



**The National Mental Health
Stigma Reduction Partnership**

A MENTAL HEALTH POLICY DOCUMENT FOR THE WORKPLACE

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Background

This document is one of the main outcomes of See Change's Equality Mainstreaming Project 2013–2014, on promoting workplace equality in relation to mental health. See Change is Ireland's national mental health stigma reduction partnership. See Change's aim is to create a comprehensive and lasting change to the organisational culture of Irish companies and organisations in relation to mental health issues in the workplace setting. The project proposal originated by the need to support people with personal experiences of mental health problems in the workplace. The project's aims include challenging stigma about mental health, preventing discrimination in the workplace and supporting managers and employers with legal and policy guidance.

This project's funding was provided by the Equality Mainstreaming Unit in the Equality Authority. The Equality Mainstreaming Unit is one of the initiatives set up under the [Human Capital Investment Operational Programme](#) 2007–2013, and is co-funded by the European Social Fund (ESF).

The main objective of the Equality Mainstreaming Unit is to promote workplace equality and address labour market inequalities in Ireland for specific groups at risk of discrimination under the nine grounds covered by the Equality legislation (for more information, see www.equality.ie).

Mental health problems are protected under the disability ground in the Irish Equality legislation (Employment Equality Acts 1998–2011). The aspects of employment that are covered are advertising, equal pay, access to employment, vocational training and work experience, terms and conditions of employment, promotion or re-grading, classification of posts, dismissal and collective agreements.

See Change is working on this project with a number of key partner organisations. These include the Equality Authority, Irish Business and Employers' Confederation (IBEC), Business in the Community Ireland (BITCI), the Irish Congress of Trade Unions (ICTU), Suicide or Survive (SOS), Sigmar, St John of God Hospital and EHA.

The first phase of the project focused on consultations with partners and HR managers from various companies to discuss concerns, blockages, legal issues and HR implications when it comes to mental health in the workplace.

The information gathered from this consultation guided the remaining components of the project, such as a case law review, a mental health in the workplace template policy and training sessions for partners and employers.



Introduction

This publication is for employers and employees. Its purpose is to provide information and guidance on how to develop and implement a comprehensive workplace mental health policy.

One in four people will suffer with mental health problems at some stage in their lives, and many of these people are in work.

According to research carried out by See Change in 2012,¹ half of those in work would not want others to know if they had a mental health problem, and just under half would conceal their problem.

The reason for fear and concealment may be linked to the fact that half of full-time workers believe that their mental health problem could have a negative effect on their job and career prospects.

A lack of knowledge accompanies the fear. Research carried out by See Change in 2010,² found that less than half of those questioned would know what to do if someone close to them was experiencing mental health problems, and reports have acknowledged that not enough attention has been given to support and foster a positive mental health policy in the workplace.

When we are mentally healthy we are more likely to fulfil our potential, function well and cope with and enjoy work, family and social relationships, and to make healthy choices about our lives.

Mental health problems and stress are associated with many of the leading causes of disease and disability in our society (British Heart Foundation, 2010). Promoting and protecting the mental well-being of the workforce is important for individual's physical health, social well-being and productivity.

One way to do this is to create a culture where mental health issues can be discussed more openly at work. There is also a need to raise awareness about mental health issues today, and for employers and employees to have access to relevant information and practical guidelines.

A mental health policy is not an overnight panacea. However, a mental health policy accompanied by clear operating procedures and underpinned by lived values removes uncertainty for employers and employees, brings mental health into the mainstream of work and provides a framework so that everyone knows how the organisation views and deals with mental health in the workplace.

¹ See Change (2012), *Irish Attitudes towards Mental Health Problems*, Millward Brown Lansdowne, www.seechange.ie.

² See Change (2010), *Public Attitudes towards Mental Health Problems*, Millward Browne Lansdowne, www.seechange.ie.



Section 1

A. What is Mental Health?

The World Health Organisation defines mental health as:

A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

Based on this definition, how many of us can state that we are always mentally healthy? On days when we do not think, feel and act in ways described above, are we then mentally unhealthy – do we have a mental illness?

In reality, mental health is not an “all or nothing” state, but is experienced on a continuum, exactly like physical health. We each experience mental health differently on different days, and sometimes we will cope better, adapt faster, and work more productively than at other times.

We may experience some *difficulties* with our mental health at times, but these difficulties are not severe enough or last long enough to be called a mental illness.

