

# Mental Health The Last Workplace Taboo

Independent Research into  
What British Business Thinks

June 2006



Commissioned by Shaw Trust



Conducted and written  
by Future Foundation

# Time To Tackle The Last Workplace Taboo!



Holding down a job, with all the joys and frustrations that it brings, is for most of us, a defining part of who we are. Few of us would willingly give it up.

Yet many people across the UK are forced to give up their job each day and many more struggle

against prejudice, stereotyping and discrimination to be given the chance of a job.

According to MIND, one in four of us will experience some form of mental ill-health during our lives. With the support of our partners, Shaw Trust commissioned the Future Foundation to carry out research with senior executives in a cross section of 550 British businesses, to get a clear understanding of how British Business perceives mental health in the workplace. We were also keen to find out what employers feel they need in order to be able to support and retain valued employees and recruit new ones.

Having a job means moving from a place of exclusion to inclusion, from poverty of choice and lack of control to independence and stability. Exclusion from the labour force, media and society means that people with mental ill-health struggle daily to have a sense of identity, dignity and independence, contributing to a downward cycle of poverty and further mental ill-health. With support and the removal of discriminatory barriers, people with mental ill-health can make a valuable contribution to society and have the same right as everyone else to do so.

In the 21st Century, it's time to tackle this last workplace taboo.

This research is the first step on that journey. We at Shaw Trust applaud and thank our partners for supporting this research and leading the way forward. I urge all employers across the UK to put this issue on your organisation agenda, and join us in the next step of this journey.

**Tim Cooper, Managing Director, Shaw Trust.**



As a Patron of Shaw Trust and someone with a business background, I am really pleased to be involved in this very important campaign, because a failure to manage mental health in the workplace costs.

It costs in terms of the impact it has on individuals' lives and it costs in terms of the effectiveness and profitability of British Business.

The implications in this research are alarming and if not tackled will only grow.

A quarter of your staff are likely to be dealing with a mental health issue at some point in their life, and the conservative estimate is that not effectively managing mental health in the workplace is costing British Business £9 billion.

The question all Chief Executives need to be asking is 'what impact is this having on my business?'

The answer is, it is costing you money in terms of repeated recruitment and training costs, by not supporting and retaining valuable staff, costing you your competitive edge if others are managing this issue better than you, and you are losing employees who are the future leaders of your organisation and costing you in terms of lost productivity due to the impact and strain it puts on colleagues of the person who is not being supported. Costing you customers, if you are not engaging, communicating and reflecting the diversity of your customers, (one in four of them will be dealing with a mental health issue also!). Finally it is costing you in terms of employee loyalty by not being perceived as an organisation that values and cares about its workforce, and missing out on the cream of the graduate crop, who value an organisation that cares, as highly as they value other important benefits of a job!

In short by not effectively managing mental health in your workplace you are not maximising your growth and productivity or retaining your competitive edge. Can you really afford to ignore this issue?

So, what should you do?

The first step is to read this report, then visit [www.shaw-trust.org.uk/mentalhealth](http://www.shaw-trust.org.uk/mentalhealth) for more information and support.

Do this today to build a stronger business for the future.

**Oliver Stocken, Deputy Chairman of 3i plc, Non-Executive Director of GUS plc, Non-Executive Director of Rutland Trust plc, Non-Executive Director of Standard Chartered plc, Non-Executive Director of Stanhope plc, Patron of Shaw Trust.**

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# 1.0 Summary

## 1.1.1 Introduction

We must recognise that in the context of general attitudes, for most, mental health still remains a large question mark. In general, people (80%) feel that anyone can suffer from mental ill-health. In reality, however, when faced with differing types of mental ill-health, most of us are inexperienced and unprepared in knowing what to do. Stigma is certainly still widespread, despite a softening of attitudes over time toward those with mental ill-health conditions, and ostensibly this sense of stigma can be yet more severe in the workplace where co-workers must pick up the 'slack', and where we are not as open to discuss our problems, feelings or concerns as we might be in personal situations.

Under this backdrop, what do employers know about mental health in their own workplace? Are they equipped to help manage it, for the employees and for themselves? What sorts of policies are in place, and how do they rate them?

## 1.1.2 The cost of understanding

ONS/Mind figures suggest that one in four of us have a mental health problem in a given year, yet in response to our survey, most (70%) employers estimated that 5% or fewer of their employees would have mental ill-health in their entire lifetime. Only one out of six were able to pinpoint the range of its impact.

If we look at full-time employees, and accept the CBI's estimate that 36% of absences are caused by stress, anxiety and depression, which accounts for approximately 80 million working days for the total workforce – and amounts to £9 billion in salary – by all accounts a conservative estimate, as it excludes any other costs associated with the lost time.

Mental health – it is a broad term that encompasses a range of conditions that may be severe and enduring, but experienced only by a few, or more commonplace, less severe illness, such as stress or depression. Paying tribute to the awareness raising campaigns of the past, when asked what they thought of when considering 'mental health in the workplace', significant numbers of employers could name stress and depression. However, one in three could not even make a guess as to what they might mean when they say mental health in the workplace.

## 1.1.3 What works, what doesn't

Policies in place to help managers deal with mental health in the workplace are key to giving structure and understanding. In our survey of senior managers, we asked whether or not a formal policy is in place – and just 1 in 5 agreed – 80% did not have a policy. Only 16% of those who have a policy feel that it is well understood within their organisation, and 14% claim that it is effective.

This means that in total, only 3% of senior managers a) are aware they have a policy, and b) feel it is effective in doing what it is intended to do.

In terms of understanding within their own organisations, most (70%) senior managers suggest that the managers within their own organisation have a strong understanding of mental health issues. While not directly comparable, however, a nearly equal percentage feel they themselves do not know enough about the law regarding mental ill-health, which could clearly be a point to start understanding processes and what is needed.

In fact, experts point to line managers as the weak link, and the experiences of the individuals interviewed for this report suggest that personal experience of mental ill-health (either directly or managing someone) was key to managing it well or successfully. This experience appears hard to come by – only one in ten senior managers claim that anyone within their organisations currently has a mental health problem.

#### 1.1.4 Practices in prevention, management and disclosure

Therefore turning outside the organisation, or to internal supports if they exist, would hopefully be an option for most. However, when provided with a list of support mechanisms, ranging from an internal HR department to outsourced employee assistance programmes to help from the NHS, more than 60% said they use ‘none of these’.

Looking at stress management or prevention, one third claim to use nothing to measure stress, even given options such as ‘informal reviews meetings on an ad hoc basis’, demonstrating mental health is not on the radar for one out of three managers.

Most employers (8 in 10) agreed that people should be open about their history with mental ill-health. However, despite general more positive attitudes, a still-significant portion agreed with the statement that ‘those who have been off work with mental illness for more than a few weeks are unlikely ever to fully recover’. If you do choose to disclose your background of mental ill-health, this suggests that

you could be discounted by one out of five managers. What’s more, nearly half of senior managers feel that employing people with mental ill-health in public facing roles is a significant risk – despite being prompted that the mental ill health conditions under discussion are the more mild or prevalent conditions, such as anxiety or depression.

#### 1.1.5 A cry for help?

We can argue that, when asked about their own practices, employers might be a bit more positive in their responses than the reality of the situation. What this also reflects, and experts confirm, is that there is a general desire to ‘do the right thing’ by employees, but managers are simply not always equipped to do so. To gauge more general opinions, we asked how senior managers felt about British industry in general, and here, attitudes are less upbeat: 8 out of 10 feel that British industry needs more support in dealing with mental ill-health in the workplace, and a similar proportion feel that a great deal of talent is excluded from organisations as a result of this lack of support. All of the areas we explored highlight stark contradictions – in the desire to disclose mental health histories as compared with discrimination employees might deal with as a result, in the claims to strong understanding combined with the clear lack of awareness, and in the willingness to try to deal with mental ill-health combined with the utter lack of understanding of the resources available. These contradictions are a clear cry for help – for more support, structure, and education as to how best to tackle mental health in the workplace.

## 2.0 Introduction

### 2.1 Background and objectives

In January 2006, Shaw Trust commissioned the Future Foundation to begin a project to launch a new mental health campaign. The twin objectives are firstly an awareness-raising campaign with employers, and secondly engaging with employers to introduce new ways of managing mental health in the workplace. The corporate partners along with Shaw Trust have set themselves the goal of taking a lead in facilitating a debate around what may be the last major workplace taboo – mental ill-health.

The truth is that mental health as a concept and as an ‘issue’ is so diverse and multi-faceted – as are today’s employers – that it is impossible to make effective recommendations, much less effective policies, without taking these differences into account. However, what this report sets out to do is give an overview of awareness levels from several sides, employer, employee, and the general public, acknowledging and drawing on the already large body of work generated on individual aspects of it; our primary focus however is the employer perspective – one which has not been considered hitherto in the same depth as other stakeholders’ views.

### 2.2 Methodology

In order to comprehensively address the objectives of this project, the Future Foundation undertook a combination of desk research, expert interviews, and original qualitative and quantitative research.

#### 2.2.1 Desk research

In the first stage of this project we drew on existing knowledge and information and conducted analyses of published sources in order to understand what was known about both the general public’s and

employers’ attitudes towards mental health in the workplace in Britain. Desk research sources included the British Household Panel Survey, the Future Foundation’s own proprietary research, academic and government sources, including the Royal College of Psychiatrists, the CBI, the Labour Force Survey, and See Appendix B for a full listing of sources consulted.

#### 2.2.2 Expert interviews

We conducted 12 in-depth expert interviews of a broad range of representatives from organisations active in employer relations, leaders in organisations who are dedicated to the study and promotion of mental health awareness, and representatives from Shaw Trust corporate partners – some of the largest organisations in the UK. We interviewed academics, administrators, HR directors from large organisations, and government department representatives. Interviewing took place from February-April 2006.

#### 2.2.3 Qualitative groups

As no project examining mental health in the workplace would be complete without consulting those who are in or are looking for work who may have had mental ill-health past or present, we explored the experiences and perceptions of this client group including: job histories, ideal workplaces, employment search experiences, attitudes to workplace environment and disclosure in the recruitment process.

Qualitative research is the most appropriate means to explore this sensitive subject matter. We interviewed 16 Health and Social Care clients (in 4 mini-groups containing 3-5 individuals each) with the facilitation of Shaw Trust. Conducting the research in such a manner permitted individuals to feel comfortable

discussing their experiences and perspectives.

