

Mental Health at work – Whose business is it anyway?



Unite reps guide to facilitating and leading
the agenda for mentally healthy workplaces



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Foreword

'Preventing stress and promoting Good Mental Health at Work' was Unite's very well received 'Mental Health guide for Reps and Negotiators' which we published two years ago. Our union's Mental Health Taskforce continued to meet regularly to analyse and discuss developments which confront our vast membership. This was particularly important during the COVID-19 global pandemic.

As predicted by the Mental Health Taskforce members' "things are going to get worse before they get worse!". Indeed this was borne out by the very recent work of our Director of Research John Earls, and his team reinforced our view that Mental Health issues are now of epidemic proportions.


The research survey of **April 2021** of Unite Workplace representatives identified a 'clear link' between the increase in stress brought about by the pandemic. Our data demonstrated that **83%** of Unite reps are dealing with an increase in numbers of members reporting Mental Health problems. That's a huge increase from the **65%** reported in our survey in **2020**.

I wish to place on record my thanks to all the members of our Mental Health Taskforce – Gail Cartmail, Bud Hudspith, Phil Jones, Harish Patel, Diana Holland, Rob Miguel, Paul Mooney, Howard Percival and especially Anooshah Farakish who, significantly contributed to completing our new guide 'Mental Health at Work – Whose business is it anyway?' The Taskforce commissioned Anne Mathie to write this guide as a complement to our previously published 'Unite Mental Health Guide for reps and negotiators – Preventing stress and promoting Good Mental Health At Work' facilitating and leading the Agenda for Mentally Healthy Workplaces which can be downloaded on <https://www.learnwithUnite.org/assets/Uploads/8948-Unite-Mental-Health-Guide-web.pdf>

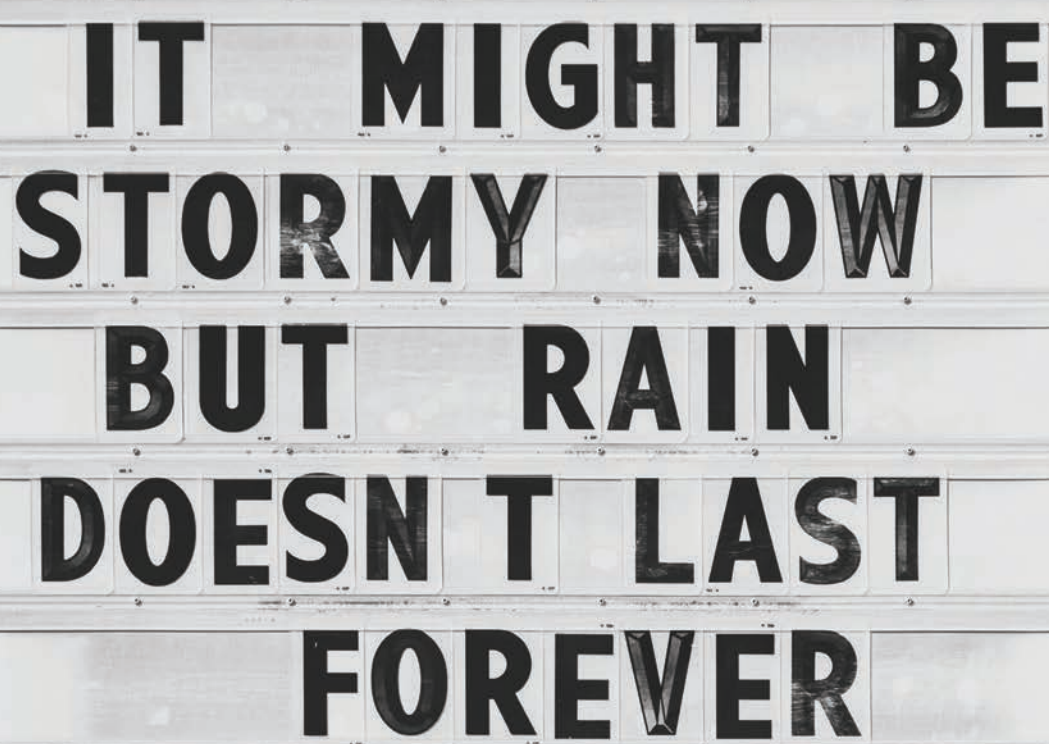
This our most recent guide to 'Mental Health at Work – Whose business is it anyway?' featuring case studies, has been designed for our Reps on the front-line in their workplaces and as a resource on our education courses.

Based on Anne's extensive experiences as a professional in the field and a Unite National Tutor, the Guide is a practical down-to-earth handbook anchored in the everyday involvement of our Reps. This is an addition to Unite's toolkit which has been developed to improve our members' lives.

In solidarity



JIM MOWATT
Convenor Unite Mental Health Taskforce



**IT MIGHT BE
STORMY NOW
BUT RAIN
DOESN'T LAST
FOREVER**



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Introduction

Our mental ill-health statistical data in the UK are staggering and remember any statistical data we get is the tip of the iceberg. As many cases go unreported for lots of reasons. What is getting reported more though is the rise in workplace mental ill-health. All ages are affected and we are now at an important juncture. Mental ill-health is costing between £33 and £45 billion in lost productivity per year¹. If we don't do something in the next few years, the pandemic of poor Mental Health will engulf us completely at home and at work.

This booklet will allow Reps to see that the business of Mental Health is everyone's business. Not just the Reps! Unite Reps have embraced the subject and taken up that mantle but barriers to progressing the agenda are still there. Unite has been proactive with Reps taking forward the agenda to promote good mental health at work. They know the lay of the land at a grass roots level. Sadly mental ill-health experiences are an everyday occurrence at work and the Unite Reps are supporting members emotionally.

More importantly, this book assists Unite Reps with their own health and mental well-being in this highly pressurised, emotional, stressful environment. This is an additional service that some provide. We need our Reps healthy and that means mentally healthy too!

