member/service user working in a mental health trust

Conclusion

Bringing in HR and OH at the earliest opportunity helps *Leading by Example* to grow from a small beginning to a mainstream approach to recruitment and support for all employees and all posts. Emphasise the team approach and help to address capacity issues wherever possible. Feedback from existing staff can help to identify difficulties in the recruitment and support systems.

CHAPTER 6

Supporting people to join and stay in the workforce

KEY POINTS

- ❖ Specialist employment workers support the ‘employment relationship’ between employee and line manager.
- ❖ Tailored, flexible and accessible support covers the period of recruitment and transition into work as well as job retention.
- ❖ Employment workers provide a resource for OH and HR as a mainstream service for the workforce as a whole, aiding recruitment, retention and organisational re-deployments.
- ❖ Local and national peer networks may provide additional support.

Introduction

For many people with mental health problems the only support they require to gain and sustain open employment is the willingness of an employer to give them a chance by ensuring that sound recruitment and retention policies and procedures are in place and are being adhered to. For those requiring extra support and encouragement, a user employment programme can provide the interventions needed to help a person achieve their goal of gaining and sustaining employment within an NHS trust or PCT. However, supporting people in employment is about supporting a relationship between the individual and the employer. This chapter outlines practical ways to support people with mental health problems to gain and retain employment but will also identify the role of support to line managers, human resources and occupational health. The first part of this chapter has been written by Joss Hardisty and Miles Rinaldi from South West London and St George’s Mental Health NHS Trust, where the User Employment Programme has over ten years’ experience of supporting people in work within the trust.

Support to the employee

It is recognised that many people with mental health problems, when looking to return to work, commonly face issues such as low self confidence and low self esteem, and are likely to have limited expectations of their abilities to succeed. It is therefore vital that a specialist employment worker is able to inspire hope via support and encouragement throughout the different stages of recruitment and retention. Support at South West London and St George’s Mental Health NHS Trust is provided to people on an individually tailored basis, best suited to their support needs and individual preferences according to the Individual Placement and Support approach (Bond, 2004) but adapted to a single employer. The support provided is negotiated and agreed between the individual and their employment worker and is often provided during three key stages.

1. Assistance in the recruitment process

Individually tailored support for people who are unemployed but looking to work within the trust. This will typically include:

- information about jobs
- help with understanding issues in relation to welfare benefits and gaining employment
- support with application forms (including how to account for periods of unemployment, the issue of disclosure)
- support with interview preparation.

2. Assistance in the transition to work

A critical period, often overlooked, is when a person has been offered a job but has not actually started the job. Support may include:

- help with preparing for an occupational health assessment and the identification of reasonable adjustments
- help with the transition from welfare benefits to paid employment (welfare rights advice about coming off certain welfare benefits, and, if appropriate, applying for in-work benefits e.g. Tax Credits)
- reassurance that the person's support needs will be met, and looking at their perceived support needs for when they actually move into the post
- help with setting up workplace mentors.

3. Ongoing support

For many people with mental health problems the hardest task is not actually gaining a job but successfully retaining it. A user employment programme, if working to fidelity of the Individual Placement and Support approach (Bond, 2004), must be able to provide time unlimited support to people with mental health problems working within the organisation.

Even with the increase in support systems being put into place for people who have experienced mental health problems, these do not always attend to the problems that individuals experience in retaining work. In 2001, an analysis of the different types of support that the User Employment Programme provided was undertaken (Perkins *et al.*, 2001). This analysis identified three key areas of difficulty that people with mental health problems can experience when working. These are detailed in Box 8.

Box 8: Difficulties people with mental health problems can experience when working

1. Problems with the job
   - the specific demands of the work
   - relationships with managers and colleagues.

2 Problems outside work that might affect the person's ability to do the job
   - relationships with family, partners etc.
   - financial issues.

3. Mental health problems that might influence the person's ability to do the job
   - fluctuations in mental state
   - difficulties with medication.

We have found that it is critical that employment workers help people to identify their support needs and continually reassess these needs in order to provide effective support. Support to people in employment may include negotiating 'reasonable adjustments' at work, helping with difficulties that arise at work, helping with problems outside work that might interfere with work performance, and promoting the self management of mental health problems at work. Promoting self management of mental health may involve working with the person to identify their triggers and warning signs and to identify strategies to manage these effectively within the workplace. The employment worker will often liaise with an individual's clinical team or GP and act as the facilitator of a network to increase the natural supports available to a person with the aim of supporting the person to successfully manage their mental health and retain their job.

Beyond these practical measures it is also vital that support is provided to individuals regarding the psychological adjustment to returning to work.

> *"The regular and continued contact proved really helpful for me when I first began my job. I found it difficult to adjust to being back in the working environment and at times struggled to cope. It was useful to have someone to discuss and explore such issues with and the fact that they were able to appreciate the importance of these issues for me was essential."*
>
> Supported employee
> South West London and St George's Mental Health NHS Trust

One of the lessons we learnt (Rinaldi *et al.*, 2004) was to really listen to feedback from people supported by the programme about who and what was or was not helpful. For example, feedback indicated that what people valued in terms of support was someone to contact at the time they experienced difficulties (usually by telephone) rather than having to wait for an appointment. In the early stages of the programme support was provided to people in a traditional 'job coach' manner where a support worker would support the person in the workplace. Supported employees found this helpful but obtrusive. It identified them as having mental health problems and made them look incompetent in the eyes of their colleagues. This feedback led to a change in approach in which most support was provided outside the workplace with a greater tailoring of support to individual needs and preferences.

> *"Someone to talk to really, sort of sound off my anxieties."*
>
> Supported employee
> South West London and St George's Mental Health NHS Trust

Support to managers

An equally important role of the user employment programme is to provide support to managers employing people with mental health problems. It is critical that the manager is made to feel supported and able to openly discuss concerns they may have rather than being criticised for being prejudiced or lacking knowledge. Often the role an employment worker provides to managers is one of support, reassurance and solutions. Presenting managers with potential problems and not solutions only results in disadvantaging potential employees further. Many of the difficulties experienced by a person with mental health problems returning to work are the same as those experienced by anyone who has been unemployed for some time, but these difficulties may be mistakenly attributed to the person's mental health problems.

An employment worker may help to negotiate and implement reasonable adjustments (often recommended by occupational health) through directly supporting the manager. We have found that most reasonable adjustments are simply good practice such as:

- ensuring a well planned induction
- providing clear guidelines about what the individual is supposed to be doing
- letting the person know who to ask if he or she is not sure what to do
- providing regular supervision and feedback on performance.

We have found that when adjustments are more specific they are commonly simple, minor adjustments such as:

- facilitating flexible working hours
- allowing time off for medical appointments
- adjusting small, non-central parts of the job.

It is important that managers think through the implications of making reasonable adjustments for an employee for the rest of the staff team especially if that member of staff has not disclosed their mental health problems to them. It can be important for the individual employee and manager to agree what will be said to the other staff if asked why one of the team members is able to leave work early for a regular appointment with a psychiatrist. As with the support provided to the employee, it is important that a manager feels able to contact the programme at any time should concerns arise.

> *“I have had very positive experiences as a manager employing people with experience of mental health problems. Having the User Employment Programme in place enables managers to feel more confident about employing service users, knowing that if the individual or the team experience difficulties, particularly in the early stages of returning to work, there is skilled and experienced support available to resolve or assist us to overcome any problems.”*
>
> Service Manager
> South West London and St George’s Mental Health NHS Trust

Support to human resources and occupational health

It is vital to have a good working relationship with both the occupational health and human resources departments; they are critical to the success of employing people with mental health problems. At South West London we continually aim to mainstream the work of the User Employment Programme into all the employment practices of the organisation. An example of this is where the occupational health department contacts the programme regarding a current employee that they have assessed regarding a return to work after a period of sickness. The employee may have had no previous contact with the programme, but both the individual concerned and occupational health may consider that the extra support the programme can provide would be helpful to the individual and potentially their manager in their return to work.

Likewise, it is important that the human resources department recognises the programme as an asset in recruitment and retention issues. Like occupational health, the human resources department may refer an employee whom they have become aware is experiencing mental health problems at work.

The programme can then provide an early intervention, supporting both the individual and their manager when difficulties first arise, greatly reducing the risk of the employee losing their job. The programme is also able to work closely with human resources at the recruitment stage, discussing and explaining gaps in a person's employment history, or facilitating a discussion with the employee regarding a criminal record which may have been a result of previous periods of ill health. This joint working enables human resources to achieve the goal of widening the recruitment pool to include an under-represented and marginalised group of people in the workforce.

Periods of organisational change can be particularly stressful, and like all public services the NHS is continually evolving. The user employment programme can play a supporting role during these difficult times.

> *"The User Employment Programme was particularly helpful during a recent run of redeployments. They were able to influence recruiting managers and negotiate any necessary adjustments that needed to be made in a practical and positive manner. At the same time the programme was able to work directly with employees with mental health problems being redeployed and support them through what is often an unsettling and traumatic experience."*
>
> HR Manager
> South West London and St George's Mental Health NHS Trust

A user employment programme's main function is one of supporting the employment relationship between an individual employee, their manager and any other relevant parties such as occupational health, human resources or the clinical team or GP responsible for the employee's care. Support is provided on an individualised basis for each party with their individual preferences and requirements being taken into account. Access to the service must also be flexible and open, allowing each party to receive the support they need, when they need it.

Supporting people: the *Leading by Example* experience

The rest of this chapter looks at additional sources of support and offers further advice for supporting people to join and stay in the workforce.

Use peer networks

The User Employment Programme at South West London and St. George's Mental Health NHS Trust facilitates peer support groups for staff with personal experience of mental health problems. The success of these groups has varied over time, as peer support groups do, but they have at times been very useful. National and international networks of people with mental health problems working within mental health services could be a powerful voice for change. An email network, '2 Hats UK', has been set up in response to demand from delegates at the 2004 *Leading by Example* conference. Details of the group are shown as Case Study 1.

CASE STUDY 1: Using peer networks

'2 Hats UK' is the e-community for mental health workers who also use mental health services. It aims to provide a forum for sharing experiences and to give mutual support. The e-group was inspired by an e-group in the United States, and has been set up by the Sainsbury Centre for Mental Health in response to interest from participants in the *Leading by Example* programme to support user employment in the NHS. The e-group aims to give the opportunity for service users who are service providers to have a platform to discuss issues affecting them.

The web address for the group is: www.smartgroups.com/groups/2hatsuk.

To subscribe to the group email: 2hatsuk-subscribe@smartgroups.com.

To unsubscribe email: 2hatsuk-unsubscribe@smartgroups.com.

Employment workers can help managers define their boundaries

Managers and colleagues have to learn new ways of relating to people with personal experience of mental health problems. This does not come easily despite the best intentions. It can help to talk through the difficulties with each other, and guidance from an employment worker can be very timely.