The groups took place in March 2006.

#### **2.2.4 Quantitative survey**

The final stage of the project involved original survey research among employers in Britain to understand their perspectives, experiences of and recommendations towards mental health in the 21st century workplace. Research fieldwork was subcontracted to Continental research, who conducted the research between 20th March and 12th April 2006. The quantitative phase consisted of telephone interviews with 500 CEOs/MDs/Finance Directors, as well as a booster sample of 50 senior HR professionals. Sole traders are excluded from the small business survey; it was required that the organisation have at least one additional employee.

The sample was as follows:

- 300 interviews with small businesses (£50k-£1m turnover).
- 200 interviews with medium/large businesses (£1m+turnover).

# 3.0 Obstacles to understanding – looking at mental health in society at large

In order to contextualise the research conducted for this report, we first examine general attitudes toward mental ill-health (on the part of the general public, not just employers), as well as trends which have contributed to bringing mental health to top of mind to a certain extent, whether through the media, through personal experience, or through some other means.

## 3.1 Mental health becomes a part of the mainstream discussion

It is often difficult for the average person to have a clear understanding of mental health and what it means. As opposed to physical disabilities, where there is often more clarity in understanding what the condition is, and how the person needs help or how

they are suffering. In the case of mental ill-health, however, a lack of clarity in terms of what mental health means, what mental health may entail, and how a person can address it have put up significant obstacles.

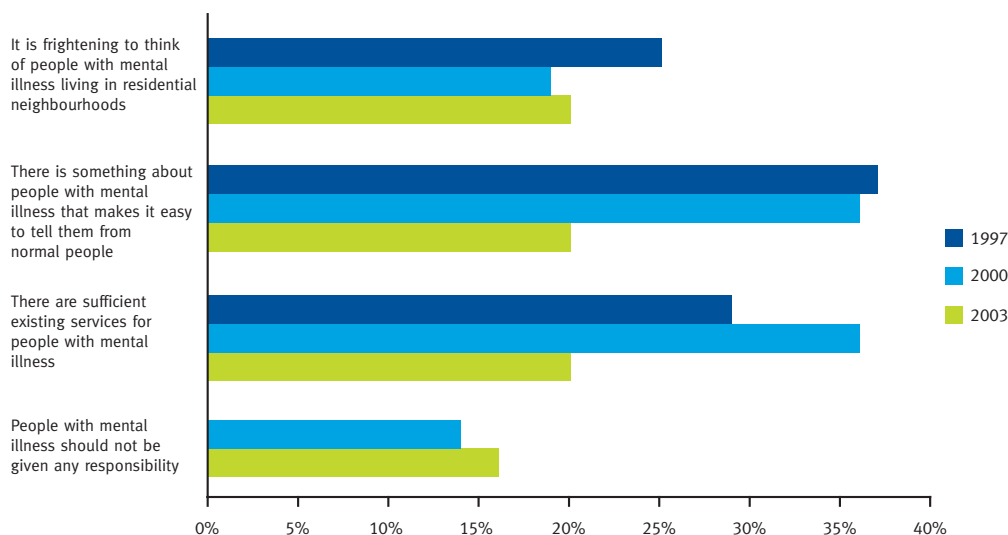
### 3.1.1 General attitudes toward mental ill-health

There is a multitude of studies on the general negative perceptions in the public against certain types of conditions considered mental ill-health. Since March 1993, the Department of Health has placed a set of questions on the RSGB Omnibus, and as of 1997, are run every third year.<sup>1</sup>

Chart 1

### Restrictive Attitudes Towards Mental Illness

Proportion of people who agree with the following statements about mental illness  
“To what extent do you agree or disagree with the statement...?”



Source: Dept of Health/RSGB/Future Foundation  
Base: 2,000 adults, 2003, GB

<sup>1</sup> Department of Health/RSGB Omnibus, (2000, 2003), ‘Attitudes to Mental Illness’ (summary report 2000). London: Department of Health.

- Trend data collected by the RSGB and the Department of Health suggest that general views had become somewhat less negative over time.
- This does not mean that attitudes are generally positive, however, or that many would admit to having much experience with mental ill-health themselves.
- Department of Health data (not tabulated) also shows general public agreement that ‘virtually

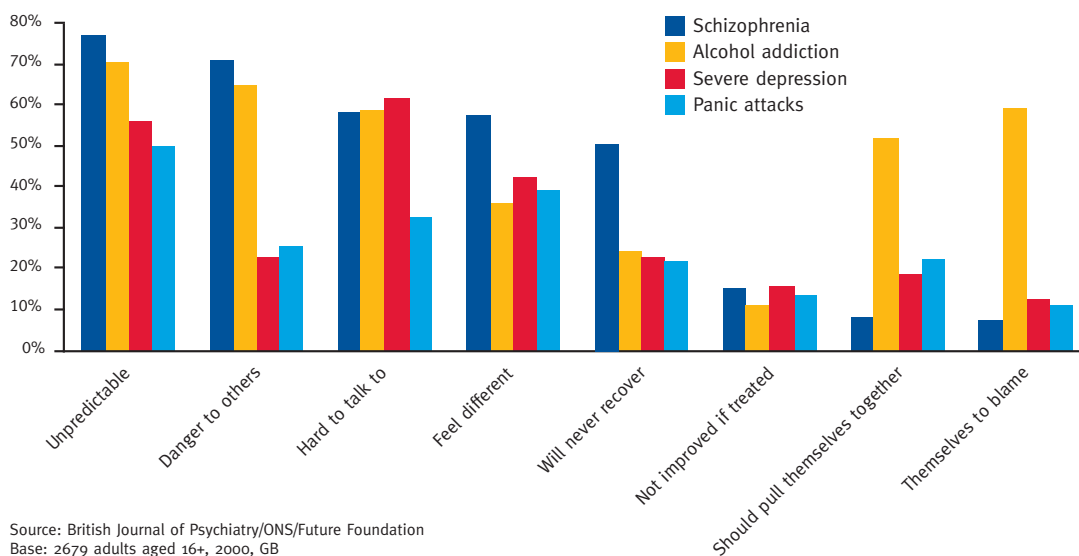
anyone can become mentally ill’ (more than 8 out of 10), and roughly 80% agree that ‘we need to adopt a far more tolerant attitude toward people with mental illness in our society’.

The Royal College of Psychiatrists’ Changing Minds Campaign investigates general attitudes as well, and its data suggests that in 2003, 77% of respondents knew someone with mental ill health (including depression, alcohol/drug dependency, panic attacks, dementia, eating disorders or schizophrenia).<sup>2</sup>

## Chart 2

### Attitudes Towards Mental Illness

Proportion of people who agree with the following statements about people who suffer from severe depression/panic attacks and schizophrenia.



<sup>2</sup> Crisp AH et al., (2000) ‘Stigmatisation of people with mental illness’. Office for National Statistics survey for the Changing Minds Campaign. London: Royal College of Psychiatrists.

- Fear is apparent here; the majority feel that those with schizophrenia, alcohol addition or severe depression are ‘unpredictable’ and in some cases ‘a danger to others’. Perhaps these feelings of fear are not felt as strongly in the case of depression or panic attacks, but worryingly, a majority (roughly two-thirds) consider people with depression difficult to talk to.
- A difficulty here too is the understanding and awareness of different types of mental illness. The more commonplace conditions such as anxiety and depression are the focus for the majority of awareness raising campaigns. The larger awareness-raising campaigns may have made progress in terms of general acceptance of these types of mental ill-health, but they may also undermine efforts to create a stronger understanding of more severe or enduring types of mental ill-health.<sup>3</sup>

### 3.1.2 Cultural change

It is arguable that today’s culture is moving toward a greater acceptability in talking about feelings, going to therapy, and potentially admitting certain types of mental weakness. However, it is clear that the British stiff upper lip comes into play, and must be addressed at a fundamental cultural level in order to make true progress. As one of the expert interviews suggested:

***“...it is a cultural thing – it almost certainly requires education at a very young age – school children are subjected to reinforcing stereotypes at a very early stage in life in general – this area is certainly no exception.”***

- Of concern are some results from the above mentioned Changing Minds Campaign – this revolves around the relative ignorance of those in the youngest age group surveyed, namely those 16-19, who had the most negative attitudes toward mental health. While in part this suggests that practical experience is key to understanding, it also suggests that we can not make clear conclusions about generational change and awareness.

## 3.2 The individual’s perspective

Although the focus of the project was to determine employer perspectives, it is important to understand the individual’s experience with mental ill-health, with stress, and with their work environment.

### 3.2.1 Greater awareness on an individual level – reporting stress, anxiety and depression

While more severe or acute types of mental ill-health are relatively less common, affinity for the terms ‘stress’ or ‘depression’ is becoming part of everyday life for many of us. To support this, we look at self-reporting of anxiety or depression over an 11-year period.

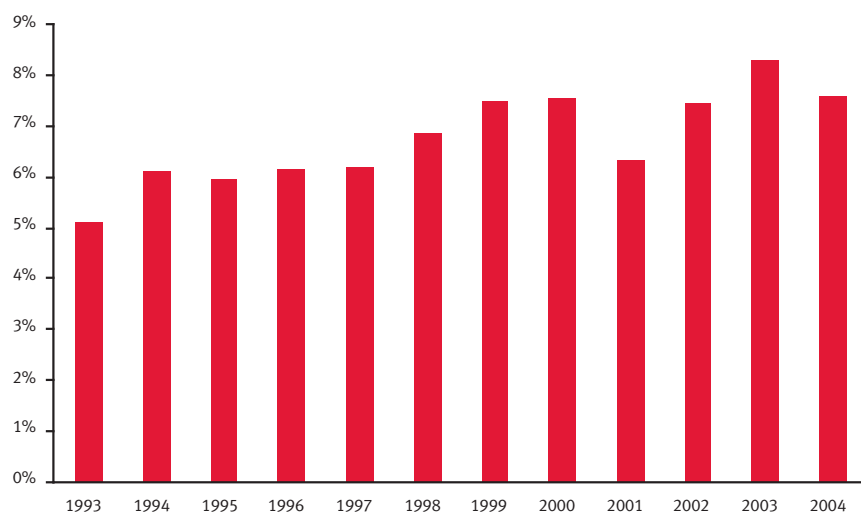
- The data here is part of the BHPS longitudinal study, and while self-reporting is still relatively low (approximately 8%), it has increased steadily since the early 90’s.
- The same study shows an increase in comparison to other types of illnesses – the percentage of sufferers from anxiety, depression or ‘bad nerves’ is on par with those who suffer frequent headaches (hovering at approximately 8%).