Safe, Mentally Healthy working environments are an employer's responsibility. We need employers to recognise that this issue needs to be addressed. As you will read, there are some great examples where Unite Reps have made changes through educating and influencing employers! Unite Reps have embraced the subject of promoting good Mental Health and thus have taken up that mantle but our employers need to look after their greatest asset – their workforce!

Unite also refer you to the 'Unite Mental Health Guide for reps and negotiators – Preventing stress and promoting Good Mental Health At Work'.

Within which you will find an example of a:

- i) Mental Health Agreement
- ii) Stress Policy
- iii) Stress at Work Survey and much more.

<https://www.learnwithUnite.org/assets/Uploads/8948-Unite-Mental-Health-Guide-web.pdf>

¹ Deloitte internet press release 22 Jan 2020 <https://www2.deloitte.com/uk/en/pages/press-releases/articles/poor-mental-health-costs-uk-employers-up-to-pound-45-billion-a-year.html>



Climate

Preventing mental health problems at work requires commitment, consultation and investment. Some employers update Stress at Work policies, do well-being surveys, provide training and employee assistance programmes.

Workplaces are increasingly harmful to our Mental Health. More of us are living to work, not working to live. We are dealing with unachievable workloads with little or no additional support. Mental Health issues are already the biggest disability of our time with the occurrence of a pandemic, more of us are being affected.

The reasons why workers' mental health can be affected adversely by work are numerous. Here are but a few:

- Terms and conditions being changed, as they are sometimes clandestinely, without any consultation or agreement.
- Zero hour contracts means that individuals' lives are on hold as they wait for the beckoning of their employer that their services are required.
- Despite working full time, workers are increasingly having to use food banks.
- The threat of redundancies are looming over workers in today's climate.

PRESENTEEISM:

When someone is expected to always be present at their place of work and often for more hours than is required even when they are unwell.

LEAVEISM:

When someone has to use their annual leave or flexitime to have time-off when ill. Also, when time-off is used to complete work or for caring responsibilities.

Employers are already seeing the Mental Health impact of COVID-19 now. Staff fear for their jobs, grief, worries about becoming unwell, caring responsibilities and concerns about the future.

Working under increasing duress leads to more incidences of presenteeism or the newest "ism" – leaveism and at worse absenteeism. These are adversely affecting the productivity of workers resulting in workplaces becoming unsafe environments. Companies still have to be productive so all these pressures on everyone are greater.

Promoting and improving good Mental Health at work is currently high on the UK Government's agenda with increasing costs to UK industry and peoples' lives. The time is long overdue to start the serious work of tackling the Mental Health problems of the nation's workforce. The Farmer/Stephenson Review of 2017 highlighted the need of buy-in by employers to ensure that people can thrive at work, whether they have never had a Mental Health issue or they have lived experience of it and they are now back at work.

Unite has been proactive about good Mental Health in the workplace having commenced a Mental Health Training programme in 2012. It was quickly picked up and delivered across all regions and nations within 18 months. As a result of this forward thinking and quick implementation the training was well received. Unite Reps had reported that their employers had not been supporting staff with Mental Health issues, and that most workers left employment having experienced mental health problems by either leaving their job or by being "medically managed" out of work.

Unite Reps also reported that where Mental Health training opportunities were evident in their workplace, it wasn't being offered to them. Instead it was offered to others within the organisation, who in some cases had no, or minimal, day-to-day contact with staff at a grass roots level where the issues would be most prevalent. This meant that there would be no-one at that level to support someone in crisis.

Employees invariably seek out Unite Reps because they are on the shop floor, and approachable. Arguably, it could be said that if consistent Health and Safety training is being rolled out to the exclusion of Unite Reps, it is not facilitating an inclusive environment. By not offering training opportunities and resources concerning promoting good Mental Health to everyone, the employer is not taking responsibility for its entire workforce.

Unite Reps also reported that they were supporting members with crises and that the employer does not offer specific mechanism of support for Reps afterwards. Unite Reps have become affected themselves after listening to distressing information and are not getting appropriate support. Employers must remember that Unite Reps are their employees too!

Some examples that Reps deal with are:

Thoughts of and attempts of suicide

Mental distress and crisis

Bullying

Trauma

Abuse

Statistics

Research estimates that mental health at work in the UK costs up **£45bn**. This consists of **£7bn** in absences, **£27bn - £29bn** in presenteeism and **£9bn** as staff leave the organisation.¹

1 in 10 (9%) of employees who disclosed a Mental Health problem were dismissed, demoted or disciplined.²

17.9 million working days were lost due to work related stress, anxiety and depression In 2019/20. They accounted for **51%** of all work-related ill health cases and **55%** of all working days lost due to work-related ill health.³

Unite Reps on Mental Health Awareness training regularly request assistance to help members disclosing suicidal thoughts or contemplating suicide. This is a major stressor for Unite Reps personally after the event.

We also have to be mindful that some of the catalysts for mental crisis, distress or ill-health, are not work related but life related. No matter the cause, employees with mental health issues should be supported by the employer.

SUICIDES 2019

ENGLAND AND WALES:
5,691 IN 2019 UP 321 FROM 2018

SCOTLAND:
833 IN 2019 UP 49 FROM 2018

REPUBLIC OF IRELAND:
421 IN 2019 UP 69 FROM 2018

Samaritans 2020

¹ Deloitte: Mental Health and Employers Report 2020

² BITC: Mental Health at Work Report 2019

³ Labour Force Survey 2020



Legislation

As well as the duties placed on an employer under Health and Safety Law, there is a common law duty of care between an employer and employee. This duty of care is in place to protect an employee from psychiatric injury as well as physical injury. Thus the duty of care extends, to not to exacerbate a condition, which an employer knows exists, or develops whilst the individual is in their employment.

