Preventing Work-Related Mental Health Conditions by Tackling Stress
Guidance for Head Teachers
GUIDANCE FOR HEAD TEACHERS
ON PREVENTING WORK-RELATED MENTAL HEALTH
CONDITIONS BY TACKLING STRESS

Introduction
Mental ill health is the second largest cause of sickness absence in the UK. Stress, depression and anxiety account for more than fifty per cent of all mental health problems. Fifteen to twenty-five per cent of the general population has a common mental health problem at any one time. Teaching is considered to be one of the most stressful professions to work in in the UK, if not the most stressful.

It is not the intention of this document to reproduce in full the NUT’s and UNISON’s guidance on stress. This can be found in the NUT Briefing ‘Teacher Stress – 2007 Update – NUT Guidance to Divisions and Associations’, available from the health and safety section of the NUT website at www.teachers.org.uk. UNISON’s Model Stress Policy is available at www.UNISON.org.uk/acrobat/12879.pdf. Rather, this guidance document is about supporting head teachers in reducing work-related stress in their schools.

What is good mental health?
Good mental health is not simply the absence of diagnosable mental health problems, although good mental health is likely to help protect against development of many such problems. Good mental health is characterised by a person’s ability to fulfil a number of key functions and activities, including:

- the ability to learn
- the ability to feel, express and manage a range of positive and negative emotions
- the ability to form and maintain good relationships with others
- the ability to cope with, and manage, change and uncertainty

Good mental health is about positive well-being, about feeling in control of one’s life, valued at home and at work, and generally relaxed and positive.

What are Mental Health Conditions/Impairments?
This document uses the overarching term ‘people with mental health conditions’ in preference to ‘users of mental health services’ – since some people with mental health conditions do not use mental health services or do not wish to be defined by their use of them.

This guidance has used ‘condition’ rather than ‘mental health problem’ because ‘condition’ is neutral, making no judgement of whether or not the experience is a ‘problem’.

The NUT is aware that there is much debate around terminology. Everybody responds differently to the stresses and strains of modern life and it is common to describe ourselves as ‘depressed’, ‘stressed’, or ‘anxious’ at times.

Each teacher or member of the support staff will experience mental health conditions differently, even if they have the same condition ‘in name’. Staff with mental health conditions will employ different techniques to help them manage their mental health
condition, including use of medical services, secondary mental health support services, counsellors and getting support from family, friends and colleagues.

Many staff with mental health conditions will have conditions that fluctuate, and it may well be that they can go for long periods without having any particular difficulties.

This means that many people with mental health conditions can obtain and retain employment successfully, provided that employers are positive about developing an inclusive work culture and back this up by making effective reasonable adjustments.

**What Types of Mental Health Conditions can be Caused By Stress?**

Stress caused by excessive workload, pupil behaviour, poor communication and conflict at work, often unrecognised and unaddressed, can lead to mental illness. Anxiety, depression, withdrawal, poor concentration, insomnia, low self-esteem, increased dependency on drugs or alcohol and deteriorating personal relationships may result.

**The Role of the Head Teacher**

As a head teacher, with responsibility for deploying and managing all staff at your school, and for maintaining a reasonable balance for each member of staff between work and life outside school, you will want to ensure, so far as it is within your power, that your staff remain happy and healthy. They are, after all, your most important resource.

People who experience wellbeing in the workplace perform well and are therefore more effective in their roles. Schools with large numbers of stressed, demoralised and anxious staff are not able to function efficiently. The educational experience of young people depends upon the effectiveness of teachers and support staff and their effectiveness depends upon their wellbeing. Acting to reduce levels of stress within your school will lead to less short and long-term sick leave which will, in turn, reduce pressures on other colleagues as well as benefiting pupils.

Head teachers are, of course, no less vulnerable to mental health conditions than any other teachers. The NUT recognises this fact. In many cases – workload, league tables, performance management and inspection – the pressures on head teachers are even more acute. As a head teacher you must have regard for your own health and well-being, for your own good, and that of those around you. It should also be borne in mind that head teachers who exhibit signs of stress, can frequently pass this on to staff in school, who can in turn suffer stress related symptoms as a result.

As a head teacher you have a duty of care to exercise in seeking to safeguard the mental wellbeing of your staff. This relates to preventing problems arising in the first place, but also assisting those who do become ill to make a full recovery and return to work. Assisting those who become ill may involve adjustments to the workplace to allow an easy return.

Studies on teacher stress carried out all over the world confirm that there are certain universal teacher stressors which apply generically to teaching. The extent to which teachers are afforded a minimum level of protection from these occupational hazards is, at least to some extent, dependent on your actions.
The purpose of this guidance document is to offer some basic advice on how you can help ensure the mental well being of all your staff. Your local authority may offer its own advice on this area. If so, it is important that you follow it. It is likely that there will be areas of overlap between this guidance and your local authority guidance.