<sup>3</sup> Rankin J (2004), ‘Developments and Trends in Mental Health Policy’. London: Institute for Public Policy Research.

### Chart 3

#### Trend in self-reported anxiety or depression

Proportion mentioning problems with anxiety or depression  
 “Do you have any of the health problems or disabilities listed?  
 Anxiety, depression or bad nerves”



Source: British Household Panel Study/nVision  
 Base: 10,000 aged 16+, Britain

One key indicator that stress has entered today’s dialogue is that employees are reporting significant levels of stress in the workplace. This is not to say that our work is becoming more stressful – but simply that these terms and awareness of these conditions are becoming part of general consciousness.<sup>4</sup>

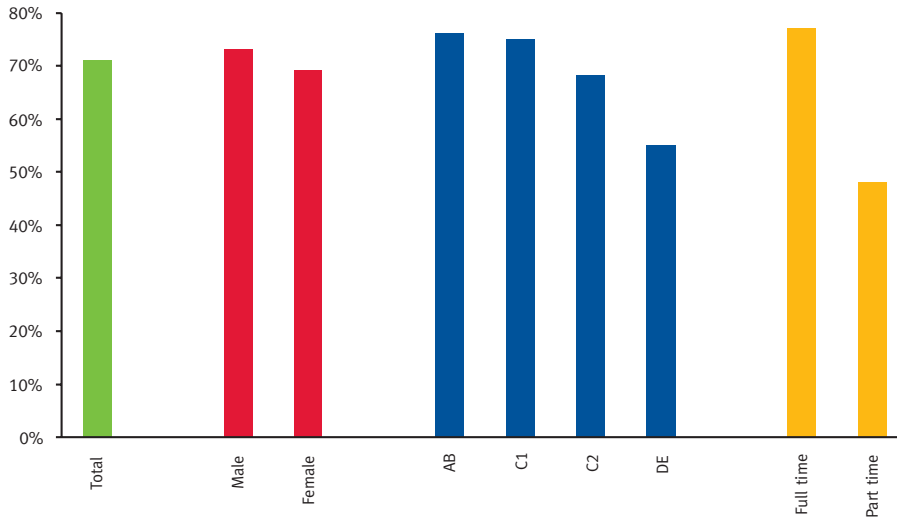
- This survey demonstrates how the workplace is tied in with the average person’s stress levels; approximately 70% of respondents claim their job is at least fairly, if not very, stressful.

What this work makes clear is that attitudes in general toward mental ill health have changed somewhat, and are certainly more liberal than in past generations. This does not mean, however, that it is understood to any real extent. The following chapters will change perspective to look at employer attitudes, policies, and preventative measures as they strive to understand or adjust to accommodating mental ill-health in the workplace.

<sup>4</sup> For example, despite the oft-held belief that working hours are increasing, analysis of the Institute for Social and Economic Research (ISER) time-use datasheets demonstrates this is not the case.

**Chart 4****Stress at work**

Proportion of people who find their job very/fairly stressful, by gender, social grade, region and working status



Source: BACP/The Future Foundation  
Base: 1,008 adults aged 18+, 2004, UK

**Summary**

- Mental ill-health still carries strong stigma, with for example, 62% feeling those with depression are difficult to talk to and more than half suggesting that various types of mental ill-health makes a person 'unpredictable'.
- Despite this very real societal barrier to properly addressing mental ill-health in the workplace, research demonstrates at least a slight lessening of negative attitudes on the part of the general public.
- Yet more positively, many of us are now willing to self-report that we suffer from the types of mental ill-health most likely to be experienced. With few exceptions, this level has risen year on year since the early 90's.
- Even this level of awareness brings mental health into today's dialogue and shows that there is stronger understanding – but also shows that there is still a significant distance to go.

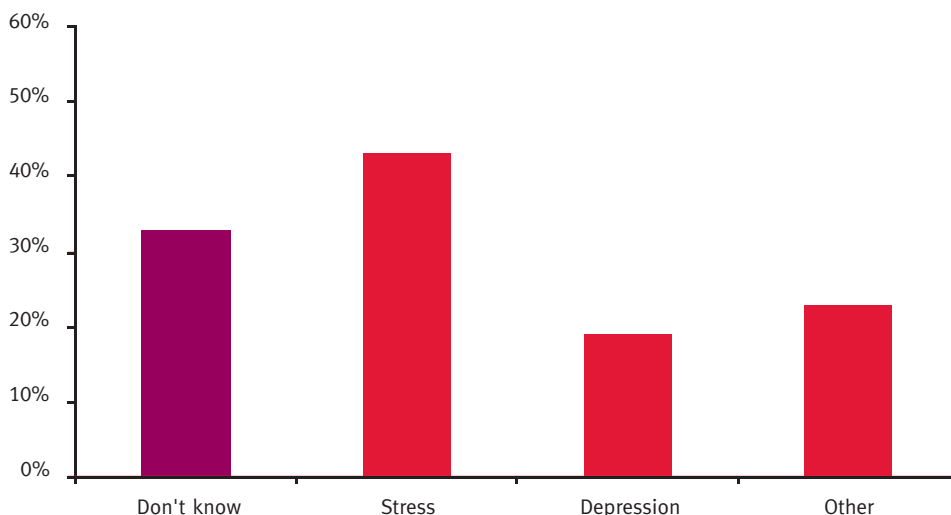
## 4.0 How we define mental health

In addition to their ongoing practical work in this field, several organisations have completed detailed documents in an attempt to bring awareness of the extent and scale of the impact of mental ill-health on society and the workplace. Mind, the Mental Health Foundation, Sainsbury Centre for Mental Health, the Citizen's Advice Bureau, and the Social Exclusion Unit have all published documents and evidence to raise awareness, but it is unclear whether many organisations have truly taken the evidence on board. As the IPPR notes, the NHS has made significant efforts but despite public announcements, which have indicated that mental health is one of the top three priorities for government action and spending in healthcare, there is widespread agreement that these efforts have not met the statements or intentions, which far exceed the actual achievements.<sup>5</sup>

Chart 5

### A lack of definition for mental health

“What specific disorders do you think of when you hear the term ‘mental ill-health in the workplace?’”



Source: The Future Foundation, 2006  
Base: 550 enterprises

### 4.1 Understanding the term

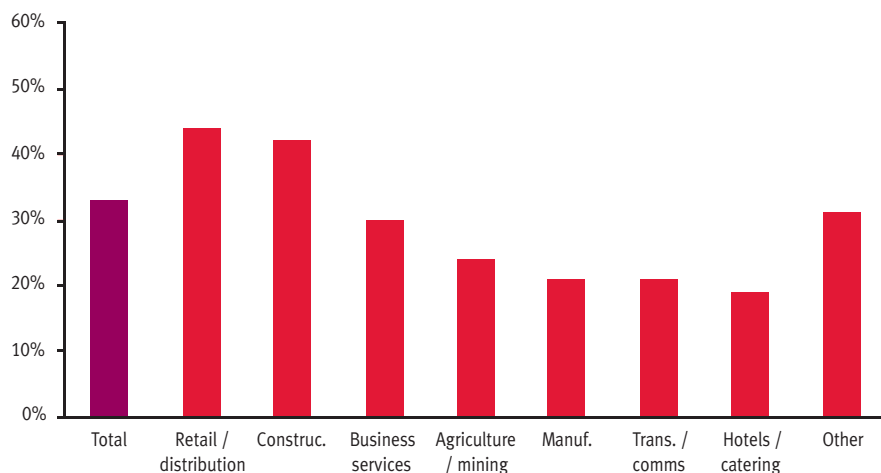
- This question was unprompted, and so when asked to define what they think of when they hear the term ‘mental health in the workplace’, organisations were, on the whole, only likely to suggest stress and depression. Awareness of these types of mental ill-health by organisations indicates that there has been a certain level of success by the media and other organisations in highlighting impact of these more commonly experienced conditions. However, it also demonstrates very little awareness of any other type of mental ill-health.
- Of course, those expected to understand this better would be HR directors, and only 8% of that group suggested that they ‘don’t know’. That group was much more likely to list a range of conditions that could be considered mental ill-health.

<sup>5</sup> Rankin J (2004), ‘Developments and Trends in Mental Health Policy’. London: Institute for Public Policy Research.

Chart 6<sup>6</sup>

### A lack of definition for mental health, by business sector

“What specific disorders do you think of when you hear the term ‘mental ill-health in the workplace?’”  
Those who responded ‘don’t know’.



Source: The Future Foundation, 2006  
Base: 550 enterprises

#### 4.1.1 Exploring the industries

HSE data suggests that several types of roles, such as business and public service professionals, social workers, teachers, medical professionals, and sales people are most likely to suffer from high levels of stress. To explore this further, Chart 6 presents those who did not hazard a guess at the definition of mental ill-health, by business sector.

- Various types of professional services ranked fairly highly in terms of stress, but these had a lower understanding of what mental health might actually be.

#### 4.2 Quantifying the impact of mental health in the workplace

One significant obstacle is how clearly employers underestimate the impact of mental ill-health on their workforce. There have been several efforts on the part of other organisations to put a figure to it, as discussed below:

##### 4.2.1 An industry perspective

- According to the HSE, 20% of workers suffer from what they themselves would consider ‘very’ or ‘extremely’ stressful work environments.
- In 1999, the Mental Health Foundation published a report, which also highlighted the costs of mental

<sup>6</sup> In this case, ‘Business Services’ includes a range of services, which for the purpose of the survey included advertising agencies, computer programming, equipment rental and other B2B services. To ensure significant responses, they were grouped together for the purposes of this analysis.

ill-health – suggesting that 91 million working days a year are lost.<sup>7</sup> In 2005, the CBI estimates that, based on a working year of 228 days, 3% (6.8 days/year) are lost due to absence, and 36% of absences are caused by stress, anxiety and depression.<sup>8</sup> This is 2.5 days per person per year caused by those mental ill-health problems most commonly experienced – in a labour force with 31.9 million employees, that amounts to approximately 80 million working days.