There is a wealth of legislation that refers to employee health and well-being. Well-being is the physical and psychological health of someone and some of it will be referred to in this section.

This guide is not intended to make legal experts of Unite Reps but it does create an awareness that there is protection for employees. Unite Reps must refer to their Regional Office in the first instance if they need guidance. Decisions will then be made by Regional Officers how to handle the enquiry being made. The Officers are there to answer any queries that may arise if the Unite Reps think that there is evidence of discrimination or unfair treatment whilst representing members. It is also important for members to know that they may have protection that may allow some respite from worry and fear concerning their job.

The Health and Safety at Work Act 1974 Section 2 states that It is the duty of the employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

Policies and procedures must be prepared and reviewed with respect to the health and safety of employees with employees being notified of changes. Safety representatives shall represent the employees in consultations with the employer.

The Equality Act 2010 provides protection for someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. This legislation has quite clear rules on recruitment, employment, training, progression and redundancy. Employers should ensure that managers are knowledgeable about its duties and when this should apply to disabled staff.

The Equality Act 2010 is a complex piece of legislation thus Unite reps need to always take advice before applying it to situations within representation.

The Management of Health and Safety at Work Regulations 1999 require employers to carry out suitable and sufficient assessments of health and safety risks. Regulation 10 (1) of the Act requires employers to provide comprehensible and relevant information to their employees on:

- (a) the risks to their **health and safety** identified by the risk assessment,
- (b) preventive and protective measures...

The Safety Representatives and Safety Committee Regulations 1977 give safety Reps the right to investigate and tackle workplace stress. The employer must consult the union-appointed Health and Safety Representatives on health and safety matters affecting employees they represent.



While the burden of proof used to be on the employer to show they were not negligent, The Enterprise and Regulatory Reform Act 2013 amended the Health and Safety at Work Act 1974 so that the burden is now on the employee to prove that the employer was negligent and that the negligence caused the injury.

Road Traffic Act 1988 and Motor Vehicles (Driving Licences) Regulations 1999

If you have a diagnosed Mental Health condition, (or any condition for that matter) that impairs your driving ability or compromises your ability to be safe on the road at all times. You are required by law to notify the DVLA. Not all Mental Health conditions need to be reported on but you can be fined up to £1000 for failure to notify, or if you have an accident caused by your inability to drive competently due to your diagnosis or how the symptoms of that diagnosis impairs your driving. You can also be impaired by medication and your reaction times could be affected.

Stigma, Discrimination, Bullying and Harassment

We are shaped by our early lives, experiences and influences. This is what allows us to build our confidence, shape our thinking and have our core beliefs and opinions. These all come in handy as a Unite Rep. We can argue, react to the injustices we see and sometimes become the voice for the person who feels they have lost theirs. It is that very “shaping” that allows us to have our views around Mental Health.

The media’s portrayal of mental health is normally negative. It feeds into historical perception which we may hold concerning mental health problems, and so the stigma is born. We have that picture of Mental Health and because we don’t have the true account of what it really means for someone who has mental health issues we make assumptions.

Stigma is how we observe stereotypes or negative views of someone whose characteristics or behaviours are viewed as different to social ‘norms’.

Sadly, stigma is alive and well in today’s workplaces. Someone will have a judgement call made on them for having an impairment and a derogatory name duly given. It’s not given to cause distress or alarm (unless done with malice aforethought) we have a name for it – Banter. It’s a joke! No harm intended unless you are the recipient! The shocking fact is banter can kill or at least, be extremely harmful. That person

DISCRIMINATION CAN TAKE MANY FORMS

Direct discrimination: treating someone less favourably than someone else because of their condition

Indirect discrimination: putting measures in place that puts disabled workers at a disadvantage

Harassment: where unwanted behaviour toward a disabled worker infringes their dignity or creates an offensive environment for them

Victimisation: treating someone unfairly because they raised, or supported a grievance, in respect of disability discrimination

Discrimination by Association: where someone is targeted because of their association to a disabled person



who is subjected to it constantly whilst feeling fearful, alone and unwell can come to a point where it is unbearable. This constitutes harassment and bullying. Unfortunately it isn't rare, it happens in workplaces across the UK every day.

Nowadays the thinking around Mental Health problems is changing because we are being educated regularly through people sharing their experiences. Credible, non-sensationalist information and the normalising of the subject recognising that anyone can become unwell, receive treatment and support so they can live with an impairment.

Stigmatory practices are regularly carried out in the workplace through workplaces not getting educated. Someone may be seen as different because of their impairment and maybe doesn't get considered for things at work because of this.

Some people suffer at work more directly where they are subjected to discrimination. This can happen for lots of reasons. Again, the perceptions and assumptions that we have, play a part.

Discrimination is treating someone unfairly and differently because they possess certain characteristics.

Discriminatory practices can arise at work as a direct failure to educate about Mental Health in the workplace. I will name a few examples of how discrimination can occur in the workplace. Many people will make up their minds about the capabilities of someone with a Mental Health problem. They decide that someone may not be well enough to carry out their duties, that their symptoms may cause problems, that they can't be reliable, that they may be unpredictable. People may not want to be around a disabled person.

Under the Equality Act 2010, the employer must ensure that disability discrimination does not take place and Reasonable Adjustments are put in place to support the person. Reasonable Adjustments must be made unless it is not practicable. Reasons for not implementing reasonable adjustments are sometimes due to costs. However, costs should not be an excuse for not making adjustments. Most reasonable adjustments for Mental Health issues do not cost much.

Supporting good Mental Health at work

In Unite we acknowledge that there are some excellent employers who have recognised that supporting employee well-being is all encompassing. These employers manage to provide information and support for staff covering a range of subjects that they envision could be contributory to mental health problems. Good employers have comprehensive policies which are flexible, supporting individual employees with a number of different conditions, with an understanding of the relevant legislation and implementing them accordingly.