> *"I have to work hard sometimes at allowing my line manager to remain my line manager rather than asking them to be some sort of pseudo-therapist or care co-ordinator. So they need to be pretty good with their boundaries too! And my crisis plan can help us both with this in as much as it states very clearly in there what the signs might be that I'm struggling and how they can most helpfully support me in a suitably boundaried way..."*
>
> Lesley Herbert, Consumer Advisor
> Hampshire Partnership NHS Trust

> *"It can be very difficult for those of us who have a clinical background to let go of unhelpful ways of thinking. It remains a challenge to be supportive but not overbearing, to be aware of risks but not prescriptive, to assess what the individual needs now and not reflect on what they may have needed in their past."*
>
> Claire Singers, Service User Employment Programme Manager
> West Sussex Health and Social Care Trust

Employment workers need to be proactive in support – with the agreement of employees

Problems that arise are most effectively resolved at an early stage, so it will help if employment workers agree to maintain regular contact with new employees, even if this is no more than a brief phone call. Meeting out of working hours can make this easier for the employee. Otherwise, some people may be reluctant to seek help until their situation has become unbearable.

> *"When I started in this role my instincts were to offer support within a framework of 'I will come and see you when you need me to – phone me when you need me', because I did not want to feel like I was overwhelming people and making them feel dis-abled. This did not work out, and a balance has now been achieved whereby I see people regularly and frequently when they first start work and then less frequently as time goes by, and according to their needs."*
>
> Claire Singers, Service User Employment Programme Manager
> West Sussex Health and Social Care Trust

> *“I don’t wait for people to call me – I call them, I make enquiries as to how people are and how they have got on if they have attended an interview. I make sure that they receive feedback in the event that they have been unsuccessful and in order to encourage this I have developed an easy feedback form to give essential information.”*
>
> Sheila Greenfield, Employment Service Co-ordinator
> Hampshire Partnership NHS Trust

See the whole employment relationship

The employment worker is there to support both the manager and the employee and to help them both resolve their difficulties. This requires an ability to understand each perspective and to mediate where appropriate.

> *“I think a good grounding for building such a programme from scratch is the ability to listen and understand and find working solutions for both the needs of the individual and for those to whom they directly report. I was … able to talk almost immediately to a service user who was employed within the trust and was experiencing difficulties. I was also able to meet this person’s line manager and see the picture from both sides. I believe it is essential to build and create good strong relationships with all parties concerned. It shouldn’t be about a battle to get people on your side – it should be about the ability to show that everyone concerned wants things to work, and how beneficial it is to all concerned when it is working well.”*
>
> Sheila Greenfield, Employment Service Co-ordinator
> Hampshire Partnership NHS Trust

A resource for all the workforce

Leading by Example requires the support service to extend to existing staff as well as new employees, thereby benefiting the workforce as a whole. This has resource implications, bearing in mind the recommended caseload is 25 people per employment specialist (CSIP, 2006).

> *“[The user employment worker] has been doing a lot of work to make herself known across the trust. It has been very interesting to discover that a lot of our current employees are service users and are approaching her on that basis, which is quite heartening because you sort of think we must be doing something right, where that has happened.”*
>
> Lucy Coombes, Head of Operational Human Resources Services
> Hampshire Partnership NHS Trust

Get feedback

Feedback from those with personal experience of sickness at work, current support systems and occupational health can make an invaluable contribution to improving the *Leading by Example* programme.

> *“We have just put out a survey which went out with the payslip, so everyone got one, headed up ‘Mental Health and the Workforce’, and [the user employment worker] has so far had at least 100 back. The idea is to get some trends around what we are doing right, where we need to improve, and we were quite careful in formulating that questionnaire to make sure we got the right questions. So we are asking questions around disclosure, around experience of*

occupational health services, asking for suggestions about what improvements might be made, asking what support they get, and whether other support should be accessed."

Lucy Coombes, Head of Operational Human Resources Services
Hampshire Partnership NHS Trust

Conclusion

Employment workers develop an insight into the difficulties facing job applicants and employees with mental health problems. They also need an expertise around the concerns of management and an ability to mediate or negotiate constructive solutions. This makes them a valuable resource for the organisation, contributing to widening the workforce, improving working lives and reducing stress in times of change. They cannot do all this on their own, but draw on human resources, occupational health, managers, families and carers where appropriate, and alternative sources of support such as mentors in the workplace and peer support networks. In this way they can ensure a co-ordinated response with all parties working towards the employees' chosen goal.

CHAPTER 7

Improving the mental health of the workplace for all staff

KEY POINTS

- There is 'added value' from combining the two strands of *Leading by Example*.
- Prevent stress where you can, with top level commitment to improving working lives, audit of stress factors, training and improved management practices.
- A policy on mental health at work gives direction and greater awareness.
- Link up with regional and national networks and access useful resources.

Introduction

Leading by Example took a two-pronged approach which ensured that measures to diversify and widen the skills within the workforce were combined with measures to enhance the productivity, morale and wellbeing of all staff. This made it a large, complex programme but we found the combination to be well supported.

A two-pronged approach ensures that *all* staff receive the support they need in times of difficulty and have a greater chance of keeping their job. We found, within Hampshire for instance, that there were significant numbers of mental health service users already employed within the NHS who had not felt able to talk about their problems until *Leading by Example* opened up new, safe and confidential lines of communication. People who have not used mental health services also experience difficulties at work or may have to take time off through mental ill health. Some, ultimately, lose or give up their employment. The financial, organisational and personal costs to the NHS and to the individuals concerned are great.

In the UK, it has been estimated that 91 million working days are lost each year due to mental health difficulties (Gray, 1999). The Health and Safety Executive estimated that mental health problems are the second largest category of occupational ill health after musculo-skeletal disorders (HSE, 1999).

Workers in the public sector seem to be most at risk of long-term sickness absence and those in the more obviously stressful jobs such as the prison service, health care and social work take most sick leave (Stansfield *et al.*, 2003). Long term absence, particularly stress related, appears to have worsened in recent years. The percentage of individuals experiencing spells of long-term (21+ days) absence has increased from 5% in 2001 to 5.7% in 2003, i.e. 44% of all days lost (Henderson *et al.*, 2005).

> *"I felt that this approach was absolutely necessary because it didn't feel comfortable to just focus in on service users and not have a look at the whole system, in terms of what support measures we had in place."*
>
> Lucy Coombes, Head of Operational Human Resources Services
> Hampshire Partnership NHS Trust

> *"It's important not to underestimate the anxiety managers have when dealing with the issue of employing people who have used mental health services. This is where the mental health promotion component becomes crucial."*
>
> Malcolm Barrett, Programme Lead, Social Inclusion
> South East Development Centre NIMHE/CSIP

> *"It was interesting to note that in meetings with managers, issues of workplace stress and staff support were frequently mentioned as an area of concern where managers wanted more help and advice."*
>
> Sue Beynon, Head of Occupational Therapy
> Portsmouth City Teaching PCT

Mental health in the workplace: an organisational issue

Mental health in the workplace is an organisational issue that needs to be addressed across the whole organisation. It is crucial to those with responsibility for management or the welfare of others, including the chief executive, managers and in particular human resources and occupational health departments. This management and welfare responsibility is enshrined in legislation and emphasised in government policy (see Chapter 2 and Appendix 1). There are serious penalties for failure, from hefty fines in an employment tribunal to bad publicity in the press, in addition to the problems of losing essential, skilled staff.

Individuals, particular sections or departments, and organisations as a whole may be exposed to factors that put mental health at risk, and there are many factors which have an impact on the mental health of employees at work.

There are two areas where activities need to be focused:

i) **Promotion:** promoting the mental health and wellbeing of all staff, including:
- recognising that all staff have mental health needs
- raising awareness of what people can do to look after their own and others' mental wellbeing
- identifying and addressing the factors that affect mental health in the workplace.

ii) **Support:** offering assistance, advice and support to people who are experiencing stress or mental health problems in the workplace, as well as support for staff returning to work following a mental health problem. This should include:
- building a working culture in which mental health issues are not taboo
- providing support options which are confidential and non-stigmatising.

> *"Time and again I was told about the difficulties managers had supporting existing staff with mental health problems and there was considerable interest in a service which would support managers in this task. Mental health issues were experienced as difficult to resolve and there was an anxiety about deliberately setting out to encourage new employees who might bring such difficulties into the workplace. There was considerable enthusiasm for increased support in job retention."*
>
> Deborah Hannam, Development Worker
> Portsmouth City Teaching PCT

Getting started

The task ahead can seem unmanageable, especially to human resources and occupational health staff who are already working at full capacity. In *Leading by Example*, two trusts began to address mental health in the workplace by developing relevant policies and training for managers. As with the Charter for the employment of people with experience of mental health problems (see Chapter 3), a mental health policy is important, or, alternatively, mental health can be mainstreamed within other existing policies. Other activities can take place before this is finalised, and small initiatives put in place early can provide useful measures of progress.

As with the employment of service users, there is a lot of expertise in 'the mentally healthy workplace' which is freely and easily accessible to support new initiatives, some of it national, and hopefully some local. The 'MINDFUL EMPLOYER' initiative (see Case Study 2) demonstrates the value attached to this work by the NHS in the South West (for more details, see Appendices 1 and 3).

CASE STUDY 2: Being a MINDFUL EMPLOYER

Devon Partnership NHS Trust is at the forefront of supporting employers to recruit and retain staff who experience mental ill health. WorkWAYS, the trust's innovative vocational service, has worked with small, medium and large businesses from across the public, private and voluntary sectors in developing and facilitating MINDFUL EMPLOYER.

Developed and led by employers, the initiative offers a range of support, online resources and links with other businesses. A 'Charter for Employers who are Positive about Mental Health' offers a range of aspirations relating to recruitment and retention. NHS trusts from Tyne & Wear to Cornwall have signed up to the Charter to show they are *working towards* these aspirations. The Charter re-emphasises the supportive and voluntary nature of MINDFUL EMPLOYER: it is not a target to achieve, nor a policy to implement. After all, there's little point in having an initiative about mental health which causes people stress!

> "*Devon Partnership Trust has been instrumental in supporting, developing and communicating MINDFUL EMPLOYER for the benefit of local employers. Through our public commitment to the initiative as an employer, we have publicly demonstrated our ongoing commitment to our own workforce that we wish to continue to review and develop model employment practices ourselves.*"
>
> Darran Armitage, Associate Director, Human Resources

NIMHE/CSIP South West soon recognised the value of the initiative and commissioned WorkWAYS to lead on employment aspects of the Social Inclusion agenda, enabling MINDFUL EMPLOYER to become more widely known.

In the patient-focused NHS, it can be easy to forget that line managers, colleagues, and staff in HR and even occupational health may need support as well. With the right support, people with mental health problems can and do remain in work. With the right support, employers can also continue to deliver their business.

