rethink

we can work it out

**a local authority line manager's guide to
reasonable adjustments for mental illness**

About Rethink

Rethink, the leading national mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life. We provide hope and empowerment through delivering effective services and support to all those who need us, and campaign for better mental health care provision through greater awareness and understanding.

To continue our work and build on what we have already achieved, we depend on your support. Please visit **www.rethink.org** to find out more.

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Who is this guide for?

Reasonable adjustments are provided by employers for staff with disabilities, as required by the Disability Discrimination Act. This is a guide for local authority line managers to help you provide adjustments at work for employees with mental illness.

Adjustments for physical disability are often relatively straightforward, as they are often changes to the physical environment (e.g. ramps, lifts, computer software). People with serious mental health problems can also be affected by their health condition to the extent that they become eligible for adjustments at work.

It can be difficult for line managers to identify what these changes might look like, especially if you don't know much about mental illness and how it impacts on people day-to-day. This guide aims to help you feel more confident addressing support or adjustments an employee with mental illness may need.

70% of line managers say they do not have adequate information about mental health.

The Work Foundation, 2003

About half of people with mental health problems will no longer be affected after 18 months.

Singleton & Lewis, 2003

How should I use this guide?

This resource is intended to be used alongside the guidance and services provided by the local authority you work for. If you need any information about these, please contact your Human Resources department.

Polices and practices for managing staff vary between different local authorities. Some may be more flexible than others, and the extent to which the line manager is responsible for arranging reasonable adjustments will also vary. This guide aims to help you feel more confident in your role in this process, whatever that might be.

How was this guide made?

The content of this guide is based on the experiences of people with mental illness who are currently using Rethink employment services. We conducted several focus groups and interviews to find out how adjustments have helped people stay in work. The quotes included in this guide are taken from these. We also met with 11 local authorities of different sizes across the country to find out what issues they needed help with. This helped us to develop a resource which aims to be useful and relevant to you in your local authority.

What is mental illness?

One in four people will experience mental health problems in their lifetime. Although fewer people than this will develop more severe mental illness, it is not possible to predict who this might be in the workplace. This means that everyone should be encouraged to be aware of their own changing health, and that a culture of openness and acceptance will allow health problems to be addressed early.

Mental illness occurs when a person experiences symptoms related to their mood, anxiety level or their perceptions of reality. One or more of these areas can be experienced by a person during a period of illness. Mental illness can develop in anyone, regardless of their job, gender, age or social background. It is not a sign of weakness if someone becomes ill mentally, any more so than if they developed a physical illness.

People with a more serious illness may experience 'episodes' of illness and long periods of being well. It should not be assumed that someone will not be able to stay in work if they become unwell, as this is often not the case.

Treatment is usually long term, often in the form of medication to reduce specific symptoms. Talking therapies, such as Cognitive Behavioural Therapy (CBT), are also effective for mental illness. From 2008, the Government's 'Improving Access to Psychological Therapies' programme (IAPT) has ensured that more people with anxiety and depression are able to access talking therapy. This programme aims to free up waiting lists for talking therapies so that specialists delivering these services can focus on people with severe mental illness.

Why do I have to provide reasonable adjustments for staff?

People with disabilities can often face discrimination in the workplace, or when looking for work. This is usually due to a lack of understanding about how much a disability will affect a person's ability to do a job. Many people with disabilities, including mental illness, are able to work and are as likely to be the best person for the job as someone without a disability.

29% of people with mental health conditions report being dismissed or forced to resign from a job.

Rethink, 2008

For these reasons, the law (Disability Discrimination Act 1995) says that people with disabilities must not be at a disadvantage in the workplace, or when looking for work. This means that anything preventing disabled people from equality of opportunity at work must be addressed.

This is done by making adjustments to policies and practices in the workplace, some of which are put in place specifically for the individual. These adjustments are referred to in the law as 'reasonable adjustments'.

Public bodies, including local councils, have extra legal duties regarding equality for disabled people. These bodies are required to be proactive about making sure the organisation is accessible to people with disabilities as an employer and as a service provider.

Who is entitled to reasonable adjustments?

A person is protected by the law, and is eligible for adjustments at work if they are affected day-to-day by their health condition

'substantially' and for more than 12 months (or would be if they were not accessing the treatment and support they need to minimise effects). The person is also deemed 'disabled' if they have been affected this way in the past but has been well for some time.

However, the focus should not be on whether a person is legally defined as disabled. It is good practice to extend reasonable adjustments to anyone who is affected by a health condition or stress in the workplace.

This guide will provide information about mental illness and how it can impact on people at work. It will also help you think about adjustments to minimise this impact so that the employee can work most effectively.

When is an adjustment 'reasonable'?

An adjustment to the workplace or practices is 'reasonable' if it is effective for the employee without being too disruptive, costly or impractical to provide. The cost of someone leaving due to failure to provide the adjustment should also considered when deciding whether an adjustment is reasonable.

If you are not sure about whether an adjustment is reasonable, you can ask your Human Resources department.

Occupational Health or Human Resources may advise on potential adjustments. The staff member should always be part of this discussion to ensure that adjustments are effective to them.

"I was having a few problems doing the hours, 32 hours a week. So they just made an adjustment to reduce my hours. As far as they were concerned, that was an adjustment, you know, because I was telling them that I was finding it hard."