Regrettably there are employers who need to change their current thinking around Mental Health in the workplace and view it for what it is – an integral part of their business. Just like investment in hardware or technology, a perpetual investment also has to be made in the most important asset – the workforce.

Barriers to ensuring that someone remains well at work once they have returned is down to the work that is carried out whilst they were off sick. This is where Unite Reps say they gained confidence in representing their members and getting members back to work, they have a better understanding of how fragile someone can be. This is possibly because of training or because they have been approached by the individual in the past. That is why Unite Reps **can** assist in a process that does not rush employees who have been off sick to return to work before they are ready to do so.

Recent research has found that on average there is a high Return on Investment (ROI) when an organisation makes appropriate interventions:

STAGE OF THE INTERVENTION		
INVESTMENT ROI		
Business wide culture change and awareness raising	£1	£6
Proactive training for employees	£1	£5
Reactive support such as counselling, therapies once MH had worsened in an employee	£1	£3
Deloitte 2020 *Return on Investment		

Sadly, organisations which are not mentally aware fail to recognise that this is a sensitive, crucial stage of someone's recovery. If handled well this can allow someone who has mental health problems to return to work and be a productive member of the workforce.

Unite Reps are becoming more proactive in challenging policies and influence processes at work. Where Unite Reps see how the process can't be beneficial to the member, they are asking relevant questions that are now causing employers to contemplate an individual's experience of recovery and return to work. Evidence shows that if the employee is supported in a safe and nurturing fashion by managers who understand, and are educated that their return will be for a longer period of time, and if handled correctly with less absences.

Unite Reps are increasingly alerting employers **that although** they must support good health, **their organisation is now in the business of supporting health problems** and that the employers simply must get it right. Sometimes we wrongly assume that everyone returning to work has completely recovered. The actuality is that the person could be aided with lots of mechanisms. They could be on medication or receiving support from clinicians, family, friends and hopefully the employer, manager and colleagues. This is achieved by way of Reasonable Adjustments or a Mental Health Risk Assessment. These will all offer much needed support for someone. The exciting aspect of all of this is, in many cases, Unite Reps are negotiating for members using their acquired knowledge with confidence and sometimes even initiating and leading the Agenda for Change!

We have heard of fantastic wins and buy-ins from employers purely a result of the Rep spearheading the agenda and changing a workplace landscape. It takes time, commitment, energy and passion. Yet exuding all of these can take its toll on Unite Reps. Employers need to be mindful of the role of the Rep in these processes and work with the Reps to identify if they, the Unite Reps, have any support needs. There is little evidence that employers are doing this.

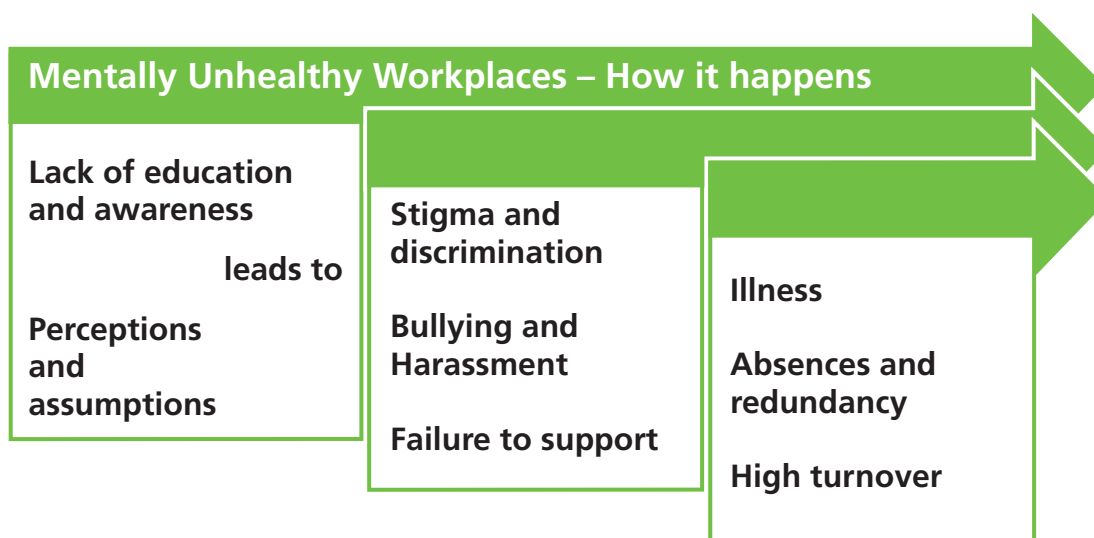


An Agenda for Change

Employee well-being is said to be a priority though employers are sometimes not as demonstrative in providing it across the organisation. Stress Surveys are usually the business barometer that all is (or not) well. However, ‘Stress Surveys’ don’t give the lay of the land from a Mental Health perspective. Mental Health surveys do.

Stress At Work is defined by the Health and Safety Executive (HSE) as the adverse reaction people have to excessive pressures or other types of demand placed on them at work’. If that stress is left unaddressed and untreated it will progress to conditions, like anxiety or depression. To combat Stress At Work, we identify and then minimise to alleviate the stressors – this can be a huge task. Most organisations have Stress At Work policies but not necessarily dedicated Mental Health Policies.

A Mental Health diagnosis can range from Anxiety to Schizophrenia. So how can Stress At Work policies support someone with specific Mental Health symptoms and be aware that they won’t be present or evident all of the time? It can’t – it’s that simple.



Creating workplaces with good mental health are ultimately the goal for good employers today. Unite Reps have been organising their members using information and education to achieve good mental health in workplaces. Showing the membership that everyone should expect to be protected from becoming unwell at work by their workload or the workplace environment can be a role that a Unite Rep can undertake. They can by offering practical information and solutions to engage management and employers. This leads to the creation of mentally aware workforces who learn to engage, by knowing what their rights are and how they can be proactive personally for their situation at work.