**WHAT CAN HEAD TEACHERS DO TO SUPPORT THE STAFF IN THEIR SCHOOL GENERALLY?**

You are not expected to counsel staff yourself or provide medical advice. Separate sections below deal with the support available from occupational health services, the Teacher Support Network and trade unions when teachers do experience mental health conditions.

The role of the head teacher should focus on providing the right sort of environment to work in so as to minimise the risk of staff experiencing work-related mental ill health. Establishing a school safety committee provides a useful forum for discussions about strategies to reduce stress levels among staff. Many local authorities have now drawn up policies on tackling stress in schools. Good examples of such policies recommend that stress risk assessments be carried out. NUT guidance on school safety committees is available at www.teachers.org.uk/hands.

Various suggestions as to how you can help support your staff are described below.

- **Address the stigma of mental health conditions**
  One of the first problems you will face in tackling this issue is the stigma attached to it. It is important for staff to know that management is aware of the pressures they face and that there is no shame attached to admitting that there is a problem. It is not a sign of weakness to report that certain aspects of school life, for example pupil behaviour or workload, are having a negative effect on one’s wellbeing. If you take a sensitive, yet not intrusive, interest in the personal lives of your staff and are aware of different personalities, you will probably notice when a member of staff behaves out of character, even if that person does not approach you.

  If you think that a member of staff may have a mental health condition you could try speaking with them in order to seek to persuade them to see their GP. The most important thing is to let them know that you are there to help and provide support, not to judge them or make them do anything they feel uncomfortable about. Remember also that it is lawful for staff to choose not to disclose their mental health status.

  Detailed information about disclosure of mental health conditions both at the recruitment stage and during employment is set out in Appendix 3.

  Encouraging staff to discuss problems with sympathetic colleagues and with you will raise the profile of the issue and help reduce feelings of isolation. Early, non-judgemental, intervention is essential in order to protect future health and career prospects. The earlier someone seeks help, the more likely it is that they will get effective help and make a full recovery to lead a happy and fulfilled life again. This does, however, involve much more than telling people to ‘pull themselves together’.

- **Undertake a Stress Risk Audit**
  A useful way to assess stress levels in a workplace is to undertake a risk audit. There may not be obvious signs of stress or even work-related mental ill-health amongst your staff
so a risk assessment exercise can help provide you with accurate information about stress levels in your school.

A sample questionnaire is attached at Appendix 1. Requesting that teachers complete the questionnaire on a confidential basis will give you an idea of the levels of stress being experienced by individual staff members in your school. It will also help you to gauge whether the culture or climate of the organisation is positive or not. An unhealthy culture fosters unhappiness whilst a healthy culture encourages creativity, good relationships and enthusiasm. The questionnaire is not time-consuming to complete. You can also use the questionnaire to assess your own stress levels.

- **Implement the HSE’s Stress Management Standards.**

In November 2004, the HSE launched its ‘Management Standards for Work-Related Stress’. In the words of the HSE, the management standards ‘provide a yardstick against which to measure performance in tackling the causes of work-related stress’. According to the HSE, the culture of an organisation is influenced by six factors, or ‘stressors’, in the workplace. These are:

  - the **demands** of your job;
  - what **control** you have over your work;
  - the **support** you receive from managers/colleagues;
  - your **relationships** at work;
  - your **role** in the organisation;
  - **change** and how it is managed.

Although the Management Standards are voluntary, the NUT believes they can serve as a useful tool for employers in understanding how to carry out a risk assessment for workplace stress.

Each Standard contains simple statements about good management practice for each of the six stressors, which form a useful guide for carrying out stress audits and stress risk assessments. They also act as a ‘benchmark’ for organisations to assess how they are performing in relation to the six Standards, and to assist in determining targets for improvement and action plans.


Adopting the Management Standards provides a framework to help head teachers to assess workplace stress levels and identify solutions to bring about reductions. The NUT recommends this approach. Where a stress risk assessment indicates that substantial numbers of people are at risk of mental ill health due to work-related stress, it is clear that changes need to be made to the way in which work is organised.

**What does this mean in practice?**

**Demands**

All employees should be able to cope with the demands of their jobs. Head teachers must therefore provide their staff with achievable demands in relation to their hours of work.

- **Job descriptions**
- should be up-to-date and must clearly outline roles and responsibilities.
● **Workload**
- Ensure that 1265 hours directed time budget is in place and re-negotiated annually;
- Ensure that the changes brought about by the Workforce Agreement are adhered to;
- At times of peak activity, for example report writing, reschedule other activities;
- Avoid setting unrealistic deadlines. Check regularly how much pressure colleagues are under;
- Where possible bring in additional resources to relieve workload at peak times of the year.
- Advise staff to take a break at lunch time. The NUT recommends a break of at least one hour.