What is 'reasonable' within one local authority, or even one service within an authority, will be different somewhere else, as the nature of the work will be different. For example, some authorities are able to provide adjustments such as paying for psychological therapy provided privately, if the person is unable to access this on the NHS.

If it is reasonable to provide an adjustment, but this is denied, this is a breach of the law. Similarly, if the local authority dismisses someone before they have provided any reasonable adjustments, this is also unlawful.

Access to Work

Access to Work is a government grant which can cover the costs of adjustments when a person starts work, or develops a disability when they're already in work. The employee should apply for an Access to Work assessment so that the level of support can be agreed. The costs of approved adjustments can then be claimed back from this grant by the employer. This funding is under-used for mental health – perhaps due to lack of awareness about what it could be used for.

Only 1% of the current Access to Work budget is spent on claimants with fluctuating conditions such as mental illness.*

Some of the uses for people with mental illness include:

- Job coaching or mentoring

- Counselling

- Support worker e.g. to accompany someone travelling

- Taxis if someone is unable to drive or use public transport

- Equipment to minimise noise at work

The amount of funding provided for each person is reviewed every one to three years. For more information about Access to Work: see www.directgov.co.uk

* Not yet published – cited by Sainsbury Centre for Mental Health and Mind at All Party Parliamentary Group on Mental Health

Examples of reasonable adjustments for mental illness

It is not appropriate for changes to be decided by the employer alone. Line managers should not assume that they know what is best for someone without listening to their views.

The most effective way to identify relevant adjustments is to ask someone how their health impacts on them in terms of type of work or work arrangements and discuss what could be adjusted to accommodate this.

Reasonable adjustments can be temporary or longer term, but they should be reviewed regularly to ensure they are still effective.

"Everyone is quite different. It is important not to assume anything about what people want or what is right for people."

Examples of adjustments include:

Time out

A basic change could be having time off to attend appointments for treatment or therapy related to the mental illness. Some authorities have a 'Disability Leave' policy to cover this.

If someone is becoming unwell, it can be beneficial to agree a short time off, even a day or two, to rest and prevent a full blown episode of illness developing, which would require a longer period off work.

It can be helpful for someone to know that they are able to leave the workplace for a break if they need some time out. Some symptoms, especially panic, can come on suddenly and it is best that the person can go and take some time to recover from this without having to explain.

"If my manager can see I'm getting into a panic attack, then she'll say to me 'Do you want to go out and have five minutes and then come back?"

Sometimes on the way to work, I get a panic attack and I when I get there and she can usually tell straight away so she'll say to me to sit outside with a coffee until I feel ready to come back in."

Support with managing workload

Managing workload and priorities can be difficult for a range of reasons, including problems focusing, or a tendency to take on too much. Some people benefit from having extra support with this, on either an ongoing basis, or just when they need it. This may mean focusing on specific pieces of work for a while, or supporting someone to manage their time and prioritise work.

"I have a monthly supervision but there's an open door policy. At times when I've not been feeling great, I've been able to have a weekly, or even daily supervision."

"My manager stops me taking on too much. She says I can do something for a week and see how I'm getting on."

Travelling

Travelling can be very difficult for some, sometimes only from time to time. If possible, the option to work at home occasionally can be helpful. People should not be expected to travel to events or training if this is too stressful, and alternative arrangements should be made so that they don't miss out.

"It's very important that employers and training organisations have to understand because it's very difficult. It does matter because you miss out."

Flexible hours

Someone with a mental illness may find it very difficult to wake up in the morning (this can also be due to side effects of medication). Other issues, such as anxiety, can make getting to work or using transport difficult so it takes longer to get to work. Agreeing start and finish times which are more manageable can be beneficial and prevent unnecessary pressure.

"I don't start work till 10:30 now. And, even then, some days I find it very difficult to get there on time. But it's a goal that I aim to hit every day."

"My hours are 10.30 til 4.30 which is perfect because that's the earliest I can manage and I don't have to deal with rush hour."

Mental health can fluctuate quite quickly and it's often difficult to predict when things will get difficult. Some people find it useful to have a set number of hours per week, which they complete when they are feeling at their best.

"I do 25 hours, and they are happy for me to do it, to organise my own diary and fit my hours around. I get a lot of flexibility, which really helps."

If someone is not completely recovered, but able to work, it can be useful to alter the contracted number of hours worked per week on either a temporary or permanent basis. Remember, everybody is different and it is best to ask what they think would be best for them. Making a decision without consulting the staff member can result in changes which are not beneficial for them.

Building confidence

People with mental illness often report a lack of confidence on returning from time away from work. Support to rebuild certain skills can help address this, if this is what someone wishes. It could be useful to arrange for the person to have a support worker to help with this, perhaps using Access to Work funding.

"Doing certain things takes confidence and if you've been out of work or you've been in hospital, to do those things takes a lot. And it would be so simple to have somebody actually be willing to help you do those first steps, practical basic steps."

Change of workspace

A noisy, busy workplace can be difficult to cope with for some. It can be useful to explore options such as moving to a workspace away from passing 'traffic', or enabling someone to take work into a quiet room. This might require being flexible about the tasks someone is working on.