Managing to encourage employers on board has been a positive experience for some Unite Reps. Some have had to get their attention by providing cold hard evidence that the staff are struggling, want change and are expecting it.

Some Unite Reps have undertaken Mental Health promotional events. This has led to staff becoming engaged. In return some employers seeing a shift have engaged with the Rep to enquire about the work and it leads on from there.

Some Unite Reps have to highlight the distressing accounts they have experienced and demand that support and commitment from employers which is their responsibility by law and should be forthcoming. Tragically some employers have experienced the horror first hand when someone takes their life at work and they start the work from there. It's a reactive response.

Setting the Agenda for change takes time, sometimes years but it should be an ongoing agenda that is fluid and not absolute. Unite Reps take back the message from training that employers have to be proactive not reactive, **as is sometimes the case**. This is part of the Agenda: teaching this message, setting up consultations and surveys with the membership about Mental Health issues.

A useful stress survey for reps to use can be found on pages 30 and 31 of our Mental Health Guide for reps and negotiators <https://www.learnwithUnite.org/assets/Uploads/8948-Unite-Mental-Health-Guide-web.pdf>. The survey is a useful tool and will establish a baseline to understanding what is happening in your workplace, and help establish an action plan around workplace stress.

Agenda Strategy and Action Planning

Branches can start big or small with their agenda. For example, they could look at initiating information days, highlighting National Mental Health awareness days, undertake a branch survey of the membership. A Mental Survey could be utilised. For an example of a Mental Health Survey please see <https://www.learnwithUnite.org/assets/Uploads/8948-Unite-Mental-Health-Guide-web.pdf>

From the survey, the Unite Rep and the employer working together can analyse what circumstances are like and change situations for members. Employers have set up working groups / taskforces to focus on improving Mental Health and wellbeing of staff. This collaborative working between unions leads to employers taking a best practice approach. By embracing collaboration with the union and engaging in a reciprocal practices these are beneficial to the workforce.

Identify the issues:

- What are the issues that are arising at present for example lack of support?
- Excessive workloads
- No Mental Health scanning
- High level of absences
- People having mental health crisis or being in distress
- No Mental Health safe spaces at work
- Stigmatising attitudes and culture.

⁴ Safety Reps Brown book Employer's Guidance 7:67



Collate the evidence:

- What can you evidence?
 - Does the Health and Safety Rep request Mental Health statistics regularly from the employer? (they can request health data for the protection of the Health, Safety and welfare of staff⁴)
- The demographics can be extrapolated from the statistics received and that can then shape and form the work done on site to take the agenda forward.
- Has there been previous consultations with members regarding wellbeing?
- Has the business conducted surveys where you may disagree with the findings because Unite Reps may have evidence to the contrary?

Get buy-in and solid commitment:

- This can be driven as a result of requesting information.
- Is there a Health and Safety or Staff Well-being Committee – that also deals specifically with Mental Health?
- Does your Branch have Mental Health awareness training?
- Do you have information recorded about Branch Rep experiences of supporting someone with mental health issues? These statistics could be your evidence of why support is required.
- Asking what the health and well-being strategy is within the organisation is utterly essential.
- Unite Reps should insist on having an input into the employer's survey.
- Getting buy-in well-being needs to be inclusive of Mental Health.
- Employers should be respectful of Unite Rep and industrial relations

Survey the workforce:

- Get the Mental Health demographics of the workforce, through either Well-being or dedicated Mental Health Surveys.

Take findings to leadership:

- Deliver findings of Support Statistics by Unite Reps, collate them with any information received from the employer.
- Request collaborative working within the business to ensure the request is heard at the highest level?
- Initiate Branch plans to implement employee Mental Health agenda for members. What would the employer provide for non-members – that can get employer involvement?
- If the employer does not promote and support good mental health at work then continue membership awareness raising. Non-members will feel that the business should be doing the same for them.

Set up an inclusive working group:

- Having a working group will enable staff to feel included. You could include Unite Reps, HR, Occupational Health, non-union members, members, people with lived experience, management.
- Having a cross-section of the organisation ensures transparency and the opportunity for people to get involved in creating something.

Plan for policy change/creation (Health and Safety legislation states that Health and Safety Reps should be part of this)

- Remind or request inclusiveness in the creation, maintenance and update and review of policy.
- Do you have a stand-alone Mental Health Policy?
- Do you have a Mental Health Agreement?

Many Unite Reps have been successful in convincing employers of the benefits of ensuring their employees' good mental health. The work has to be undertaken as a partnership between employers and Unite Reps. However, it is difficult for Reps working in organisations without a positive attitude when actions are only taken when a case has occurred or tragically a suicide. The latter event will usually always result in that change being implemented.

Here, two Unite Reps relay their powerful experiences of supporting mental health crisis and how they identified where employers needed to address the issue of emotional health and safety of the workforce.

CASE STUDY

Case Study Number 1: A representative in the Finance Sector

My journey to become a Unite Mental Health First Aider (MHFA) started back in 2016. It was at this time that I and the local Unite Rep Team identified an alarming increase in casework where Mental Health issues were a mitigating factor. In most cases it was evident that management lacked the skills to identify, support and understand Mental Health conditions.

This lack of understanding and the fact that our Branch was seeing more people having a mental health crisis. This resulted in a concerted effort to raise Mental Health awareness in the workplace, and help create a safe and stigma free environment for all.

This was done with regular Unite Branch hosted 'Time to Talk – Time to Change' events on site, along with 'SolariTea' surgeries to create a safe space over a cuppa for colleagues to talk openly without prejudice, judgement or fear.

It was also at this time that I enrolled on the Unite Mental Health Awareness course in Liverpool. I broadened my understanding and knowledge about certain Mental Health conditions, and the importance of eradicating the stigma and fear associated with Mental Health issues.