A person’s health can affect their work, and vice versa. As such we can help people learn how to manage their own mental health more effectively, as well as helping workplaces to become more mentally healthy.

Positive mental health has been described as the foundation for effective functioning, and perhaps this is the defining feature, that we are able to cope and function productively in a range of settings including the workplace.

B. Legislation: Mental Health and the Workplace

It is important for employers and employees to know about their legislative rights and responsibilities in relation to mental health at work. Two of the most relevant pieces of legislation are the Employment Equality Acts 1998–2011 and the Safety, Health and Welfare at Work Act 2005.

1. The Employment Equality Acts 1998–2011

This section provides an overview of issues employers need to consider in relation to equality and mental health. The accompanying publication, *Case Law Review on Mental Health* (Barry, 2014), provides an in-depth analysis.

The Equality Authority publication *Your Employment Equality Rights Explained* provides general information about the Employment Equality Acts, and information specific to mental health is provided in both *Equality and mental health: what the law*



means for your workplace and *Equality and mental health: what advocates need to know*. (See the list of 'Useful Publications' at the back of this document.)

Purpose, Definition and Scope

- The purpose of the Employment Equality Acts 1998–2011 is to promote equality and prohibit discrimination across nine grounds, including the ground most relevant to mental health: disability.
- The definition of disability includes physical, intellectual, learning, cognitive or emotional difficulties, and a range of medical conditions. It covers people with experience of mental health difficulties and applies whether they are currently experiencing those difficulties or if their experience was in the past.
- The application of equality legislation to people with mental health difficulties is broad. The following mental health difficulties have been found to be included within the definition of disability (although this list is not exhaustive):
 - Depression, reactive depression, stress, anxiety and depression, severe generalised anxiety disorder, alcoholism, claustrophobia, agoraphobia, schizophrenia, anorexia, stress, work related stress. (Barry, 2014)
- All aspects of employment are covered, from advertising through recruitment and selection, terms and conditions of employment, training and promotion, re-grading and dismissal. The Act applies to temporary and permanent staff as well as full time and part time and both the public and the private sector. There is no requirement for a minimum length of service or minimum number of hours to be worked.
- The disability does not have to be acquired at work, and there is no minimum threshold regarding severity of disability or duration of disability in order to be included under the Act. However, effects or symptoms that are present to an insignificant extent are likely to be disregarded. For example, in one case an employee injured his ankle, attended a nurse practitioner and did not take sick leave. He walked with a limp for three weeks but there was no ongoing disability. The Equality Officer in the Equality Tribunal found that he had sustained a minor malfunction of the body, but it was not sufficient to meet the definition of disability (*Colgan v Boots Ireland*, DEC-E2010-008).

Types of Discrimination

In the Employment Equality Acts, the definition of discrimination focuses on whether a person has been treated less favourably in the workplace than another person in a similar situation on any of the nine grounds.

The other person, known as the “comparator”, can be a person without a disability or with a different type of disability.

The following types of discrimination are prohibited:



- **Direct discrimination** – when one person is treated less well than another in a similar situation on the basis of their disability.
- **Indirect discrimination** – often referred to as discrimination by impact. This is where an apparently neutral provision, practice or requirement puts people covered by the Act (in this case, people experiencing mental health difficulties) at a particular disadvantage. This will be considered discriminatory unless it can be shown that the provision, practice or requirement is objectively justified by a legitimate aim, and the means of achieving that aim are appropriate and necessary.
- **Discrimination by association** – where a person associated with the person with the mental health difficulty is treated less favourably because of that association.
- **Discrimination by imputation** – where it is assumed that a person has a mental health difficulty and is treated less favourably on that basis when in fact they may not have a disability.
- **Harassment and sexual harassment** – both are prohibited in the workplace or in the course of employment. Harassment is any form of unwanted conduct related to any of the discriminatory grounds, and sexual harassment is any form of unwanted verbal, nonverbal or physical conduct of a sexual nature. This can be carried out by another employee, the employer or clients, customers or other business contacts of the employer. In both cases it is conduct that has the effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. It is important to note that a single episode, linked to one of the nine grounds, can still constitute harassment.

The Equality Authority has published a *Code of Practice on Sexual Harassment and Harassment at Work*. This is available from the Equality Authority's website (www.equality.ie).