- Based on the average salary as provided by Labour Force Statistics for full-time workers, this would equate to a stunning £9 billion a year lost to sickness absence caused by stress – solely in terms of paid out salary.
- These calculations are conservative, considering that they do not take into account turnover, lost time on the part of colleagues who must make up slack when these absences take place, or other costs which would derive from the absences. An alternative tactic used by authors at the Johns Hopkins School of Medicine in the U.S. prefer to state the monetary value in terms of the profit that organisations gain if they provide quality mental health care – it equated to a net profit of \$877 (£500) per patient for the employer.

#### 4.2.2 Understanding the scale of mental ill-health in the workplace

How does employers' understanding dovetail with this?

*“Actually many are not aware of bottom line costs – they are not aware of who is out for mental health reasons – they have no idea who is impacted or often about what to do next. They may seriously underestimate the impact of this.”*

Mind has quoted ONS statistics in saying that one in six (15%) people will suffer from some sort of mental ill-health at any one time, and that this could be as many as 3 in 10 would have an experience with mental distress in any one year.<sup>9</sup>

<sup>7</sup> Mental Health Foundation (2004) 'Choosing Mental Health', London.

<sup>8</sup> CBI report 2005 – this figure is likely higher in reality, as CBI methodology is derived from employers' own reporting, which may understate the extent to which absences are attributed to mental ill health reasons.

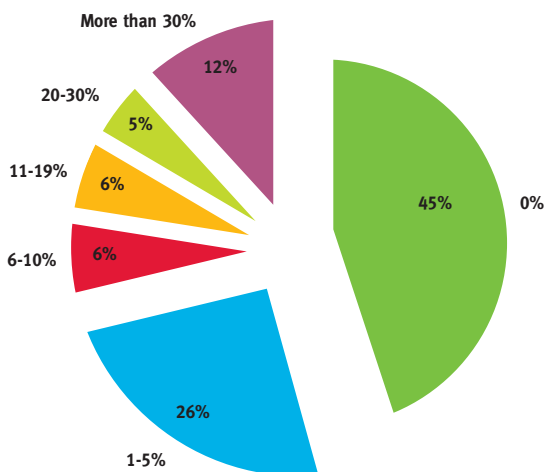
<sup>9</sup> <http://www.mind.org.uk/Information/Factsheets/Statistics/Statistics+1.htm>

Note that employers were asked: “What percentage of employees do you think will have a mental health problem at some point during their working life”, and not just over a period of one year, or at any given time.

- More than 70% of the organisations surveyed indicated 5% or less suffer from a mental health problem at any point in their working life, while nearly half (45%) suggested that none of their employees would.
- 6% were not able to venture a guess.<sup>10</sup>
- Based on the expectation that there would be a higher rate of understanding from HR directors, it was surprising only 18% were able to estimate anywhere near the correct figure. In fact, nearly half

#### Chart 7 Proportion of employees that are believed to have a mental health problem

“What percentage of employees do you think will have a mental health problem at some point during their working life?”



Source: The Future Foundation, 2006  
Base: 480 enterprises

of the HR directors surveyed suggested 5% or less as the correct figure, grossly underestimating the nature of the problem.

#### 4.2.3 How company size makes a difference

Of course, the size of any company is a strong determinant in how it will approach employee issues of any kind, and what sorts of services they might be able to afford. Many small organisations have a more ‘familiar’ feel than the larger types of organisations.

Chart 8 looks at the above question, by those who responded 0%.

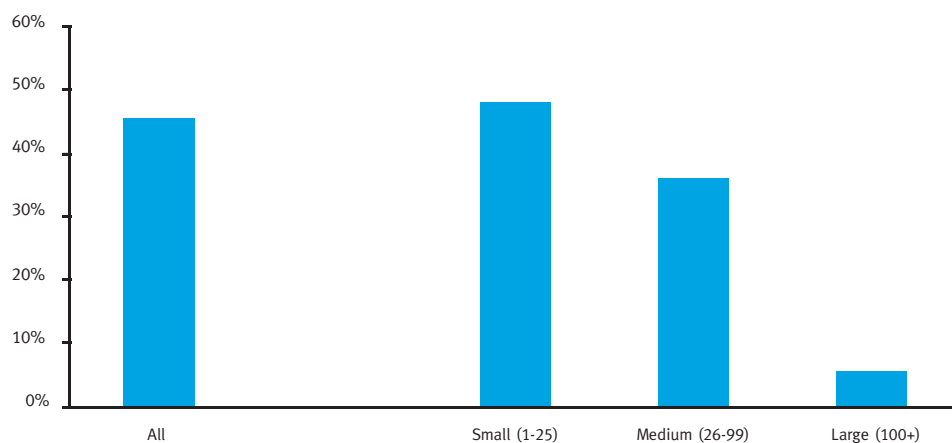
- Approximately 45% of employers feel that absolutely no employees will have a mental ill-

<sup>10</sup>These, who replied ‘don’t know’, are excluded from the above figure.

### Chart 8 Belief that no employees have mental health problems, by size of company

“What percentage of employees do you think will have a mental health problem at some point during their working life?”

Those who responded 0%



Source: The Future Foundation, 2006  
Base: 550 enterprises

health problem – considering that experts suggest this figure could range from one in five to one in four, this is a significant underestimation.

- The responses are considerably higher for organisations with the fewest employees, and in fact dipped below 10% for those in companies with 100 or more employees, who naturally have larger odds of coming into contact with people with various differences.

#### 4.2.4 Business sectors getting it right

Chart 9 looks to investigate how this differs by business sector.

- In an industry that could be considered to have higher levels of stress (but in fact, lower levels of absences), Business Services are most likely to

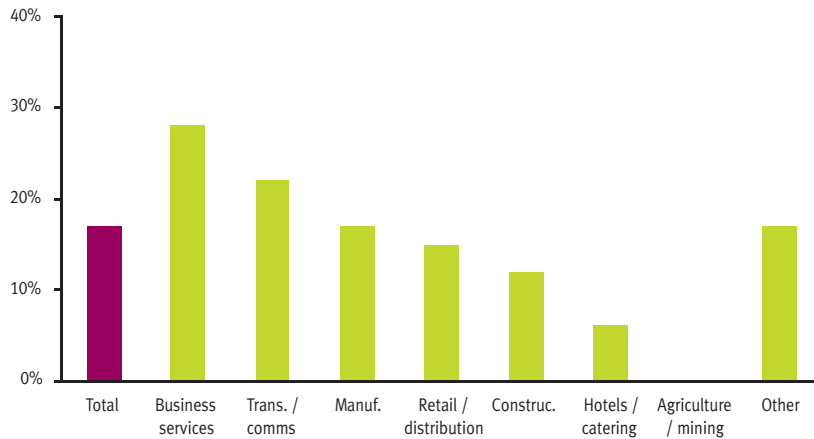
identify the scope of mental ill-health out of all the business sectors, although still, only one firm in three estimated more than 20%.

- Transportation and communication companies also feature relatively highly in terms of understanding.
- In summary, it is clear that there is an amazingly low level of true understanding on the part of senior executives in terms of the detrimental impact mental ill-health may be having on their business. Just one in six employers is able to estimate the magnitude of the impact of mental health to any degree currently. What this does not tell us, however, is if this is an improvement over time. Ongoing employer studies to measure this would be useful in determining how attitudes will continue to change in the face of increasing efforts to raise the issue.

**Chart 9****Business sectors getting it right**

“What percentage of employees do you think will have a mental health problem at some point during their working life?”

Those who responded ‘More than 20%’



Source: The Future Foundation, 2006  
Base: 550 enterprises

**Summary****Defining mental health**

- Mental health as a concept is multi-faceted and diverse, but understanding is evidently low: of the employers surveyed, one third were not even able to make a guess as to the definition of mental health.

**Quantifying its impact**

- Basing the figure only on the average paid salary to full time workers, we estimate that employers pay out £9 billion per year to

days lost to stress and anxiety – which excludes other costs associated with the lost time.

- The industry suggests that one in four of us will suffer from mental ill-health at any one time – 70% of employers suggest that fewer than one in twenty of their employees will do so.
- Only one in six employers is able to estimate the magnitude of the impact of mental health to any accurate degree.

## 5.0 Policies: awareness and understanding

However, when asked if their organisation even had any sort of formal policy that addressed mental health in the workplace, only approximately one in five suggested that they did.

- This only rose to 36% among HR directors.
- This is overwhelming in the face of the relatively high numbers who suffer from some sort of mental ill-health either partially or completely as a result of their workplace, and demonstrates a clear need to raise awareness within organisations.
- Of course, for larger organisations, there are more likely to be policies set in place for all sorts of contingencies, not simply mental ill-health.
- A further avenue for research could be to explore more information on informal procedures that have been effective for smaller organisations.

For example, ‘natural supports’ (referenced in Secker and Membrey’s exploration of less formal arrangements)<sup>11</sup> put forward initially by Nisbet and Hagner were defined as ‘any assistance, relationships or interactions that allow a person to secure or maintain a community job in ways that correspond to the typical work routines and social interactions of other employees’. These less ‘formal’ concepts were explored by Secker and Membrey, and they found that singling out clients for special treatment made many uncomfortable, and types of workplaces which had more general atmospheres of accepting differences, generated a stronger set of support for clients making the transition back into work.

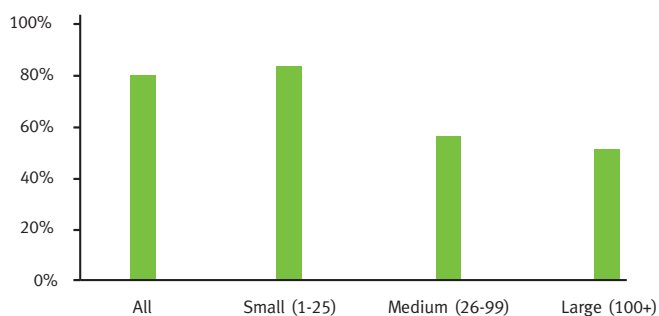
- However, there has not been publicly available significant assessment of the effectiveness of proactive steps taken, so it is difficult then to argue for the effectiveness of preventative measures.

### Chart 10

#### Lack of formal mental health policies, by size of company

“Does your company have a formal policy on stress and mental health in the workplace?”