The course inspired me to also focus on the need for comprehensive support for members



and colleagues on the ground from the employer. It also resulted in the Unite Rep Team raising the issue of Mental Health support on a regular basis, via local partnership meetings and senior management engagement sessions. This also highlighted cases of poor practices and the lack of Mental Health support/training locally.

It was through our proactive approach that we were able to get Wellness Recovery Action Plans (WRAP), Mental Health Risk Assessments incorporated locally as a support tool in addition to return to work meetings. This win established a bilateral and fluid document of support which was only made possible due to the Unite Mental Health Awareness Training, which gave us the confidence to address this subject.

When it came to Certified Mental Health support we were met with reluctance by senior management to take up the Unite offer of training. Instead they opted for local in house training which was not adequate in our view. Due to this reluctance the campaign was stepped up and stress surveys/feedback sessions held during our "SolidariTea" events throughout the year which identified many workplace stressors coupled with an overwhelming call from members for more support. These factors were presented to the employer during local partnership meetings.

A memorable event occurred on a day when we handed out red Unite balloons and encouraged colleagues to stick them on their computer screens to signal their support for our campaign for change and awareness. The operational floors that day became a sea of red and symbolised the wealth of solidarity and support for our campaign and it was also a powerful visual awareness aid to management.

I decided to broaden my knowledge and enrolled on the Unite Mental Health First Aider course to become a Certified Mental Health First Aider. This equipped me to be able to deal better with Mental Health crises that we regularly saw in members.

I made this decision due to the continued reluctance of local senior management to invest in Mental Health training, and also my own numerous personal experiences with assisting members in a Mental Health crisis. I realised that this was needed and stood up to ensure that support was in place. It was in 2019 that these skills came to the fore when I was approached by a distraught team manager seeking Mental Health First Aider support due to a colleague who had come into the workplace after self-harming.

It was clear from that moment that management did not know how to handle the situation and their first point of call was to seek out the only Unite Mental Health First Aider on site to help. I was able to talk to the colleague for some time and demonstrated to them that I wasn't afraid to discuss how they were feeling and to listen as to how and why they had come to harm themselves.

It became clear during the conversation that the colleague needed medical support. After seeking further guidance from Brian the Unite North West Learning Co-ordinator, we were able to identify the local Mental Health Crisis Support Team in Liverpool. With the colleague's consent I accompanied and waited with them in the A&E waiting room.

I waited with the colleague for over three hours, politely declining their offers to release me to go home with reassurances that they would wait to be seen. I waited until I was able to hand the colleague over to the Mental Health Crisis Support Team and had peace of mind that they were in safe hands.

I would be lying if I said the experience was not challenging and testing. But overall I am just glad that I was there on that day to help, that I had done the training, and that I was able to get the colleague some professional assistance.

It was later on that evening on the way home, that I was contacted by a senior manager and thanked. There was no offer of debriefing from the employer.

This traumatic experience demonstrated to senior management that Mental Health Crisis Support was not a nicety but a necessity, something we had been campaigning and asking for over three years. This incident resulted in Unite re-concerting yet again our ask for Mental Health support on site and via member/site communications. In the end the employer acknowledged that more support was needed locally and secured funding for ten Mental Health Advocates and dedicated signage. This investment now means we have a more comprehensive support network on site, although they are not Certified Mental Health First Aiders – which is still our goal. They are there, none the less to help and signpost support, which is a step in the right direction and more than what we had over four years ago.

Overall, it's been a long and challenging journey to try and bring about comprehensive Mental Health support to the workplace. But, it's been one which has now resulted in greater awareness, and a network of support being put in place for all colleagues. The journey has also demonstrated to me what can be achieved when we campaign, when we invest in Mental Health training and when we equip willing Workplace Reps with the skills and tools to support members.

The campaign is far from over, but we are further along the road for positive change.

CASE STUDY

Case Study number 2: A representative in the Transport Sector

At the time when I was the Vice Convenor for a large manufacturing site which employed over 1000 people, I noticed that there was a need for Mental Health awareness training. This was tragically after one of our colleagues had taken their own life. This was a complete shock for everyone. I decided to contact our Human Resources Department to see what help could be provided. There was no help in place for the person who had been struggling at work with these suicidal thoughts; and also no support for the colleagues who were returning to work after the weekend who had to deal with this terrible news.

I had recently attended a Mental Health Awareness course which was run by Unite in Glasgow and was fortunate to contact with the Unite Equality Officer, to enquire if I could gain access to the Training Instructor to determine if any help could be obtained. The Training Instructor being a Bereavement Counsellor, offered to come into the workplace and speak to those who were affected. With the employer's agreement and over an afternoon, she met collectively with the colleagues' immediate team worked in teams of six or eight. This was a success, people received a lot of comfort and understanding from the service provided.



I then organised for Mental Health Awareness Days in the workplace, where each department was given time to go to a designated place in the factory. We had round tables set up with local Mental Health Charities, and Unite the Union were represented. Raw materials, digital information and professional advice were provided.

The management, at first, showed some trepidation. Their initial feeling was – ‘Would it open a can of worms?’ After deliberation they made a decision to work with the suggested plan to help their employees. When senior management visited to see how the open day was going, they were taken aback as they did not know what to expect. At the time they had attended they could see that there was a huge uptake. A safe place was set aside and they could see two employees with Mental Health First Aiders quite openly talking. They recognised the importance of the initiative and could see of how important the event was.

At the ‘Wash Up’ meeting for the open days, I was told I would get the full backing of the organisation for any ideas that I thought would help by the Plant Director, who also stated that they would like to meet with the Unite Education Rep. The Regional Education Organiser attended a management meeting and the employer agreed to provide Mental Health training.

More awareness sessions were introduced by Unite, for a joined-up approach and to receive the same key messages. Shop Stewards, Management and Human Resources professionals attended these.

