Mental Health at Work

Executive Council Statement to the 2019 ADM

Usdaw
Union of Shop, Distributive and Allied Workers

Foreword by Paddy Lillis, Usdaw General Secretary

Mental health problems often have a significant impact on our members' working lives. A member with anxiety who needs to change their hours so they do not have to travel to work in the rush hour; being disciplined for time off connected to depression; struggling to concentrate at work due to the medication a member is taking for depression. These examples show that mental health problems are very much trade union issues and it is absolutely right that they should be high on our agenda.

Anyone can experience a mental health problem and there are many reasons why someone may do so. Our focus, as the UK's fifth largest trade union, is on how work affects our members mental health and on whether members get the right support at work when it does. Being low paid and in precarious and insecure work, as so many of our members are, can have a negative effect on mental well-being for reasons that are all too obvious.

One of the largest ever surveys of low paid workers in recent times, as part of Usdaw's Time for Better Pay Campaign, found that two out of every three of our members say that worrying about money is having a negative impact on their mental health. When it is difficult to pay the bills, pay the rent or mortgage or to afford a family holiday then the mental well-being of our members and their families can be affected.

The current economic and political climate continues to hit our members hard. A United Nations report into the state of Britain published in November 2018 documents a series of findings which combine to present a shocking assessment of Britain's approach to equality and fairness; a 7% rise in child poverty, a 60% increase in homelessness since 2010, continued growth in the number of food banks and savage cuts to social security benefits. For our members the fact that prices have risen and wages have not kept pace added to shorter working hours and worries over job security has piled on the pressure. Not surprisingly this has led to an increase in the numbers of enquiries from members who are experiencing problems with their mental health and a growing demand from reps for advice and guidance on this issue.

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

Talking about mental health is also an effective way of breaking down the stigma that still, in the 21st century, surrounds this issue. For too long, people with mental health problems have been judged, blamed and ridiculed. This has led to people feeling that they are in some way responsible for their illness and has pressured them into hiding it from others. The Equality Act (or the Disability Discrimination Act in Northern Ireland) is an important tool for reps. If someone is experiencing problems at work relating to performance or attendance for example, the law can help. So it is right that this Executive Council Statement offers practical advice and guidance to reps about how they can help someone with a mental health problem stay in or get back to work.

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

Paddy Lillis
General Secretary

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1 Introduction

A number of studies have shown a link between austerity and mental health problems. It is no surprise that redundancies, higher levels of job insecurity, falling wage levels, rising prices and cuts to social security have put thousands of working people and their families under real strain.

Two-thirds of Usdaw members say that financial worries are affecting their mental health.

Our members have been hard hit by the crisis in the retail sector, with thousands of workers having lost their jobs in 2018 alone. Many of our members have been working under a cloud of uncertainty and insecurity with a constant cycle of restructures, store closures and contract variation.

In these circumstances it is no surprise that the Union has seen an increase in the numbers of members needing time off sick or additional support at work because of anxiety or depression.

There is clear evidence that stress, anxiety and depression are on the rise across society. Austerity is not good for people's mental health and over the last 10 years the UK has seen a four-fold increase in the number of people reporting stress, depression and anxiety. Charities, mental health professionals, campaigners and researchers have been highlighting what they regard as the profound effects of austerity on mental health. In May 2018, the Chief Executive of one of the biggest mental health charities in Britain warned that cuts to service provision along with welfare reforms tied to austerity were 'driving people to the edge'.

The evidence is clear – putting people under economic strain contributes to mental health difficulties – especially during recessions when unemployment and poverty tend to jump. Also people already living with mental health problems are likely to suffer disproportionately in times of recession – not just because funding for services might be cut, but also because they are at a higher risk of losing their jobs.

The impact of economic turmoil on mental health can be profound. One study from the US found a significant and sustained increase in major depression among adults between 2005–06 and 2011–12, during which time millions of Americans lost their jobs and their homes.

The same study went on to show that countries that have chosen to fund public services and invest in the economy, such as Germany, Sweden and Iceland, have had better health outcomes than countries such as Greece, Italy, Spain and the UK where austerity measures have been used.

From as early as 2011, the charities Sane and Depression Alliance were reporting concerns about links between financial problems, austerity policies and rising stress and depression. At the same time, organisations including one run by disability activists began flagging up how local government cuts and welfare reforms, such as the Work Capability Assessment, were creating unnecessary and sometimes intolerable stress for both physically disabled and mentally unwell people.

The numbers back this up. In 2011, three years after the financial crisis, the number of prescriptions for antidepressants rose sharply, up 43% on the previous year. By 2015, funding for mental health services was estimated to have fallen in real terms by 8.25% over four years. Three-quarters of children and young people with a mental health issue could not access treatment when they needed it.

Mental illness is estimated to cost the UK economy between £74 billion and £99 billion per year and yet mental health services have been so chronically underfunded that they are unable to meet demand.