Those who responded ‘no’



Source: The Future Foundation, 2006  
Base: 550 enterprises

<sup>11</sup> Secker J & Membrey H (2003), ‘Promoting mental health through employment and developing healthy workplaces: the potential of natural supports at work’. Health Education Research, 18(2), 207-215, April 2003. London: Institute for Applied Health and Social Policy.

## 5.1 How are employers doing so far?

### Self-evaluation

Possibly more worrying, when the companies who replied that they did have a formal policy were asked some statements to evaluate its success, the results were relatively low.

- Of the organisations that did confirm they have a formal policy, only a very few (14%) suggested that these were successful or effective policies. Part of this may have to do with the lack of usage (for example, if organisations suggest that they do not have any employees who have mental ill-health, this would also suggest that they do not use their policy).
- The sample here includes only those who suggested that they did have a formal policy.

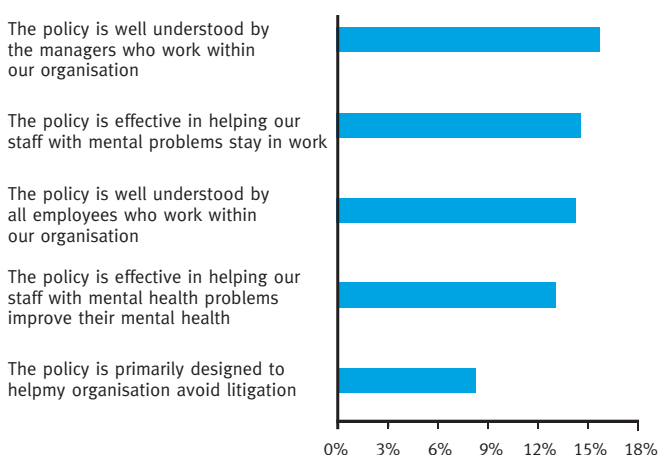
If we included all respondents in the survey, regardless of whether they have a policy, we could extrapolate that only 3% of employers agree that they have an effective policy in helping staff with mental health problems stay in work.

- Although there has been a trend toward action taken against companies for stress-related disability claims, the view of the employers is less cynical; in general they do not agree that the programmes were designed to avoid litigation.
- Along with the relatively negative perceptions of the policies themselves, only 16% of employers feel that the managers within their organisation have a good understanding of the policies.

Chart 11

### Self-evaluation – policy effectiveness

“To what extent would you agree or disagree with the following statements about your organisation’s policy on stress and mental health in the workplace.”



Source: The Future Foundation, 2006  
Base: 194 enterprises that have a formal policy on mental health in the workplace

## 5.2 A contradiction in understanding

Even arguing that companies are, to a certain extent, agreeing with what they think is politically correct, the results suggest that individuals within an organisation may not be taking full responsibility for their own awareness levels.

- Perhaps demonstrating a sense of realism, larger organisations are slightly less likely to feel that their managers have a good understanding of mental health issues.

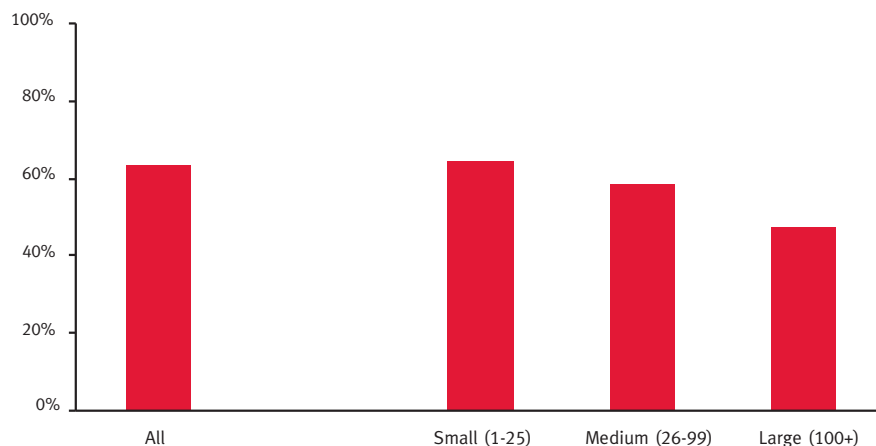
- Approximately two-thirds of organisations with 25 employees or fewer felt confident in their managers' knowledge, and this in fact may be a vote of confidence in their own understanding, as senior managers.

Chart 12

### Managerial understanding of mental illness, by company size

Proportion who agree

“To what extent would you agree or disagree with the following statements: The managers in this organisation have a good understanding of mental health issues.”



Source: The Future Foundation, 2006  
Base: 550 enterprises

### 5.2.1 Well-informed managers, a lack of information?

This is belied by the next statement, however, which looks at confidence in one's own ability to understand the law regarding mental ill health in the workplace.

- Nearly equal proportions to those who agreed that the management had a strong understanding of mental ill-health in the workplace agree that they do not know enough about the law themselves.
- While not directly comparable to managerial understanding, it does highlight a contradiction – if the Disability Discrimination Act is the guideline under which companies comply and understand

in terms of dealing with health problems within the workplace, it could be assumed that understanding the law would be crucial.

- This may suggest that they feel their line managers are the most appropriate person to deal with mental ill health, or it may suggest that there is a disconnect in terms of dealing with mental health issues and what is required of them by law.
- It is interesting to note that these answers do not vary significantly by company size. We might have supposed that access to more resources (potentially including a legal team) would result in higher levels of awareness of the law, but this does not have an impact on the response to this question.

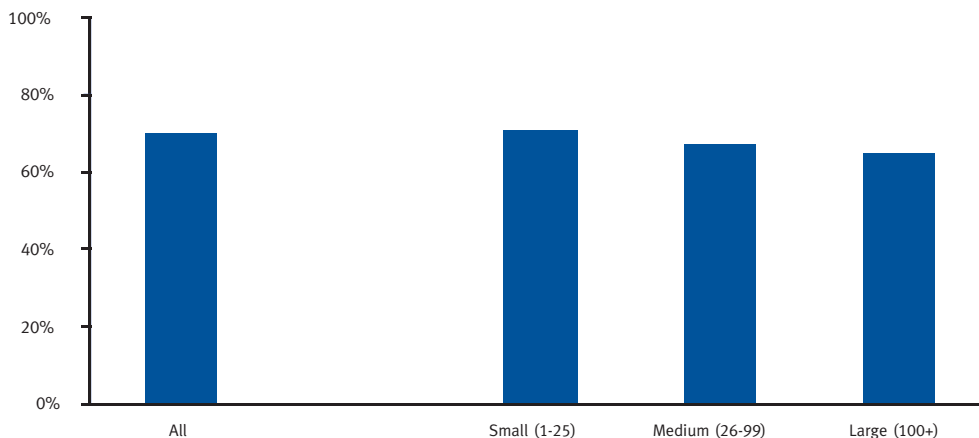
Chart 13

#### Lack of knowledge regarding mental health laws, by company size

Proportion who agree

“To what extent would you agree or disagree with the following statements:

I do not know enough about the law regarding mental health in the workplace.”



Source: The Future Foundation, 2006  
Base: 550 enterprises

## Summary

### Policies

- 8 of 10 employers do not, to their knowledge, have a formal policy on mental health in the workplace.
- Of those that do, just 14% say it is effective and only 16% feel it is well understood.
- This equates to just 3% of all employers who feel they have an effective policy to deal with mental health in the workplace.

### Understanding

- There is general agreement on the part of employers that the managers within their organisations have a strong understanding of mental health and mental health policies.
- However, the majority (70%) stated they did not know enough about laws and mental health in the workplace.
- This understanding of the law does not vary, even when segmented by company size – showing that this is a clear avenue at least where employers could be better educated.

## 6.0 Discussion and accommodations

In fact, many employers have never formally dealt with an employee with some sort of mental ill-health problem in the workplace. Although as noted, estimates on how many will suffer from mental ill-health in a year (of any sort) ranges from one in five to one in four, the public is sceptical that this is indeed the case.

### 6.1 Experience

- Just 11% of employers agree that they have anyone within their organisation with mental ill-health. As noted, this rises significantly among larger employers.

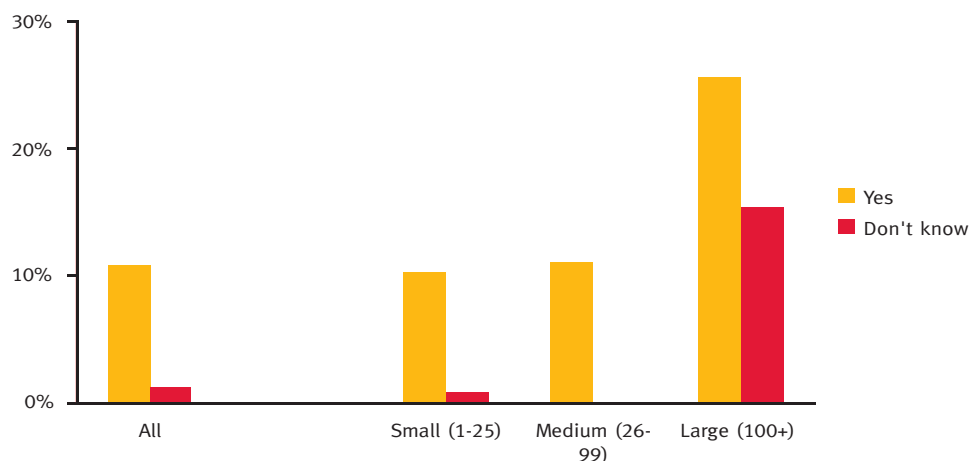
- This rises to 34% among HR directors.

Client interviews suggest general agreement that managers who have either worked significantly with people who have had mental ill-health problems in the past or who had been clients in the past were the best managers for them to work with (“it all depends on the boss and their personal circumstance”). Unfortunately, it is clear that while many absences are attributable to mental ill-health in a given workplace, that managers often have no knowledge of this, perpetuating this cycle.

Chart 14

### Managerial understanding of mental illness, by company size

“Does your organisation currently have any employees that you know to have mental health problems?”



Source: The Future Foundation, 2006  
Base: 550 enterprises

### 6.1.1 Accommodations made

- Of the roughly 20% who have made some sort of accommodation, these are most likely to be flexible working arrangements in terms of hours or in terms of the role itself.
- The option to work at home was offered by more than 40%. Access to counselling was as well, but it is interesting to note that smaller companies are much less likely than larger organisations to ensure that their employees have access to counselling (not tabulated).

