



It's good  
to talk

# Supporting Members With Mental Health Issues

An Advice Guide  
for Usdaw Reps



# What Are Mental Health Issues?

This guide has been produced to help reps who are supporting members in the workplace with mental health issues.

Mental health problems include stress, depression and anxiety.

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

Someone with mental health problems may be entitled to the protection of the Equality Act (or the Disability Discrimination Act (DDA) if you live in Northern Ireland) if they meet the definition of a disabled person as set out in the Act.

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

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

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

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



The Usdaw Mental Health Awareness Course is available online for reps who want to understand the basics of mental health problems and rights at work. For more information visit: [www.usdaw.org.uk/MHcourse](http://www.usdaw.org.uk/MHcourse)

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

## Depression

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

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

## Anxiety

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

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

## Mental Symptoms

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

## Physical Symptoms

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

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

## Stress

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

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

### *Mental Symptoms*

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

### *Physical Symptoms*

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

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

## Alcohol or Drug Dependency

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

However, addiction is very often linked to mental distress. People may have started to use drugs or become dependent upon alcohol to cope with feelings of depression or anxiety.

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

## Panic Attacks

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

## Phobias

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

## Prejudice

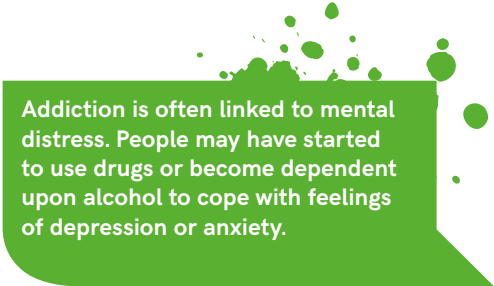
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People sometimes trivialise mental health problems or blame the person with the problem. Attitudes like this get in the way of someone asking for help.

Studies show that most people with a mental health problem would rather not tell anyone because they worry about the stigma and discrimination they may face. Seven out of ten people with a mental health problem say they have suffered discrimination because of it.

With the right support, people with mental health problems can return to work. Failure to properly manage mental health problems is expensive. It costs the UK economy up to £117.9 billion a year in lost work and absenteeism.

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



Addiction is often linked to mental distress. People may have started to use drugs or become dependent upon alcohol to cope with feelings of depression or anxiety.

# Supporting Members with Mental Health Problems

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

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

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

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

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

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

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

**2. Is it more than a trivial condition?**

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



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

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

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

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



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

If you can show that the member's condition has a substantial effect on how they carry out normal day-to-day life then they may be covered. Some members with anxiety, for instance, may feel unable to travel to work in the rush hour or make decisions.

A person with depression may struggle to interact with customers because they feel so flat, or find it difficult to concentrate and so make mistakes at work. People with mental health problems can have good and bad days so, again, it does not matter if the effect is not there every day.

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

The employer would then have a duty to make what are called reasonable adjustments to take account of the member's condition. This means that they have to change some aspect of the member's working arrangements to help them stay in, or get back to, work.

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



**Not all members with a mental health problem will be covered by the Equality Act (DDA in Northern Ireland).**

**Very few conditions are automatically covered under the Act, and mental health problems are not one of them.**



- Flexible working - the EHRC suggest that a worker with depression could have their shift changed so they don't need to start work until later in the day. This could help where someone was taking medication that made them sleepy in the morning.
- Extra support from colleagues - a worker in a fast food chain with a mental health condition had low self-confidence and needed extra supervision to carry out basic tasks, and reassurance they were doing the job correctly. The support was gradually reduced over three months, before ending altogether. Or someone with anxiety could be met at the bus stop to enable them to walk into work with a colleague.
- Adjusting sickness absence formulas so that absences related to their disability are counted separately and not used to trigger disciplinary action.