For more information visit www.mindfulemployer.net or phone 01392 208833.

Developing a workplace mental health policy

An effective policy to improve health at work must tackle organisational and managerial practice (Williams *et al*., 1998). There are a number of organisational changes that can have a positive impact on the mental health and overall health of employees:

- redressing the imbalance between reward and effort
- improving two-way communication and staff involvement
- enhancing social support, especially from managers to subordinates
- increasing job control and decision-making latitude
- assessing job demands
- developing a culture in which staff are valued
- enhancing team working.

(Williams *et al.*, 1998; Stansfeld *et al.*, 2000; Stansfeld, 2002)

Introducing a policy which will address these challenges requires:

- commitment at a senior level
- a policy written *with* organisations, not *for* organisations, with staff involvement and consultation built into the process
- a policy which tackles the whole work environment, organisation and management issues
- a policy which is accessible, understandable, relevant and realistic and has a timetable for action and an implementation plan.

Making a start on some of the work required to develop a mental health in the workplace policy can itself be positive, helping to create a more open culture, where difficulties and problems can be discussed. It can also help to clarify everyone's duties and responsibilities.

Sometimes, for instance within a PCT, a separate policy on mental health may not be thought appropriate and mental health issues can be integrated within a wider wellness policy. However, to ensure the specific issues of mental health are addressed, any policy on workplace wellness must include generic statements about mental health/emotional wellbeing at the beginning, followed by specific inputs and outputs regarding mental health promotion. For instance, the policy needs to recognise the importance of raising mental health awareness among the workforce, reducing stress and offering specialist mental health employment support to help people stay in or return to work after a period of illness. There is a need for a clear timetable for implementation and with identified individuals who bear responsibility for different areas of work.

As with all of this programme, frustrations and setbacks are common. In one area, a small enthusiastic group, including representatives from human resources from both the trust and social services, and a representative from **mentality** (the health promotion specialist unit within the Sainsbury Centre for Mental Health), got together to revise the 'Mental Health and Wellbeing at Work' policy and in a relatively short time produced a draft policy. However, a senior manager within human resources (who was not present at the meetings) informed the group that having a 'Mental Health and Wellbeing at Work' policy was outdated, and the work of the group was swept aside. In due course, an alternative approach was agreed. For an example of a mental health at work policy see Appendix 6.

Auditing mental health in the workplace

An audit tool can be used to identify the factors which have an impact on mental health in a workplace. An informal audit allows involvement of employees in identifying what they perceive as the main factors for them. Focus groups can be run with groups of employees at different levels in the organisation. This allows for different stressors to be identified according to the responsibility level within the organisation, and gives people freedom of conversation in a safe and confidential environment.

Informal and confidential discussions can be based around the questions provided in Box 9.

Analysis of anonymous data can be used to assist the organisation to improve management practices, set up and implement robust policies and establish effective ways of preventing stress and supporting staff where it does.

Box 9: Audit questions to assess the mental health of a workplace

- **Job control and decision making latitude**
  "Do you have control over your work/activities?"
  Where there is greater control over work there is less risk of sickness due to mental strain/stress.
- **Job demands/workload**
  "Are the demands of your job within the limits with which you can cope"
  High work demands are associated with worse mental health/stress.
- **Job role**
  "Are you clear about your roles and do you have conflicting job demands"
  Role conflict is strongly related to stress.
- **Support at work**
  "Do you have sufficient support from your peers and/or management"
  Clarity and consistency of information and emotional support can have a powerful positive effect on employee health and wellbeing.
- **Bullying and harassment**
  "In your experience is bullying and harassment dealt with effectively"
  Where bullying in the workplace is addressed, job satisfaction can be increased. It may also lead to a more positive working environment for all staff.
- **Effort versus reward balance**
  "Do you have an imbalance of effort to reward in your job"
  High effort and low reward is universally bad for people's health.
- **Communication and staff involvement**
  "Do you feel your managers communicate well with you and are you able to participate in decision-making"
  If managers consult with and listen to staff, it can make them feel more secure and valued.
- **Organisational change**
  "Have you experienced a great deal of organisational change without the necessary support"
  Organisational change is associated with an increase in mental health problems and stress and has a negative effect on employees.

A 'dual approach' to high levels of stress and sickness

Employers need a 'dual approach': of preventing stress where they can, and when it does occur, dealing with it quickly and effectively. Prevention measures include a combination of audit, training and a senior management commitment to improved ways of working. Effective measures to tackle stress when it does occur include putting good occupational health (OH) and support systems in place to help staff retain their employment.

To ensure OH systems work well it may be necessary to extend OH expertise in mental health issues (see Chapter 5). Helping individuals who are experiencing stress is a growing challenge facing OH professionals. The partnership approach taken in South Wales (described in Case Study 3) improved the processes and skills within occupational health for the South Wales Fire Service, while at the same time providing training for all staff to promote prevention and self-help. This model could be applied equally well in other services.

CASE STUDY 3: A partnership approach to mental health at work

In the past, South Wales Fire and Rescue Service employees who presented with stress or psychological ill health were referred to mental health specialists via their general practitioners. Depending on the availability of specialist services and NHS waiting lists, it could take some time to rehabilitate these employees back to work. A firefighter presenting with post-traumatic stress disorder may have had to wait up to 12 to 18 months for access to specialist services for intervention, and face the possibility of being retired on the grounds of ill health. In order to address these issues, South Wales Fire and Rescue Service occupational health department set up a partnership with the Cardiff and Vale NHS Trust Department of Liaison Psychiatry in 2002. Recent cases, where early intervention had been initiated through this partnership initiative, secured a return to work after eight to ten hours' therapy, equating to just a few weeks or months. The scheme has had a number of benefits:

- It has reduced waiting times for specialist mental health referrals and has helped individual firefighters return to work successfully following serious trauma-related ill health.
- A CBT-based six-week course delivered by the NHS clinical nurse specialist and OH nurse has already benefited 150 employees by teaching various stress-control techniques.
- It has the added advantage of providing continuing professional development opportunities for the OH nurse who works closely with, and is supervised by, the liaison clinical nurse specialist in developing CBT and other brief-therapy intervention skills.

(Davies & Kitchener, 2006)

An effective resource has become the job retention service, still rare across the country but with some good examples and more developing with government support. Exeter, Shropshire (see Case Study 4) and Walsall have good job retention services funded by the NHS to serve all local public and private sector employees including NHS staff.

CASE STUDY 4: A job retention service

The 'Enable' service is a collaboration between Shropshire County Council and Shropshire County PCT, set up in 2002. It takes referrals from mental health services and GPs, and has four key objectives:

- To help combat the social exclusion of people with mental health problems by helping to prevent them becoming unemployed and enmeshed in long-term mental health services.
- To help to reduce long-term sickness rates in those organisations and companies with which it has worked.
- To increase understanding of mental health issues among employers, trade unions, occupational health and personnel units, leading to higher return to work rates and lower rates of mental health problems.
- To help employers retain skilled staff.

> *"The service remains a neutral body offering support to both employers and employees, and helps to resolve difficulties through mediation and negotiation."*
>
> (Robdale, 2005)

Training to prevent stress and ill health

One key tool to prevent stress and promote the mental health of the whole workforce is to develop and deliver a comprehensive mental health awareness training programme for all staff. This will help managers address the causes of mental health problems in the workplace, improve general awareness among all staff of mental health issues, and reduce stigma and discrimination caused by a lack of understanding and awareness, building better support for anyone experiencing problems.

The training should include information on:

- mental health issues in general
- how staff can look after their own and others' mental health at home and at work
- issues that may affect an employee's mental health at work
- help available at work for people experiencing problems
- local and national projects that can offer assistance.

Case Study 5 details the training provided by SCMH to staff at one of the *Leading by Example* project trusts. Case Study 6 provides a second example, this time of the training provided in a business undergoing organisational change.

CASE STUDY 5: Mental health promotion in the workplace training

A number of training sessions were provided by the **mentality** team from SCMH at Hampshire Partnership NHS Trust with the following aims:

- To provide an introduction to mental health and mental health promotion.
- To enable individuals to recognise that mental health in the workplace is an important issue.
- To increase awareness of the determinants of mental heath in the workplace.
- To enable individuals to gain an understanding of the Mental Health at Work Policy and initiative.
- To prioritise solutions to meet the needs of the organisation and agree a way forward.

The programme's combination of comprehensive presentations and small group work ensured the active participation of staff.

Participants were encouraged to identify the determinants of mental health for themselves at work, prioritising and discussing the most important. They were then asked what people with experience of mental health problems would need in the workplace, what other team members would need and what managers would need. Finally, they discussed the Mental Health at Work Policy and the way forward.

CASE STUDY 6: Training on stress at work with a business undergoing organisational change

The **mentality** team from SCMH worked with a business with 500 staff undergoing organisational change and with an uncertain future. Serious financial constraints and potential restructuring and redundancies had created a climate of fear and frustration among managers and staff. The board of directors agreed to implement a new policy on the management of stress in the workplace, drafted by the **mentality** team in negotiation with the HR and OH departments. Managers' and staff guidance documents were developed on the recognition of stress and determinants within the workplace. Training sessions open to all staff were held over four weeks and over 220 staff attended. More than 60 attended follow-up sessions for senior managers only.

The training included:

- self awareness of stress
- altered wellbeing and stress triggers
- recognition of stress and its triggers in others
- guidance on the management of stress and distress
- occupational risks relating to stress and its potential determinants
- review of psychological effects of change and decision making to inform coping strategies and management techniques
- the use of competent support, both internal and external.

continued over

CASE STUDY 6: continued

Evaluation of the training sessions was overwhelmingly positive and staff welcomed issues of stress not only being related to individuals but also to teams and the organisation as a whole, removing the 'blame' culture.

> *"I really valued the information on forms of stress, how to recognise symptoms and potentially deal with them early. I feel I can now take control of my own situation, in work and beyond."*
>
> Staff member

> *"It was good that the training took a broad mental health approach and linked stress levels to emotional and physical health and the impact all of this has on work and broader responsibilities."*
>
> Participant on the senior manager training

Conclusion

The NHS has to improve the working lives of its staff if it is to remain a sustainable organisation with a skilled workforce. Mental health promotion requires commitment at the top level and a collaborative, informed approach at all levels. An early response for people experiencing difficulties can be delivered effectively by specialist employment staff within the trust where these exist, or from a job retention service, or an occupational health service with good mental health expertise. Resources and networks are available to support these developments, and legislation drives it forward.

CHAPTER 8

Sustaining and extending the initiative

KEY POINTS

- There is no single factor in success. It requires 'stickability' and time.
- Adapt the steering group to maintain delivery and develop sustainability.
- Personal relationships oil the wheels with internal and external stakeholders.
- Mainstream the programme through HR and OH with high level support.
- Set long and short term targets, monitor and publicise progress.
- Collect feedback through a range of mechanisms to identify problem areas.
- Continue regular presentations for managers, clinicians, and front line staff.