● **Dealing with problems**
- Follow through problems that are raised with you. Listening alone is not enough. Don’t assume they will sort themselves out;
- Develop action plans.

● **Planning and organisation**
- Prioritise future workloads so as to avoid panicking yourself and others about deadlines;
- Ask yourself whether particular projects/work areas could be better organised.

**Control**
All staff should be satisfied that they are able to have a say about the way they do their work.

● **Participative Approach**
- Consult staff over their work patterns/timetables;
- Provide opportunities for staff to air their views and be prepared to listen and perhaps change your mind.

● **Empowerment**
- Delegate responsibility where appropriate and avoid managing ‘under a microscope’. (This will also help minimise your own stress levels);
- Steer staff in a direction, rather than imposing direction;
- Don’t however delegate so much authority that staff feel a lack of direction.

● **Development**
- Encourage staff to go on training courses to develop in their role, and then use the new skills acquired;
- Provide mentoring and coaching where requested;
- Ensure CPD is open to all on a fair and equitable basis;
- Make training days available for individual CPD;
- Ensure that performance management targets are used for identifying CPD opportunities and not merely focused on the School Development Plan.
Support
Staff should be able to indicate that they receive adequate information and support from management, under the following headings:

● **Accessibility**
  ● As far as possible adopt an open-door policy and make time to talk to colleagues;

● **Feedback**
  ● Praise good work
  ● Acknowledge effort
  ● Plan observations with at least one week’s notice. The reason for undertaking the observation should be explicit. Detailed NUT guidance on classroom observation is contained in the NUT document ‘Teachers’ Workload and Working Time Policy – Guidelines for NUT Representatives in England and Wales’, available from the NUT website at www.teachers.org.uk;
  ● Set aside time for sharing good practice, for example, peer observations;
  ● Ensure timely and appropriate feedback after any observation;
  ● Make sure that any staff subject to capability procedures are offered all the support they need to improve their performance.

● **Practical Support**
  ● Provide adequate administrative and technical support
  ● Introduce an effective system of induction for new and supply staff. For example, provide welcome packs, maps, timetables, a copy of the behaviour policy, ICT passwords, etc;
  ● Ensure the staff handbook is accessible to all staff, as well as all school policies and procedures, the Burgundy Book and the School Teachers Pay and Conditions Document (the Blue Book).
  ● It is important that support staff are made aware of the support available to them from their trade unions. From UNISON there is the Support Staff Little Pocket Book (each school should make sure there are copies available for staff) and there are UNISON in Schools Newsletters and regular Bulletins and Health and Safety Guidance. For further information go to the UNISON Education web pages http://www.UNISON.org.uk/education/schools/index/asp.

● **Individual Consideration**
  ● Be flexible, so far as is reasonably possible, when time off is needed;
  ● Be supportive to those on sick leave;
  ● Don’t interpret the trigger periods in absence monitoring procedures too rigidly;
  ● Make staff aware of the occupational health and welfare support mechanisms that are available to them. More information on occupational health services is set out later in this document;
  ● Be as supportive as you can in terms of making reasonable adjustments to working arrangements for those experiencing mental ill health. Do not make staff feel they are a burden for requesting adjustments.
Relationships
Meeting the ‘Relationships’ standard involves promoting positive working to avoid conflict as well as dealing with unacceptable behaviour.

How can head teachers, supported by the leadership team, help achieve this standard?

- **Managing Conflict**
  - School behaviour policy should be robust and adhered to;
  - Discipline, grievance and bullying/harassment procedures for staff should be in place and accessible to staff. Where you are aware that bullying or harassment is taking place, you must stop the behaviour. Seek external advice if necessary;
  - Staff should be encouraged to report violent incidents with victims offered support and appropriate management action taken;
  - Complaints should be taken seriously and investigated.
- **Expressing and managing one’s own emotions**
  - Try to stay calm under pressure;
  - Set a good example to others by apologising for poor behaviour;
  - Walk away when unable to control emotions;
  - Admit mistakes.

Role
For this standard to be met people need to understand their role within the organisation. You need to ensure, so far as is possible, that the different requirements upon employees are compatible and that sufficient information is provided to enable employees to understand their role.

- **Communication**
  - Make sure that individuals have a clear picture about their work objectives, your expectations of them and the responsibilities of their job. If a job changes, then that needs to be reflected in a revised job description;
  - The school handbook should explain clearly the roles of all staff;
  - Contingency plans should be in place to cover those times when teachers with dual roles find themselves called upon to fulfil different aspects of their role at the same time. For example, emergency calls for the Heads of Year/First Aider/Named person.

Change
Staff need to feel that management engages with them during any period of organisational change.