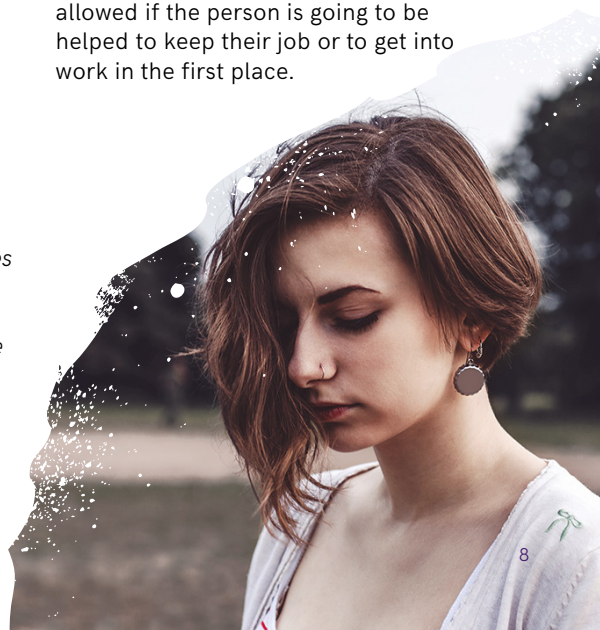
Guidance for employers to the Equality Act published by the Equality and Human Rights Commission states that:

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

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

- Time off to attend therapy or self help groups.
- Allowing someone with stress more time to adjust to new systems or ways of working, or reducing the standard required of the member.

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



# How Can Usdaw Reps Help Support Members Experiencing Mental Health Problems?

**Usdaw reps often help members who are experiencing stress, depression or anxiety.**

Members may find it difficult to talk about a mental health problem or ask for help; there is still a lot of stigma surrounding these problems and members might worry about being judged or laughed at.

The more Usdaw can do to help members talk to reps, the sooner they can get the help they need at work.

Mental health problems are very common. One in four people will experience a mental health problem at some point in their lives, and one in six workers experiences stress, anxiety or depression.

This means that Usdaw reps are likely to come across members with mental health problems at some point during their working lives.

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

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



Usdaw reps are skilled listeners and may already be familiar with most of the following 'tips'.

- Be aware that members might not recognise that they have a mental health problem. They might approach you because they have started to have problems at work relating to poor performance or attendance. They might say they are feeling stressed out or not sleeping properly. Explore whether or not the problems are having a negative impact on their ability to carry out normal day-to-day activities. If this is the case, the member may well be entitled to the protection of the Equality Act.
- If you know someone has been unwell or if you notice a change in someone's behaviour at work or problems with their performance or attendance, don't be afraid to open up a conversation.
- Remember, it is often difficult for people to talk about mental health. Try to make sure you have the conversation in a private, quiet place.
- Don't rush the person, but give them time and space to tell you about things in their own way.
- Don't feel you have to rescue someone or sort out all of their problems at once ... sometimes people just need to talk.
- Try not to interrupt or fire questions at the person. They may find this intimidating or they may feel you are judging them. Start by listening. Reassure the member that they can trust you and that anything they tell you will be treated in confidence.
- If you need to make notes, explain what you are writing down and why. Explain that the notes will be kept in a secure, confidential place.
- Make sure that if you share this information with anyone, you get the member's consent first.
- Don't be quick to judge, and avoid making statements like 'It can't be all that bad' or 'Pull yourself together'. These statements make light of what is usually a very difficult situation and tend to blame the person for the way they are feeling or behaving. These kinds of remarks will almost certainly mean the person won't feel able to be open and honest with you.
- Don't make assumptions about what a person can or can't do because of their mental health. Everyone is different and different people will experience stress, anxiety or depression in different ways. Ask about what help they want and what outcome they would like to see.