Introduction

South West London and St George's Mental Health NHS Trust has been running a User Employment Programme since 1995. In this chapter, Miles Rinaldi and Joss Hardisty, from the trust, talk about their experience of sustaining and mainstreaming the programme, drawing on an exercise undertaken in 2004 to look at the learning gained from implementing the programme within the trust (Rinaldi *et al.*, 2004). They found that its success could not be accredited to a single factor. Six key themes emerged:

- project management
- people and stakeholders
- organisation and structures
- funding and targets
- staff team and philosophy
- delivery and communication.

Project management

It can often feel like the biggest challenge is to secure the funding for the small team who will turn theory into practice. All too often it can take many months or years to convince senior managers to take the risk and invest in a programme that in their 'hearts' feels right but about which their 'minds' can only think of all the potential problems and obstacles. However, just as a programme is established and starts delivering real outcomes, the reality of the greatest challenge dawns on those

running the service – how do we sustain and mainstream such a programme? Sustaining a programme is not simply about ensuring that there is funding in place for the programme to operate.

In South West London and St George's Mental Health NHS Trust, the broadly based steering group, chaired by the deputy chief executive, oversaw the initial set up of the programme and continued to meet for the first six years of the programme. At that point it was recognised that the programme had achieved the goal of supporting people with mental health problems into jobs, on the same terms and conditions as other employees, at all levels and professions throughout the organisation.

The steering group continues to meet to take responsibility for the delivery of the policy goals of the programme. It has a revised, narrower, membership consisting of representatives from human resources, occupational health, the User Employment Programme, and the vocational services manager and Director of Quality Assurance and User and Carer Experience.

The active support of the chief executive, chair and board of the trust and the local social services department (which provided the initial funding) has continued. The programme is also supported by senior management, senior clinicians, and support services – especially and essentially human resources and occupational health. Programme staff have a lot of contact with middle and front line managers, clinicians and front line staff.

People and stakeholders

One of the most important lessons has been that successful implementation requires sustained effort and support from both senior management and clinicians, in particular through establishing and maintaining direct lines of communication with the front line managers and clinicians who actually deliver the change. While strong structures and processes are important for facilitating interactions between the User Employment Programme, human resources, occupational health and throughout the organisation down to front line managers, good personal relationships between key individuals, with the drive, the personality and the seniority to make a difference is also an important lubricant to these interactions.

Although the programme was established over ten years ago there is still the need to provide briefing sessions/seminars, and individual meetings, in which front line staff and managers have the opportunity to openly discuss their concerns regarding the employment of people with mental health problems. Reducing scepticism and changing attitudes among clinical teams about employing people who have experienced mental health problems within teams and the organisation is an ongoing matter. It has been important to consider who the audience is and identify what the key levers are with them. Training sessions for clinicians, middle and front line managers and their staff always include reference to the research literature.

The importance of ongoing contact with stakeholders, particularly service users, front line staff and external organisations (for example, Jobcentre Plus Disability Employment Advisors, voluntary sector groups and service user groups) cannot be underestimated.

As a programme matures, the initial enthusiasm expressed by external stakeholders can diminish and it is important to promote what has been achieved both internally and externally. It is essential that external stakeholders understand the role and remit of the programme in order to ensure that people with mental health problems who may be interested in working within the trust are aware of the service. While the publicity material of the programme goes some way in promoting the programme, the best source of publicity is word of mouth.

Organisation and structures

A key to sustaining the programme has been the continual drive to mainstream its work into the overall employment practices of the organisation. The User Employment Programme is located within the HR department and works very closely with the OH department. Managers within the trust see the employment of people with personal experience of mental health problems as a regular human resource issue.

Examples of mainstreaming the programme into the employment practices of the organisation include:

- ❖ Details about the programme and support available are sent out in all job recruitment packs.
- ❖ A one-page fact sheet was produced relating to occupational health assessments describing the role of occupational health for people with mental health problems applying for posts, the questions an occupational health doctor might ask, and why they are asking such questions.
- ❖ The trust's Charter for the employment of people with mental health problems ensured that the person specifications for all clinical and client contact posts specify 'personal experience of mental health problems' as desirable.
- ❖ All adverts for jobs carry an equal opportunities statement that encourages applications from people with personal experience of mental health problems.
- ❖ Responsive support mechanisms at a middle and senior management level enable front line managers to feel more confident about recruiting staff who had personal experience of mental health problems.

Establishing a clear mission statement and setting aspirational long-term goals and a specific set of annual objectives had a profound impact throughout the organisation. These high-level tools helped to create a foundation from which decisions, resource requirements and organisational expectations evolved.

Funding and targets

Since the programme was established with funding for a single post there have been a variety of approaches to obtaining a continuing, broader funding base. Special funding was initially obtained, before becoming mainstreamed once success with the programme was assured. Early success also enabled the programme to obtain a contract from Jobcentre Plus to deliver a work preparation course which has been an important element in the user employment programme.

> *"A short-term, ten week work preparation programme funded through Jobcentre Plus, has enabled people to have an initial and continuing assessment of their employment needs, conduct a rapid job search, and gain a brief period of work experience that can provide the references they may need to move on to competitive employment, combined with ongoing support."*
>
> Rinaldi *et al.*, 2004

This broad base to the funding has only been possible because of targets and monitoring of outcomes which enable the programme to demonstrate its achievements. Working towards long-term aspirational targets and the second tier of shorter-term targets have become a key part of the programme. These targets have specifically related to desired outcomes, for example the number of people supported in existing posts within the trust (see Box 10). This type of specific target has been the most successful and has kept the staff team focused on delivery and stopped the team from becoming complacent.

Box 10: Outcomes measured and presented in 2004/5 South West London and St George's Mental Health NHS Trust Annual Report

i. Number and characteristics of supported employees (age, gender, ethnicity, borough of residence, primary diagnosis, any psychiatric inpatient admission, duration of unemployment).

ii. Outcomes for supported employees (still accessing support, continued working in the trust without support, working outside the trust, became unemployed, entered education/training, leaving the programme).

iii. Number and characteristics of people leaving the programme (same as for (i) above).

iv. Number and characteristics of people progressing in their careers (same as for (i) above).

The figures drawn from measuring the outcomes detailed in this Box show both the outcomes for the year 2004/5 and the outcomes for the period 1995/2005 to indicate trends over the period. Recent data suggest it is increasingly targeting and effectively supporting people who have been away from the labour market for longer periods with a mean duration of unemployment of 3.8 years in 2004/5 (Rinaldi & Perkins, 2005).

An important element in sustaining the programme has been effective publicity and communication within the trust about the programme's outcomes and the impact it has made. Keeping clear monitoring data based on the long-term aspirational targets and the second tier of shorter-term targets has enabled the programme to publish performance data, in relation to the number of people being supported in existing jobs, and the demographics of those people, and to report on the Charter for the employment of people with mental health problems within annual reports and by making use of communication tools like the trust magazine. Never underestimate the power of a senior manager being able to talk to colleagues inside and outside the trust about the fact that since 2001 there has been a year on year achievement of 15% of new recruits to the trust having personal experience of mental health problems.

Staff team and philosophy

The location of the programme within human resources has ensured that managers see the employment of service users as a regular human resources issue. It is believed that the integration of staff within the organisation and within key departments is crucial.

At the same time, expertise in employment support for people with mental health problems is fundamental to the programme's success.

> “*Management within the vocational services department has ensured the availability of vocational expertise, helped to ensure that the models of support adopted are evidence-based, and allowed a flexibility in responding to individual clients' needs and a cross-fertilisation of ideas across other employment programmes within the trust.*”
>
> Rinaldi *et al.*, 2004

A substantial number of the User Employment Programme staff complement their evidence-based expertise with personal experience of using mental health services. This gives them unique insight into the problems and barriers facing new recruits and employees in difficulty, and they can draw on their personal knowledge of coping strategies.

When the User Employment Programme staff themselves have personal experiences which may lead to a need for support, structures have to be put in place so that this is not expected to come from a line manager.

Delivery and communication

One of the recurring messages from the team at South West London is the need to have good, direct lines of communication with the front line managers and clinicians who actually deliver the change. This has been achieved in a number of ways.

First, by starting with a small pilot in an area where managers were enthusiastic, teething problems could be ironed out in a supportive environment. Once there was evidence of success, it was much easier to extend the programme to areas where managers were more sceptical.

Then, there have been sustained efforts to overcome the doubts and fears of the sceptics. Internal and external publicity has always been a priority, including annual reports (made freely available to the wider public as well as to all internal staff), articles in the trust magazine and national journals, and conference presentations. External publicity and winning a 3M Nursing Times award led to national acclaim which has given the programme credibility and encouraged ownership among the sceptical staff. Internal publicity, as one team talks to another, is just as crucial.

> “*People are often more convinced by the evidence of their own eyes than the evidence of published accounts and research from other areas.*”
>
> Rinaldi *et al.*, 2004

As mentioned above, efforts are made to increase confidence among managers and also among potential applicants, who may have had many rejections in the past. Programme staff make it clear that they are there to support both employees and managers and the recruitment practices of the organisation confirm that they actively want to recruit people with personal experience of mental ill health. To facilitate applications, a database of people interested in working for the trust is kept.

Listening to feedback and finding out what was and was not helpful to employees and their managers has been an important factor in the programme's success. Feedback informs the steering group and leads to changes in practice where appropriate. Sustaining the User Employment Programme has required that the service continually adapts to fit the needs of the individuals it serves but also to the needs of the trust.

Conclusion

The NHS, like all public services, operates in a constantly changing environment. At South West London and St George's Mental Health NHS Trust, the developing organisational and policy context has been an important dynamic that programme staff have used, wherever possible, to realise new opportunities. Much new legislation and policy-making, set out in Chapter 2 and Appendix 1, has given added impetus to *Leading by Example*. Financial constraints may, for their part, reduce the pace of change if recruitment is affected, but they will not alter its direction.

Organisational changes, such as restructuring and redundancies, divert attention and may hamper development of the programme for a while. But they need not do so forever. Mergers can have an impact on statistics: what appears to be a large achievement in a smaller organisation may well appear to be much less significant in a larger one. On the positive side, restructuring may be an opportunity to re-allocate funding from an outdated to a new programme.

There is however, a cautionary note. To sustain and mainstream a User Employment Programme effectively, it needs to be recognised that this does not happen overnight. Those running such services need to be aware of how long it takes to make sustainable organisational change, and there is a need to be prepared to 'stay the course'. However, evidence of progress in terms of changes in process and 'little victories' can sustain commitment along the way.

CHAPTER 9 Conclusion – is it worth it?