Working from home from time to time could also help with this, if possible. Alternatively, changing the workspace physically, by using barriers, could help. Some people also find using earphones helpful to block out workplace noise.

"If I don't perhaps want to answer the telephone that day, or if I've got a lot on and I don't want be in a the hustle and bustle of the office, I can just take the computer into a separate office."

Redeployment

If there are no adjustments which will enable the employee to continue in their original role, they could be unfit for that particular job. It is best to seek advice from Human Resources and Occupational Health on this issue.

Whilst it is not always possible to create a job specifically for someone, it is likely that they could be redeployed within the local authority. This counts as a reasonable adjustment, but should not be decided without taking on board the views and wishes of the employee.

The focus of deployment should be on what the person is able to do, and they should not be offered something below their skill level, or which is also inappropriate for them.

Attitudes of staff

If a lack of awareness of mental health issues among staff impacts on the employee negatively, this should be addressed. Attitudes of colleagues can undermine adjustments which would otherwise be effective. Therefore line managers should do what they can to improve awareness as a reasonable adjustment in itself.

Options to address this could be mental health awareness or disability equality training for staff or an awareness campaign at work. Discussing stress levels and general wellbeing with all staff in supervisions should also encourage more accepting attitudes.

It is good practice to provide reasonable adjustments for staff, even if they are not eligible for this by law. Ideally adjustments should be made to all staff to reduce stress levels or if they have less severe health conditions. This will foster understanding and acceptance that colleagues have different issues and that no one is getting special treatment.

Methods of work

People can have difficulties using particular methods of work or communication. This can be due to a range of reasons. Someone might not be easily able to use a computer, or telephone, or be able to concentrate on something.

Where possible, someone should be able to use alternative methods which suit them better. Coding files by colour rather than numerically is an example of an adjustment which could be helpful.

"I think technology is a big one for mentally ill people, faxing, emails. People just say, well, you should be able to do an email.

I don't want people looking at me like I'm a sub standard person because I can't email and text. And it doesn't have to be the only form of communication."

Phased return

After time away due to illness, it maybe unrealistic for a person to return immediately to their full role. They will have to adjust to their daily routine, seeing colleagues and managing the work. Bringing someone back to their full workload and responsibilities too quickly at this crucial stage of recovery may trigger a relapse.

Your local authority may have a policy about bringing people back to work from sick leave on a 'phased return'. This means that a person can build up from fewer hours and simple tasks up to their usual role, either over a set number of weeks, or as many weeks as suits the person. This may be on full pay or paid for the work they do, depending on the policy.

The line manager and employee should always discuss what the phased return will involve. You should focus on what the employee feels they can manage, in terms of the type of work and hours worked. Most people are keen to resume their full roles as soon as possible, and may be too optimistic about what they can manage. It is important to review how they are managing regularly during the phased return.

"They started me back with simple, routine jobs, but I've since increased my role and responsibilities."

"They trust me the same as they did before, but it's not assumed that I would take all the responsibility back until I'm ready."

Planning ahead:
Wellness and Recovery Action Plans

It helps everyone to think about what would happen if someone became unwell at work before it happens. It stops people worrying about how to arrange returning to work and means colleagues and managers know what to do.

Managers benefit from knowing how best to support staff if people become unwell and how to recognise that this is happening. Some practical information, such as who to contact in this case is also helpful and reduces stress for everyone at difficult times.

With this in mind, you could think about writing an agreement with the staff member about what would happen if their health started to deteriorate, or if a crisis occurred.

Rethink uses a process called a **Wellness and Recovery Action Plan (WRAP)**. This is essentially a document all staff can create based on past experiences. This document is similar to what some organisations call an 'advance statement'.

We recommend that all staff create a WRAP and share relevant information from it with their line manager and colleagues. If they have a key worker or care co-ordinator, it might be helpful for them to ask for their support to complete this. The WRAP gives you or other colleagues permission to address concerns if things start to change. Simply knowing the safety net is there can help staff feel less stressed and more in control.

Creating WRAPs with staff will also clarify that contact is essential if they go on sick leave. You can agree what kind of contact you will have, and whether this will be with the staff member directly or a health professional, family member or friend. This is very important as confusion about contact can lead to long periods of time with no information, which can make planning return to work very difficult.

How to complete a Wellness and Recovery Action Plan

WRAPs should be divided into sections which set out how the person's health might change and what you can do to support them to stay at work:

1 Daily maintenance plan
The employee explains how they are when they are relatively well, and what needs to be in place to maintain this level of wellness (i.e. reasonable adjustments).

2 Triggers
What factors, at work or otherwise, can trigger the employee's illness? How can you help them to either avoid or manage triggers, depending on what they are?

3 Early warning signs
What subtle changes might there be when the employee is becoming unwell? Does their mood or behaviour change slightly? Do they start experiencing things differently? Include signs which you as manager will be able to recognise. What can you do to support them at this stage? Do their reasonable adjustments need to be changed?

4 When things are breaking down
If things are beginning to break down for the employee, what will be different? You as manager will need to be able to recognise this. What will they want you to do (e.g. send them home to rest, call someone)? Will they need to change your reasonable adjustments? What kind of support is appropriate?

5 Crisis plan
Crisis refers to the point of ill health where things have broken down to the extent that the person cannot safely remain at work. How will you as manager recognise that this is happening and what should you do? Is there someone you can contact if you are concerned about their safety?