Disclosure

There is no obligation on any applicant or employee to disclose that they have a disability, or in this case, a mental health difficulty. A mental health difficulty may not impact on a person's capability to carry out the demands of their job and in this case they may feel there is no reason to disclose.

However, it is difficult for an employer to support appropriately an employee or an applicant if they are unaware of any difficulties they are experiencing.

The employer should therefore strive to provide a safe organisational culture and work environment, where an employee feels comfortable in disclosing any mental health problems, is able to ask for any supports needed, and is assured that their disclosure of such an illness will not have a negative impact on their career.

Employees who are experiencing mental health difficulties that may impact on their work are more likely to disclose to their managers if they know about policies, procedures and measures that are in place to support them.



Information that people disclose about their health is sensitive, and extreme care should be taken in relation to who has access to that information and how it is stored and used. The employee will have to be informed about who will have access to this information, for what purposes, and how it will be securely stored. (See www.dataprotection.ie, and guidance at the end of this section.)

Reasonable Accommodation

The Employment Equality Acts 1998–2011 require employers to put supports in place for employees with disabilities (in this case mental health difficulties) in order to fully enable the employee to access, participate or advance in employment. These supports are called “appropriate measures” in the legislation but are more commonly referred to as reasonable accommodation(s).

The Employment Equality Acts define “appropriate measures” as:

- (a) Effective and practical measures, where needed in a particular case, to adapt the employer’s place of business to the disability concerned
- (b) Without prejudice to the generality of paragraph (a), includes the adaptation of premises and equipment, patterns of working time, distribution of tasks or the provision of training or integration resources, but
- (c) Does not include any treatment, facility or thing that the person ordinarily or reasonably provide for himself or herself (section 16(4)).

Examples of reasonable accommodations may include:

- A phased return to work following a period of sick leave.
- Time off to attend medical appointments.
- Allowing someone to work from home.
- Re-arranging layout of an office.
- Providing a mentor or peer support.

It is advisable to work in close partnership with the employee to explore possible reasonable accommodations and individual needs. As experts in their own health, the individuals may have practical and effective solutions to removing the barriers they face.

It is important to note that the provision of reasonable accommodation is not an end in itself. The provision has a practical purpose, i.e. to *enable* the person with a disability to be fully capable of accessing, participating or advancing in employment and/or undergoing training. Reasonable accommodation measures should be *effective* measures so that a person can carry out the job. As such these measures need to be specific to the needs of the individual in question; blanket measures are not effective or acceptable.

Reasonable accommodation is not a “one off”. People’s needs may change as and when their health changes, and so the question of reasonable accommodation may need to be re-visited.



Lack of disclosure does not necessarily provide an employer with a legal defence in relation to a discrimination claim and/or the failure to provide reasonable accommodation. When an employer becomes aware that an employee may have a disability that is impacting on their work, then they are effectively “on notice” to consider reasonable accommodation.

The duty to provide special treatment or facilities is proactive in nature. It includes an obligation to carry out a full assessment of the needs of the person with a disability and of the measures necessary to accommodate that person’s disability. (Equality Tribunal, *A Government Department v A Worker*, ADE0516)

The provision of reasonable accommodation may involve no financial outlay and in many cases involves minimal cost. However, this may not always be the case, and appropriate measures do not have to be put in place where they would impose a “disproportionate burden” on the employer. Disproportionate burden is not a fixed amount, and is relative to the size and resources of the organisation.

It is important not to assume that an accommodation is not possible or is too costly.

Prior to stating that a request imposes a “disproportionate burden”, the employer should consult with experts – as well as the employee – to explore what is possible and at what cost. The question of accessing financial grants should also be considered.

Through a clear, systematic and documented process, the employer will be able to make an informed decision about whether reasonable accommodation will be effective, and whether it does or does not impose a “disproportionate burden”.

Comprehensive guidelines for considering reasonable accommodations were set out by the Labour Court in a case involving mental health (2004, 15 ELR 296). In this case the Labour Court outlined the following steps:

- Firstly, the employer must gather all the material facts concerning the case, including establishing the factual position concerning the employee disability and its likely duration. This can be done by considering medical evidence from the employee’s doctor or the organisation medical advisor, or another independent medical/healthcare professional.
- Secondly, if it becomes apparent based on the evidence that the employee is not fully capable under section 16 of the Act then the employer should consider what special treatment or facilities would enable the employee to be fully capable.
- Thirdly, the employee must be allowed full opportunity to participate at each level and to present relevant medical evidence and submissions.