- Members can sometimes be off sick with a physical complaint, like a recurring bad back, when, actually, the real problem is depression or anxiety. If a member has had a lot of time off with a physical illness, it might be worth asking if their mood is OK.
- If you don't know what to do or say straightaway, be honest and tell them this. You might need to go away and think about what has been said or find out more. You might want to talk it over, in confidence, with another rep or your Area Organiser.
- Once the member has opened up to you, stay in touch with them but don't feel you have to constantly ask them how they are feeling ... this might make them back off.
- Reassure the member that you and the Union will support them as much as you can.
- Encourage the member, with your support and representation, to talk to their manager. Remember, a person is only entitled to reasonable adjustments and protection from unfair treatment if the employer knows about (or could reasonably be expected to know about) an employee's mental health problem.

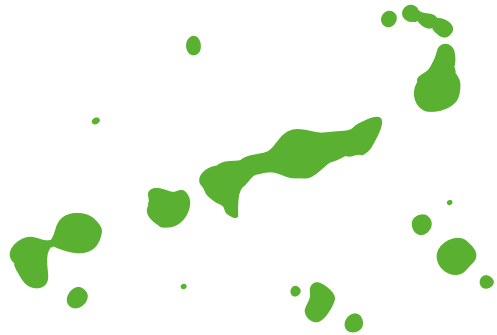
## Does the Company Know the Member has a Mental Health Problem?

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It can be difficult to talk about mental health problems and there are understandable reasons why a member might be reluctant to. Someone may seek to hide their problem because they worry what others will say or think about them.

A manager may not know the member has a problem or they may be reluctant to acknowledge this – you can be proactive: you can think about whether to raise mental health with the member and can ensure the employer isn't ignoring an obvious mental health issue. Speak to your Area Organiser for help on how best to do this.

The first signs of mental health problems will differ from person to person and are not always easy to spot. The member's absence record or behaviour might give you an idea that something is wrong. The early signs of a problem can often be more noticeable to other people first; for instance, a change in someone's mood.



Some common early signs of a mental health problem are:

- Losing interest in activities and tasks that were previously enjoyed.
- Poor performance at work.
- Mood swings that are extreme and out of character.
- Changes in eating habits and/or appetite eg over-eating, bingeing, not eating.
- Loss of, or increase in, sexual desire.
- Sleep problems.
- Increased anxiety, looking or feeling 'jumpy' or agitated, sometimes including panic attacks.
- Feeling tired and lacking energy.
- Someone isolating themselves, socialising less or spending too much time in bed.

### Has the Member Been to See Their GP or Other Health Professional?

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If the member has not been to see their GP, you could encourage them to do so.

Mental health problems often need specialist help and support and Usdaw reps have an important role to play in encouraging members to get the treatment they might need.

There is a comprehensive list of places and organisations that you can refer members to (see pages 15-21). Usually, the first step to someone getting help with a mental health problem is to visit their GP. You could suggest before the appointment that the member writes down a list of things they'd like to ask or discuss with the GP. This could include writing down a list of symptoms, or perhaps side effects from medication.

### Does the Member Have Rights Under the Equality Act or DDA?

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Many members with mental health problems will be entitled to additional support at work if they can show that they meet the definition of a disabled person as set out in the Equality Act (DDA in Northern Ireland). To be entitled to this support, you would need to show that the member's condition has a substantial effect on their ability to carry out day-to-day activities (see pages 5-8 for more details).

Members who have a one-off episode of depression from which they fully recover and which does not come back, would not be covered by the Equality Act (DDA in Northern Ireland).

However, a member with recurring depression, for instance, would probably meet the definition of a disabled person because their condition has lasted for 12 months or more, or is likely to last for this long or longer.

A person does not have to be continually anxious or depressed to meet the definition of a disabled person as set out in the Equality Act (DDA in Northern Ireland).

Where a person's depression has a substantial impact on their ability to carry out day-to-day activities but it fluctuates (it comes and goes), if it is likely to recur then it is to be treated as continuing throughout.

If a member fits within the definition of disability as outlined in the law then their employer must look at what extra support the member needs to help them stay in work, or to get back to work if they are off sick. This is known as the 'duty to make reasonable adjustments'.