6 Towards recovery and return to work
This is a plan to use following a crisis. This should include the kind of contact you would have with them whilst away from work, including other people you can speak to for updates if necessary (Community Practice Nurse, GP, partner, family member etc).

You can agree in advance the approach to a return to work they would like to take e.g. phased return. This is also the time to

discuss any new reasonable adjustments to enable return, and to record these.

The employee can also specify what they would like their colleagues to be told and what sort of contact they would like from them (if any).

This WRAP template can be modified to suit the employee. There is an example WRAP at the end of this booklet (Appendix A). This is a real document completed by a former Rethink staff member, who modified the structure to include what they felt was appropriate.

Stigma

People with mental illness often say that the biggest problem is stigma, rather than their actual health condition. When someone develops a mental illness, their confidence and sense of self can be affected. This is often due to the stigma associated with mental illness.

"Losing an arm or a leg is sad but somebody can see that disability and treat you accordingly. But you can't show people what's in your head or how you feel."

"It's like you've become unwell, but you're almost stigmatising yourself in a way that you're afraid other people will do."

Experiencing stigma, or being afraid of it, can prevent people being open about their underlying mental illness. This means that they do not receive the support they are entitled to, and also that problems are not dealt with before they escalate.

41% of people with mental health conditions have not put in an application for a job they wanted due to worry about stigma and discrimination.

Rethink, 2008

Disclosure and mental illness

A culture of acceptance and respect is essential to enable people to disclose their disability. The individual needs to be able to trust that their manager, and their colleagues, will not let them down by treating them badly if they disclose or have adjustments provided.

A manager can encourage people to be open about their health condition by:

- Providing opportunities for all staff to discuss stress and health concerns with their line manager, and for these to be taken seriously (e.g. completing WRAPs in supervisions)

- Ensuring that staff are aware of your local authority's sickness absence and disability policies so that they know what to expect if they disclose

- Ensuring that all staff receive training provided by the authority on equality and diversity issues or wellbeing

- Ensuring that stigmatising language and 'banter' is not used in the workplace as this can be very hurtful and damaging. Words such as 'nutter', 'loony' and 'mental' are often used thoughtlessly but have a very negative impact

It is also absolutely imperative that the employees know that anything discussed with their line manager will be kept confidential. Please refer to Human Resources policies and guidance about information sharing.

What if the staff member is asking for an adjustment that isn't reasonable?

If the staff member is insisting on an adjustment which is not reasonable, it is fine to be firm about this. You should explain why it has been deemed unreasonable e.g. excessive disruption to service delivery or other staff.

It is important to focus upon how their health condition affects their ability to work and discuss alternative adjustments which would be reasonable for the authority to provide.
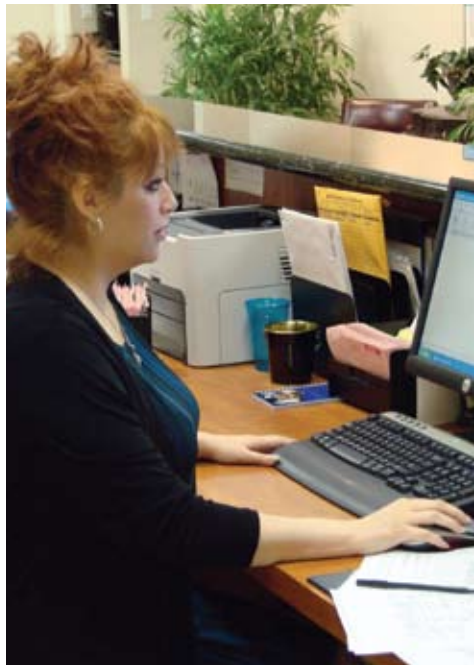
How much do I need to know about mental illness?

There are many types of diagnosis for mental illness – you may have heard of bipolar disorder, schizophrenia, personality disorder or depression. These are just a few examples, as there are many different types of diagnosis.

A diagnosis is a label given to reflect the types of symptoms someone is experiencing, and to what extent. It can be tricky for health professionals to get a diagnosis right, and they may change it over time.

As a line manager, you do not need to know about someone's specific diagnosis. You only need to know how these symptoms, or indeed the treatment the person is receiving, impacts on a person at work. Understanding this will help you think about how this impact can be reduced or eliminated.

Just over half of workers conceal mental ill health for fear of losing their job.

Rethink, 2008

How might someone be affected by their mental illness at work?

As with any type of disability, the extent and the way in which people are affected varies. Many people with a mental illness are capable of working, and this often plays a vital role in recovering health.

"It makes a big difference... sometimes going to work can turn my day around."

"I needed to get some structure. The routine of things was part and parcel of that job and I needed that to recover."

People with mental illness have the highest 'want to work' rate of any group of people with disabilities, yet they have the lowest rate of employment. The main barrier to being able to work is stigma.

Office of National Statistics, 2003

However, the symptoms of a health condition may impact on what the person is able to do or how they do it. This can also be affected by the effects of their medication. With a little flexibility, there are often simple, practical adjustments which can address these.

Examples of how someone with a mental illness could be affected at work

Working too many, or too few, hours can be excessively stressful either temporarily or long term and trigger relapse. Depending on a person's individual symptoms, it may be best for them to work the same hours as usual, or fewer hours, to recover good health.