The Reasonable Accommodation Process

Reasonable accommodation is a *process*. Procedural issues to consider include:

- One point of contact to explore and deal with reasonable accommodation.
- A staged process that takes a person from the point of an enquiry/request for reasonable accommodation through an assessment of need, a decision-making process and an appeals process.
- A record should be kept of all stages and implementation measures.
- Clear allocation of responsibility, accountability and timelines for each stage.
- Standard pro-forma documents, such as a request form for reasonable accommodation, a decision-making form/checklist and appeals forms.

A Reasonable Accommodation Checklist can be found in **Appendix 1**.

Medical Assessment/Examination

Pre-employment medical assessments or examinations are not prohibited. An employer is entitled to have a medical assessment carried out to discern whether a person is capable of carrying out the job in question.

The key issues to consider in a medical assessment are:

- A medical assessment should be carried out *after* an offer of employment has been made.
- A functional job description/analysis should be provided to the medical professional. The medical is an assessment of the person's ability to carry out the job for which they have applied.
- The key question is: Does the person have any health condition(s) that will hamper or prevent him/her from being able to meet the demands of the job?

In cases where the answer is 'yes', this does not mean that the person should be ruled out, only that the question of "reasonable accommodation" should be considered.



2. The Safety, Health and Welfare at Work Act 2005

Under The Safety, Health and Welfare at Work Act 2005, an employer is required to ensure that, as far as reasonably practicable, the health, safety and welfare of *all* employees is not at risk in their work.

As such, employers are required to ensure that the demands placed on employees in their work are reasonable.

Employers are required to have in place a safety statement that details the measures taken to provide a safe and healthy workplace. Employers are also required to have codes of practice on bullying and harassment in the workplace. In determining the psychosocial hazards that an employee may be exposed to in the workplace, the employer should:

- Identify potential psychosocial hazards in the workplace and detail the control measures to address the risk associated with these hazards.
- Consult with employees, including employees with disabilities, and seeking other expert advice as necessary.

In completing such risk assessments, the controls that may be considered would normally include provision for reporting to management any difficulties an employee may have in completing their work activities.

This would require an open and supportive work environment to empower any employee who may wish to raise concerns they may have with their employer regarding psychosocial hazards in the workplace (e.g. bullying or work-related stress).

The publication *Employees with Disabilities: An employer's guide to implementing inclusive health and safety practices for employees with disabilities*, produced by the Health and Safety Authority, provides information on this issue, and includes a case study where risk assessment and control measures were implemented with an employee with mental health difficulties.

There are a range of tools available to employers to help carry out what are essentially psychosocial risk assessments – for example, in Ireland the Health and Safety Authority stress audit tool “Work Positive”, or internationally the ILO 2012 publication *Stress Prevention at Work Checkpoints: Practical Improvements for Stress Prevention in the Workplace*. Further information is provided at the end of this publication.

Section 25/26 of the Health, Safety and Welfare at Work Act 2005 requires consultation, participation and co-operation. There is also strong evidence that workplaces with employee participation are more likely to see health and safety measures successfully implemented (European Agency for Health and Safety at Work 2009, *Enterprise Survey on New and Emerging Risks*).



As such the participation of employees, their representatives and trade unions (where present) is an essential element of tackling mental health issues at work.

Employers should note that control measures to reduce risk under Health and Safety legislation may also be considered reasonable accommodation under Employment Equality legislation.

This is not surprising when one considers that the aim of both pieces of legislation is to enable a person to work effectively, the emphasis of one being to carry out their work safely and the other to carry out their work capably.

Data Protection Considerations

The Data Protection Acts 1988 and 2003 set out strict rules and regulations around the collection, storage, usage and retention of data over time to protect the rights of individuals and assign responsibilities to those who collect and control data. The key considerations, particularly surrounding the collection of sensitive data, are as follows:

- Any collection of sensitive data from employees should not be mandatory, but only based on their voluntary consent. Employees should be informed of the purpose(s) for collecting such data, i.e. what it will be used for, who will have access to it and to whom the findings will be disclosed. This can be achieved through the use of a cover letter accompanying any survey or monitoring form.
- Any reports produced using this data should be anonymous, with all personal data identifying individuals removed.
- Security measures should be appropriate and in place, such as appropriate access controls to ensure that sensitive data is only accessible on a need-to-know basis within HR or Diversity areas, and not to all managers in that area.
- The data should be used for no other purpose than the one stated in the cover letter to employees. Information should not be retained for any longer than is necessary for the purpose for which it was collected.