This could include measures such as the following:

- Rearranging a member's shift so they can start work later in the day because their anti-depressant medication makes them feel sleepy in the morning.
- Allowing a member to shift swap or giving them time off so they can attend counselling.
- Giving a member with stress and anxiety extra time to complete tasks.

For more information on how the Equality Act (DDA in Northern Ireland) can be used to help members with mental health problems, see pages 5-8.

## Is the Member Being Disciplined for Sickness Absence?

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A member may be being disciplined for absence related to a mental health problem.

In some circumstances, when an absence is due to mental health issues, employers will be under a duty to adjust their sickness absence policies to ensure the member is not put at a substantial disadvantage. For example, an employer might count any absence related to a person's mental health separately and not include them in the member's overall absence percentage, or a company might raise the percentage threshold. In these circumstances, you should speak to your Area Organiser.

Sometimes, the member will not tell you that their absence is related to mental health issues. However, there might be signs that will alert you to this possibility such as:

- The member being vague about why they have been off.
- A recurring complaint that sounds vague such as tummy upset or bad back.

In these circumstances, particularly if you are a new rep, you should speak to your Area Organiser for guidance.




## Is the Member Receiving Treatment for Their Condition?

Members with mental health problems might be taking medication such as anti-depressants or beta blockers, or might be attending counselling or self-help therapies.

Some medication can have quite strong side effects and the member may need time to adjust. For instance, some anti-depressants can make the person feel very sleepy or nauseous. Members may need extra support at work whilst they adjust to new medication, or want

to change their shift or need time off to attend counselling. It's always best for you or the member to approach their manager, explain what the problem is and ask "can you support me?" Waving policies and procedures around at the outset can get things off on the wrong foot.

If you can show that the member is entitled to the protection of the Equality Act (DDA in Northern Ireland), you will be in a stronger position to ask for the extra support (see pages 5-8 for more details).

A photograph of two men in an office setting. One man, wearing a blue checkered shirt, is looking towards the other man, who is wearing a white shirt. The background is slightly blurred, showing office shelves and papers.

If a member fits within the definition of disability as outlined in the law, then their employer must look at what extra support the member needs to help them stay in work, or to get back to work if they are off sick. This is known as the 'duty to make reasonable adjustments'.

# Useful Contacts

## Mental Health Campaigning and Support Organisations

### British Association for Counselling and Psychotherapy

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

Web: [www.bacp.co.uk](http://www.bacp.co.uk)  
email: [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)  
Tel: **01455 883300**

### CALM

Raising awareness of suicide and working with communities to challenge stereotypes and stigma that prevent people from talking about how they are feeling.

Helpline: **0800 58 58 58**  
(5pm-midnight, 365 days a year)

### Combat Stress

The mental health charity, for veterans, service personnel and their families.

Web: [www.combatstress.org.uk](http://www.combatstress.org.uk)  
Tel: **0800 138 1619** (24-hour)

### Inspire (Northern Ireland)

Charity providing information, advice and signposting to services for people living with mental health problems in Northern Ireland.

Web: [www.inspirewellbeing.org](http://www.inspirewellbeing.org)  
Lifeline: **0800 808 8000**  
(24 hours a day, 7 days a week)  
General Enquiries: **0808 189 0036**  
(Mon-Fri 9am-6pm)

### Life SIGNS

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

Web: [www.lifesigns.org.uk](http://www.lifesigns.org.uk)

### Mind (England and Wales)

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

Web: [www.mind.org.uk](http://www.mind.org.uk)  
email: [info@mind.org.uk](mailto:info@mind.org.uk)  
Tel: **0300 123 3393** (Mon-Fri, 9am-5pm)

### Rethink Mental Illness

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

Web: [www.rethink.org](http://www.rethink.org)  
email: [advice@rethink.org](mailto:advice@rethink.org)  
Tel: **0808 801 0525**

### The Samaritans

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

Web: [www.samaritans.org](http://www.samaritans.org)  
email: [jo@samaritans.org](mailto:jo@samaritans.org)  
Tel: **116 123**

## SAMH (Scotland)

Scotland's national mental health charity providing information and advice about where to go for help.