### 6.2 Recruitment

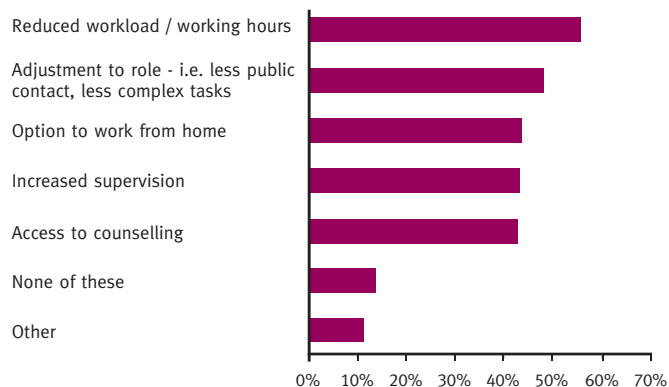
As demonstrated through the Department of Work and Pensions' research into the subject, when asked if they would employ someone with mental health problems in 2001:<sup>12</sup>

- Just 37% responded that they would – this is compared to 62% of those with physical health problems.

Chart 15

### Accommodations made for employees with mental health problems

“What accommodations have you made for employees with mental health problems?”



Source: The Future Foundation, 2006  
Base: 129 enterprises that have a formal policy on mental health in the workplace

<sup>12</sup>Department of Work and Pensions, 2001.

### 6.2.1 Less than hidden prejudice

- Nearly half feel that employing people with mental ill-health in public facing roles is a significant risk – despite being prompted that the mental ill health conditions under discussion are the more mild or prevalent conditions, such as anxiety or depression.
- A much lesser percentage felt that people with mental ill-health are less reliable, but still, more than 1 in 3 agreed with the statement.
- A daunting one in five suggest that those who have been off work with mental illness for more than a

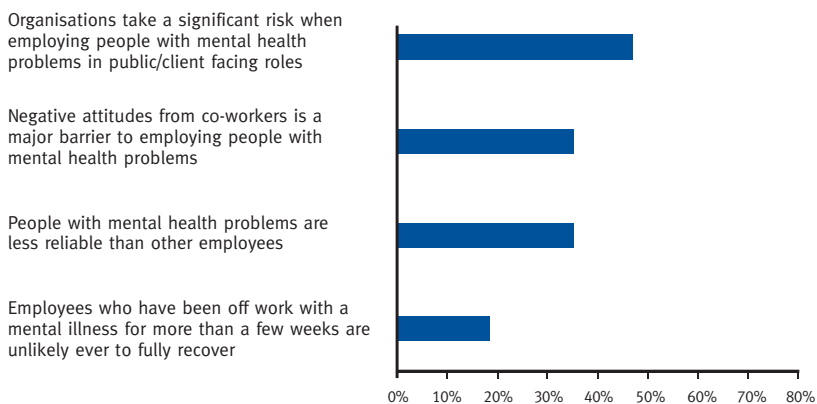
few weeks are unlikely ever to fully recover (this is in comparison with the DWP's employer survey which demonstrated that 78% of organisations would be willing to hire those who have been long-term unemployed).<sup>13</sup>

- However, these attitudes teamed with the prevalent lack of awareness already discussed, demonstrate that there is clear potential to educate further. However, as noted, the deep-rooted cultural hesitation to discuss problems of this nature still remains, and will continue to be a significant obstacle in the future.

Chart 16

### Attitudes to mental health in the workplace

“To what extent would you agree or disagree with the following statements?”



Source: The Future Foundation, 2006  
Base: 550 enterprises

<sup>13</sup>Department of Work and Pensions, 2001.

### 6.3 In reality people tell as little as possible until it is 'safe'

Disclosure is contentious in that all parties know it would be beneficial for there to be full disclosure, whether at the human resources level or directly to line managers, but in practice, this is often not the case.

*“There is no incentive for a person to disclose their condition really – they would have to be heroic to do such a thing.”*

This is confirmed by interviewees of the client care group, who stated:

*“I have been told to leave out that I’m a mother, much less anything else.”*

Most from the client interviews stated that they chose not to disclose their past, although in the case of one who had:

*“...you keep getting excuses for jobs that I’m well enough capable to do. It becomes daunting and it just grew worse from there on.”*

However, at the end of the day, clients felt that it would be beneficial to them to feel that they could disclose their past – and clearly here employers feel the same, although in reality this is clearly not common practice.

- This is contrasted with the employer perspective – our results show that 80% of all employers surveyed believe that ‘potential employees should disclose mental health problems prior to recruitment’.
- For HR directors, this figure was lower, at 74%.

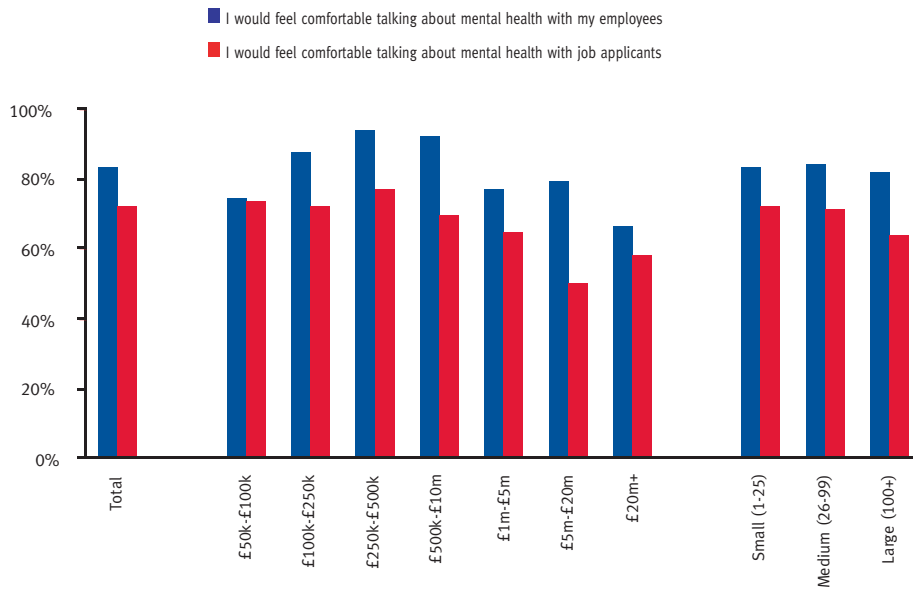
#### 6.3.1 Discussion and disclosure

- The interesting point to take away is the general sense that they would be comfortable discussing mental health with both employees and applicants.
- However, considering that only 11% feel they have anyone on their staff with mental ill-health suggests that this agreement is hypothetical.
- Positively, this is actually higher for those for whom it was not hypothetical, again reflecting how relevant experience and education are to managing mental health in the workplace. Of those who actually were aware of people within their organisation currently with mental ill-health, this rose to 90% (as compared to 82% of those who claimed they did not have employees with mental ill-health).

### Chart 17

## A willingness to discuss mental health

“To what extent would you agree or disagree with the following statements?”



Source: BACP/The Future Foundation  
Base: 550 enterprises

### Summary

#### Experience with mental ill health

- Only 11% claim they are aware of any employees with mental health problems.

#### Disclosure and discussion – a clear contradiction with employer and employee

- Even with the belief that so few people suffer from any sort of mental ill health, 8 of 10 employers suggest that applicants should disclose any existing conditions prior to being hired.
- Individuals claim they also would prefer to disclose conditions, but fear the consequences,

a belief many of whom say their negative employment search experience would justify.

- Experts suggest that, despite the desire to do well, employers are often challenged by the need for greatest productivity.
- Although not a majority opinion, 20% of employers claimed that ‘employees who have been off work with a mental illness for more than a few weeks are unlikely to ever fully recover’ – meaning that for those who would choose to disclose their history, at best, they have a 1 in 5 chance of it being held against them.

# 7.0 Supports in place

## 7.1 Employer support

Experts interviewed for the project were in agreement that employers would like to do their best, but are unclear on a) what is expected of them in terms of action and b) ill-equipped to identify problems within their own organisation. Part of this, according to interviewees, stems from the system itself, which in some cases may exacerbate this lack of empowerment:

*“Mental health services are not formally engaged with secondary care services, and there is in general terms a lack of connection between health service providers and employers – it’s not an issue of blame but really a result of confidentiality concerns and culture.”*

This chapter explores both internal and external supports available for the employer and the employees within their organisation.

### 7.1.1 The line manager

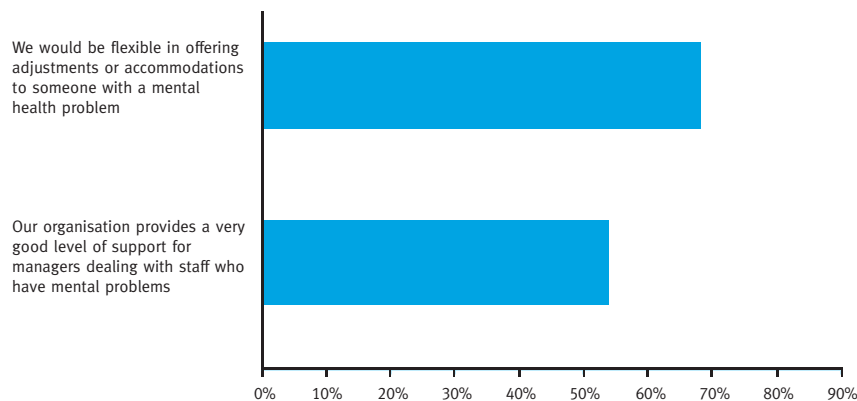
*“Line managers – the weakest link within most organisations is the middle manager, who are fairly ill-equipped to deal with problems. We could expect them to be much more engaged in the corporate policies of their organisations. But they could expect to feel as if they are supported and that these competencies are being developed.”*

- While most employers feel their organisation would be flexible, slightly over one in two feel that their organisation provides a ‘very good level’ of support to managers.

Chart 18

### Understanding and support within the organisation

“To what extent would you agree or disagree with the following statements?”