During this time, one of our colleagues was experiencing Mental Health problems and was having suicidal thoughts. As a result of the Unite training I had received, I was able to get this person into a safe room. Providing them with an opportunity to speak to me without any distractions. It became noticeably clear that this person was having a Mental Health crisis and I had to act quickly.

At first the person did not want the initial help but through active listening and conversation, two important factors came into play. The individual stated they wanted their life to end, and a plan of how this was going to be completed had been constructed by the person. Being in a situation, where there was no senior management on site, nor Human Resources support, with the potential for another tragedy. I implemented Mental Health First Aid.

Providing them a choice of:

- a) Personally taking them to hospital OR
- b) Implementing a 999 call.

The individual opted for me to take them to hospital. I phoned ahead so they would be expecting us at accident and emergency. They were given the professional clinical help that was needed. I stayed with them throughout their time in Accident and Emergency, which lasted over four hours.

As a result of the incident; the employer agreed to run a Mental Health First Aider course to get a cross section of the organisation trained.

I recieved so much out of the Unite training that I wanted to become a Mental Health First Aid Instructor myself, so I could help in the workplace and also in the wider community.

After being successful in applying for the cohort course, I qualified as a Mental Health First Aid Instructor. The training that I have delivered in the factory has grown consisting of Mental Health Awareness, Drug and Alcohol Awareness and Gambling Awareness for Apprentices of all age groups and the intake of graduates.

We began with having no Mental Health training in place and commenced with Awareness Sessions. I became the only Mental Health First Aider. Since the extensive training that I have received through Unite I have delivered the training in the workplace and pre COVID-19 there were 13 fully trained Mental Health First Aiders in place.

What makes it more poignant is there are a few trained now who had received bereavement counselling at the very beginning of this process. On a wider level the employer recognised that cultures and attitudes to this subject needed to change. Being open to that started the process of progression and proactive measures being established.

Reps well-being

Unite Reps regularly state that supporting members emotionally is something which they never considered would be a major part of being a Rep. When asked during a Unite Mental Health Awareness training course what some of their roles consist of, these are the following replies that have been fed back:

Give advice

- Accompanying individuals to hearings and disciplinarys.
- Representing members.
- Helping with grievances.
- Meeting with the employer to find solutions.
- Signposting members to other help within Unite.
- Assisting members to raise issues.

.....and so were these.

- Being a counsellor/confidant.
- Being a Problem Solver.
- Being available at all hours.
- Being everything to everyone

Unite Reps are identifying a need for more support. What they find is that their business seems to bypass their support needs after crises are dealt with. The Reps didn't really expect that they should be involved – until they started to understand Mental Health; or found themselves in a position where assistance was required. Unite Reps are becoming more alert about well-being and the business fulfilling these needs.

Unite Reps have asked about support from Unite too as they feel it would be hugely beneficial to them if they had a dedicated mental health support line. Some branches have set up their own Mental Health Support Systems based on volunteers with financing from Branch Funds.



It is worth noting that employers are responsible for the health and safety of their own employees, including union reps within their organisations. Policies and agreements around mental health then, need to include provision that employers provide additional support mechanisms for union reps.

Learning about what affects us, positively and negatively, can be our start of self-caring. Thus implementing what we can do to create the best for our overall well-being.

There are circumstances and events that will occur in our lives and which we can't avoid and which can in turn lead to our deterioration. Knowing what our strengths are and how to keep them close at hand to draw from, can be an education that can be lifelong, as those circumstances and events may occur throughout our lives.

What self-care can mean requires adopting a new way of living, getting re-educated about ourselves and understanding what makes us tick. Thus removing what was negative and harmful. This may mean for Unite Reps, sharing the load and supporting each other with particular cases in which the member is vulnerable.

Lots of people don't actually know that their Mental Health has become affected until they hit a brick wall, either emotionally, physically, or behaviourally. When it happens it is profound, realising that they do not know what is wrong?

Self-care comes down to lots of things that we have to look at. We need to see what is suitable for our self-care and DO IT!

Stay well and that means mentally too!

- Make time for yourself
- Raise issues that affect you negatively
- Find a work life balance, that is knowing when to stop, creating boundaries around self care, separating work, union, personal life
- Look after yourself

Learning to maintain our own Mental Health can be a big job. Once learned, it should be a lifelong ongoing practice. Always being mindful of the benefits which can be achieved. Once someone is in their recovery, they have to keep up their regimen of wellness. Individuals may have ongoing symptoms and variants of wellness. Having a routine that they know brings benefits. The routine can enable that person to live the best that they can. People live well with symptoms because they can manage them with the aids they use.

We all have a toolbox at home. Our toolbox is there to fix things. Sometimes we don't know how to use certain tools, but learning and practice and getting used to them can make us more confident in using them. When we see how it aided us in our job we keep it and use it repeatedly. Our self-care tools are the same, only they are also our emotional tools.

Create an emotional toolkit

Do this exercise. Mentally create a list containing the things that will make you feel better, relaxed, provide a clear head, motivate you. Lots of things have been identified for people implementing a self-care plan. Yes it's part (but an important part of recovery), from anything, whether it is mental or physical health.

Some things that people use: The original accompaniment to this were Reps answers on course on how they achieve the above.

Talking
Friends and family
Music
Hobbies
Education
Socialising
Relaxation
Medication
Therapies
Time out
Treats



The ability to bounce back from setbacks, solve problems, cope with things or situations may enable us to maintain good mental health. This ability can vary depending on what is occurring in our lives.

The goals we aim for in self-care are:

- a) to feel well.
- b) manage our setbacks using the tools we choose.

Getting through life with what comes up means that we need to understand what affects us in our day to day living, such as emergencies, responsibilities etc. and, knowing how to deal with them. Understanding how we cope and handle life events without them getting us down or overwhelm us.