Web: [www.samh.org.uk](http://www.samh.org.uk)  
email: [info@samh.org.uk](mailto:info@samh.org.uk)  
Tel: **0344 800 0550**

## SANE

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

Web: [www.sane.org.uk](http://www.sane.org.uk)  
Tel: **0300 304 7000**  
(4pm-10pm, every day)

## National Suicide Prevention Helpline UK

A supportive listening service to anyone aged 18 or over with thoughts of suicide or self-harm.

Web: [www.spuk.org.uk](http://www.spuk.org.uk)  
Tel: **0800 689 5652**

## Support for Parents and Young People

### Childline

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

Web: [www.childline.org.uk](http://www.childline.org.uk)  
Tel: **0800 1111**

## PAPYRUS

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

Web: [www.papyrus-uk.org](http://www.papyrus-uk.org)  
Hopeline: **0800 068 41 41**  
(24 hours a day, 365 days a year)  
email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)  
Text chat: **88247**

## Young Minds

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

Web: [www.youngminds.org.uk](http://www.youngminds.org.uk)  
Tel: **0808 802 5544** (Parents' Helpline)

## Relationship Problems

### Forced Marriage Unit

Operated by the Foreign and Commonwealth Office.

Web: [www.gov.uk/stop-forced-marriage](http://www.gov.uk/stop-forced-marriage)  
Tel: **0207 008 0151**  
Tel: **+44(0)207 008 0151** (from outside the UK)

### Halo Project

Support and advice for survivors and victims of honour-based violence, forced marriage or FGM.

Web: [www.haloproject.org.uk](http://www.haloproject.org.uk)  
Tel: **01642 683 045**

### **LGBT+ Switchboard**

A one-stop listening service for LGBT+ people on the phone or by email.

Web: [www.switchboard.lgbt](http://www.switchboard.lgbt)  
email: [hello@switchboard.lgbt](mailto:hello@switchboard.lgbt)  
Tel: **0800 0119 100**  
(10am-10pm every day)

### **Men's Advice Line**

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

Web: [www.mensadvice.org.uk](http://www.mensadvice.org.uk)  
email: [info@mensadvice.org.uk](mailto:info@mensadvice.org.uk)  
Tel: **0808 801 0327**

### **National LGBT+ Domestic Abuse Helpline**

Support for LGBT+ people who have experienced, or are experiencing, domestic abuse (run by Galop).

email: [help@galop.org.uk](mailto:help@galop.org.uk)  
Tel: **0800 9995428**

### **Refuge**

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

Web: [www.refuge.org.uk](http://www.refuge.org.uk)  
National Domestic Abuse Helpline:  
**0808 2000 247**  
(24 hours a day, 7 days a week)

### **Relate**

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

Find your nearest Relate centre to talk to someone: [www.relate.org.uk/find-your-online-centre](http://www.relate.org.uk/find-your-online-centre)

### **The Sharan Project**

UK-based charity providing support and advice to South Asian women on a range of issues.

Web: [www.sharan.org.uk](http://www.sharan.org.uk)  
email: [info@sharan.org.uk](mailto:info@sharan.org.uk)  
Tel: **0844 504 3231**

### **Southall Black Sisters**

Provides a range of services to Asian and Afro-Caribbean women and children who have experienced violence and abuse.

Web: [southallblack Sisters.org.uk](http://southallblack Sisters.org.uk)  
Tel: **020 8571 9595**

### **Women's Aid**

National charity working to end domestic abuse against women and children.