The Acts provide further rules or conditions when dealing with sensitive information which is defined as:

- Physical or mental health.
- Racial origin.
- Political opinions.
- Religious or other beliefs.
- Sexual life.
- Criminal convictions.
- Alleged commission of offence.
- Trade union membership.



Section 2

What to Include in a Workplace Mental Health Policy

A good-practice workplace mental health policy should include:

- The definition of mental health adopted by the organisation.
- An organisational commitment to actively support and enable mental health at work.
- A commitment to check whether organisational values already documented are congruent with the workplace mental health policy.
- Policy objectives that include actions at the individual and organisational levels, e.g. building individual capacity of eliminating and/or reducing psychosocial organisational risk factors such as stress or bullying.
- A commitment to establish a working group/committee to develop, manage and co-ordinate policy implementation.
- A commitment to engage in staff consultation as necessary to inform and support the policy.
- A commitment to compliance with legal obligations under the Employment Equality Acts 1998–2011 and the Safety, Health and Welfare at Work Act 2005.
- A statement outlining the organisational response to people that disclose mental health difficulties.
- A commitment to supporting employees experiencing mental health difficulties and specifically to reasonable accommodation, as defined in the Employment Equality Acts 1998–2011.
- A commitment to developing reasonable accommodation procedures and supporting documentation (where none already exist).
- A statement about a non-discriminatory approach to medical examinations.
- A commitment to build individual capacity by providing staff and management training in mental health awareness, employment equality and diversity training with a focus on mental health and reasonable accommodation.
- A commitment to developing an action plan for implementing the policy, including how the policy will be communicated.
- Reference to other relevant policies and procedures that may interface with this policy.

A sample workplace mental health policy is provided in Section 4. It is not prescriptive but aims to provide a template that can be adapted to meet the needs of different organisations.

A Workplace Mental Health Policy Checklist is provided in **Appendix 2**.



Section 3

Implementing a Workplace Mental Health Policy

The ultimate test of a workplace mental health policy is whether it translates into practice.

Translating a good practice policy into action means that consideration for mental health has to be built into the very fabric of the organisation, across all functions and at all level.

It has to be *mainstreamed* into the organisation so that the potential impact on mental health is considered in everyday planning, decision making, policies, procedures, programmes and workplace relationships.

This requires a systematic, planned and co-ordinated action-planning approach.

The purpose of this section is to explain how to develop such an approach. An example of an action planning template can be found in **Appendix 3**.

Step 1: Engage with Staff

Engaging with staff before introducing a new policy can help to alleviate stress and encourage greater commitment to the policy and implementation plan.

Actions can include:

- An announcement that a new workplace mental health policy is to be developed and why.
- Initial staff consultations on mental health issues at work. This can capture current attitudes, understanding and experiences of mental health at work. This information can be used to target some of the training (step 3) and to highlight system “gaps”, e.g. the need for procedures.

NB – The depth and extent of the consultation can vary, and may be externally or internally managed, e.g. via an organisation-wide short survey. If consultation is to be managed internally then respect for confidentiality is paramount, and needs careful consideration.



Step 2: Establish a Cross-functional Committee to Develop Policy and to Manage and Co-ordinate Policy Implementation

Embedding a policy across an organisation requires planning and co-ordination, and this is most effectively achieved by a workplace mental health committee or an already-existing equality and diversity committee.

The main role of the committee is to develop an initial workplace mental health policy and then manage and co-ordinate the implementation of that policy across the organisation. It is the committee that can drive mental health awareness and equality awareness into the mainstream of the organisation.

Managers from a range of functions should be represented, including HR, Health and Safety, Equality and Diversity Liaison Persons or Officers, and Occupational Health, where appropriate. Employee representatives should also be included, and a person who has first-hand experience and/or expertise in mental health. This may be provided by an external person invited to meetings as necessary.

Committee members need to be among the first to receive mental health awareness and equality training (step 3), and may also receive other training as needs emerge to enable them to carry out their role, e.g. how to draft and proof policy documents.