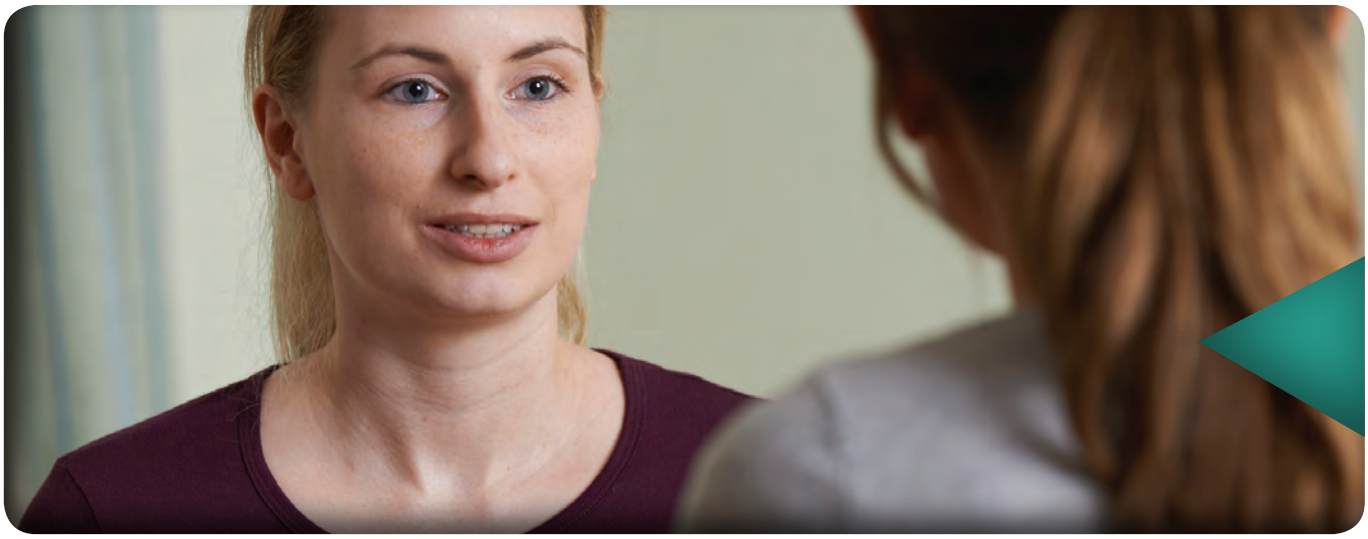
A recent TUC report shows that in the last five years the number of patients accessing mental health services in England has risen by a third or 540,000 people. However, over the same period the number of mental health nurses, doctors and beds in the country has fallen.

Mental health problems are set to continue rising.

The World Health Organisation predicts that by 2030, depression will become the biggest global cause of illness. At least one in four of us will experience a mental health problem at some point in our working lives. In the UK, problems relating to mental health account for the biggest single cause of illness, ahead of both cardiovascular disease and cancer. The largest recent increase in the rates of stress, depression and anxiety are in women aged 45 to 64.

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

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



2 Finding Out About Mental Health

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

Mental health problems are very common and with the right support most are very treatable. One in four people will experience a mental health problem each year and closer to one in three will experience a problem during their working lives.

Usdaw's mental health survey revealed 80% of respondents said that they, or someone close to them, have experienced a mental health problem.

Some problems are more common than others. Conditions such as bipolar disorder and schizophrenia are comparatively rare – most studies give a lifetime prevalence of just 1% of the population.

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

Depression

Everyone experiences changes in their mood and we will all have times when we feel sad, down, anxious or upset but usually these feelings pass within a relatively short period of time. Depression occurs when these feelings do not lift or they start to interfere with how someone wants to live their life.

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

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

People can become depressed at any time. Sometimes there is a trigger from depression such as difficult and traumatic life events, chronic illness or use of or withdrawal from addictive substances to name a few, but often there is no one single obvious cause.

Depression can present itself in many different ways. This can make it very hard for a person to realise what is going on because sometimes symptoms can be physical rather than psychological or emotional. Someone may not always recognise or be aware of how they are feeling or what is happening to them and may only begin to understand how depressed they have become on reflection or when it is pointed out to them by others.

Many people wait a long time before seeking help for depression, however research shows that the sooner someone reaches out the better. If you have any concerns about your own mental health or the mental health of someone close to you, the best advice is to speak to a health professional such as your GP.

Depression is a real illness with disabling symptoms that often vary from person to person. Making a list of symptoms can help people to remember what to say if they find it difficult speaking to their GP. Setting out symptoms also helps doctors to assess what support and treatment is right for each individual. Symptoms of depression include:

Psychological Effects

- Constant low mood on most days.
- Feeling hopeless and helpless.
- Feeling down, upset and tearful.
- Feeling guilty and worthless.
- Feeling restless, agitated and irritable.
- Finding it difficult to remember, concentrate or make decisions.
- Feeling isolated and unable to relate to others.
- Feeling empty and numb.
- Having no motivation or interest in things.
- Not getting any pleasure from things you usually enjoy.
- Having suicidal thoughts or thoughts about harming yourself.

Physical Effects

- Feeling tired and lacking energy.
- Moving or speaking more slowly than usual.
- No appetite and losing weight, or eating too much and gaining weight.
- Aches and pains with no obvious cause.
- Disturbed sleep patterns (having difficulty sleeping or sleeping too much).
- Losing interest in sex.
- Using more tobacco, alcohol or other drugs than usual.

Social Effects

- Struggling at work or school.
- Avoiding contact with friends and family.
- Taking part in fewer social activities.
- Neglecting hobbies and interests.
- Having difficulties in your home and family life.

There are also some specific forms of depression:

Seasonal Affective Disorder – this is depression which is related to the seasons and the length of the day. It usually comes on in the Autumn or Winter when days are short and the sun is low in the sky.

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

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

Anxiety and Panic Attacks

As with depression, everyone experiences anxiety from time to time. Often it is a reaction to a stressful event or circumstances where we are worried or nervous such as speaking up at a public meeting, sitting an exam or taking a driving test. Usually once the stressful event is over and done with the feelings of anxiety fade and eventually disappear altogether.

Anxiety is related to the 'fight or flight' response – our body's natural reaction to feeling frightened or threatened. However, problems occur when the feelings of panic or anxiety do not fade, or when they occur randomly or unpredictably.

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

When feelings of anxiety persist over a long period of time with a negative impact on a person's life mental health professionals refer to them as anxiety disorders. Anxiety disorders are very common. Generalised anxiety disorder is estimated to affect 5% of the UK population.

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

Psychological Effects

- Restlessness.
- Feeling constantly 'on edge'.
- Feeling tearful, irritable, angry and/or impatient.
- Persistent worrying or ruminating about bad experiences.
- Difficulties concentrating or relaxing.
- Feeling your actions are out of control, detached from your surroundings or the need to seek the reassurance of others. Many people with anxiety may also report symptoms of depression.