Web: [www.womensaid.org.uk](http://www.womensaid.org.uk)  
email: [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk)  
National Domestic Abuse Helpline:  
**0808 2000 247**  
(24 hours a day, 7 days a week)

## Debt and Money Advice

### Advice NI

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

Web: [www.adviceni.net](http://www.adviceni.net)  
email: [advice@adviceni.net](mailto:advice@adviceni.net)  
Tel: **0800 915 4604**

### Citizens Advice

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

Web: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

### GamCare

GamCare provides support, information and advice to anyone experiencing a problem with gambling.

Web: [www.gamcare.org.uk](http://www.gamcare.org.uk)  
Tel: **0808 8020 133** (24 hours a day)

### Money Helper

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

Web: [www.moneyhelper.org.uk](http://www.moneyhelper.org.uk)  
Money Guidance Helpline:  
**0800 138 7777**  
Pensions Guidance Helpline:  
**0800 011 3797**

### National Debtline

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

Web: [www.nationaldebtline.org](http://www.nationaldebtline.org)  
Tel: **0808 808 4000**

### StepChange Debt Charity

A registered charity which offers free, confidential debt advice and solutions such as free debt management plans.

Web: [www.stepchange.org](http://www.stepchange.org)  
Tel: **0800 138 1111**

## Housing

### Shelter

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

Web: [www.shelter.org.uk](http://www.shelter.org.uk)  
Tel: **0808 800 4444**

## Bereavement

### Bereavement Advice Centre

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

Web: [www.bereavementadvice.org](http://www.bereavementadvice.org)  
email: [info@bereavementadvice.org.uk](mailto:info@bereavementadvice.org.uk)  
Tel: **0800 634 9494**

### **Cruse Bereavement Care**

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

Web: [www.cruse.org.uk](http://www.cruse.org.uk)  
Helpline: **0808 808 1677**

### **Child Bereavement UK**

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

Web: [www.childbereavementuk.org](http://www.childbereavementuk.org)  
Tel: **0800 02 888 40**

### **Grief Encounter**

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

Web: [www.griefencounter.org.uk](http://www.griefencounter.org.uk)  
Tel: **0808 802 0111**

### **Sands**

Charity supporting families who have experienced the stillbirth or neonatal death of a baby.

Web: [www.sands.org.uk](http://www.sands.org.uk)  
email: [helpline@sands.org.uk](mailto:helpline@sands.org.uk)  
Tel: **0808 164 3332**

### **Survivors of Bereavement by Suicide**

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

Web: [www.uksobs.org](http://www.uksobs.org)  
email: [email.support@uksobs.org](mailto:email.support@uksobs.org)

## **Illness**

### **Age UK**

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

Web: [www.ageuk.org.uk](http://www.ageuk.org.uk)  
Tel: **0800 678 1602**  
(8am-7pm every day)

### **Carers UK**

Information, advice and support for carers in the UK.

Web: [www.carersuk.org](http://www.carersuk.org)  
email: [advice@carersuk.org](mailto:advice@carersuk.org)  
Tel: **0808 808 7777** (Mon-Fri, 9am-6pm)

### **Alzheimer's Society**

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

Web: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)  
Tel: **0333 150 3456**



### British Heart Foundation

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

Web: [www.bhf.org.uk](http://www.bhf.org.uk)  
email: [heretohelp@bhf.org.uk](mailto:heretohelp@bhf.org.uk)  
Tel: **0300 330 3322**

### Macmillan

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

Web: [www.macmillan.org.uk](http://www.macmillan.org.uk)  
Tel: **0808 808 0000**  
(Mon-Fri, 8am-8pm)

### Multiple Sclerosis Society

Providing support and information for people living with Multiple Sclerosis.

Web: [www.mssociety.org.uk](http://www.mssociety.org.uk)  
email: [helpline@mssociety.org.uk](mailto:helpline@mssociety.org.uk)  
Tel: **0808 800 8000** (Mon-Fri, 9am-7pm)

### Sue Ryder

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

Web: [www.sueryder.org](http://www.sueryder.org)

### Unemployment and benefit advice

#### Citizens Advice

Web: [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

#### Entitled To

Anonymous and free benefits calculator.