- Model practices and procedures should be followed, for example the local authority’s policy on avoidance of redundancy;
- Consultation with employees’ unions should be embedded into this framework;
- Ergonomic factors should be evaluated in advance of any changes so that any factors that are anticipated as having a negative impact on an individual’s working conditions are addressed;
Organisational change needs to be accompanied by suitable resources, for example a suitable working environment should be provided for teachers who are using their PPA time;

Whenever the impact of a new initiative/workload demand is being considered, work life balance should be taken into account, in order to achieve downward pressure on working hours.

**Summary of HSE Management Standards**

Individuals are more willing to admit that they are suffering from stress if they can expect to be dealt with sympathetically. In some cases good counselling may be all that is needed. Managers and supervisors should be trained to help individuals cope with stress and to recognise when expert help is needed.

If the principles of the HSE’s Management Standards are followed, all staff should be able to say that they:

- Feel that the **demands** placed upon them to fall well within their capabilities;
- Are able to exercise some form of **control** over their work and the way they do it;
- Are aware of the **support** that is available to them from colleagues and management;
- Feel comfortable in their **relationships** with work colleagues and are not subject to unacceptable behaviours;
- Understand their **role** within the school;
- Are consulted and involved during times of **change**.

If they are satisfied with these six factors, they are less likely to experience mental health problems.

**Summary Action Plan**

1. Undertake a Stress Risk Audit
2. Implement the HSE’s Stress Management Standards
3. Make stress a regular agenda item of the school health and safety committee
4. Publicise self-help strategies
5. Involve support staff and teaching unions early on in the intervention and rehabilitation stage.

In taking proactive steps to prevent work-related mental health problems, you will be assisting the governing body/local authority in meeting its statutory duties to promote disability equality and eliminate disability discrimination.

**Supporting Members of Staff with existing Mental Health Conditions**

You will want to help those individuals who have been traumatised or distressed at work recover and regain their well-being. If they are covered by the DDA definition of disability (see Appendix 2) then you have a legal duty to make reasonable adjustments where a policy, practice, procedure or feature of the school premises places the disabled worker at a disadvantage in comparison to non-disabled workers. Reasonable adjustments can include, but are not limited to:
• making adjustments to school premises (this would normally be a matter for the local authority rather than the governing body);
• allocating some of the disabled person’s duties to another person;
• transferring him or her to fill an existing vacancy;
• altering his hours of working;
• allowing him or her to be absent during working hours for rehabilitation, assessment or treatment;
• giving, or arranging for training or mentoring;
• acquiring or modifying equipment.

It is good practice to make adjustments that are ‘reasonable’ for all staff with mental health conditions, whether or not they are covered by the DDA.

In assessing the reasonableness of an adjustment, you are entitled to take the following considerations into account:
• the extent to which it is practicable to make the adjustment;
• the financial and other costs of making the adjustment and the extent of any disruption;
• the extent of the governing body’s financial and other resources;
• the availability of financial or other assistance, for example, from the local authority;
• the size of the school;
• the extent to which making the adjustment would remove the disadvantage complained of.

The list is not exhaustive and there may be other circumstances that are relevant.

Once you have considered what appropriate and reasonable adjustments could be made in the circumstances, you may take one or more of the following additional steps:
• Put the colleague in touch with appropriate outside agencies (a list is attached at Appendix 4). This of course includes their trade union and the Teacher Support Network.
• Ask the colleague about what adjustments they believe will enable them to continue to work or assist their return to work.
• Refer colleagues to occupational health services or welfare support services, where appropriate, and also encourage self-referrals. This must be presented as a supportive, not punitive, gesture which will enable the person to access the support they need to recover. This could include a programme of behavioural therapy or counselling. See section below.
• Develop a caring strategy for staff members returning to work, including following any advice given by occupational health professionals, considering what reasonable adjustments might be made and, if necessary, negotiating changes to work patterns.
• Ensure that work-related factors which led to the mental health condition have been addressed, so that illness does not recur. This is probably the most long term issue to address, as it may involve consideration of whole school policy and practice such as pupil behaviour, bullying or workload.
● Ensure that your school’s disability equality scheme, which is required by law for every school, covers steps for encouraging staff to disclose their disability status and training staff on the implications of the DDA 1995 and the rights granted to staff in this legislation. The legislation introduced general and specific duties to promote disability equality across all school functions. This requires schools to be proactive about how they mainstream disability equality to ensure that disability equality is built into everything they do. Schools need to take account of disabled people when making decisions and developing policy and involvement with the trade unions should be encouraged in the scheme development.

The general duty requires that a school should have due regard to the need to:

● eliminate unlawful disability discrimination and harassment;
● promote equality of opportunity and positive attitudes towards disabled people;
● take account of people’s disabilities (even if this means treating them more favourable);
● encourage participation by disabled people in public life.