Securing active senior management support is vital to the success of a mental health action plan and programme. A member of the Senior Management Team should lead the team, act as a Senior Champion for positive workplace mental health and have a direct line to the CEO.

Terms of reference for the committee may include:

- The provision of training to include mental health awareness and employment equality and diversity, with a particular focus on mental health and reasonable accommodation.
- Consultation with staff to capture views about mental health in their workplace and the proposed policy. The type of consultation and the range and depth will depend on each organisation. Particular care will need to be taken to ensure confidentiality and a safe space for discussion. If any baseline data is gathered through consultations, it should be in an anonymised way.
- Analysing consultation feedback to inform policy objectives and content and actions that need to take place.
- Arranging for an organisational review of current systems and structures in order to assess the potential impact of policies, procedures and practices on mental health in the workplace.



Step 3: Provide Training

In order to build an organisational culture supportive to mental health and well-being, it is important to provide mental health awareness training and employment equality training with reference to mental health and reasonable accommodation.

Training also provides an opportunity for new ideas and information; it allows people to explore and reflect on information and ideas that they may be hearing for the first time, and to reflect on their own experiences and beliefs. It also alerts people to their legislative responsibilities and provides an opportunity to state the organisational view on mental health, and to reduce stigma around mental health issues.

Step 4: Review Policies, Procedures and Practices

A useful first step is to check what is currently in place against the mental health policy checklist in **Appendix 2**, and to note what is missing. The items that are missing can become goals to be included in the action plan template.

It is important to review existing organisational policies, procedures and practices to find out how they might interact and interface with the new workplace mental health policy and accompanying procedures.

While all functions can impact on mental health, organisations also need to be pragmatic and begin by considering the most relevant functions, such as Human Resources, Equality and Diversity, Health and Safety, and Occupational Health.

Policies and procedures that need to be considered in conjunction with the new policy include:

- Equality and diversity policies to include reasonable accommodation.
- Advertising (ensuring that no ads contain anything of discriminatory nature).
- Recruitment and selection to include interviews and medical assessment.
- Job orientation and induction.
- Health promotion policies, plans and programmes.
- Health and Safety policies and statements.
- Career promotion and progression.
- Absence and return to work, including medical assessment.
- Exiting the organisation, including redundancy and dismissal.

What to Look For

The main questions are:

- Is this policy/procedure/document consistent with the mental health policy and accompanying procedures such as reasonable accommodation?
- If not, what changes need to be made?



- Is there any potential for this policy/procedure/document to impact negatively or less favourably on people experiencing mental health difficulties?
- If so, what needs to happen to reduce negative impact or increase positive impact?

The answers to these questions form the basis of goals in the action plan.

Who Should Carry Out the Review?

The review should be carried out internally by people who know the organisation, and by those from the functional area concerned, e.g. HR.

The same people should be involved in identifying actions that need to be taken on foot of the review. However it is *vital* to ask for the views of people with experience/expertise of mental health, as they may identify unintended negative impact that others may not see.

Findings can be brought back to the working group/committee for a final review and to clarify actions to be included in the action plan.

Step 5: Bringing it All Together – Producing an Action Plan

At this point the working group/committee will have:

- Information from initial consultation with staff.
- Feedback from staff training.
- A completed policy comparison checklist.
- A review of alternative policies and procedures.

Analysis of each of these will help to identify what actions need to be taken to ensure that the policy translates into action, the process for its implementation and its monitoring.

The working group/committee should document action plans that include:

- Clear goals.
- Actions needed to achieve these goals.
- A named person with lead responsibility to drive the goals. This does not mean that this person is responsible for carrying out every action, but that they are responsible for driving it forward.
- Timelines for each action.
- A column to note progress and roadblocks, particularly useful when reviewing or evaluating the process.
- A timeline for monitoring and reviewing the policy (for example, after six months or a year).



Step 6: Monitor, Review and Amend the Plan and Policy

Mainstreaming or embedding mental health equality into the organisation is not a one-off event but part of a process of continuous improvement.

It is important to include in the implementation action plan a process for reviewing the policy implementation after six months or a year.

The review can be carried out through feedback presented at the working group meetings and collated in a report, or through an anonymous staff survey, or feedback coming from training sessions, etc.

As all data relative to mental health is personal sensitive data, feedback, where appropriate, should be presented in an anonymised way.