Web: [www.entitledto.co.uk](http://www.entitledto.co.uk)

#### Job Centre Plus

Web: [www.gov.uk/contact-jobcentre-plus](http://www.gov.uk/contact-jobcentre-plus)  
Tel: **0800 055 6688** for new claims



## Turn 2 Us

Free benefits calculator.

Web: [www.turn2us.org.uk](http://www.turn2us.org.uk)

## Immigration

### Joint Council for the Welfare of Immigrants

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

Web: [www.jcwi.org.uk](http://www.jcwi.org.uk)

Tel: **020 7251 8708**

### Migrant Help

Provides free, independent advice in many languages, to migrants and asylum seekers in the UK.

Web: [www.migranthelpuk.org](http://www.migranthelpuk.org)

Tel: **0808 8010 503**

### Migrant Rights Network

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

Web: [www.migrantsrights.org.uk](http://www.migrantsrights.org.uk)

Tel: **07534 488 696**

### Office of the Immigration Services Commissioner

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

Web: [www.gov.uk/government/organisations/office-of-the-immigration-services-commissioner](http://www.gov.uk/government/organisations/office-of-the-immigration-services-commissioner)

Tel: **0345 000 0046**

### Refugee Council

Services and support for refugees in the UK.

Web: [www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)

### The Runnymede Trust

Promoting a multi-ethnic Britain.

Web: [www.runnymedetrust.org](http://www.runnymedetrust.org)

Tel: **020 7377 9222**

### Scottish Refugee Council

Independent charity helping refugees and people seeking asylum in Scotland.

Web: [www.scottishrefugeecouncil.org.uk](http://www.scottishrefugeecouncil.org.uk)

Tel: **0808 196 7274**

### UK Pay and Work Rights Helpline

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

Web: [www.acas.org.uk](http://www.acas.org.uk)

Tel: **0300 123 1100**



# The Social vs the Medical Model of Disability

For some time now, disabled people have emphasised that it is not so much their disability that prevents them from fully participating in society, but instead it is the way in which society fails to make adjustments for their disability that excludes them.

This emphasis on changing the barriers put up by society, rather than seeing the disabled person as the 'problem', is known as the 'social model of disability'. In other words, disabled people are people with impairments/ health conditions who are disabled by discrimination, exclusion, prejudice and negative attitudes towards disability. Their impairment is not the problem.

The 'medical model' attributes the problems resulting from a disability to medical conditions alone. It concentrates on a person's impairment. Rather than focusing on the barriers society throws up that prevent disabled people from participating equally, the 'medical model' focuses on what disabled people should do to adapt to fit into the world as it is. If they are unable to adapt, the medical model accepts their exclusion.

For example, while a mobility difficulty can have an adverse effect on a person's ability to walk, the fact that the transport system is inaccessible to them has a far greater effect on their ability to get around.

Unfortunately, the law is rooted in the medical model. It has been rightly criticised for focusing on an individual's impairments and their ability to carry out normal day-to-day activities, rather than on getting rid of the barriers society puts in the way of disabled people.

This booklet is designed to help understand how the law can support disabled members in the workplace, and therefore tends to focus on the medical model.



# More Information

## Usdaw Nationwide

Wherever you work, an Usdaw rep or official (Area Organiser) is not far away. For further information or assistance, contact your Usdaw rep or local Usdaw office. Alternatively, you can phone our Freephone Helpline **0800 030 80 30** to connect you to your regional office or visit our website: [www.usdaw.org.uk](http://www.usdaw.org.uk)

You can also write to the Union's Head Office. Just write **FREEPOST USDAW** on the envelope and put it in the post.

## Join Usdaw

You can join online at:  
[www.usdaw.org.uk/JoinUs](http://www.usdaw.org.uk/JoinUs)



Scan to  
join today

## What Happens Next

Once we process your application, you will receive a membership card with our Helpline telephone number and a New Member's Pack giving details of all the benefits and professional services available to you.