The key requirement is to publish a Disability Equality Scheme (DES) every three years. Specific guidance for schools is available from the UNISON website at www.UNISON.org.uk and from the NUT website at www.teachers.org.uk. There is also good practice available from UNISON on how the DDA is applied in other public sectors. ‘Leave Agreement – A Model’ is available from UNISON at http://www.UNISON.org.uk/acrobat/B2105.pdf.

Before taking any of these steps, take advice from your Human Resources or Personnel department.

The Role of Occupational Health

Teachers’ conditions of service (such as the terms of the Burgundy Book) provide that ‘in the case of prolonged or frequent absence, the teacher undertakes any examination that the employer may require by an approved medical practitioner nominated by them.’ Teachers do not have to pay for this examination and should be informed that they have the right to be accompanied at such an examination by their own doctor.

Occupational health has been given little profile and has rarely been an issue which employers have seen as important. This may be because it lacks the immediacy of safety issues and therefore is often given less priority than the removal of hazards. Yet occupational health schemes can have a major effect in preventing ill health through work and in ensuring that people are able to return to work as early as possible. Occupational Health Schemes have a major part to play in preventing ill-health through work, and UNISON wants to see a greater priority given to them. The Treasury has demanded that public bodies ensure that their employees have reasonable access to occupational health services.

The NUT believes that the role of occupational health services should be viewed in a positive light. Where a member of staff has been on sick leave with a mental health condition, particularly where this is known to be work-related, it is important that that person receives support from a medical professional who understands the nature of teaching/working as a member of the support staff as an occupation, who can organise
appropriate treatment but also make recommendations as to how that person’s eventual return to work should be managed. The role of occupational health services is advisory only. It is up to the relevant manager to accept or decline the advice offered. The NUT would, however, advise its head teacher members to consider very carefully before deciding not to take account of advice offered.

You may believe that some members of staff may be developing mental health conditions, perhaps because changes in their behaviour give rise to health and safety concerns. Even if no sick leave has been taken, it may be appropriate to encourage individuals in this situation to request a referral to occupational health or to ask the person concerned what support they would find useful. Clearly such situations need to be handled in a sensitive way.

You should be aware that it is common for people suffering from mental health conditions to react badly, perhaps irrationally, to what may appear to you to be a perfectly reasonable question or sensitively phrased advice. This is not your fault, but it is something for which you should prepare yourself. Remaining patient and calm at all times is essential.

When you do decide to refer a member of staff to the authority’s medical adviser, speak to him or her about your decision first, as this will provide you with an opportunity to explain the referral process and the reasons behind your decision to make the referral. Try to bear in mind their likely fragile state in any written communications. Sensitive use of language is essential. Advise the member of staff that s/he will be asked to provide written consent to allow the medical adviser to access medical information from his/her own GP. You will not see that information for reasons of medical confidentiality. The NUT advises its members to co-operate with such requests. You will need to provide detailed information to the medical adviser including details of the individual’s duties and why you believe that the absences may be work-related. Once the medical adviser has met with the person concerned, a report will be sent to the local authority’s Human Resources Department which will normally incorporate the following points:

- when the person is likely to be fit to return to work;
- whether the person is covered by the Disability Discrimination Act (see below);
- what the employer can do to facilitate recovery and return to work, for example, changes to work patterns, timetables, and additional administrative support;
- whether redeployment or other adjustments should be considered;
- whether the cause of the absence is work related or not.

**Ill-health retirement**

Some staff may not recover sufficiently to be able to return to their job. In these cases, they may be entitled to ill-health benefits under the relevant pension scheme. The Occupational Health Service will be able to advise staff on the application process and they can also obtain advice and guidance from their teacher or support staff organisation.

As indicated above, before taking any steps including drawing staff’s attention to possible ill-health retirement, head teachers are advised to consult and take advice from their personnel or human resources department.
Barriers to accessing support

Many staff are unaware that their employer runs, or contracts, an occupational health service. Head teachers can help in this respect by letting staff know what support is available by putting up posters on notice boards and/or inviting service providers into school to promote the services which are available and help allay fears about occupational health being automatically linked with absence management and discipline.

Detailed DSCF guidance on obtaining occupational health advice, aimed specifically at teacher employers and managers is contained in the following document: ‘Obtaining Occupational Health Advice on Fitness to Teach – A Guide for Teacher Employers and Managers and for College Admissions and Pastoral Care Tutors’. This is available online at www.wiredforhealth.gov.uk/PDF/ohmanagerguidance.pdf.

The Disability Discrimination Act 1995

The Disability Discrimination Act (DDA) places a legal duty on employers not to discriminate against members of staff and to make reasonable adjustments where the school’s policies, practices, procedures or premises place a disabled member of staff at a disadvantage in comparison to non-disabled staff.