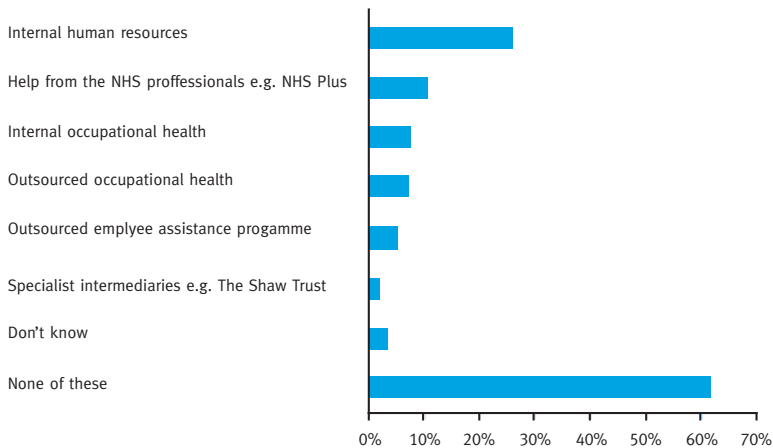


Source: The Future Foundation, 2006  
Base: 550 enterprises

Chart 19

## Provisions used by organisations with regard to employee mental health

“Which of the following does your organisation currently use with regard to employee mental health?”



Source: The Future Foundation, 2006  
Base: 550 enterprises

### 7.1.2 External agencies and their role

*“[Intermediaries] should build bridges between employers and services – many organisations such as the Employers Forum on Disability would argue that they are trying to put this in place. Their view is that employers need to be incentivised and applauded for what they are doing.”*

### 7.1.3 Employers’ understanding of the way their organisation handles mental ill-health

The use of various support mechanisms, both internal and external, is critical to managing mental ill-health in the workplace, and it is an area where this can be sorely lacking, particularly for smaller firms.

- Nearly two out of three employers interviewed suggest they do not use any of the above sources for help.

- Looking at HR directors, awareness was much higher, as would be expected; 62% state they use internal or outsourced occupational health service, and 14% use specialist intermediaries.
- However, according to HSE data, 74% of organisations make occupational health accessible to all of their employees, and 34% of organisations suggest they used this service in the twelve months prior to study (2004/2005).<sup>14</sup>

Expert interviews indicate some concern on the role of occupational health within organisations: “Ideally [their role] is rehabilitative, but some times it is to keep optimal productivity, which can mean something else entirely.”

<sup>14</sup>HSE annual Labour Force Survey.

This is clearly another avenue for future exploration – to what extent are the attitudes of those within the system, or even the structure of the system itself, responsible for the lack of understanding of policies and practices that would benefit the employee?

## 7.2 Preventative measures and stress management

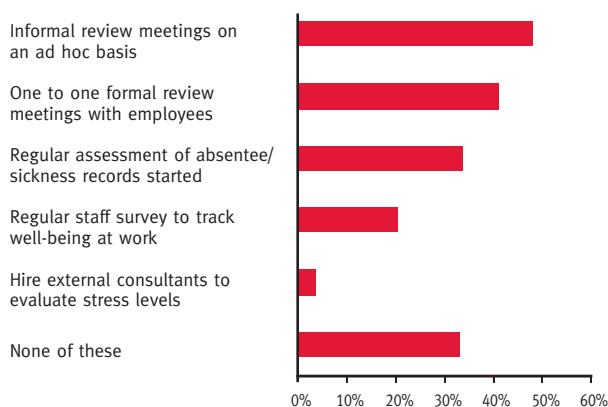
Chart 20 examines means of identifying stress used to help manage it within the workplace.

- Approximately one in three claimed that they do not use any of these ways to manage stress.
- One to one meetings, whether formal or informal, are the most prevalent ways of evaluating stress in the workplace in an ongoing basis, with more than 40% surveyed doing so. However, it is a safe assumption that within smaller organisations, these ‘informal’ reviews may not take place particularly frequently.

Chart 20

### Methods used to measure stress in the workplace

“Which of the following measures, if any, does your organisation use to measure the stress levels of employees on an ongoing basis?”



Source: The Future Foundation, 2006  
Base: 550 enterprises

### 7.2.1 The challenge in overcoming knowledge gaps

*“In terms of enforcement and in terms of encouraging organisations to do their best...it becomes a lot more fragmented [for smaller and mid-size companies], and support needs to become more of a local issue.”*

One clear problem is the lack of clarity in where to turn in getting support, and this impacts smaller organisations more severely than it does large ones. Experts suggest that while several local initiatives are underway to bring greater access to smaller organisations, even within these small groups or regional areas, there is still a vastly differing range of knowledge or experience with mental health, which makes it very difficult, even for small pilot programmes, to effectively provide support without tailoring to each organisation.

### 7.2.2 General wellbeing policies and practices

More positively, efforts to raise awareness about some of the more commonplace mental illnesses has resulted in some progress and the rise of the ‘wellbeing’ workplace, as well as greater introduction of stress management tools and other preventative measures within the workplace.

- As was considered best practice by experts, most preventative measures in place surround flexible options in terms of holiday policies, hours, and working from home.<sup>15</sup> Regular home working and flexible working have been increasing as ICT has

allowed us to be able to conduct business from home, making this a more natural allowance for employers to make.

- Counselling was used less regularly (only by one in five employers) – a study conducted for the BACP<sup>16</sup> suggested that a majority of respondents would like for their employer to supply this service, and it was clear from the client interviews conducted for this study that an impartial intermediary was also key to any successful efforts they made in entering the workforce and feeling comfortable.

Chart 21

#### Proportion of companies who have various preventative measures to minimise stress in the workplace

“Which of the following preventative measures does your company use to minimise stress or its impact in the workplace?”



Source: The Future Foundation, 2006  
Base: 550 enterprises

<sup>15</sup> ‘The Future of Teleworking’, Brother/Future Foundation, September 2005.

<sup>16</sup> ‘The Age of Therapy’, BACP/Future Foundation, September 2004.

## Summary

- Experts point to the line managers as the weakest link in an organisation – in their knowing what to do, or even where to turn so they might ask what to do.
- Employers' understanding of various types of intermediaries they might turn to is relatively low – although most organisations do in fact have access to occupational health, approximately one in ten say their company does not use any type of occupational health.
- When it comes to preventative measures, flexible working practices are key, but access to counselling, or another impartial intermediary, are particularly desired by the employees themselves, highlighting another clear gap in both the information chain and in services employers could offer at a relatively low cost.

## 8.0 Formulating a plan for action

### 8.1 A cry for help?

When asked about their own Practices, organisations were naturally more guarded and positive, but when asked about British industry in general, there is general consensus that the way business is able to cope with mental health in the workplace needs significantly more support and help.

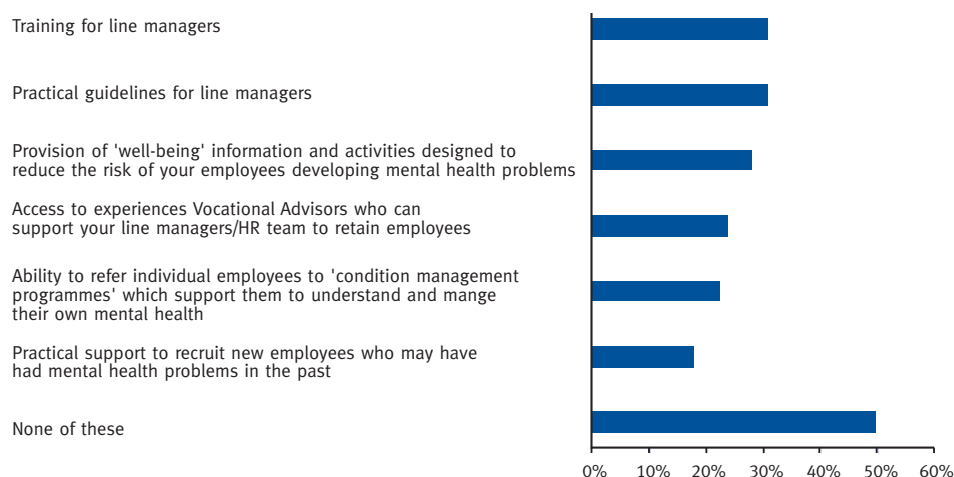
- More than three out of four (76%) of employers agreed that “British industry loses a great deal of talent because it does not know how to best deal with mental health problems.”
- An overwhelming 80% agreed that “British industry needs more support in improving the way it deals with mental health in the workplace”– surprisingly, this was highest for smaller organisations.

The government and other agencies have struggled, particularly over the last decade, to find effective ways of addressing this issue, which have so far been met with varied levels of success. Importantly, though, it appears that levels of awareness are rising to the point that, at the very least, employers are aware that there is a deficit in terms of general understanding and ability to cope with mental health in the workplace in an effective way. On a less positive note, however, contrasting the responses on British industry in general, as opposed to their own workplaces, points to a disconnect. Although organisations feel their own managers have a strong understanding of the issues (see Chart 18), they feel that British industry does not – suggesting a level of denial that mental ill-health has an impact on their own organisation.

## Chart 22

### Services that organisations feel would benefit them

“Which of the following services would your organisation benefit from?”



Source: The Future Foundation, 2006  
Base: 550 enterprises

## 8.2 What can be done?

Investigating some potential ways in which outside organisations could provide support, employers were asked:

***“Which of the following services would your organisation benefit from in order to better manage mental health in your workplace?”***

- Training and guidelines for managers were suggested by approximately a third of the sample, while nearly half indicated that none of these options would benefit them. The size of an organisation makes a significant difference in terms of how mental health is handled in the

workplace. The majority of us work in small organisations – and in fact, the majority of organisations that exist are smaller, with 50 employees or fewer.<sup>17</sup>

- In terms of responses to this question, then, one would expect a significant range. As might be expected, only those in organisations with 25 employees or fewer did not feel that any of these types of services would benefit them, as they are also likely to feel that they will not come into contact with anyone with mental health problems. The level of awareness of the problem among larger organisations (100 employees or more) is clearly greater.

<sup>17</sup>As referenced in the CBI 2005 report, the Small Business Service Analytical Unit indicates that 97% of UK employers have fewer than 50 employees.

- However, organisations of all sizes suggested that training for line managers and practical support for line managers were the most important types of services that would benefit them. This ranged from 28% for small organisations up to 67% for large companies. Beyond the support for line managers, there is a variation in the types of services by company size, as noted. These include: access to experienced Vocational Advisers to support line managers / HR team to retain employees; the ability to refer individual employees to 'condition management' programmes which support them to understand and manage their own

mental health conditions better; and provision of 'wellbeing' information and activities designed to reduce the risk of your employees developing mental health problems.