"If I was doing two or three days a week, I could manage that. But if I was expected to do five days a week, I would definitely break down."

"Some one else might prefer shorter hours, but for me, it's better to keep busy."

It is often not predictable when symptoms will start up and also how long it will take to pass. Some flexibility is therefore essential.

"Sometimes I get to the kerb and freeze. Nothing will move, you know, it's so strange. You can go out your house thinking, 'I'm fine' and then, 'Maybe I'm not'."

"I think people don't realise how much it can fluctuate. They don't believe that you feel down today because you didn't a week ago."

Travelling to and from work, and to work events or training can be difficult at times and take longer than usual.

"I may not necessarily miss the stop, but I may feel very nervous. I have to really know where I'm going."

"When I'm having a bad day, I know I can't drive. No matter what, I can't drive, and I perhaps can't go on a bus on my own on bad days. That's how it is."

Confidence and other skills can suffer when a person has been away from work and time is needed to build these up again.

"They started me off with very simple routine jobs, and gradually I've increased my role and now I have increased responsibilities, like I'm in charge of petty cash, keys to the safe. So it reinforced the fact that I still have the same trust from them."

Having to work early can be a problem when it's difficult to wake up due to illness or effects of medication.

"My sleep patterns certainly changed; my waking and sleeping patterns. Even now I still can't really manage mornings very well."

The way the person perceives things can change and they can get things out of proportion.

"If you've had something in your mind anyway sometimes something can look ten times worse than it actually is. It might not actually be a problem but it is to you at the time."

"I'll think to myself 'I shouldn't have said that'. You just keep thinking and thinking about what you've said. You strip away all the good parts and underneath it all it's odd beliefs, not very good beliefs."

Feeling irritable at times, or not being able to interact normally with people due to the way the person feels.

"If you're having a particularly bad day they can see you as being in a bad mood or whatever, but it's actually not like that because you're just in a different place that day, or you being cross with them and they take it personally."

Difficulties with focus and concentration

"In my mind, I was doing a million things at once. It was just racing away. I couldn't think of one thing, I could only think of a million things."

Fear of stigma can lead to a reluctance to disclose health problems, and the person feels they have to pretend they're feeling fine.

"I found it really difficult to tell them. You know, one of my line managers, and my manager was there and there was someone else from HR as well. And I just found it really difficult to tell them."

"You aren't walking around with your arm in a plaster, and you haven't got a big scar over your head. People don't see the bad times when it's difficult to get dressed let alone anything else. You don't expect that people will know what it's like."

It can be difficult to get on with colleagues due to issues with social interaction.

"I find it very difficult meeting people I don't know and going to places I've never been before. I find it really, really hard. And it's difficult to explain to anybody just how bad and ill you feel if you're forced to do it."

Mental ill health can impact on the body physically.

"My immune system was all run down and I was constantly catching colds. I don't usually suffer badly from colds."

Colleagues' reactions on returning to work after being away can make things difficult, whether this is being unsupportive or too sympathetic.

"I knew they were concerned about me, and I kept thinking if I go back to work now and they all say hello, how are you doing, I'm just going to be a wreck. So it was sort of let known by word of mouth please don't approach me and say how are you?'"

"People ask you how you are and you don't really want them to ask because you don't want to tell them. You don't want to relive it all."

"It's funny how I switch on when I'm at work or on the phone, yet when I'm at home I dare not pick up the phone."

Work function is fine but they are struggling in their personal life.

"I got into debt – and I'm a debt collector. I had my own licence, I knew my rights, but I was crumbling. I couldn't do it for myself. You can do something if you're doing it for someone else but not if it's about you personally."

Why does mental illness affect people in these ways?

Symptoms of mental illness can affect a person's mood, anxiety level or perception of reality:

Mood
When a person's mood is persistently low to the extent that they lose motivation and energy levels are depleted, this is 'depression'. The person may lose the ability to enjoy any activities they used to, and may be overwhelmed by a sense of hopelessness. This can impact on a person physically, causing weight gain or loss, disturbed sleep and even physical pain. Depression can be experienced mildly, moderately or severely, depending on the strength and impact of these symptoms.

Mood can also become unusually high, even euphoric. When this causes a person to change the way they think and behave – perhaps feeling invincible and reckless, this is called 'mania'.

Mania and low moods are experienced in cycles, usually with periods of feeling 'normal' in between, by people who have bipolar disorder (which used to be called manic depression). These symptoms may be present in someone with a different diagnosis, but they won't necessarily be the main symptoms.

Anxiety

Everyone experiences fear and worry in certain situations, which is natural and healthy. Anxiety only becomes a problem when these reactions occur in situations which are not threatening or cause for so much worry. Heightened levels of these feelings can cause a person to feel emotional, and sometimes physical, panic in situations that would not be difficult for others. These could include travelling, being around people or noise, or being in an open space.

Some people may experience 'panic attacks', where the physical reaction to a situation results in symptoms such as racing heart, breathlessness and distorted hearing and vision. This is a very unpleasant experience, and many people think they are having a heart attack or that they are going to die when they are having a panic attack.

Anxiety symptoms can also vary in their severity, and in some cases can impact on a person's day to day life quite significantly. These symptoms may be experienced without any others – an 'anxiety disorder' – or they may occur alongside other types of symptoms.