Physical Effects

- Muscular aches and pains.
- Headaches.
- Rapid breathing leading to light-headedness, dizziness or shakiness.
- Rise in blood pressure leading to shortness of breath or a 'pounding' heart.
- Nausea and sickness.
- Difficulty falling or staying asleep (insomnia).
- Tiredness and a loss of energy.

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

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

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

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

Stress

Stress is not in itself a medical diagnosis as such but it does have very real physical and psychological symptoms. If left untreated stress can, and often does develop into depression, anxiety or more severe mental health problems. In addition, the difficulty managing a mental health problem can become a cause of stress, and this can start to feel like a vicious cycle.

Everyone experiences stress, often when we have too much to do or feel that too many demands are being made of us. Stress is often associated with change and even happy events like marriage or the birth of a new baby can be stressful.

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

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

Other more long-term events can cause stress such as poverty, caring for another person, bad housing or difficulties at work. Stress can also be caused by a build up of small challenges and pressures over time that make it harder for people to identify why they feel stressed or explain it to other people.

Everyone responds to stress in a different way and every person's tolerance threshold is different. Some people manage and cope with stress well whereas others find it more difficult. Stress becomes a problem when someone feels overwhelmed by pressure or demands placed on them. Again stress is common. Recent figures show that at least one in five workers off sick each week report stress as the reason for their absence.

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

Psychological Effects

- Changes in behaviour and appetite.
- Frequent crying.
- Difficulty concentrating/racing thoughts.
- Anger, irritability and impatience.

Physical Effects

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

Members experiencing stress, depression or anxiety or any other mental health problem are likely to face difficulties at work, often relating to performance, conduct or absence. These difficulties can be made worse by the fact that very few people feel able to talk to others about their mental health because of the stigma and shame that still surround this issue.

Figures from the Health and Safety Executive 2018, show workplace stress, anxiety and depression account for over half of all absences from work in the UK. This demonstrates the importance of being able to talk openly about mental health in work and the need to tackle issues such as bullying and excessive workloads which are contributing to poor mental health at work.

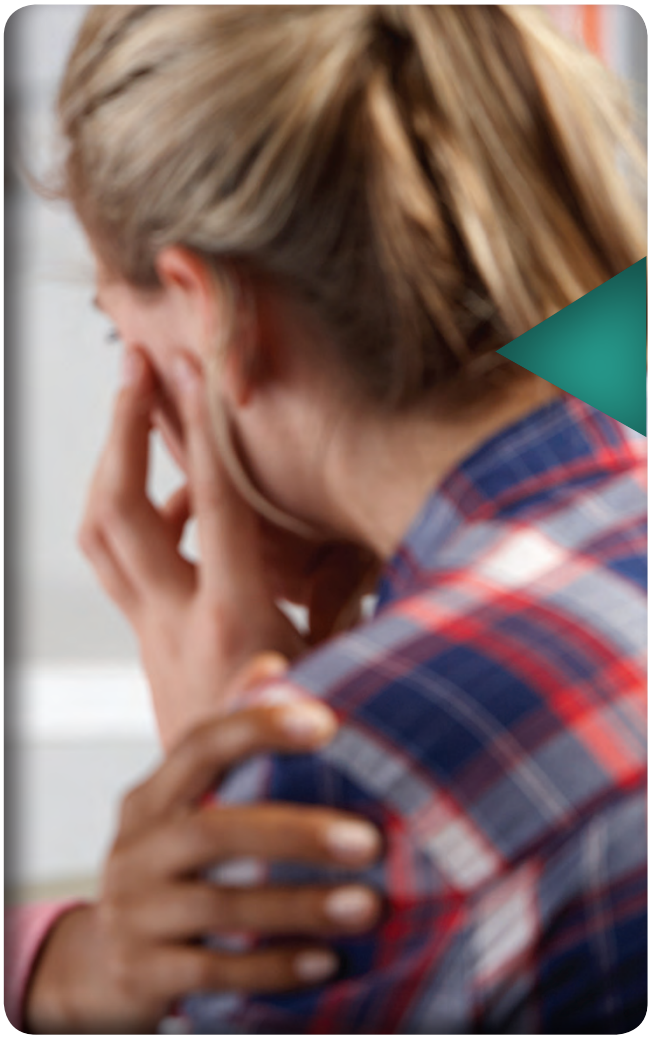
The next sections look at the barriers people face and the very real consequences prejudice, ignorance and stigma have on the lives of those with mental health problems and their families.

Learning more about Mental Health

If you are interested in learning more about mental health then you might want to consider taking up one or more of the following courses:

Sign up for a mental health awareness distance learning course available and free to members via the learning 'gateway' on Usdaw's website. Visit **www.learningcurvegroup.co.uk/landing/Usdawtraining** for course content and next steps.

For a bite size introduction to mental health visit the rep area of Usdaw's website and complete the 10 minute online course.



3 Breaking Down The Barriers

Attitudes towards mental illness and mental health problems are regularly monitored in Britain. Since 2009, the anti-stigma campaigning organisation Time to Change conduct an annual survey to find out what the public think about mental illness. The results are a useful measure of public opinion and of how attitudes change over time.

The good news from the most recently published 'Attitudes Towards Mental Illness' survey conducted in December 2016 (released in May 2017) is that people's willingness to work, live and continue a relationship with someone who has a mental health problem have improved since 2009:

- 15% increase in willingness to live with someone with a mental health problem (up to 72%).
- 11% increase in willingness to work with someone with a mental health problem (up to 80%).
- 10% increase in willingness to live nearby to someone with a mental health problem (up to 82%).
- 6% increase in willingness to continue a relationship with a friend who had a mental health problem (up to 89%).