- While wellbeing information was considered more useful to the smallest organisations, any with 25 employees or more would prefer to enable their own employees through 'condition management' programmes to understand and manage their conditions better – 44% of large and 41% of medium companies agreed with this.

## Summary

- Perhaps recognising they are out of their depth, most employers would prefer to enable their own workforce to deal better with their own mental ill-health.

- More importantly, when asked how they would rate their own understanding, most employers felt it was relatively high, as noted. However, when asked about British industry in general, 8 of 10 agree that more support is needed, and that talent in the labour force is lost as a result of not having that support or understanding – a clear cry for help.

## 9.0 Concluding remarks

### 9.1.1 Understanding and change

Understanding of mental health in the workplace is still at a relatively low level, particularly compared to other types of disabilities. One third of employers surveyed could not put any sort of definition to mental health, and a shocking eight out of ten grossly underestimate the extent to which mental health may impact their organisation. Some 80% do not have any sort of formal policy on mental health in their workplace.

### 9.1.2 A diverse question

When discussing scale and scope of the impact of mental health in the workplace, our survey prompted respondents to think of those types of more commonly experienced mental ill-health, such as depression and stress. Calling attention to the magnitude of the impact of these more commonly experienced conditions is certainly a worthy cause, but as the IPPR noted, this has also had the undesired side effect of lessening the debate on severe mental illnesses, which are not common at all, and potentially creating an ‘us and them’ scenario in which people can identify with those suffering from certain types of illnesses, to the detriment of those suffering from severe and enduring conditions.

### 9.1.3 A diverse audience

As diverse as the nature of mental ill-health problem is, which creates the large gaps and ranges in understanding of mental health, there is also the diversity of UK employers to take into account. Organisations active in this field have endeavoured to take into account these differences in creating policies or programmes designed to help them deal with mental health in their workplaces, but they

acknowledge that the fragmented nature of employers make any sorts of larger scale programmes difficult.

For large organisations this question is more readily dealt with, and our survey results made it clear that they had a much stronger awareness of how mental health impacts their workplace. However, organisations of all sizes feel they would benefit from line manager training, despite the fact that many have strong confidence in their managers’ understanding of mental health issues. While the MindOut campaign and other mental health organisations have tried to reach the line manager, there is clearly room for more services – or at least for raising awareness of services available.

### 9.1.4 Disclosure and experience

While there is general agreement from experts in the field that employers would wish to do the right thing – there is also an indication that they do not have any real clear understanding as to how they might do so. Mainly this linked to perception of experience – those client groups interviewed indicated that their most successful forays into employment came when the managers had a strong understanding of mental health, mainly from having experienced it in the past with other employees or with family members. Harnessing this experience where it exists is of course beneficial, but it seems clear that there must be stronger efforts to raise awareness at earlier stages in a lifetime to allow managers to advise more practically – even if they have not had direct experience with a similar issue.

### 9.1.5 Workplace culture, production and accepting differences

This brings in a debate on culture here in the UK in general. The cultural clash of a workplace that accepts differences with the workplace that has optimal productivity is fundamental to this question, but deep-rooted cultural change is certainly difficult to shift in any way. Research into the general attitudes toward mental health do demonstrate a 'softening' and a limited degree of progress, but to apply this to a workplace in a capitalist society where a manager is judged on their productivity is another story. Larger companies, which have human resource teams available, have been more successful in devising ways to recruit and retain their employees bearing in mind mental ill-health, but there is evidently much more work to do for them to do so more effectively. For smaller and mid-size organisations that have fewer resources, the challenge clearly remains.

### 9.1.6 Working for understanding and enabling action

We have attempted to make an overview of how the average person – whether employer, manager, or employee – deals with mental health in the workplace. The effort has highlighted several contradictions and challenges in both understanding and any attempts to change behaviour. In general, we have the strongest evidence for confusion and lack of clarity – most employers could not put much of a definition to the term, and vastly underestimate its impact.

Best practice, however, is dependent on many factors, particularly managerial knowledge and company structure, and therefore for many companies, a best practice has not truly been identified in a way they can act upon. Rather than an indictment into their current practices, this appears as a clear cry for help, and it is up to the government and industry to work to put support and structures in place to answer it.

## 10.0 Appendix A: About the Future Foundation

The Future Foundation is a leading international consumer think-tank and strategic consultancy. Specialising in understanding socio-economic change and consumer behaviour, the Future Foundation provides intelligent research, analysis and commentary. Our research and analysis is used in development of new products and services, to inspire marketing and communications programmes, and to instil awareness of the wider operating environment throughout client organisations.

Our current clients range across most sectors and in many countries, they include over 140 organisations including financial services, manufacturing, automotive through to advertising agencies and government departments.

Our team of 25 analysts and project managers have wide-ranging research and analytical experience. Most members of our senior team have each worked in their various disciplines for more than 20 years. Our core skills include:

- Desk research and literature review.
- Qualitative research techniques.
- Quantitative survey research.
- Advanced statistical and quantitative analysis (including our own unique, in-house multivariate techniques).
- Modelling and forecasting.
- PR-driven research projects.

A common theme to most of our work – and a differentiator from many other organisations – is that our starting point for thinking about the future is the consumer-citizen. We take a ‘bottom-up’ approach to thinking about strategy and the future, and in examining the different trends and forces facing those parenting in 21st century, we look in detail at the factors shaping the lives of individual citizens.

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## Unum Provident



*This campaign addressed the need for greater understanding of the extent and impact of mental ill-health in the work-place. It thereby identified ways to reduce the prejudice and stigma that surrounds the issue.*

*We supported this piece of work because we feel there has been a lack of robust evidence from which to tackle mental health as a barrier to employment. There is a significant risk that employers will lose out on skills and experience and never realise the full value of the 'talent pool', unless mental health is better understood and managed.*

*Many organisations are addressing the issue of mental health in the workplace - the Forum has around 25,000 copies of its briefing paper on adjustments for people with mental health problems in circulation. However, much still needs to be done to raise awareness.*

*We need to encourage a clearer understanding among employers of mental illness in the workplace if we are to bring about a shift in thinking and practice. Unum Provident recognises that, in common with all employers, it benefits us to become better informed about employer attitudes to mental health in the workplace and how it impinges upon our own business.*

Joanne Hindle, Director of Corporate Services, Unum Provident

## BT



*Good mental health is achieved when an individual is able to use his or her intellectual and emotional potential to function in society and meet the ordinary demands of everyday life. Skills that are absolutely essential for successful societies and businesses alike. As well as the personal difficulties experienced by many people with mental health problems, and their families, there are also financial costs to individuals, families, employers and society in general. At BT, we have a number of ways of supporting people, for example, we believe that enabling open and trusting communication with informed colleagues plays a vital part in a person's recovery from mental illness. That's why we support this important research and will continue to work closely with Shaw Trust to create working environments that allow everyone to contribute.*

Sally Ward, Diversity Manager, BT Group plc

## Business in the Community



*As the health debate moves into the workplace, few employers acknowledge mental health as a workplace issue, yet the cost of ignorance to both the business and the individual is huge. This research will highlight the need to develop the capacity of employers and line managers in particular to recognise and work with their employees. This is a huge opportunity to make an impact on a major social issue which lies hidden in the depths of the corporate soul.*

Graham Bann, Executive Director, Workplace and Diversity

## Merrill Lynch



*Merrill Lynch is proud to partner the Shaw Trust in this campaign. The research findings, highlighting the lack of knowledge about mental health in the workplace and the attitudes that stem from that, serve to strengthen our resolve to promote inclusion and widen understanding about this issue in UK industry as a whole.*

Sue Henley, Head of Diversity and Inclusion at Merrill Lynch, EMEA

## Employers' Forum on Disability



*Effective management of mental health in the workplace is good for business. Up to thirty per cent of a workforce will experience mental health problems in a year.*

*Not only that, mental health problems account for the loss of over 91 million working days each year.*

*Failure to manage mental health problems effectively can also have high costs in terms of productivity, team morale and interpersonal relationships, staff turnover and individual performance.*

*Here at the Employers' Forum on Disability, we appreciate that providing a supportive work environment will benefit both the Forum as a business, and its employees.*

Susan Scott Parker, Chief Executive

## HSBC



*At HSBC we recognise the importance of removing barriers to ensure employees are effectively supported at work. There are many benefits of positively tackling mental health, including increased productivity, reduced absenteeism and improved staff retention and morale. As a*

*progressive employer, we welcome this research and look forward to its benefits, in terms of enabling companies to increase opportunities and improve the level of support for employees in the workplace with mental health problems.*

Elaine Bromberg, Diversity Manager, HSBC Bank plc

## BUPA



*BUPA is very proud to be supporting Shaw Trust in their Mental Health Campaign to support employees with mental health issues in the workplace. As one of the largest providers of workplace counselling services in the UK we see the stigma mental health issues can cause on a daily basis. The research and work of Shaw Trust will help these people by de-stigmatising mental health issues and creating a better awareness and understanding of those who are affected.*

Tony Urwin, Clinical & Business Development Manager, BUPA Psychological Services

## GlaxoSmithKline



*GlaxoSmithKline's mission is to improve the quality of human life by enabling people to do more, feel better and live longer and this applies equally to our employees as well as our customers. We recognise that we operate a highly complex global business in a fast paced and continuously changing environment which creates significant demands on everyone. The GlaxoSmithKline Employee Health Management Team has developed a proven, leading edge approach for our employees to help them recognise the critical link between individual health and performance, organisational stress and the risks/opportunities they present to our business performance. GlaxoSmithKline is pleased to continue its support of Shaw Trust and delighted that our donation, and that of other organisations, will help the Trust to highlight the issues surrounding mental health and it's impact in the workplace.*

Dr Justine Frain, Vice President, Global Community Partnerships, GlaxoSmithKline

## About the Future Foundation

The Future Foundation is a leading international consumer think-tank and strategic consultancy. Specialising in understanding socio-economic change and consumer behaviour, the Future Foundation provides intelligent research analysis and commentary.

## About Shaw Trust

Shaw Trust is a national charity that provides training and work opportunities for people who are disadvantaged in the labour market due to disability, ill health or other social circumstances. We are the largest UK provider of employment services for disabled people.

Registered Charity No. 287785

With thanks to our partners for supporting this research.

In association with



Business in the

Community