Let us be clear that what we propose in this guide is not a quick fix or a bolt-on for NHS organisations to use to gain brownie points or meet targets. *Leading by Example* is a blueprint for organisational change and development that, if taken to its conclusion, will lead to a complete re-evaluation of the relationship between the mental health worker and the service user, the provider organisation and its clientele. The concept is powerful because it penetrates deep into the power relationships in service provision and challenges at a fundamental level the boundaries between 'us' and 'them'. At its most basic level it cements into organisational process the value that everyone in the organisation is one of *us* – someone to be treated with respect, an equal engaged in a collaborative therapeutic process, who at some point in time or in other circumstances could be *me*.

Some of the most powerful testimony comes not from descriptions of successful change management but from the edgy, uncomfortable revelations of institutional prejudice, hurt feelings and fear of exposure. That people found themselves in these positions is an indicator not of failure, but rather that the change process is reaching places that individuals and organisations do not always want to go.

To start this kind of change requires individual champions, initiators who can articulate a broader vision of what mental health services are for. However to support such change requires a capacity for learning, reflection and self-criticism from all levels of the organisation. The messages from the guide are simple to say, hard to deliver:

- ❖ Commitment from the board, the chief executive and other senior managers is essential.
- ❖ The process requires team work of a high order – no single person can deliver.
- ❖ Action is required both to support service users to apply for and hold down jobs and to provide support to the existing workforce.
- ❖ Human resources and occupational health departments play a key role. The organisation must decide how to address capacity issues and not overburden them.
- ❖ Service user and staff input from the beginning and on a continuing basis is the only way in which those who are managing the change process will be able to see what is truly going on and the impact that is being achieved.

So is it worth it? On one level the excellent record keeping at South West London and St George's Mental Health NHS Trust has given us some impressive data. In 2004/5, 15% of new recruits to the trust had a personal experience of mental health problems. Over the previous ten years (1995-2005) the User Employment Programme supported 126 people in jobs at the trust, 80% of whom had had an admission to a psychiatric hospital and 43% of whom had a diagnosis of psychosis (Rinaldi & Perkins, 2005).

However we clearly need more data and analysis on a much bigger scale to see whether *Leading by Example* truly does assist with recruitment and retention to the point where there are measurable cost improvements. All we can say at this stage is that it seems like a promising route to achieve savings and it certainly fits with both government policy and what evidence base there is.

The wider question is whether it will lead to better services. In the view of the authors this means better relationships within the mental health system, leading to better services. Here, too, the evidence is promising but not conclusive. We are, after all, trying to undo at least two centuries of institutionalised power relationships between the medical professions and their patients.

The provisional answer to this bigger question we will leave to those who know first hand what *Leading by Example* involves: the effort, frustration, heartache, and the rewards.

Is it worth it? Personal perspectives

“*Is it worth it? For me, without a doubt! It's not always easy, there are uncomfortable moments and challenges to overcome but I'm so proud to work for an organisation that I believe is fundamentally committed to getting it more right, more of the time, for me and for everybody who ever needs to use its services. And whether they think it's worth it – well you'd have to ask them, but they've invested huge amounts in hanging on to me for this long so maybe there's the answer…!*”

Lesley Herbert, Consumer Advisor
Hampshire Partnership NHS Trust

“*It was back in 1994 that I first suggested that we should actively recruit people with mental health problems to work in our services.*

Back then, it was pretty lonely – and often scary – to be working in mental health services and to be open about having mental health problems myself. In those days there was no Disability Discrimination Act, but there was the Clothier Report which said that people should not be employed in the NHS within two years of having received treatment for a mental health problem. You could be sacked simply because of your mental health difficulties, so most people kept very, very quiet. But I had seen people with mental health problems successfully employed in US mental health services. I knew that we could and should do so here in the UK. And I really couldn't square the fact that it was hard, if not impossible, for people known to have mental health problems to work in those very services that claimed to be 'empowering users' and 'challenging stigma'.

There were many people who thought I had lost it completely when I proposed setting up the first 'user employment programme' in South West London … but there were also brave people in high places who could see the possibilities, so the 'Pathfinder User Employment Programme' was born. Initially it was hard to persuade people that it might be a good idea … all manner of objections were raised … but 11 years on times have changed. Even secretaries of state and government reports are saying it needs to happen.

Was it worth it? From a purely personal point of view I'm no longer the odd one out: some 15% of the South West London mental health workforce also have mental health problems. All sorts of people – even senior people – talk about their mental health problems. I'm not going to pretend that everything in the garden is rosy – discrimination still exists (I found that out when I considered applying for another job a couple of years ago) but South West London is a better

place to work. Now, when I come out of hospital, the uncomfortable silences have been replaced by active curiosity about how our inpatient wards compare with those I used in the neighbouring trust. And my job is more secure ... they can't sack all of us!"

Rachel Perkins, Director of Quality Assurance and User/Carer Experience
South West London and St George's Mental Health NHS Trust

"When a patient says 'You don't know what it's like for us in here', well, 'Actually I do'. Just saying that has such a positive effect. It gives them hope that one day they too can overcome the difficulties and move forward and manage the illness they have. It has taken some time to get used to being on the other end, but I have learnt a tremendous amount, with lots still to learn. I see myself as a pioneer in this work with the hope that I can ease the way forward. To put myself on the front line and to help others lead a more fruitful life."

Beverley Tate, Bank Nurse
West Sussex Health and Social Care NHS Trust

Is it worth it? The organisations' perspectives

"Eleven years after we established the 'User Employment Programme' at South West London and St George's Mental Health NHS Trust, there are literally hundreds of trust employees who have personal experience of mental health problems.

Quite simply, the programme makes our services better ... and there are benefits for both employee and employer:

- *We now have images of possibility to counteract images of pathology. Both staff and other service users can see what is possible for people with mental health problems to achieve.*
- *The trust has become a better place for someone with mental health problems to work ... and only last week a service user was telling me how helpful she had found talking to someone who had been there herself.*
- *The 'skill mix' in teams has been extended to encompass the expertise of personal experience: people with mental health problems who have rebuilt their lives are often in the best position to help others to do likewise ... and people have the opportunity to make positive use of the experience gained from using services to help others in a similar position.*
- *People with mental health problems have access to the employment they so badly want ... and there is now an additional pool of people who can fill some of those staff vacancies.*

But most importantly, those destructive 'them and us' barriers have been eroded. I have often heard talk of the challenge faced by employees: moving from 'user' to 'provider'. But there is an equally important challenge for other staff: moving from relating to people with mental health problems as 'patients' to knowing them as 'colleagues'. But for both, there is the greater challenge of bridging these divides: being both 'user' and 'provider', both 'patient' and 'colleague', both 'psychiatric patient' and 'citizen'. Isn't this what reducing prejudice and discrimination is really all about?"

Rachel Perkins, Director of Quality Assurance and User/Carer Experience
South West London and St George's Mental Health NHS Trust

“From the good foundation that has now been established, we are confident that the trust will benefit from increasing our workforce with people who have experience of using services, increasing the support to our workforce, enhancing the culture and leading by example. An unexpected plus has been the positive impact it has had on staff.”

Martin Barkley, Chief Executive
Hampshire Partnership NHS Trust

“Delighted that we are bringing more staff who have experienced mental health problems back into the workplace and keeping them at work. This has to be a team effort. The NHS needs good staff.”

Carol Morant, Occupational Health Manager
Hampshire Partnership NHS Trust

APPENDIX I

Legislation and resources

Contents

1. Employment of people with mental health problems in the NHS and other organisations
2. Reducing stress and promoting mental health at work
3. Job retention
4. Organisations and networks.

This list includes legislation, guidance, information and advice. Many of these resources and others can be found on the following websites: Disability Rights Commission (www.drc-gb.org), Mindful Employer (www.mindfulemployer.net) and Sainsbury Centre for Mental Health (www.scmh.org.uk).

1. Employment of people with mental health problems in the NHS and other organisations

Legislation and government guidance

❖ **The 1995 Disability Discrimination Act** (amended 2005)
Public authorities, including the NHS, have a duty (from December 2006) to:
- Promote equality of opportunity between disabled persons and other persons.
- Eliminate discrimination that is unlawful under the Act.
- Eliminate harassment of disabled persons that is related to their disabilities.
- Promote positive attitudes to disabled persons.
- Encourage participation by disabled persons in public life.
- Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

Every public service is required to draw up and publish a Disability Equality Scheme (DES) by December 2006. With the involvement of disabled people, the authority must identify in the DES how they will gather and analyse evidence on their actions and track progress. They must set out how they will assess the impact of their activities on disabled people. They must produce an action plan for the next three years, report on their progress and revise it at least every three years. The Disability Rights Commission (DRC) will have the power to issue compliance notices where the public authority fails to comply.

For further information on the Disability Discrimination Act go to the DRC website www.drc-gb.org.uk, helpline 08457 622 633 or the website dedicated to the implementation of the public sector Disability Equality Duty: www.dotheduty.org.

The Disability Rights Commission (DRC) has drawn up statutory Codes of Practice on 'The Duty to Promote Disability Equality' (one for England and Wales, another for Scotland). These can be downloaded from the DRC website: www.drc-gb.org or www.dotheduty.org.

❖ **Vocational services for people with severe mental health problems: Commissioning Guidance** (CSIP, 2006)
The commissioning objectives issued by DWP & DH are to implement the Individual Placement and Support approach to employment support within vocational services (Bond, 2004) and to work towards access to an employment advisor for everyone with severe mental health problems. Services need to be based around the needs of the individual in both secondary and primary services, and job retention has a high priority.

The five key elements of a comprehensive service include clinical employment leads and employment specialists integrated within every clinical team, public services as exemplary employers and local partnerships across public, voluntary and independent sectors.

The commissioning framework sets out the requirements for the NHS, local authority, voluntary and independent sectors as 'Exemplar Employers':

- An employment specialist should be integrated into HR or with outreach to HR and OH.
- There should be one whole time equivalent staff member per National Service Framework Local Implementation Team (LIT) or per Primary Care Trust (PCT).
- They should link to clinical teams, day services, Jobcentre Plus, HR and OT across public services.
- An employment specialist should manage vocational caseloads of up to 25 people at any one time.
- Performance indicators should include increasing the number of people being supported in paid employment in mental health trusts, PCTs, local authorities and other public services.
- Public services employment policies should reflect a commitment to employ service users.

Available from www.dh.gov.uk

❖ **Choosing Health: Making healthy choices easier** (DH, 2004a)
This, the Government's public health White Paper, sets out in Chapter 7 the role of the NHS as an exemplar employer, widening the workforce and improving working lives for all.