Psychotic symptoms

The word 'psychotic' is commonly misused and misunderstood. Many people think it means that someone is violent and dangerous. In fact, 'psychotic' symptoms simply relate to someone's sensory perceptions and the way they interpret reality.

Typical psychotic symptoms are hallucinations and delusions:

A hallucination is something perceived by the senses which isn't truly there. This may mean seeing, smelling, tasting or feeling something which isn't really there.

The most common experience is hearing something, often one or more voices, which are not real. These voices may be kind or neutral, but can also be very critical and frightening for the person. It should never be assumed that voices are telling someone to hurt others.

Experiencing a hallucination is very real to the brain, so that it is very difficult for the person to make sense of. It usually takes a long time, and treatment, for a person to develop the 'insight' that such hallucinations are not truly happening, and to learn how to cope with this.

A delusion is a false belief which cannot be explained by any cultural or religious practices. Someone may truly believe that they are very important, or that they have an important mission. This is called a delusion of 'grandeur'.

Some people believe that they are in danger, and other people are trying to capture, harm or even kill them. This is called a 'paranoid' delusion. These experiences do not mean that someone is dangerous, they are in fact more likely to be fearful or vulnerable.

How is mental illness different to 'stress'?

'Stress' is a commonly used term which refers to an unhealthy level of pressure on someone. This kind of pressure can cause a build up of mental and physical 'stress' which can make a person feel overwhelmed, anxious and can even lead to high blood pressure and heart problems.

In the workplace, the causes of stress should be managed carefully to minimise damage to staff health and productivity. Support from Human Resources to manage problematic relationships at work, or bullying, should also be provided. In terms of stress caused by pressures outside the workplace, the impact of this stress on the person at work should be accommodated and supported by the local authority. Some authorities are also able to provide services to help employees through these pressures, although this is good practice rather than a requirement.

Whilst stress can trigger a more serious underlying mental health condition, they are not the same thing. Mental illness is just that – an illness. Whilst stress should always be kept to a minimum, and adjustments made, the manager should recognise when it is no longer appropriate to try to 'fix' the problem. When someone is experiencing illness, treatment is the responsibility of health professionals and services.
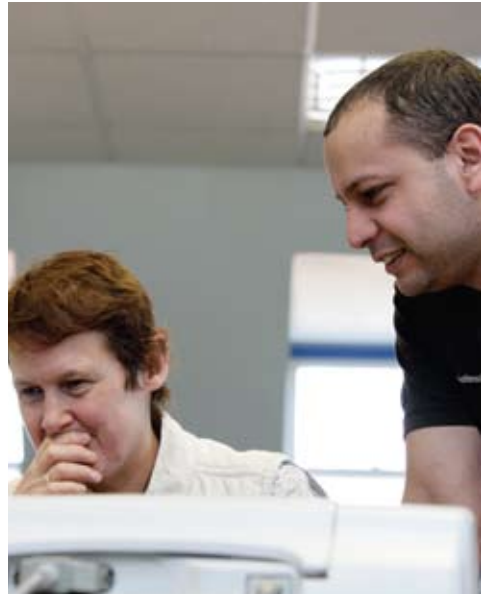
What should I do in a crisis?

WRAPs will help you and other colleagues pick up on the warning signs that someone is becoming unwell. A 'crisis' means it is not possible to keep someone safe because they have become seriously unwell. They may not understand what is happening if their perception of reality is distorted. The person may also be very distressed, which could possibly lead to self-harming or feeling suicidal. In these situations, the person should not be in the workplace, but should also not be sent home alone.

The WRAP should give you information about who you should contact in a crisis. If not, details of their emergency contact person may be held by Human Resources (it's best to have it on hand). This contact may know what to do and come to the workplace. If you are not able to get hold of this contact, or you do not have this information, you will need to make arrangements yourself.

We advise that you do not attempt to transport the employee yourself, but call an ambulance to bring them to A&E. When the health professionals arrive, they can judge whether the person should be seen by a 'duty psychiatrist' in A&E. You should let the person know that you have called an ambulance so that they can be seen by health professionals so that they are not surprised by their arrival. This should be explained calmly and sensitively. Please contact your Human Resources department about managing risk, and keeping vulnerable people safe, as this will vary in different work environments.

It is possible that an assessment arranged by A&E will ultimately lead to hospital admission for treatment, which may or may not be voluntary. Please continue to try to contact the person's named family member or friend so that they are informed of the situation as soon as possible.

What happens when someone is 'sectioned'?

If someone has become very unwell, and is perhaps unable to keep themselves safe, they can be detained in hospital for assessment or treatment. This will only be used if the person does not engage with treatment voluntarily. The Mental Health Act 1983 (which had some changes made to it in 2007) sets out the various types of detention in different sections of the Act. This is why detention is referred to as being 'sectioned'.

Someone is usually sectioned following agreement by three people specified in the Act, including either a close relative or an Approved Mental Health Professional. However, in an emergency situation, it is possible for someone to be assessed by only one doctor on the request of a named relative or an Approved Mental Health Professional.