As a head teacher you do not have the same legal duty as an employer but you do have a delegated management role in implementing reasonable adjustments as recommended by the Occupational Health Service and the HR department.

To assist staff with mental health conditions you should

- provide the person concerned with some information about the sort of adjustments that might help them, and suggest they seek advice from a Union representative.;

- provide them with basic information about their rights under the DDA, for example from the TUC, UNISON or NUT website;

- If you are unclear whether someone is covered by the DDA, assume that she or he does have rights under the DDA and then move onto discussions about what reasonable adjustments might support that individual, after taking appropriate advice from your Personnel or Human Resources department.

Sickness Absence Monitoring

Positive sickness absence policies can help to pinpoint work-related issues such as health and safety risks, stress and bullying. They can tackle those organisational issues that can give rise to absence and provide support to promote staff attendance through positive interventions, which can have a significant effect on reducing absence. They must be linked to return to work policies and rehabilitation policies. Britain is lagging behind many other countries when it comes to rehabilitation. In Scandinavia 50% of people return to work after a major injury. In the USA it is roughly a third. In the UK the figure is 1 in 6.

UNISON has just published a report called ‘Making us Better – Sickness Absence Agreements: A Guide for Branches and Safety Representatives’. Although aimed at union representatives, it is a useful source of information for head teachers. It emphasises that sickness and safety are linked and that safety reps should be involved in the development
of absence management policies. It is available from UNISON Communications, stock number 2594 and is on the UNISON health and safety website. It can be downloaded in PDF format from this link http://www.UNISON.org.uk/safety/index.asp.

The NUT has published guidance on absence management. ‘Absence Monitoring Procedures’ is available from the NUT website at www.teachers.org.uk.

**Further Information**

If you require further information on related areas, the following may be of assistance:

**Rethink Guide for Employers** –
http://www.rethink.org/living_with_mental_illness/everyday_living/stigma_mental_illness/employers_and.html

**ACAS Stress Guidance** – http://www.acas.org.uk/media/pdf/q/b/B18_1.pdf

**Sickness Absence Toolkit** – http://www.UNISON.org.uk/acrobat/B3368.pdf

**Disability Leave** – http://www.UNISON.org.uk/acrobat/B2105.pdf

**DDA and Schools** – http://www.UNISON.org.uk/education/schools/equalities.asp

**UNISON Guidance on Occupational Health Schemes** –
http://www.UNISON.org.uk/acrobat/B177.pdf

The HSE has produced web-based guidance on health and safety risk management and disability to encourage the employment and retention of disabled workers –

**From Compliance to Culture Change: Disabled People Working in Lifelong Learning – Interim Report of the Commission for Disabled Staff in Lifelong Learning** –
**APPENDIX 1**

**Staff Well-Being ‘Ready Reckoner’**

About the Staff Well-Being ‘Ready Reckoner’

This questionnaire may be used by head teachers who wish to survey staff in their school to ascertain the extent of workplace stress being suffered. It may elicit data which could prompt a full stress risk assessment; or it may simply serve as a rough guide to gauge the extent to which staff may be enduring stress-related symptoms.

Higher scores are suggestive of greater levels of well-being amongst subjects of the questionnaire, whilst lower totals tend to indicate elevated degrees of stress/poor mental health. Please note that a score of 100 or more does not necessarily indicate the absence of a problem. It is important to seek NUT advice wherever evidence of stress emerges – the earlier it is tackled, the easier it is to put right.

**Instructions:** For each of the following questions, enter the number matching the description which most closely represents how you feel.

1 = Not at all  
2 = Not much  
3 = Sometimes  
4 = Mostly  
5 = Very much so

- Do you feel able to concentrate on what you are doing?
- Do you feel that you are playing a useful part in things?
- Do you feel capable of making decisions?
- Do you feel generally relaxed?
- Do you feel that most problems you encounter can be surmounted?
- Are you able to enjoy normal day to day activities?
- Do you manage to keep your sense of humour?
- Do you feel happy, all things considered?
- Do you have respect for yourself?
- Are you sleeping well?
- Are you eating well?
- Are you drinking sensibly?
- Do you enjoy good general health?
Do you cope well with changes to your job? 
Can you usually complete one task before starting another? 
Do you usually keep things in proportion? 
Do you have a reasonable amount of energy? 
Do you feel in control of your job? 
Do you feel you are coping well in the classroom? 
Do you receive appropriate support when you need it? 
Do you get on well with your pupils? 
Do you get on well with your colleagues? 
Do you get on well with your managers? 
Do you feel free from the threat of bullying/harassment at school? 
Do you enjoy a reasonable degree of autonomy, unaffected by excessive monitoring regimes? 
Do you manage to leave work ‘on time’ fairly regularly? 
Do you find your job satisfying and fulfilling? 
Do you have a life outside work? 
Do you intend to remain in teaching for the foreseeable future? 
Do you look forward to returning to school after a weekend or holiday? 