> *"We believe that the NHS can and will become an exemplar for public and private sector employers...*
>
> *To achieve this, NHS organisations will need to give careful consideration to a range of factors, including:*
>
> - *The expansion of staff required to boost capacity in public health and healthcare interventions.*
> - *The expected productivity benefits from skill-mix and role re-design.*
> - *Taking steps to support good health in a high-quality workforce representative of the population it serves."*

Available from: www.dh.gov.uk

- **National Standards, Local Action: Health and Social Care Standards and Planning Framework for 2005-2008** (DH, 2004b)
This document sets out the priorities and targets which PCTs are required to follow in 2005-2008. Target 1 (iv) requires PCTs to take measures to reduce suicide, and notes that unemployment is an important risk factor which therefore needs to be addressed. The document urges PCTs to pay regard to *Mental Health and Social Exclusion* (SEU, 2004) which provides guidance on how the employment needs of people with mental health problems can be successfully addressed.

Available from: www.dh.gov.uk

- **Mental Health and Social Exclusion** (Social Exclusion Unit, 2004)
This report and Action Plan sets out what health and social care agencies need to do to address the social exclusion of people with mental health problems. It identifies employment as the key factor in addressing exclusion and outlines the Individual Placement and Support approach (Bond, 2004) which effectively enables people to access paid work regardless of diagnosis, gender or ethnicity.

Available from: www.socialexclusionunit.gov.uk

- **Mental health and employment in the NHS** (DH, 2002b)
This provides guidance on the role of occupational health in recruitment and retention to facilitate the contribution of people with personal experience of mental health problems to the NHS workforce.

> “*It is proposed that the NHS should take a lead, not only in caring for its present and future employees, but also in valuing diversity and in promoting good practice in the employment of people who have experienced or are experiencing mental health problems.*”

Available from: www.dh.gov.uk

- **National Service Framework for Mental Health** (DH, 1999); **National Service Framework for Mental Health Five Years On** (DH, 2004c)
The first National Service Framework (NSF) sets out the framework for the organisation and delivery of mental health services. Individual needs for employment support or other daytime activity have to be addressed within every care plan. Five years on, employment support to get and retain ordinary jobs remains a high priority for service development.

- **Improving the Life Chances of Disabled People** (Strategy Unit, 2005)

> “*By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society*”.

Available from: www.strategy.gov.uk

- **United Nations Declaration of Human Rights, Article 23**

> “*Everyone has a right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.*”

Available from www.un.org

Information and advice

- **South West London and St George’s Mental Health NHS Trust**
Information about their User Employment Programme is available from the trust’s Vocational Services’ Annual Reports (free on email; a small charge is made for hard copies) and at free open days.

Reports and information about open days are available from: User Employment Programme, Springfield University Hospital, 61 Glenburnie Road, London SW17 7DJ. Telephone (020) 8682 6308.

- **MINDFUL EMPLOYER** (see section 4, Organisations and Networks)

- **Briefing papers and other publications from Employer's Forum on Disability**
  The Forum's publications are intended for personnel, human resources, occupational health, recruitment and training specialists and line managers. These include briefing papers designed to make it easier for employers both to comply with the Disability Discrimination Act and to adopt best practice. Many cover legislation and policy, with impairment specific advice set out in employment adjustments for people with mental health problems.

  Publications can be purchased from www.employers-forum.co.uk. Telephone: (020) 7403 3020.

- **Managing for Mental Health: The Mind Employers' resource pack** (2nd edn, 2004)
  For employers who want to ensure best practice in mental health promotion at work, this pack includes sections on where to get help, employment policies and background information on mental illness.

  Available from Mind Publications on 0844 448 4448, email: publications@mind.org.uk or online at www.mind.org.uk.

- **The way to work: A guide to benefits and tax credits for mental health professionals** (Scott & Hall, 2005)
  Helps professionals advise their clients who are receiving disability benefits on how they can take up work.

  Available from Disability Alliance, (020) 7247 8776 www.disabilityalliance.org.

- **New Thinking about Mental Health and Employment** Grove, B., Secker, J. & Seebohm, P. (eds) (2005)
  This draws together the research undertaken to date on mental health and employment and combines it with mental health service users' perspectives on the workplace to validate key points.

- **A survivor's guide to working in mental health services** (Mind, 2000)
  Addresses the difficulties and challenges facing user-workers and lists professional schemes and sources of support.

  Available from Mind Publications on 0844 448 4448, email: publications@mind.org.uk or online at www.mind.org.uk.

- **Published articles**

  Notably: *Life in the Day* Journal on mental health and social inclusion. Pavilion Publishing (Brighton) Ltd, Richmond House, Richmond Road, Brighton BN2 3RL (01273) 623222 info@pavpub.com Examples include:

  Perkins, R.E., Evenson, E., Lucas, S. & Harding, E.. (2001) What sort of 'support' in employment? *Life in the Day*, **5** (1) 6-13.

  Rinaldi, M., Perkins, R., Hardisty, J., Harding, E., Taylor, A. & Brown, S. (2004) Implementing a user employment programme in a mental health trust – lessons learned. *A Life in the Day*, **8** (4) 9-14.

2. Reducing stress and promoting mental health at work

Legislation and government guidance

❖ **Health, Work and Wellbeing – Caring for our future: a strategy for the health and wellbeing of working age people** (DWP/DH/HSE, 2005)
This sets out a strategy to improve workplace health in England, by encouraging employers to improve occupational health support, training for healthcare professionals and addressing barriers to work.

This strategy is underpinned by a partnership between the Department for Work and Pensions, the Department of Health and the Health and Safety Executive (on behalf of the Health and Safety Commission). It aims to reduce the risk of employees becoming ill at work, improve job retention and support access to or a return to work for people who have been ill. A Director for Occupational Health will be appointed to promote a collaborative approach to implementing the strategy, which will introduce national and local networks to improve awareness and quality occupational health services amongst large and small organisations. The strategy supports *Leading by Example:*

> *"This will involve supporting the NHS, Government and local authorities as employers to become exemplars of healthy workplaces and good occupational health practice."*

Available from: www.dh.gov.uk

❖ **Health and safety legislation**
All employers have duties under the following:
- The Management of Health and Safety at Work Regulations (1999), to assess the risk of stress-related ill health arising from work activities.
- The Health and Safety at Work Act (1974), to take measures to control that risk.

The HSE expects employers to carry out a suitable and sufficient risk assessment for stress in their workplace, and to tackle any problems that are identified. The HSE Stress Management Standards were issued in 2004 to help this process (see Information and Advice on page 74).

❖ **Improving Working Lives**
This is a national programme for all NHS organisations, first introduced within the NHS Plan (DH, 2000a). It aims to help all NHS organisations to be a model employer: an organisation that is excellent to work for, which values its staff and delivers excellent services for service users. It covers many aspects of working life, including:
- equality and diversity
- staff involvement and communication
- flexible working
- healthy workplace
- training and development
- flexible retirement, childcare and support for carers
- human resources strategy.

Achievement of the standards is monitored by the Healthcare Commission and contributes to star ratings. All NHS trusts have achieved 'Practice Level' and are working towards Practice Plus Standard (DH, 2003). Practice Plus Standard is now part of the implementation plan for Choosing Health (DH, 2004a).

Available from: www.dh.gov.uk

Information and advice

- **MINDFUL EMPLOYER** (see section 4, Organisations and Networks)

- **SignUp** (www.signupweb.net)
  The Healthy Workplace Initiative (HWI) is jointly sponsored by the Department of Health and the Health and Safety Executive. It encapsulates a new approach to the problems of health at work which aims to place health in the mainstream of business thinking and organisational development. Signupweb.net plays a central role in the initiative: it aims to be the one stop centre regarding workplace health, which aims to respond to any query.

- **Management standards** (HSE, 2004)
  These standards are freely available online (www.hse.gov.uk/stress/standards). They are not law, but they provide a process whereby employers can meet their legal duties. They set out clear, agreed standards of good management practice to prevent work-related stress – a set of conditions that reflect high levels of health, wellbeing and organisational performance. The advice provided enables employers to identify the gap between current performance in their organisation and these standards of good practice. The advice then helps employers to develop their own solutions to close the gap. The management standards do not replace the HSE guidance pack, *Real Solutions, Real People;* which provides further practical information on how to assess and deal with work related stress in the organisation.

- **Real Solutions, Real People: a manager's guide to tackling work-related stress** (HSE, 2003)
  This guidance contains examples of clear, practical measures which provide a starting point for the workforce to agree on how to tackle the findings of a stress risk assessment. The pack includes an introduction on how to use it, learning points, prompt cards, and an action plan to record and monitor what needs to be done. It therefore provides a tool to help managers and staff develop solutions to tackle work-related stress that are specifically relevant to their organisation. It encourages them to tailor their energy to the particular needs identified by risk assessment.

- **Stress and mental health in the workplace** (Robertson, 2005).
  This report draws together existing research into stress and individual case studies, to identify stress, its effect, and how the problem can be addressed in easily introduced steps.

  Available free online. Hard copies available from Mind Publications on 0844 448 4448, email: publications@mind.org.uk or online at www.mind.org.uk.

- **A Toolkit for Mental Health Promotion in the Workplace** (**mentality**, 2002)
  This aims to provide a framework to enable employers to develop a mental health promotion policy in the workplace. The Toolkit makes the case for investment, information on what works and some practical examples of ways forward. Available from: www.scmh.org.uk.

- **Workplace interventions for people with common mental health problems: a review of the scientific evidence on the management of common mental health problems at work** (2005) by Seymour, L. & Grove, B. for British Occupational Health Research Foundation (BOHRF)
  This provides a review of current research evidence on how to reduce absence from work due to common mental health problems.

  Available free online from the BOHRF website www.bohrf.org.uk.

- **Mental Health in the Workplace. Tackling the effects of stress** (1999)
  Booklet from the Mental Health Foundation.

  Available free online from: www.mhf.org.uk.

3. Job retention

Legislation and government guidance

- **Vocational services for people with severe mental health problems: Commissioning Guidance** (CSIP, 2006).
  The guidance (see Legislation, section 1) includes job retention of service users as a priority for mental health services, a concern for both inpatient and community services. It identifies the employment specialists as the initial source of help for people in work.

- **Choosing Health – Making healthy choices easier** (DH, 2004a).
  This recognises the importance of an early return to work after ill-health to promote recovery (see Legislation, section 1).

Information and advice

- **MINDFUL EMPLOYER** (see section 4, Organisations and Networks)

- **Securing Health Together** (www.ohstrategy.net).
  This government strategy is designed to stop people at work becoming ill, and if they do, to get them back to work as soon as possible. The website provides links to information and support on occupational health, information about the strategy, and a 'Best Practice' database of projects – practical examples of what can be done.

- **Getting Back before Christmas: Avon & Wiltshire Mental Health Partnership Trust Job Retention Pilot Evaluation** (Thomas *et al.*, 2003)
  This study, funded by the Department of Health and Department for Work and Pensions, evaluates a pilot job retention programme in Avon and West Wiltshire which adopts a case management approach.

  Available free online from www.scmh.org.uk.