When the person is recovering after a period in hospital, they will be discharged. Leaving hospital to go and live either at home, with family or a friend, or even in a housing service, is called living in the 'community'. At this point the person may still be receiving support, or may be under a Supervised Treatment Order where they are still required to engage in treatment. People recover at different rates, depending on their illness and treatment. It is best to maintain regular contact with the employee or another named person to keep up to date on their return to health, and to discuss return to work at the appropriate time.

Someone may be hospitalised just once in their life and then manage their condition well enough to avoid crisis occurring again. Others may need to go into hospital more often, with periods of being well in between. People are admitted to hospital in order to receive treatment and therapy, and to start recovering. Hospitals now are not like the old-fashioned asylums where people were left, for long periods, to become institutionalised.

What if I think someone has a mental health problem but they don't agree?

Your role as a manager is to ensure that any difficulties which impact on an employee's ability to work are addressed, whether or not it is due to an underlying health problem. If a person's conduct at work is also affecting other staff, this is also an important reason to ask a person to discuss any issues with you.

If all staff complete WRAPs then the opportunity to think about changes in people will already be in place. This will also set the expectation that you will discuss the impact of health in the workplace with the employee. It is important that you do broach concerns early on so that they can be addressed.

Some managers are afraid that doing this is 'picking' on someone, or that this will make their health problems worse, but this is actually the responsible thing to do. Hoping the issue will go away will only lead to a more complicated and difficult situation to manage.

If you are very concerned about someone and think they are not fit to work, you should seek advice from Human Resources about an Occupational Health referral. Sometimes, people refuse to be referred for an Occupational Health assessment. In this case, you can tell them that you want them to see their GP before coming back into work.

Some local authorities also have a policy that someone can be suspended due to health reasons. This is an option if you have valid reasons to be concerned about their fitness to work but they disagree. Please contact your Human Resources department to find out what is in place where you are.

Rethink National Information and Advice Service

**Monday to Friday
10am to 1pm**

Telephone 020 7840 3188

Am I providing too much support?

Managers may find that they are providing extensive support to an employee, and that a dependent relationship has developed. This should be avoided, as the employee should be able to cope if you left your role. It is also a lot of pressure for you, as manager, if you find that you are feeling personally responsible for an employee's welfare.

The WRAP will help set out the type of contact you will have when someone is on sick leave. This can take any form (phone calls, texts, emails). You should establish in advance how and when this will take place, and what you will discuss, to make sure you don't have inappropriate contact.

If you are concerned that the person is not accessing the treatment they need, or that they don't have any support, there are other people who can help.

Rethink provides a National Information and Advice Service, which can advise people on how to get the support and treatment they need. They can also help people to do this if necessary. You or your employee can contact Rethink's National Advice and Information Service for practical advice or information on any issue relating to mental illness, accessing treatment and support, and rights.

What else is Rethink doing on this issue?

Good practice at Rethink

1 in 5 Rethink staff members have used, or currently use, mental health services. We are committed to supporting staff and sharing responsibility for maintaining wellbeing. The good practice recommended in this resource is being promoted within Rethink.

We have produced a version of this guide for Rethink staff, and this was sent to every staff member in March 2009. Rethink's own Senior Management Team members have all completed WRAPs to encourage staff to use this helpful tool.

Employment and training services

Rethink continues to deliver high quality services that support people with severe mental illness into work. This directly helps individual service users and employers to better understand reasonable adjustments, the law and barriers to work.

By leading by example and delivering high quality services employers get a better understanding of what does and does not aid recovery. This also benefits the whole workforce in dealing with support and mental health including stress at work.

Discrimination in recruitment

Rethink is committed to promoting positive attitudes towards mental illness. We believe that the current practice of pre-employment questionnaires creates an opportunity for discrimination. Managers who are not confident around disability may assume someone is unable to do the job, or that it is not possible to provide adjustments easily for someone with a mental illness. American Law does not allow employers to ask someone about their disability before a job offer is made, they can only ask whether the person would need any adjustments. We are campaigning to gain support to introduce this approach to UK law.

Appendix A – Example WRAP

This is a real WRAP completed by a former Rethink staff member:

1. What's 'normal'? – daily maintenance plan

A typical working day for me is often very busy, with several competing demands and unexpected pressures to deal with. When I am well, I enjoy the buzz of the work and satisfaction in getting the job done.

A good, typical day

When I am well, I can handle the pressures of the work, feel reasonably relaxed and energetic, and able to focus and concentrate. I can distinguish between urgent priorities and less pressing work.

Coping under stress

When I am feeling stressed, like anyone else, I can feel overwhelmed and daunted by the volume of work to get through. I can function at work under stress for significant periods of time, so long as I remember to eat properly, and get enough exercise, rest and sleep.

Being able to switch off after work and not dwell on what's happened during the day is crucial to this, and is something I've had to train myself to do better.

Personality v illness: how you can help

It can be hard to distinguish between personality and illness, and people are sometimes wary of voicing concerns about their state of mind for fear of misreading a situation and saying the wrong thing.

I don't expect my colleagues to monitor my moods or provide high levels of support. What helps is when colleagues voice serious concerns about my health, just as they would if someone came to work with a very heavy cold when it was clear that they were not well enough to be at work.

Just a single five-minute conversation could be crucial because there is usually only a week to catch a hypomanic episode before it becomes much more serious. Please say something if you have concerns, particularly if you are not the only person to have them.