However, assumptions and stereotypes about people living with mental illness have far from disappeared from our society. Too many people with mental health problems are still made to feel isolated, ashamed and worthless. But attitudes are changing. There's still a long way to go until everyone with a mental health problem gets the support they need but as a society we are moving in the right direction.

The research highlighted the power of social contact – bringing together people with experience of mental health problems to talk to people who do not. Personally knowing someone with a mental health problem makes someone much more likely to have positive attitudes. Usdaw understands why members with mental health problems are often reluctant to talk to either the Union or their employer about them.

There is plenty of evidence to show that despite progress, stigma and discrimination is widespread in our society against those with mental health problems and affects all areas of people's lives including:

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

Why does it matter what other people think?

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

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

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

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

Challenging the Myths

Myth: People with mental illness cannot cope with responsibility.

Fact: Mental health problems are a common part of human experience and can happen to anyone from any walk of life. Many high profile, successful and inspirational people have experienced mental ill-health and many people gain strength from the experience.

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

Myth: People with mental health problems never recover from them.

Fact: Mental health problems do not define a person or their potential in life just as physical health problems such as diabetes or heart disease do not. Recovery is possible with the right support and the majority of people can and do go on to lead rewarding and fulfilling lives.

Seeking help and receiving the right support is crucial to recovery. Mind report that early intervention treatment – ie swift access to talking therapies reports 50% recovery rates in those with mild to moderate depression – that is one of every two people with these conditions who receive early treatment will recover.

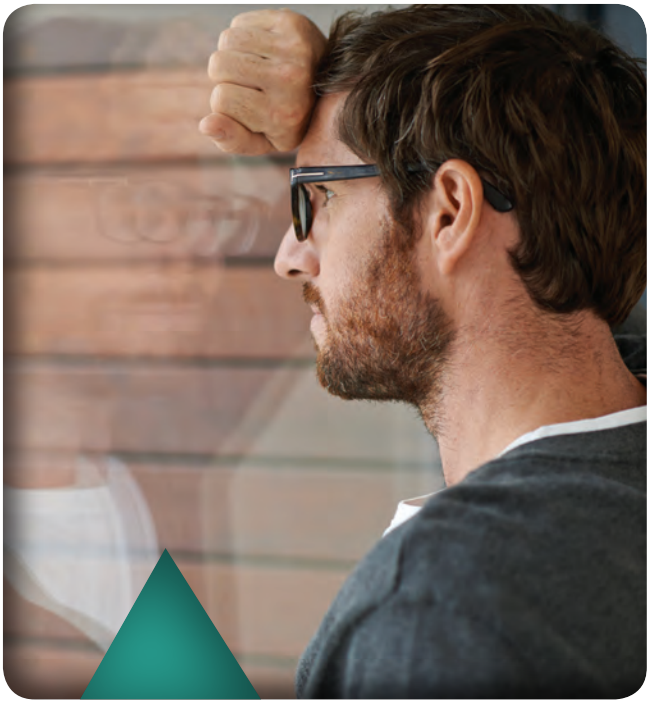
Even with less common illnesses such as schizophrenia, with the right treatment and support, recovery rates are good. On average one in every four people diagnosed with schizophrenia will recover within five years of their first episode. Two out of three people will experience some symptoms at times. Only one in five continue to have troublesome symptoms that negatively impact on their quality of life.

Myth: Having a mental health problem damages your chances of getting a job.

Fact: 97% of people believe that admitting to having a mental health problem would damage their career. The evidence shows that they are right to believe this as 56% of employers say they would not employ someone who had depression from time to time.

Disabled people are twice as likely to be unemployed as non-disabled people and those with mental health problems are at the sharp end.

- 58% had to leave a job because of lack of mental health support.
- 31% had been sacked or forced out of a job after disclosing a mental health problem.
- 26% were demoted after disclosing a mental health problem.
- One in four had job offers withdrawn after disclosing a mental health problem.



Breaking Down The Barriers

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

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

95% of 'homicides' (murders) are committed by people who have not got nor have ever had a mental health problem[1]. Another major research study conducted in 2010 with over 3,100 people who had been diagnosed with bipolar disorder showed no link whatsoever between mental illness and violent behaviour.

The truth is that the vast majority of people with mental health problems are not violent and the vast majority of people who are violent do not have a mental illness.

People with severe mental health problems are much more likely to harm themselves than they are to harm others.

Despite this there is a common perception that people with mental health problems are likely to behave in a violent way – a view that is repeatedly supported by films, novels and the media.

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

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

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

Myth: It's better not to talk about mental health with someone who is already depressed.

Fact: This is an understandable fear – we worry that by talking about it we might make things worse. All of the advice is – do not be afraid to raise the issue and ask how someone is, they might want to talk about it, they might not. Just letting someone know that they do not have to avoid the issue with you is helpful. The advice from Time to Change is that you might not always understand what is going on for the other person but lending an ear is the important part.

It is important to bear in mind that having a mental health problem is just one part of the person. People do not want to be defined by their illness so keep talking about things you always talked about or you talk about with anyone else. In fact people with depression and other mental illnesses often do not want you to talk they want you to listen.

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

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

Usdaw reps opening up conversations about mental health at work

Usdaw reps are taking the Union's 'It's Good to Talk' Campaign out into workplaces up and down the country to break down the barriers surrounding mental health and to let members know that if they are experiencing problems with their mental health, and those problems are impacting upon their performance, attendance or conduct at work, then the Union can help.

Vivien Richards, Usdaw Rep, North West Division

"I'm relatively new to the role of rep – I only became a rep in February 2018. I first came across the 'It's Good to Talk Campaign' on the Union website. I thought December was a good time to promote the campaign in my workplace – it's a stressful time of year for Usdaw members. There are the added pressures at work as well as having to cope with everything else that Christmas brings. Everyone has their wobbles at Christmas. When I held the campaign I was approaching the second Christmas without my mum. I thought the campaign would be a good way of showing members in my workplace that the Union does care, that we are there for them – we're in their corner. Members don't make the connection between mental health at work and their Union and this campaign bridges that gap. Before running the campaign I asked for members' views on Facebook and everyone said it would be a good idea so I decided I'd do it!