- **Roger Butterworth and the Job Retention Network based at NHS Liaison, Work Life Partnerships.**
  Roger and colleagues who were involved in the job retention pilot in Avon and West Wiltshire above are now sharing their learning through two day training programmes across the UK. Many participants from these training sessions now meet regularly to share their experiences and update their skills at Network meetings. For more information, contact Roger.Butterworth@hotmail.com (also see section 4, Organisations and Networks).

- **Job Retention & Mental Health: A review of the literature** (Thomas *et al.*, 2002)
  This study, funded by the Department of Health and Department for Work and Pensions, reviews the international literature on job retention.

  Available free online from www.scmh.org.uk.

- **Evaluation of the Employment Retention Project, Walsall** (Grove, Seebohm & Trinova, 2005)
  Available free online from www.scmh.org.uk.

- **Published articles**

  Robdale, N. (2004) Vocational Rehabilitation: The Enable Employment Retention Scheme. A new approach. *British Journal of Occupational Therapy,* October 2004, **67** (10).

  Robdale, N. (2005) Stepping in early: A job retention scheme. *A Life in the Day* February 2005, **9** (1).

4. Organisations and networks

- **Disability Rights Commission** (DRC) (www.drc-gb.org)
  Helpline 08457 622633
  The DRC is an independent body established in 2000 to stop discrimination and promote equality of opportunity for disabled people. It provides a range of services and information on disability issues, including legal support for test cases. It is actively supporting implementation of the Disability Equality Duty for the public sector (Disability Discrimination Act, 2005).

- **Employers' Forum on Disability** (www.employers-forum.co.uk)
  Nutmeg House, 60 Gainsford Street, London SE1 2NY
  (020) 7403 3020
  The Forum is a membership organisation for both the private and public sector which provides a range of services and acts as an authoritative employers' voice on disability. They produce accessible, up to date publications on recruitment, management and retention issues (see section 1, Information and Advice).

- **Health and Safety Executive** (HSE) (www.hse.gov.uk)
  Bootle Information Centre, Magdalen House, Trinity Road, Bootle, Merseyside
  L20 3QE.
  0845 345 0055
  The HSE is the statutory body responsible for ensuring health and safety in the workplace. It advises on health and safety legislation, has responsibility for inspection, enforcement and good practice. Many of its publications cover the policy and good practice issues of *Leading by Example* including *Managing Sickness Absence in the Public Sector. A joint review by the Ministerial Task Force for Health, Safety and Productivity and the Cabinet Office* (HSE, 2004).

- **MINDFUL EMPLOYER** www.mindfulemployer.net
  01392 208833
  This is an initiative led by employers which aims to increase awareness of mental health at work and provides ongoing support for employers who wish to improve their employment practices. It has a comprehensive website including resources for employers, online discussion forum, local contacts and a Charter for Employers who are Positive About Mental Health (Appendix 3).

  The initiative is facilitated by WorkWAYS, a service of Devon Partnership NHS Trust, which provides information, advice and practical support for people whose mental health affects their ability to find or retain employment, training, education or voluntary work. There is no cost in being involved in the MINDFUL EMPLOYER initiative.

- **Job Retention Network**
  This brings together those who have attended training on job retention delivered by Roger Butterworth and colleagues and who wish to maintain links to further their learning (see p.75). Meetings take place in a number of regions. Contact Roger Butterworth on roger.butterworth@hotmail.com

- **West Midlands Job Retention Network**
  Contact - mary.deacon@bsmht.nhs.uk

- **2hatsUK**
  This is an e-group for people who work in and use mental health services. It aims to provide a forum for sharing experiences and to give mutual support. The web address for the group is: www.smartgroups.com/groups/2hatsuk

  To subscribe to the group e-mail: 2hatsuk-subscribe@smartgroups.com

- **Employmentlist**
  This is an e-group for people interested in employment support for people with mental health problems and learning disability. To join, go to: Employmentlist-subscribe@smartgroups.com

- **Employer Engagement Network**
  This network is convened by the Social Inclusion Programme at NIMHE/CSIP. Contact Rebecca.mitchell@londondevelopmentcentre.org for more information.

- **CSIP/NIMHE Social Inclusion Regional Programme** (see Chapter 4)

  CSIP Eastern Development Centre
  655 The Crescent, Colchester Business Park, Colchester, Essex CO4 9YQ
  01206 287593

  CSIP East Midlands Development Centre
  3rd Floor, Mill 3, Pleasley Vale Business Park, Outgang Lane, Mansfield, NG19 8RL
  01623 812943

  CSIP London Development Centre
  11-13 Cavendish Square, London, W1G 0AN
  020 7307 2431

  CSIP North East Yorkshire and Humber Development Centre
  Genesis 5, Innovation Way, University Road, Heslington, York, YO10 5DQ
  01904 717260

  CSIP North West
  Hyde Hospital, 2nd Floor, Grange Road South, Hyde, SK14 5NY
  0161 351 4920

  CSIP South East Development Centre
  Parklands Hospital, Aldermason Road, Basingstoke, Hampshire, RG24 9NB
  01256 376394

  CSIP South West
  The Old Co-op, 38-42 Chelsea Road, Bedminster, Bristol, BS5 6AF.
  01278 432002

  CSIP West Midlands
  Osprey House, Albert Street, Redditch, Worcs, B97 4DE
  01527 587622

APPENDIX 2

Employment charter

South West London and St George's Mental Health NHS Trust Charter for the employment of people who have experienced mental health problems

Revised February 2000

South West London and St George's Mental Health NHS Trust, in line with its Equal Opportunities Policy Statement, endeavours to create an environment in which people can expect to be treated both fairly and equally and where the rights of the individual are respected. This principle applies equally to staff where the Trust seeks to operate employment procedures and conditions that do not discriminate on any grounds other than an ability to meet the requirements of the job.

In particular, and in line with the Disability Discrimination Act (1995) and the Positively Diverse Initiative, the Trust will not discriminate against disabled people and will make reasonable adjustments to overcome the barriers to employment that such people may face. Being an organisation committed to mental health, the Trust recognises that:

- the absence of employment is detrimental to mental health,
- prospective employees may be subject to discrimination in recruitment and selection procedures as a consequence of mental as well as physical health problems,
- people who have experienced mental health problems have gained a specific expertise that is valuable to others who experience similar difficulties,
- for many people who have experienced mental health problems, the only barrier to employment is an unwillingness on the part of employers to consider them because of their psychiatric history, and,
- many people who have experienced mental health problems can successfully gain and sustain employment if they are provided with appropriate help and support.

The Trust's User Employment Programme has been successfully developing ways in which employment can be made available to those people who have experienced mental health problems. In line with these initiatives, and in recognition that personal experience of mental health problems among staff can actively enhance the quality of mental health care provided, the Trust will:

1. Maintain a Supported Employment Programme Team to provide support in employment, where necessary, to recruits who have experienced mental health difficulties, and take a lead in minimising employment discrimination against people who have experienced such problems throughout the Trust.

2. Identify 'personal experience of mental health problems' (in addition to the other qualifications and experience necessary for the post) as a **desirable** part of the selection criteria for all clinical posts within the Trust (unless specific exemptions are agreed by the Chief Executive or his appointed deputy). Where it is considered that the employment of someone who has experienced mental health problems might be facilitated by the provision of additional employment support, this will be provided by the User Employment Programme Team.
3. Actively seek to increase the skill mix of the workforce to include the expertise of personal experience of mental health difficulties by identifying a number of positions where specific accommodations can be made to provide additional support (in the recruitment and retention process) to allow people who have more marked disabilities resulting from their mental health problems to gain and sustain employment. For these supported posts, experience of mental health problems will be an **essential** part of the selection criteria and support will be provided by the User Employment Programme Team.
4. Ensure that for all other posts, the experience of using mental health services will not form a barrier to selection to the post providing that the person is otherwise able to carry out the requirements of the job. The Trust will seek to encourage applications from those people who have had mental health problems to demonstrate its commitment not to discriminate against them.
5. Offer work experience placements, co-ordinated and supported by the User Employment programme, to people who have experienced mental health difficulties to enable them to prepare for open employment within and outside the Trust.
6. Establish a system to monitor success in recruitment of people who have experienced mental health problems and work towards a position where the Trust's workforce reflects the proportion of the general population who have experienced such difficulties. That is, the Trust should progress towards a target of 25% of its recruits having experienced mental health problems.
7. Recognise that the employment discrimination experienced by many people who have had mental health problems may have discouraged them from seeking employment, the following Equal Opportunities statement appearing on advertisements for posts to read:

The Trust is actively seeking to recruit people currently under represented in the workforce. This includes people from ethnic minorities and people who have experienced mental health problems.

Policy statement for recruiting staff with a history of mental ill-health

The Trust recognises the disadvantages faced by people with mental health problems in gaining employment, and the specific expertise they can bring to working in mental health services. Often their experience as users provides them with insight and coping skills, which are of value to others with similar difficulties.

The Trust is therefore committed to addressing discrimination in employment, in line with the (1995) Disability Discrimination Act, and to improving the quality of its services by recruiting current or ex-service users. What it means in practice is:

❖ For all posts, experience of mental ill-health or other disabilities, will not form a barrier to selection to the post, providing you can demonstrate that you are the best candidate.

❖ The Trust positively encourages applications from people with mental health problems. Providing they have the qualities required for the job, such experience is regarded as a positive asset in many

posts. It is identified as desirable or essential for all posts involving direct contact with patients. Assistance is available from the User Employment Programme to help you present your skills and experience effectively when applying for work in the Trust.

❖ People with disabilities (including mental ill-health) who are appointed to posts in the Trust will receive support, if required, to enable them to work effectively. For people with mental health problems, this is available from the Trust's User Employment Programme, and is tailored to the employee's individual needs. It always involves regular contact with a member of the team. To conform with the 1995 Disability Discrimination Act, the Trust will also explore what reasonable adjustments can be made to accommodate a person's disability. For instance, this may include adjusting the number and pattern of working hours to allow for the effects of medication.

Details of the post(s) you have applied for are enclosed. The User Employment Programme is funded to help anyone with experience of mental ill-health, to explore the possibility of working with the Trust, to help them apply for employment, and to provide ongoing support if you are successful.

Joss Hardisty
Co-ordinator, User Employment Programme
October 2001

APPENDIX 3

Charter for employers

The Charter for Employers who are Positive about Mental Health is one aspect of MINDFUL EMPLOYER.

The Charter is a voluntary agreement which seeks to support employers in working within the spirit of its positive approach. It's not legally enforceable and doesn't negate the need for you to get the right person with the right experience, qualifications and skills for the job. Whether you are a small, medium or large employer, the Charter fully respects there will be many different priorities, policies and practices which influence the way you recruit and retain staff – you are the expert on your business.