The review report will be the basis of the next action plan, which may include new goals or steps to progress initial goals.

An example of an action plan template is included in **Appendix 3**.



Section 4

Sample Template Workplace Mental Health Policy

What follows in this section is an example of a workplace mental health policy.

Definition of Mental Health

Our definition of mental health is:

A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. (World Health Organisation, WHO)

Statement of Commitment

We understand that mental health is impacted on by a range of factors, including the working environment and our workplace relationships with others.

As such we are committed to:

- Actively promoting positive mental health.
- Enabling individuals to develop and manage their own mental health.
- Helping those experiencing mental health difficulties to recover.
- Building and maintaining organisational systems that impact positively on mental health, promote equality and reduce stigma around mental health.

Values

The values that inform our behaviour in relation to mental health mirror our organisational values, including respect, equality and consideration for all.

Policy Objectives

The objectives of this policy are to:

- Outline how the company complies with legal obligations contained in the Employment Equality Acts 1998–2011 and the Health, Safety and Welfare at Work Act 2005.
- Raise awareness across the organisation and at all levels of the organisation about the importance of promoting mental health in the workplace.



- Help each individual learn how to take responsibility for managing their own mental health effectively, and learn how they can enable/support the mental health of others.
- Eliminate or reduce organisational risk factors in relation to mental health (e.g. bullying, stress, discrimination or harassment), wherever possible.
- Enable positive mental health and equality in practice through the provision of timely and appropriate reasonable accommodation and supports for individuals who are experiencing mental health difficulties or mental illness.

Establishing a Committee to Develop, Manage and Co-ordinate the Policy

We support the establishment of a workplace mental health working group/committee and will resource the work of the committee.

We will provide mental health awareness training, employment equality training and additional training as required, to enable members of the group to carry out their role.

The committee will comprise of **[insert names here]** and will be led by a member of the Senior Management Team, with direct access to the CEO.

Consultations

We will consult with staff on an ongoing basis to gather their views about mental health and equality issues, and their feedback about the potential impact of policies, procedures and programmes on workplace mental health.

We will also consult with other parties as appropriate.

Legal Responsibilities

We are fully committed to complying with our responsibilities under the Employment Equality Acts 1998–2011.

We recognise that mental health difficulties (e.g. stress, anxiety and depression) are covered by the Disability ground under the Employment Equality Acts, and we are committed to the provision of reasonable accommodation, where appropriate and necessary.

We are also committed to our legal responsibilities under the Safety, Health and Welfare at Work Act 2005, including identifying and assessing psychosocial risk (e.g. stress or bullying), and reducing such risks.

We are committed to consulting with staff and using recognised audit tools.



In the event that we are aware of individual employees with mental health difficulties we will work with them to identify particular risks and seek to implement measures to reduce those risks.

This policy should be read in conjunction with our Equality and Diversity Policy and our Safety, Health and Welfare Policy and Procedures for further information.

Disclosure

We are committed to working positively with anyone disclosing information about their mental health difficulties, so that we can identify what may help them to function productively in work.

We have developed a disclosure checklist to help people decide whether they need or wish to disclose information about their mental health.

We have established and communicated a standard disclosure procedure, including a confidential consent form, so that all employees and staff know how they may disclose and to whom. This procedure is intended also to support staff on how to respond to a person disclosing information about mental health difficulties.

In the case of a disclosure that has arisen due to a mental health difficulty interfering with the individual's ability to do their job, we will adopt a partnership approach with the individual to explore and clarify the following:

- What difficulties is the person experiencing, and how is this stopping/hampering the person doing their job?
- What supports (reasonable accommodations) would be needed to "close the gap" and enable the person to be fully capable to carry out the demands of their job?
- How do we make a decision about reasonable accommodation, and how do we effectively and sensitively communicate that decision?
- How do we effectively and sensitively implement a reasonable accommodation?

We are committed to respect for individual privacy and confidentiality. Information that is disclosed to us will be stored in accordance with our legal responsibilities under the Data Protection legislation.

Reasonable Accommodation

We will support any employee requesting our help on the grounds of disability and (in this case) mental health difficulties, in compliance with the Employment Equality legislation.

These supports (known as reasonable accommodations) are provided to enable an employee with a mental health difficulty or another disability to access employment, participate or advance in employment and undertake training.



