



MINDFUL EMPLOYER[®]

What Works, What Doesn't

MINDFUL EMPLOYER
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WHAT WORKS, WHAT DOESN'T

These are a collation of comments from group discussions at a Mindful Employment Practice event on 27 March 2006 sponsored by the Disability Rights Commission and the Sainsbury Centre for Mental Health and supported by National Institute for Mental Health England in the South West and MINDFUL EMPLOYER™.

Delegates were HR/Personnel, Occupational Health and Equality & Diversity specialists from a broad range of public sector employers in the South West.

These lists are intended to be examples of current employment practice and a stimulus for supporting employees who have mental health issues, their colleagues and managers.

What's worked?

Manager supporting stress-related problems

Supporting someone through alcohol problems as they admitted they needed help.

Responsibilities of both parties – employer can signpost to help but individual has to accept and take responsibility also

Ensure you make no assumptions – how do you know there is an issue?

Use equality impact assessments

Case conferences – employee, OH, line manager, HR, union rep.

Ensure people have skills and training to help and support people

Dialogue with OH, employee, line manager to see what can be done

Understanding the needs of individuals

Asking individual what would work for them

Aide memoires to help with concentration difficulties

Regular breaks to help build confidence

Acknowledging people have bad days

Knowing "What happens on your worst day?"

Looking at job spec

Talking about causes of stress

Appointment with external professionals to work with line manager

Employee Assistance Programmes

Effective and robust induction

Appraisal processes

Building confidence and trust

Stress audit

Individual intervention via OH and HR

HSE awareness issues

Redeployment

Individual & team audit tools

Policies on acceptable behaviour in workplace, work-life balance, carers, diversity

Addressing cultural influences (e.g. macho environment of police, fire, prison services)

Compulsory lunch breaks

Non e-mail days

Recognising detrimental effect on staff in regular critical incidents

Improved communication strategies

Improved management training before promotion

Role of advocacies

Appoint a mentor (using Access to Work funding)

Risk assessment

Counselling service

Regular supervision sessions (include discussion about stress)

Workload measurement triggering employee care

Union cooperation

What didn't work?

Line manager saying 'I think you've got mental health problems' – the shutters came down
Assumption that OH are the experts
Ignoring the problem
No one challenging unacceptable behaviour
Accepting high levels of stress
Management not acting quickly enough
Unclear responsibilities for HR, manager, staff
Having unrealistic expectations

What other help/advice was called upon?

Counselling
Mediation
WorkWAYS
Occupational Health
Union
Telephone helpline
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Other managers
ACAS
HR Helpdesk
Staff groups