There is no cost involved in signing up to the Charter and support, training and assistance will be available from WorkWAYS and other MINDFUL EMPLOYERS to work with you in implementing and reviewing your commitment to it. You can be involved in MINDFUL EMPLOYER without signing up to the Charter but we hope that many will use the Charter as a tangible display of their commitment to improving the working lives of their staff. It's different from Investors in People (IiP), Disability Symbol, Chartermark and similar accreditations. The Charter is about *working towards* the principles of it not the immediate fulfilment of them – signing up is a step along a journey not the end of it.

By signing up to the Charter you will:

- ❖ Show that your company is working towards putting its principles in to practice.
- ❖ Be supported by other Mindful Employers and WorkWAYS.
- ❖ Receive a personalised Charter showing your company name and logo.
- ❖ Be able to display the MINDFUL EMPLOYER logo.

When you sign up to the Charter, you will receive a personalised certificate and be entitled to display the MINDFUL EMPLOYER logo on your literature, letterheads, website, job advertisements and other material your business produces.

The Charter for Employers who are Positive about Mental Health has been drawn from similar Charters being operated by a number of NHS Trusts around the UK as well as material from MindOut for Mental Health, the Department of Health anti-stigma campaign (2001), and material from Devon Partnership NHS Trust.

The Charter – which is shown on the next page – has been compiled in conjunction with employers supporting the MINDFUL EMPLOYER initiative. A full list of Charter signatories is shown on the website (www.mindfulemployer.net).

Charter for Employers who are Positive about Mental Health

As an employer we recognise that:

- ❖ People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- ❖ Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- ❖ Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

As an employer we aim to:

- ❖ Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- ❖ Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.
- ❖ Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- ❖ Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- ❖ Provide non-judgemental and proactive support to individual staff who experience mental health issues.
- ❖ Ensure all line managers have information and training about managing mental health in the workplace.

APPENDIX 4

Job description: employment specialist

South West London and St George's Mental Health NHS Trust

Job Title: Employment Specialist

Accountable to: Vocational Services Manager

Responsible to: User Employment Co-ordinator

Grade: Band 5

Base: Springfield

Liaises with: User Employment Steering Group; staff in all clinical teams and departments within the Trust; Human Resources department; Vocational Services staff; Occupational Health; service managers and heads of professions; Welfare Rights department; local work and employment agencies; other User Employment Projects in the country.

Job summary

The employment specialist promotes the employment of people with experience of mental health problems as paid staff in local mental health services.

Key result areas

1. To manage a caseload of people who have experienced mental health problems that wish to return to work or are currently employed as Trust staff.
2. To prepare individuals for employment through assessing each person's individual employment needs through vocational profiling and where necessary through work preparation and work experience.
3. To provide individualised, time unlimited ongoing support to individuals once they have secured employment to assist them in sustaining employment.
4. To proactively engage and work with managers in the Trust to open up and secure employment opportunities for people who have experienced mental health problems.
5. To provide education and support to managers, as agreed with the individual, which may include negotiating adjustments and ongoing contact with the employer to ensure job retention.

6. To provide outreach services as necessary to individuals when they appear to disengage from the service. Maintain some contact with individuals even without a vocational focus if necessary to sustain engagement.
7. To assess individuals support needs related to work which might typically include help with benefits, travel to work etc.
8. Develop good working relationships with other organisations that are better able to help individuals to achieve their employment goals, for example local colleges and training providers.
9. To work flexibly as required by the individual and the employer which may require some working out of normal office hours.
10. Maintain a professional relationship with the clients of the programme and with other staff, with particular attention to confidentiality and the maintenance of boundaries.
11. Engage in supervision, training, and personal development activities consistent with the requirements of the post and individual career goals.
12. Support administrative systems which record the progress of individuals, and keep accurate and complete records of casework with them.
13. This is not an exhaustive list of duties and responsibilities, and the postholder may be required to undertake other duties which fall within the grade of the job, in discussion with the manager.
14. This job description will be reviewed regularly in the light of changing service requirements and any such changes will be discussed with the post holder.
15. The post holder is expected to comply with all relevant Trust policies, procedures and guidelines, including those relating to Equal Opportunities, Health and Safety and Confidentiality of Information.
16. South West London and St George's Mental Health NHS Trust operates a no smoking policy.

Person specification

	Essential	Desirable	How Tested
Training and Qualifications	❖ Educated to Degree level or equivalent experience in Industry.		Application form, Interview, References
Experience	❖ Minimum of 1 year's experience of working with people who have experienced mental health problems within health, social services or the voluntary sector. ❖ An understanding of the employment needs and difficulties of people who experience mental health problems. ❖ Of helping people to obtain or keep work.	❖ Experience and knowledge of the benefits agency and all disability/employment related benefits. ❖ Personal experience of mental health problems.	Application form, Interview, References
Knowledge and Skills	❖ Good interpersonal skills ❖ Good facilitation skills ❖ Good presentation skills ❖ Good marketing skills ❖ Good negotiation skills and persuasive style ❖ Basic counselling skills ❖ An ability to initiate and develop relationships with Managers whilst being astute to their needs.	❖ Word-processing/ computing skills. ❖ Report writing skills. ❖ Solution focused therapy skills. ❖ An understanding of the principles and practice of supported employment. ❖ Disability Discrimination Act.	Application form, Interview, References

Continued overleaf

Person specification continued

	Essential	Desirable	How Tested
Knowledge and Skills contd.	❖ An ability to work independently, reliably and consistently. ❖ Vocational assessment and profiling. ❖ Working knowledge of a broad range of occupations and jobs.	❖ Disability and special needs issues in relation to employment/education.	Application form, Interview, References
Other	❖ Ability to see solutions rather than problems. ❖ A preparedness to work flexible hours through prior arrangement as the needs of the job dictate (e.g. some evenings).	❖ Personal experience of mental health problems. ❖ A clean driving licence and a car.	Application form, Interview, References

APPENDIX 5

Job description: vocational services manager

South Essex Partnership Trust

Job Title: Vocational Services Manager

Service unit

The South Essex Partnership Trust is responsible for the provision of mental health services to the population of South Essex, Thurrock and Southend. The Trust and its commissioning partners intend to establish a Vocational Unit with responsibility for developing services which enable adult service users throughout the Trust to access work, employment and education/training opportunities.

The Vocational Unit will be managed within the Community Services Directorate but will provide services to adults of working age in the care of other Directorates (especially the Forensic and Addictions services).

Accountability

- ❖ Managerially accountable to the Director, Community Services.
- ❖ Professionally accountable to Director, Community Services and the South Essex Employment Strategy Implementation Group.
- ❖ Liaises with
  - Service users and service user groups
  - All Trust Directorates, including Human Resources
  - Health & social services across the Trust area
  - Director of OT
  - Local and national employers
  - Local education facilities
  - Supported employment agencies
  - Local & Regional Employment Service
  - Learning & Skills Councils
  - Department for Work & Pensions
  - Voluntary Sector organisations.

Job summary

The post-holder will be responsible for:

- ❖ The development and management of vocational and welfare rights services for adults of working age throughout the Trust, including the development and review of the South Essex Employment Strategy and national policy initiatives.
- ❖ To work with the Trust and its commissioning partners to secure the resources necessary to develop vocational and welfare rights services, particularly by supporting commissioners to review and if appropriate redesign existing 'day service' provision.
- ❖ To ensure the quality of vocational services and provide monitoring/audit information about these services.
- ❖ To promote mental health and employment/education issues within the Trust and other organisations in the local area.
- ❖ To create partnerships with other local and national organisations to improve and develop new vocational opportunities for adults of working age who experience mental health problems.
- ❖ To contribute to research and development in the field of mental health and employment at a local and national level.

Duties and responsibilities

1. To be responsible for the effective development and delivery of vocational services within available resources and in line with available research evidence and good practice. This will include making the best and most imaginative use of both staffing and budgetary resources and establishing income generation opportunities.
2. To be responsible for the recruitment and management of a team of Vocational Support Workers and ensuring effective systems of supervision, appraisal and continuing professional development.
3. To develop and maintain effective working relationships within the Trust and with statutory and non-statutory partnership agencies to facilitate access to employment.
4. To ensure that all vocational services are responsive to the needs and wishes of service users. This involves developing and maintaining links with user groups and involving service users in planning, managing and delivering vocational services.
5. To ensure that vocational services are fully integrated with the work of clinical teams.
6. To work with all services in the Trust to raise awareness and promote vocational issues.
7. To take a lead in working with employers, education/training providers, employment services and independent sector organisations to increase access to employment/education for people who experience mental health problems.
8. To contribute to research, policy and service development in mental health and employment at a local, national and international level.
9. To develop key relationships with Economic Development and Regeneration Agencies, Learning & Skills Council, Regional and National Development Agencies, Department for Work & Pensions, to increase vocational resources available to people with mental health problems.

10. To develop and maintain effective monitoring/audit systems for vocational services.

11. To identify and pursue potential sources of funding.

12. To develop new and innovative projects and services.

Note: This job description is not intended to be an exhaustive document but is an outline of the current position and may be subject to alteration in the light of experience and future changes/developments in consultation with the postholder.

APPENDIX 6

Summary of a workplace mental health policy

Hampshire Partnership NHS Trust Mental Health at Work: Summary Document

Aims of the policy

The aims of this policy are to:

❖ Positively encourage the employment of people with a history of mental health problems

❖ Provide assistance for all staff experiencing mental health problems

❖ Promote mental health and wellbeing for all staff in the workplace

❖ Tackle workplace factors that may negatively affect mental health.

The policy applies to all staff including those working in the Trust in a voluntary capacity and those who are employed with a Social Services contract.

Managers' key responsibilities

Appointment and induction

Managers should ensure that all staff appointed are provided with the resources required to carry out their job i.e.:

❖ Provide a comprehensive induction programme.

❖ Allow staff to have influence over how they do their job, providing scope to vary conditions of service and give opportunities for development.

❖ Provide clearly defined objectives and give good management support (as defined in the Trust's top ten requirements of managers), appropriate training and adequate resources.

❖ Maintain good two way communication to ensure staff involvement.

❖ Managers are responsible for monitoring the workplace, identifying hazards and risks and taking steps to eliminate/reduce these risks as far as is reasonably practicable.

Supporting staff affected by mental health problems

Managers have a responsibility to assist and support employees who are known to have mental health problems, with the help of the occupational health department and the human resources department as appropriate. The contribution of working conditions or other organisational factors will be investigated and where possible remedied.

Sickness absence will be managed through the Trust's Managing Attendance policy. In the case of long term absence, graduated return to work arrangements will be put in place where possible. Managers should be aware of their responsibility in relation to the Trust's obligations under the Disability Discrimination Act and making reasonable adjustments to allow an early return to work.

All matters relating to individual employees and their mental health problems will be treated in the strictest confidence and will be shared on a 'need to know' basis only with consent from the individual concerned.

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