I held the campaign in the canteen area which is where I work in store anyway. Everyone was behind it including my managers. As a rep members open up to me, I act as a sounding board, they often don't want me to do anything - they just want me to listen. The campaign really helps to tackle the stigma, to say it's okay to be open about your mental health – it gives me a chance to check in with members. I received overwhelmingly positive feedback from everyone."

Andrew Coley, Usdaw Rep, Southern Division

"I first heard about the Union's 'It's Good to Talk' Campaign at an Usdaw Conference, I forget exactly where. I decided straight away that I wanted to do something in my workplace to let members, and non-members, know that Usdaw can help where mental health problems might be affecting them at work. My manager was immediately on board. We both felt that it was important to start a conversation about mental health at work as so many people feel it's something they can't talk about. I displayed the posters and set up a table in the canteen with the Union's leaflets. It was a real success. People came up to their stall to pick up a pen or just to take a look and later they would come back for leaflets. I was surprised how many of them said "I didn't know this was something the Union could help with – I didn't know you did that."

Since then members have started to come forward to talk about what is going on for them. Some approach me, others approach the manager directly. I encourage members when they're having a bad day to let us know so that adjustments can be made. 9 times out of 10 managers are supportive – just making minor changes helps people stay in work or means people can return to work. Encouraging members to talk to us sooner rather than later helps us to deal with problems at an early stage, it takes the sting out of the tail so to speak. We can nip things in the bud before they escalate and head off down the grievance or disciplinary route.

I have another campaign day planned and the manager has set aside a quiet room so that we can have conversations in private with any member that wants to talk.

I'm clear that I am not a mental health professional – nobody expects me to be. Almost all of us have either experienced a mental health problem or we know someone that has. It's about listening and encouraging members to tell us about the problems they might be experiencing at work – I don't see the conversations as any different from any others I have with members on a daily basis."

Supporting good mental health for migrant workers

Usdaw Union Learning Reps (ULRs) at the Castleford DHL have done a lot of work for many years raising awareness of mental health problems and making it clear to members on site that mental health is an Usdaw issue.

Sean Dixon, ULR at the DHL Castleford Site said:

"Through the Learning Centre we access and offer a lot of information about issues relating to wellbeing concerning both physical and mental health.

We hold an annual mental health campaign day. The theme of the day changes each year. Last year the focus was on the workplace and we set up a stall and activities in the canteen to raise awareness and open up conversations with members and non-members about mental health.

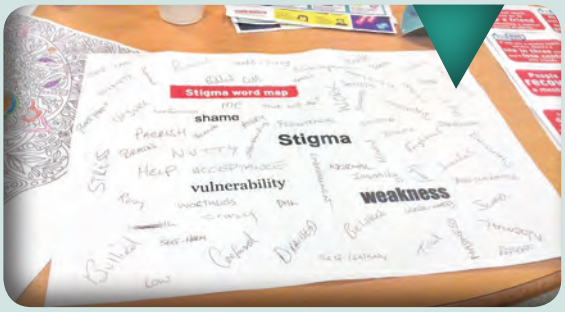
We accessed resources from the Time to Change website and used the Union's mental health campaign materials.

One of the best resources was a 'Stigma Map'. This was a blank piece of paper with the words Stigma, Shame, Vulnerability and Weakness written on. We asked everyone who approached the stall to write down a word or phrase they associate with mental health or the stigma that still surrounds the issue.

This proved a really effective way of opening up conversations with staff. Discussing the words and phrases that people wrote down led to staff sharing their own experiences and in this way we found out about staff who, for example lived with family members who had schizophrenia or who worked as carers for people with mental health issues.

It was also easy to talk about the little things that affect people. This reinforced the message that mental health problems are very common - 1 in 4 people will experience a mental health issue every year and that only 27% of working age adults with a mental health issue are in employment.

The stigma word map filled up very quickly.



We also used an activity that involved colouring in to encourage mindfulness – something we use regularly in the learning centre.

We printed out an A3 sheet and provided two pots of crayons for staff to do as little, or as much as they wanted. When they finished colouring, we asked what they were thinking about while they were doing the activity. Most people responded by saying 'nothing' and we were able to point out that even a small amount of time practising mindfulness techniques, such as colouring or concentrating on your breathing can have a positive effect on your mental health.

We had contact with approximately 80 staff during the times we were running the stall and we left the resources out for the rest of the week for people to use in their own time.

Our commitment to this cause is ongoing. It is a great way not only to raise the profile of the Union and awareness of mental health but also to get the message out that mental health is an Usdaw issue."

They have also organised two get-togethers to discuss the mental health problems faced by many migrant workers.

The ULRs also wanted to find out whether migrant workers at the workplace knew where to access help for any mental health issues, and how they could improve the service offered through the Union learning centre.

The sessions were very useful and raised many different issues:

- Not everyone knew about the local services that are available.
- Many found the language barrier to be a major stumbling block, even to the point of trying to explain their issues with use of mobile phone apps as translators.
- There was a lack of a support network. Having no family can lead to a feeling of isolation as there is no one to discuss their problems with. Some misconceptions are that when, for instance Polish people mingle at work they are also friends outside and form a support network. This is not always the case.
- Guilt was a surprising issue – something we did not expect to be discussed. One person stated he felt guilty with his living conditions in this country, while being aware of the conditions that his family were living in back at home.
- Trust was another issue as most relationships are new, even between migrant workers. It takes time to gain the trust in people to be able to open up and discuss when things are starting to feel too much.