Drawing from our toolbox can offer respite, change our outcome, enable us to recover and function well daily. Maintaining the use of the toolkit, we can then live our life well.

Unite Reps have been instrumental in the last few years of creating or changing the arguments around supporting good Mental Health at work by getting educated.

Unite has led the way in equipping Reps, Officers and members with knowledge and information for them to be able to inform and challenge businesses over poor practices or outdated policies and procedures.

- Long may it continue.



Self-care useful websites

For more information on self-care:

UK WIDE

MENTAL HEALTH FOUNDATION

<https://www.mentalhealth.org.uk/>

TURNTOME SUPPORT FOR FRONTLINE WORKERS

<https://turn2me.ie/landing/front-line-workers/support-groups>

EVERY MIND MATTERS

<https://www.nhs.uk/oneyou/every-mind-matters/>

ROYAL COLLEGE OF PSYCHIATRISTS

<https://www.rcpsych.ac.uk/mental-health>

SAMARITANS

<https://www.samaritans.org/>

BEAT

<https://www.beateatingdisorders.org.uk/>

RETHINKMENTAL ILLNESS

<https://www.rethink.org/>

ANXIETY UK

<https://www.anxietyuk.org.uk/>

CRUSE UK

<https://www.cruse.org.uk/>

SURVIVORS OF BEREAVEMENT BY SUICIDE

<https://uksobs.org/>

BIPOLAR UK

www.bipolaruk.org

COMBAT STRESS

<https://combatstress.org.uk/>

ENGLAND

MIND

<https://www.mind.org.uk/>

TIME TO CHANGE ENGLAND

<https://www.time-to-change.org.uk/>

NHS DIRECT

<https://www.nhs.uk/mental-health/>

IRELAND

MENTAL HEALTH IRELAND

<https://www.mentalhealthireland.ie/>

N.I.

MINDWISE NI

<https://www.mindwisenv.org/>

NHSDIRECT

<https://www.nidirect.gov.uk/articles/mental-health-support>

SCOTLAND

BREATHING SPACE

<https://breathingspace.scot/>

NHS INFORM

www.nhsinform.scot/illnesses-and-conditions/mental-health

LOCAL ASSOCIATIONS FOR MENTAL HEALTH IN SCOTLAND

East Dunbartonshire Association for mental Health

<http://edamh.org.uk>

Dundee Association for Mental Health

<https://www.wellbeingworksdundee.org.uk/>

Falkirk and District Association for Mental Health

<https://www.fdamh.org.uk/>

Glasgow Association for Mental Health

<https://www.gamh.org.uk/>

Health in Mind

<https://www.health-in-mind.org.uk/>

Mental Health Aberdeen

<https://www.mha.uk.net/>

PENUMBRA

<http://www.penumbra.org.uk/#>



WALES

MENTAL HEALTH WALES

<http://www.mentalhealthwales.net/>

MIND

<https://www.mind.org.uk/about-us/mind-cymru/>

TIME TO CHANGE WALES

<https://www.timetochangewales.org.uk/>

NHS WALES

<http://www.wales.nhs.uk/healthtopics/conditions/mentalhealth>

Further reading

Thriving at Work: The Farmer/Stevenson review

<https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>

Mental Health and Work: Refreshing the case for investment.

<https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>

Work and Suicide: ATUC guide to prevention for Trade Union Activists

<https://www.tuc.org.uk/sites/default/files/SuicideandworkJan2019.pdf>

What are the Management Standards? Stress – HSE:

<https://www.hse.gov.uk/stress/standards/>

How to tackle work-related stress A guide for employers on making the Management Standards work:

<https://www.hse.gov.uk/stress/standards/downloads.htm>

HSE Survey Tool on work related stress

<https://www.hse.gov.uk/pubns/indg430.pdf>

HSE Management Standards Indicator Tool

<https://www.hse.gov.uk/stress/assets/docs/indicatortool.pdf>

Mental Health Ireland HSE

<https://www2.hse.ie/mental-health/>

Mental Health Scotland HSE

<https://www.hse.gov.uk/scotland/mental-welfare.htm>

Further Information

In addition to information in this guide the following resources will provide more specific information on stress, mental health and employment.

Trades Union Congress (TUC)

Tel: 020 7636 4030

www.tuc.org.uk

Acas

Helpline: 0300 123 1100

Text relay service: 18001 0300 123 1100

www.acas.org.uk

Equality and Human Rights Commission (EHRC)

www.equalityhumanrights.com

Equality Advisory & Support Service (EASS)

Commissioned by government and works with the EHRC and other advice organisations.

Tel: 0808 800 0082

Textphone: 0808 800 0084

www.equalityadvisoryservice.com

Health and Safety Executive

Tel: 0300 003 1747

www.hse.gov.uk

HSE Stress Guide and Tools

<http://www.hse.gov.uk/STRESS/>

Mental Health Foundation

Prevention focused mental health charity.

Tel: 020 7803 1100

www.mentalhealth.org.uk

Mind

Mental health charity in England and Wales

Tel: 0300 123 3393

Text: 86463

www.mind.org.uk

Time to Change

A campaign for reducing mental health-related stigma and discrimination.

Tel: 020 8215 2356

www.time-to-change.org.uk

Samaritans

Helpline: 116 123 (Freephone)

www.samaritans.org

World Health Organisation (WHO)

Mental health in the workplace information sheet

https://www.who.int/mental_health/action_plan_2013/en/

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NEY&H	Sue Pollard	0113 236 4830
North West	Sharon Hutchinson	0161 669 8701
South East	Janet Henney	01293 613795
Scotland	Lorna Glen	0141 404 5424
Wales	Jo Galazka	02920 394 521
West Midlands	Maureen Scott-Douglas	0121 643 6221
South West	Karen Cole	0117 923 0555



Further information Unite the union contact details: Unite Education Regional

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