**Now add up your score.** 

More than 100 = low evidence of stress – but see caveat above; 
51 to 100 = moderate evidence of stress; 
Up to 50 = high evidence of stress.
APPENDIX 2

The most common mental health conditions are briefly described below.

**Stress**
Pressure is an essential motivating force but may become stress, and therefore a problem, when a person feels they don’t have the resources to cope with the demands placed upon them. Symptoms may be emotional (e.g. irritability, tearfulness) and physical (aches and pains, high blood pressure etc). The person may find it difficult to make decisions or perform tasks and may be unable to attend work.

The Health and Safety Executive defines stress as:

’The adverse reaction people have to excessive pressure or other types of demand on them.’ – HSE

Some staff who are experiencing stress may fall within the remit of the DDA 1995 and you should contact your Human Resources or Personnel department for guidance on individual cases.

**Depression**
Depression is on a spectrum from mild to severe. Depression is common in the general and working population\(^1\). Symptoms include low mood and lack of energy. Motivation can be affected and people may experience thoughts of life not being worth living, which in extreme cases can lead to suicidal behaviour.

**Anxiety**
Anxiety becomes a problem when feelings of tension and fear prevent a person from carrying out everyday tasks. In extreme cases people may suffer panic attacks or phobias. Obsessive Compulsive Disorder (OCD) is a form of anxiety where people have recurrent, intrusive thoughts, which they may feel ‘forced’ to act on (e.g. fears of contamination leading to repetitive hand washing).

**Psychotic conditions/Schizophrenia**
In contrast to depression and anxiety, which are common in the general and the working population, psychosis is very uncommon. Psychosis is a term used when a person appears to lose touch with reality. People may hear, see or believe things that aren’t real to others (e.g. hearing voices, thinking that others are ‘out to get them’). If the illness becomes chronic (long term) the person may withdraw from the outside world and neglect themselves. In these circumstances a psychiatrist may diagnose schizophrenia.

**Bi-Polar Disorder/Manic Depressive Illness**
Both terms are used to describe this condition where a person may ‘swing’ between episodes of extreme low mood and depressive symptoms to being ‘high’ or elated. During a manic episode a person may have high energy levels, grand or unrealistic ideas and become reckless (e.g. taking risks, overspending). People may go through mood cycles at different rates and times.

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Mind and The Manic Depressive Fellowship provide concise guidance on employing people with mental health problems. See appendix 4 for details.

Models of Disability
There are two dominant models of disability which are commonly used to describe the way society has structured itself in relation to disabled people. The application of these models in practice can have serious impacts on the way disabled people experience the world. The NUT and UNISON advocate the approach explained below under the heading ‘the social model’.

The ‘Medical Model’
The medical model of disability is when people are defined and automatically disadvantaged by their medical conditions. This model means that the ‘problem’ is the person with a mental health condition, and so they need medical interventions and treatment to make them more like people who do not have mental health conditions.

The ‘Social Model’
The social model of disability says that disabled people are excluded from society because it has not evolved to include disabled people, in terms of attitude, social policy, the built environment and employment structures. In order to tackle the exclusion faced by disabled people, this model firmly places the onus on society to change to make itself inclusive.

It is important that employers are aware of these different approaches to thinking about mental health, so that using the social model of disability as their starting point; this approach encourages consideration of how to promote measures which focus on organisational change rather than teachers with a mental health condition. The ‘problem’ is not within the teacher but within the system.

Is stress a disability?
This is a question which employers need to consider.

Stress is not a disability in itself. However, ‘stress’ may become a condition protected by the DDA where it results in a mental or physical impairment which has a long-term and adverse effect on a person’s ability to carry out day-to-day activities.

The purpose of this document is to help head teachers identify and deal with work-related stress before it becomes a disability.
APPENDIX 3

Do staff need to disclose a mental health condition?
It is lawful for disabled people to choose not to disclose their mental health status.

Disclosing a mental health condition, either in the recruitment process, or whilst in employment, can be one of the most difficult issues for people to deal with. The Mental Health Foundation research 2005 found that 47% of people who had experience mental distress said that they had experienced discrimination in the workplace, and 37% had experienced discrimination when seeking employment.

People with mental health conditions may be very reluctant to disclose their impairment, because they fear that it would impact negatively on their chances of getting a job, or keeping a job once they are employed. An NUT survey in 2006 found that half of the disabled teachers replying were not sure whether they would feel confident in disclosing their disability or health condition if applying for a new job.