Sean Dixon, Usdaw ULR at the DHL Site said *"These issues were not solely work-based problems. Issues in people's private lives impacted on their mental health while at work. One example was around obtaining a sick note and the language barrier between the staff member and his doctor."*

Migrant workers and the ULRs found the focus groups helpful. They felt able to open up and discuss issues with local workers when they'd had time to form the relationship. We decided to make them a regular event in the learning centre calendar.

Sean added that; *"One colleague, who is a migrant worker, is looking at setting up a monthly meeting for all, not just migrant workers to discuss their problems, with people who may have been through the same problems or may have solutions."*

The Usdaw reps are now also looking at putting together a poster in different languages to advertise the help staff can ask for and directing them to people who can assist. They feel this would be more effective as it would grab their attention more.

Sean summed up saying that: *"The ability to discuss your wellbeing isn't just a migrant worker issue, and it isn't something that can be fixed in an instant."*

"It was acknowledged that the Learning Centre has tried different things to heighten awareness around, but we still have a long way to go to open the discussion for all."

4 The Social Model of Mental Health

The social model of disability, developed by disabled people, is about recognising the additional barriers people with impairments face at work and in everyday life. These barriers, not a person's mental health condition, are what excludes them from society and prevents them from participating on an equal basis.

The Social Model vs the Medical Model

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 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 or 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.

Why is it important to develop a social model of mental health?

It's easier to see how the social model applies to physical disability - we can literally see the barriers that society puts in the way of disabled people – inaccessible public transport, stairs, door handles that you cannot reach if you are a wheelchair user and announcements at the train stations that a person who is hearing impaired cannot hear.

The social model is less well understood when it applies to mental health and yet it is equally necessary to transforming the lives of people with mental health conditions.

People with mental health problems are some of the most excluded, isolated and discriminated against in everyday life and work. The barriers they face are far less obvious and therefore less easy to tackle. Some of the key ways people with mental health problems are disabled by society are:

- Prejudice.
- Labelling.
- Ignorance.
- Poverty or a lack of financial independence.
- Not having information in formats which are accessible.

In the struggle for disability equality it is vital to understand that it is myths and stereotypes about mental health, not people with mental health problems themselves that perpetuate exclusion.

Negative myths and stereotypes about mental health have built up over time. Throughout history people with mental health problems were kept away from the rest of society, sometimes locked up, often in very poor conditions, with little or no say in running their lives. Today negative attitudes and myths lock them out of society more subtly but just as effectively.

People have been denied opportunities because of society's unwillingness to change their ways of thinking and doing things that would support people with mental health problems to participate in daily life or work.

Where people are struggling with their mental health at work, on the whole employers still focus almost exclusively on 'adjusting' the worker and rarely on adjusting the workplace.

The social model recognises that the workplace environment together with negative attitudes can contribute to or be a trigger for poor mental health. Tackling stigma by opening up conversations about mental health at work is important to break down the barriers that are leaving people isolated and afraid to open up about the fact that they might be struggling at work because of a mental health problem.

Raising awareness of the importance of the social model in supporting mental health at work helps to shift focus from the worker to the employer and workplace. It demands that employers address the causes of mental distress in their own policies and practices and fulfil their legal obligation to make reasonable adjustments to support people at work.

By embedding the social model into workplace policies, practices and publications we can ensure workplaces are free from medical approaches to mental health and that everyone is supported to participate and reach their full potential at work.

The statements below help to show how adopting the social model approach can transform the lives of people living with a mental health problem.

Medical model statement: I can't work because my anxiety means I struggle to cope with changes at short notice.

Social model solution: Frequent changes to hours of work at short notice is as real a barrier to me as steps are to a wheelchair user – it prevents me from working. If an employer agreed to working hours that weren't subject to change or gave me plenty of notice of changes then I'd be able to take up a job.

Medical model statement: I can't work because I find it difficult to talk to other people because of my anxiety.

Social model solution: If the employer removed this barrier by giving me job duties that don't involve contact with the general public or I had additional breaks to enable me to 'recover' then I'd be able to take up a job.

Medical model statement: I can't work because my depression means I sometimes struggle to get up in the morning.

Social model solution: If the employer removed the obstacle of an early morning start and enabled me to start a little later or offered me an afternoon or evening shift then I'd be able to take up a job.

Medical model statement: I can't keep a job because my depression means I struggle with my concentration.

Social model solution: If the employer gave me realistic targets, clear instructions and advance notice of tasks/job duties then the main obstacles would be removed and I'd be able to take up a job.

5 Rights at Work

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

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

The Definition of Disability

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

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

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

The definition of disability is:

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

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

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

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

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

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

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

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

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

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

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

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

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

Reasonable Adjustments

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

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

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

Flexible working – the EHRC suggest that a worker with depression could have their shift changed so they do not need to start work until later in the day. This could help where someone was taking medication that made them sleepy in the morning.

Extra support from colleagues – A worker in a fast food chain with a mental health condition had low self-confidence and needed extra supervision to carry out basic tasks and reassurance they were doing the job correctly. The support was gradually reduced over three months before ending altogether. Or someone with anxiety could be met at the bus stop so they can walk into work with a colleague.

Adjusting sickness absence formula – so that absences related to their disability are counted separately and not used to trigger disciplinary action. Guidance for employers on 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 which expressly allows employers and others to treat a disabled person more favourably than a non-disabled person.

Drug or Alcohol Dependency

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

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

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

On the whole, research has shown that attitudes towards people who have developed a drug or alcohol dependency problem are even more negative than those towards people with mental health problems. However research has also shown that people who have become addicted to a drug or to alcohol are likely to have a pre-existing mental health problem for which they have not received any treatment and so they have turned to drugs or alcohol in an attempt to cope with the distressing feelings they have been experiencing. The Union is keen to ensure that we do not accidentally exclude members with drug or alcohol problems from the protection of the law.

If someone is struggling at work for these reasons it is worth exploring with them whether they have any other illnesses or conditions which are not excluded which could mean that they do fall within the definition described above.