2. Early warning signs – trigger issues

There is a cross-over for me between normal, high stress levels and the early onset of hypomania. I can either find a way to calm down and turn back to a more normal mood pattern, or be overwhelmed by the stress which pulls me up to the peak of hypomania, or even worse, full-blown mania, which is much more serious. Several factors can make the difference between a difficult few days and a longer, much more serious period of illness:

a) Sleep

Getting enough sleep is crucial to staying well. If I have not slept well for several nights, and am under unusually high levels of stress and pressure, I may find it very hard to concentrate and focus on the here and now.

If high stress levels become too much, I am likely to be overwhelmed by my workload and unable to prioritise effectively, instead focusing my energies and efforts into one thing and blow it out of proportion. I am also likely to feel much more emotional and take things to heart unnecessarily.

How you can help

If you have noticed that I am not my usual self and I am extremely stressed, what helps is having someone help me work out what my priorities are so I can stick to them.

If there are pressures outside work that are adding to my stress levels, such as moving house or a bereavement, it could help to discuss this with my manager and see if I could work from home or take some annual leave.

I may be taking on too much on weekday evenings and not getting enough rest. If you know me well, you could ask what my plans are for that week, and if they seem unreasonable given my state of mind, then do tell me.

b) Eating well and exercise

If I am extremely stressed I may become rundown, not eat properly and take little or no exercise. Exercise is a great stressbuster and mood regulator. Having a good, healthy meal slows down the body and stops it running on adrenalin alone.

How you can help

Ask if I have been for a swim or to the gym etc. or am going that week. See if I am eating lunch and getting some fruit or vegetables during the day, or perhaps drinking too much caffeine or alcohol. The latter two are particularly bad for hypomania and I should try and avoid them if I am extremely stressed.

Ask other people

If other people have noticed that I'm not my usual self, that's a good indication that something is wrong and action is needed. If none of the above steps has worked, then there are still things colleagues can do to help me stay well.

3. When things are breaking down

The steps above can be enough to nip a potential hypomanic episode in the bud. Sometimes they are not, and more drastic action may be needed. Although I do have insight into my illness, it's not always enough to stop me becoming unwell.

If things are becoming more serious and my mood has not stabilised after a few days, what's needed is a few days off work sick, and plenty

of rest. I have a prescription for the anti-psychotic drug for exactly this kind of situation.

How you can help
At this stage, being at work is not going to be helpful, so make sure I take time off. During my most recent episode, I found it very hard to admit to myself that I wasn't well, so even if I am reluctant to take time off, make it clear I need to see a GP before coming back to work. This might only need to be a day – say a Friday followed by a quiet weekend - but I'll need several nights' sleep to be back to normal.

Be blunt
If I am so unwell as to need time off work, I won't respond to conversational subtleties or hints. Be direct, because at some level I will know I'm not well, and will eventually respond if I realise people are worried about me. You don't need to be rude, but just clear and firm, even if my behaviour is exasperating or bewildering.

Switch off your mobile and email
It might help to hand over my work mobile during this time, so I can't be tempted to make work calls on it. It might also help to agree that I won't check my work emails during this time.

You might also want to check what arrangements I've made with friends or family to hand over any credit cards and cheque books to avoid overspending (common behaviour during mania).

4. Crisis plan

It is possible I could be so unwell as to make the steps outlined under step 3 redundant and more drastic action may be needed. This would mean I would be at work in a manic state which could be disruptive to colleagues, and potentially dangerous or embarrassing for me.

In this instance, the best thing to do is to contact my parents on (phone number), or my friend, 'Amy' on (phone number). They have all agreed for my employers to have this number in case of emergency, and should have contact details for my relevant healthcare professionals.

Tips for managers

Do

- remember that a mental illness is an *illness*

- encourage a culture where staff feel safe to disclose

- provide regular opportunities for you or your staff to raise concerns

- complete a WRAP with all staff

- address problems early before they escalate

- discuss impact of the mental illness with employee on their work so that you can identify adjustments

- ensure regular contact from start of any sickness absence, which can be planned using the Wellness and Recovery Action Plan

- focus on what the employee *can* do when returning from work

Don't

- assume that none of your staff have a mental illness

- avoid raising concerns about staff health if you believe it's an issue

- decide on adjustments for a staff member without their input

- be afraid to be firm if a requested adjustment isn't reasonable

- allow stigmatising 'banter' in the workplace

- allow a dependent relationship to develop – it's not good for you or your staff

Join us

Rethink works tirelessly to improve the lives of those affected by severe mental illness. If we are going to continue to succeed we'll need your help. You can support us in any number of ways for example becoming a member, making a donation or becoming a campaigner.

Please support us today to help transform the lives of generations to come. To find out how you can help visit www.rethink.org, phone 0845 456 0455 or email info@rethink.org

Information on mental health

For more information about Rethink publications and other products on mental health, please visit www.mentalhealthshop.org or call 0845 456 0455.

Make a donation

We cannot achieve our goals without the vital funds donated by supporters. Donate today by calling 0845 456 0455 or donate online www.rethink.org

Acknowledgements

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Please note

All quotations in this leaflet are from people who have been affected by severe mental illness.

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

For further information on Rethink Phone 0845 456 0455 Email info@rethink.org www.rethink.org

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