It is lawful for employers to ask job applicants whether they have a disability. The NUT advises that employers should not ask irrelevant health questions. At recruitment stage, prior to a job offer, questions about health or fitness to teach should be limited to those concerned with reasonable adjustments for the recruitment process.

Disclosure at recruitment stage
Head teachers should not make assumptions about what tasks or level of responsibility a person with mental health conditions could or could not undertake. For example, it is commonly incorrectly assumed that people with mental health conditions would have difficulty undertaking a promoted post because of the stressful nature of the role, or it might be wrongly assumed that staff with depression might seek to pursue early retirement on the grounds of ill health.

Head teachers should make a clear statement in recruitment literature about the employer’s willingness to make reasonable adjustments to enable people with mental health status to perform the role. Such statements may also serve to instil confidence in people to disclose their condition. For example they could sign up to the MINDFUL EMPLOYER Charter for Employers who are positive about Mental Health. This is run by the National Institute for Mental Health England (NIMHE). There is no cost in being involved in the MINDFUL EMPLOYER initiative, which is open to any employer, public, private or voluntary sector, in the UK. (Website: www.mindfulemployer.net)

Disclosure of mental health conditions during employment
There are many routes by which a member of staff may disclose a mental health condition. It may be to a Union representative, the occupational health service their line manager or another colleague. Staff will only disclose if they feel confident that this will not lead to discrimination or harassment of them. In an NUT survey in 2006, nearly one quarter of the teachers with mental health conditions reported that they felt unsupported and that that the school did not make the effort to make adjustments to allow them to continue to teach.

Employers may also undertake routine staff monitoring exercises, to improve their knowledge on the diversity of their employees, and people with mental health conditions may disclose at this stage, especially if the monitoring process is anonymous.
APPENDIX 4

ORGANISATIONS OFFERING MENTAL HEALTH SUPPORT

**MIND** is the leading mental health charity in England and Wales, providing information and support to those affected by mental distress, as well as campaigning to improve policy and attitudes.

020 8519 2122  www.mind.org.uk

Mind Model Mental Health Policies and Fact Sheets are available from www.mind.org.uk/information/factsheets/M

**Stress**

**Teacher Support Network** is an independent charity that provides practical and emotional support to trainee, serving and retired teachers and their families.

08000 562 561  www.teachersupport.org.uk

**Alcohol**

**Alcoholics Anonymous** offer area support meetings

0845 769 7555

**Drinkline** offers advice, information and support to anyone concerned about their own or someone else’s drinking.

0800 917 8282

**Bereavement**

**Cruse Bereavement Care** helpline for bereaved people and those caring for bereaved people

0844 477 9400  www.crusebereavementcare.org.uk

**Counselling**

**Relate** offer relationship counselling and mediation for individuals and couples.

08451 30 40 16  www.relate.org.uk

**Debt**

**Debtline** provides help for anyone in debt or concerned they may fall into debt.

0808 808 4000  www.nationaldebtline.co.uk

**Drugs**

**National Drugs Helpline** is a free 24-hour service for drug users and solvent mis-users, their families, friends and carers.  0800 776600
**Gambling**
Gamcare offers confidential counselling, advice and information for anyone affected by a gambling dependency.
0845 6000 133  www.gamcare.org.uk

**Housing**
Shelterline offer 24-hour confidential advice on housing problems.
0808 800 4444  www.shelter.org.uk

**Medical**
NHS Direct offers confidential advice and information regarding health concerns, local health services or self-help and support organisations.
0845 4647  www.nhsdirect.nhs.uk

Terrence Higgins Trust offer advice, practical support and counselling for HIV and AIDS.
08451 22 12 00  www.tht.org.uk

Manic Depressive Fellowship – the Bi-Polar Organisation is a national user-led organisation and registered charity for people whose lives are affected by manic depression.
020 7793 2600  www.mdf.org.uk

Rethink (formally National Schizophrenia Fellowship) is the largest severe mental illness charity in the UK and is dedicated to improving the lives of everyone affected by severe mental illness, whether sufferers, carers or professionals working in the mental health field.
0845 456 0455  www.rethink.org

**Parenting**
Parentline Plus offers 24-hour support for anyone parenting a child, including grandparents and step-parents.
0808 800 2222  www.parentlineplus.org.uk

Parent Partnership offers support and advice to parents with children who have particular needs in schools.
0845 601 7837

**Suicide and emotional crisis**
Saneline offer emotional and crisis support for people suffering from mental health problems, their friends and families.
0845 767 8000 (12.00 noon to 2.00am)  www.sane.org.uk

Samaritans offer 24-hour confidential and emotional support for anyone in crisis.
08457 90 90 90  www.samaritans.org.uk

**Smoking**
QUITLINE offers friendly help, advice and support on how to stop smoking.
0800 169 0169