Informing your Employer

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

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

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

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

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

It then goes on to give the following example:

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

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

Harassment

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

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

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

The definition of harassment is:

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

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

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

Harassment is a serious form of disability discrimination.

6 Useful Contacts

Mental Health Campaigning and Support Organisations

The Samaritans

24-hour confidential, emotional support for anyone in a crisis.

Web: www.samaritans.org
Tel: 116 123

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
Tel: 01455 883300

Mind

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

Web: www.mind.org.uk
Tel: 0300 123 3393 (Mon–Fri, 9am–6pm)

Rethink Mental Illness

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

Web: www.rethink.org
Tel: 0300 5000 927 (Mon–Fri, 9.30am–4pm)

Time to change

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

Web: www.time-to-change.org.uk
Tel: 020 8215 2356

SANE

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

Web: www.sane.org.uk
Tel: 0300 304 7000 (4.30pm–10.30pm daily)

LifeSIGNS – Self-Injury Guidance & Network Support

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

Web: www.lifesigns.org.uk

Support for Parents and Young People

Papyrus

Support 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
Tel: 0800 068 41 41 (Mon–Fri, 10am–10pm; weekends and Bank Holidays, 2pm–10pm)

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
Tel: 0808 802 554 (Mon–Fri, 9.30am–4pm)

CALM

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

Web: www.thecalmzone.net
Tel: 0800 58 58 58 (5pm–midnight, 365 days a year)

Childline

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

Web: www.childline.org.uk
Tel: 0800 1111

Relationship Problems

Women's Aid

24-hour National Domestic Violence helpline.

Web: www.womensaid.org.uk
Tel: 0808 2000 247

Broken Rainbow

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

Web: www.broken-rainbow.org.uk
Tel: 0300 999 5428 (Mon, 2pm–8pm; Wed, 10am–5pm; Thur, 2pm–8 pm)

Southall Black Sisters

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

Web: www.southallblacksisters.org.uk
Tel: 020 8571 9595 (Mon–Fri, 9am–5pm. Closed for lunch 12.30pm–1.30pm)

Refuge

Provides accommodation and support for women and families experiencing domestic violence

Web: www.refuge.org.uk
Tel: 0800 2000 247 (24-hour)

Forced Marriage Helpline

Provided by charity Karma Nirvana

Web: www.karmanirvana.org.uk
Tel: 0800 5999 247 (Mon–Fri, 9am–5pm)

Relate

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

Web: www.relate.org.uk
Tel: 0300 100 1234

Men's Advice Line

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

Tel: 0808 801 0327 (Mon–Fri, 9am–5pm)

Debt and Money Advice

Citizens Advice Bureau

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

Web: www.citizensadvice.org.uk

Money Advice Service

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

Web: www.moneyadviceservice.org.uk
Tel: 0800 138 7777 (Mon-Fri, 8am–6pm)

National Debtline

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

Web: www.nationaldebtline.org
Tel: 0808 808 4000

StepChange Debt Charity

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

Web: www.stepchange.org
Tel: 0800 138 1111

Debt Action Northern Ireland

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

Web: www.adviceni.net
Tel: 0800 028 1881

GamCare

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

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

Useful Contacts

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
Tel: 0808 800 4444

Sanctuary

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

Web: www.sanctuary-group.co.uk
Tel: 01905 334000

Advance

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

Web: www.advanceuk.org
Tel: 0333 012 4307

Bereavement

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
Tel: 0808 808 1677

Bereavement Advice Centre

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

Web: www.bereavementadvice.org
Tel: 0800 634 9494

Bereavement UK

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

Web: www.bereavement.co.uk

Child Bereavement UK

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

Web: www.childbereavementuk.org
Tel: 0800 028 8840

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
Tel: 020 8371 8455

Survivors of Bereavement by Suicide

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

Web: www.uksobs.org
Tel: 0300 111 5065 (Mon–Fri, 9am–9pm)

Illness

NHS 111

NHS 24-hour telephone helpline for anyone who wants advice about urgent medical concerns.

Web: www.nhs.uk
Tel: 111 from any landline or mobile phone free of charge.

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
Tel: 0808 808 0000

Carers UK

Information, advice and support for carers in the UK.

Web: www.carersuk.org
Tel: 020 7378 4999
(02890 439 843 Northern Ireland)

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
Tel: 0300 330 3311

Alzheimers Society

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

Web: www.alzheimers.org.uk
Tel: 0300 222 1122

Multiple Sclerosis Society

Providing support and information for people living with Multiple Sclerosis.

Web: www.mssociety.org.uk
Tel: 0808 800 8000

Age UK

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

Web: www.ageuk.org.uk
Tel: 0800 055 6112

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
Tel: 0808 164 4572

Unemployment and Benefit Advice

Job Centre Plus

Tel: 0800 169 0310
(or 0800 055 6688 for new claims)

Benefits Advice and Calculators

Links to independent advice and guidance about the benefits system online.

Web: www.gov.uk/benefits-calculators

Citizens Advice Bureau

Advice on work and welfare rights in England, Wales, Scotland and Northern Ireland.

Web: www.citizensadvice.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
Tel: 020 7251 8708

Migrant Rights Network

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

Web: www.migrantsrights.org.uk

Refugee Council Online

Services and support for refugees in the UK.

Web: www.refugeecouncil.org.uk
Tel: 020 7346 6700

The Runnymede Trust

Promoting a multi-ethnic Britain.

Web: www.runnymedetrust.org
Tel: 020 7377 9222

UK Pay and Work Rights Helpline

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

Tel: 0800 917 2368

Office of the Immigration Services Commissioner

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

Web: www.oisc.homeoffice.gov.uk

Scottish Refugee Council

Independent charity helping refugees and people seeking asylum in Scotland.

Web: www.scottishrefugeecouncil.org.uk

Appendix 1: Usdaw Member Survey – Mental Health and Well-being in the Workplace

Disability

Mental Health and Well-being in the Workplace Survey

Usdaw
Campaigning For Equality

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

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

1. Are you:

Male ☐ Female ☐

2. Age

16 – 24 ☐ 40 – 49 ☐

25 – 39 ☐ 50 + ☐

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

Yes ☐ No ☐ Don't know ☐

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

a) Your manager/employer

Yes ☐ No ☐ n/a ☐

b) Usdaw

Yes ☐ No ☐ n/a ☐

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

Yes ☐ No ☐

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

a) Performance ☐

b) Absence ☐

c) Time off for treatment ☐

d) Harassment/bullying/attitudes of others ☐

e) The need for reasonable adjustments to job duties/policies and procedures ☐

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

Yes ☐ No ☐

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

a) Leaflet on tackling the myths surrounding mental health ☐

b) Training for reps on disability equality ☐

c) Training for reps on mental health awareness ☐

d) A counselling service for members ☐

e) Signposting to other useful organisations ☐

f) Other _____

9. Are you an Usdaw member?

Yes ☐ No ☐

10. If no, would you like to join?

Yes ☐ No ☐

Please return your completed survey to Usdaw's Central Office. Just write FREEPOST USDAW on the envelope and put it in the post. (You do not need a stamp.)

RACE EQUALITY DISABILITY WOMEN'S EQUALITY LGBT DISCRIMINATION PARENTS & CARERS

To find out more about Usdaw's equalities work visit www.usdaw.org.uk/equalities

To Join Usdaw visit www.usdaw.org.uk/join or call 0800 030 80 30

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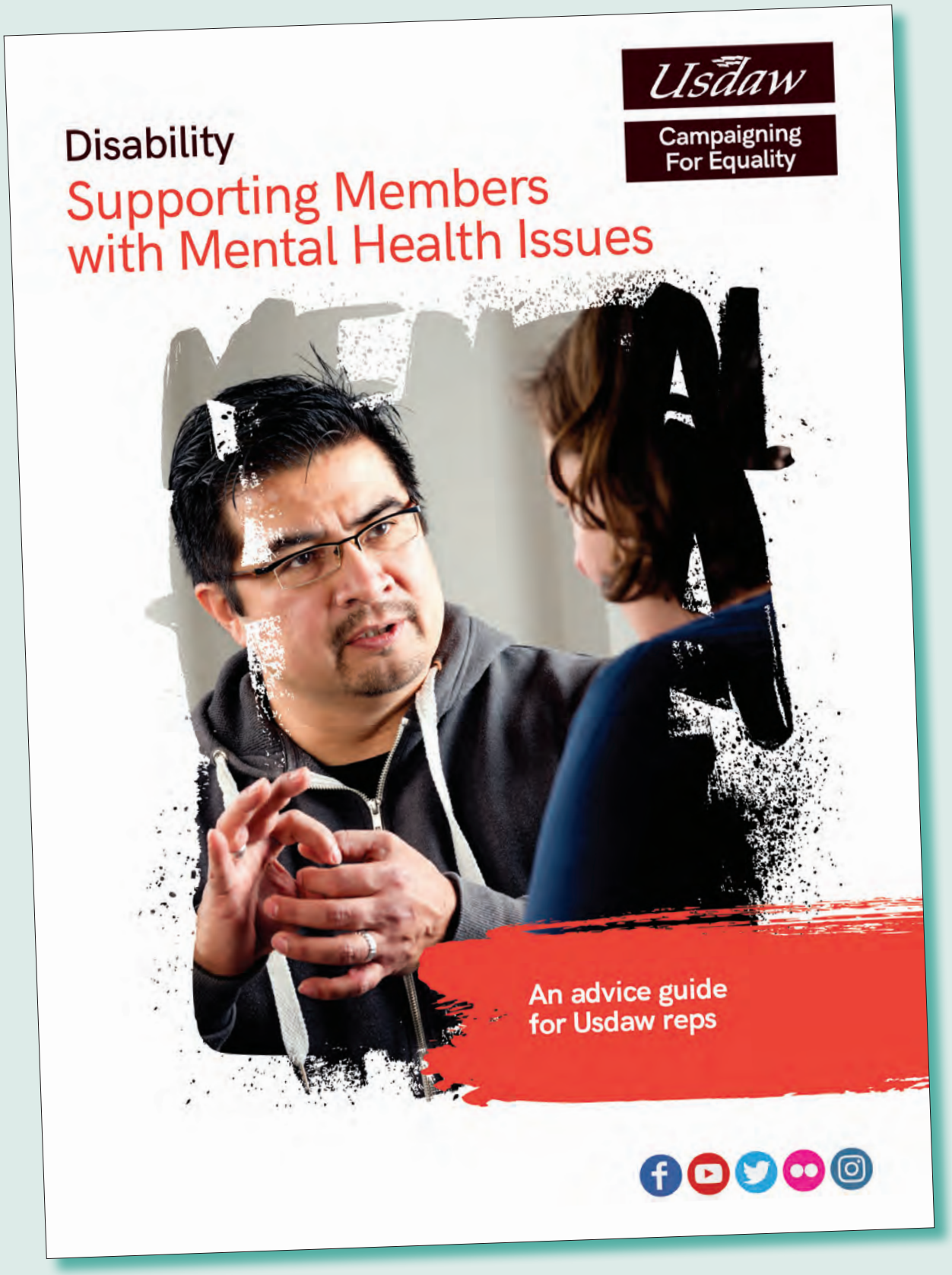
DMH A4 Survey

Appendix 2: Supporting Members with Mental Health Issues – An advice guide for Usdaw reps



Appendix 3: Mental Health Issues – Where to go for help and support at work and Men's Mental Health – It's OK to ask for help – Advice guides for Usdaw members

Usdaw

Union of Shop, Distributive and Allied Workers

Improving workers' lives – Winning for members

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