We will adopt a partnership approach, working with each employee to explore reasonable accommodation options that are suitable and individualised.

We have developed and documented a reasonable accommodation procedure. This will provide step-by-step information on how to make a request for support, who to make this request to and how any request will be dealt with. These procedures will be available in **[insert information here]** staff handbook, on the staff intranet and available in other accessible formats on request from **[insert name here]**.

Medical Examinations

If a medical examination is found to be necessary, we will adopt a partnership approach to working with the employee to discuss the outcomes and explore options.

Our reasonable accommodation procedures will also apply, if appropriate and relevant.

We may seek further expert assessments and advice to help us identify reasonable accommodation options wherever possible, and to avoid any potential discriminatory impact of medical assessments.

Building Individual Capacity: Staff Training

We are committed to providing mental health awareness training and employment equality and diversity training to all staff at all levels of the organisation. This training will include but not be limited to equality legislation, with particular reference to mental health and reasonable accommodation.

Our mental health policy will be distributed and explained to all employees as part of their training.

Mental health will be included in our strategic and operational training and development plans, and further training will be provided on specific issues to particular groups as needs are identified.

Implementing the Policy

We will develop an action plan to ensure that the policy is fully implemented, and this will be mainly driven by our workplace mental health committee or our equality and diversity committee.



Responsibility for the Policy

[Insert information here] will take responsibility for the implementation and review of this policy on an annual basis.

Other Policies and Procedures

This policy should be read in conjunction with:

- Employment Equality Policy/Equal Opportunities/Equality and Diversity Policy.
- Reasonable Accommodation Policy and Procedures.
- Health and Safety Policy and Plans.
- Workplace Health Promotion Policy.
- Absence and Return to Work Policy.
- Data Protection Policy.



Appendix 1 Developing a Reasonable Accommodation Procedure

| Procedural Element | Included |
|---|----------|
| Statement of purpose. | |
| Reference to the definition of disability under the Employment Equality Acts 1998–2011 and understanding of reasonable accommodation under that Act. | |
| Statement of commitment to reasonable accommodation. | |
| Procedure states <i>who</i> is the point of contact for potential reasonable accommodation issues. | |
| Procedure states <i>how</i> initial contact can be made. | |
| Procedure states <i>timeline</i> for response to initial contact and for proposed date for initial meeting. | |
| Response to include proposed <i>date</i> for initial meeting. | |
| Initial meeting to explore current functional difficulties and ideas for reasonable accommodation. | |
| Disclosure issues discussed and consent form for limited disclosure provided. | |
| Reasonable accommodation request form to form basis of meeting and record. | |
| Reasonable accommodation request form captures: <ul style="list-style-type: none"> • Current functional difficulties. • Impact. • Potential accommodations. • Need for further information. • Agreed next steps for both parties, and timelines. | |



Developing a Reasonable Accommodation Procedure

| Procedural Element | Included |
|--|----------|
| Completion of reasonable accommodation request form, signed by both parties, and copy to each party on day of meeting. | |
| Functional information about job demands/working environment to be gathered. | |
| Referral to onward assessments, e.g. medical assessment if appropriate and necessary. Questions to accompany referral to be functional and specific to the job. | |
| Reasonable accommodation recommendations explored and if necessary, cost implications discussed with reference to experts. | |
| Discussion with other organisational functions regarding accommodation request. Questions to be functional and specific and to respect data protection issues. | |
| Ongoing communication and meetings with the employee documented. | |
| Decision-making criteria with reference to: <ul style="list-style-type: none"> • Effectiveness of accommodation, based on expert opinion (including employee). • Cost implications, if any. • Organisational approach. • Availability of grants – if relevant. | |
| Further meeting with employee to feedback and review. | |
| Decision taken and communicated to employee in writing. | |
| Accommodation implemented and process recorded for case management. | |
| Employee to be informed of appeals process if necessary. | |
| Documented time-limited appeals process developed. | |
| Appeal decision taken, communicated and recorded. | |
| Data stored in line with data protection requirements. | |



Appendix 2

Workplace Mental Health Policy Checklist

| Mental Health Policy Checklist | | |
|---|------------|----------------|
| The Policy contains: | Met | Not Met |
| An organisational definition and understanding of mental health. | | |
| An organisational commitment to supporting and enabling mental health at work. | | |
| A commitment to check whether organisational values already documented are congruent with the workplace mental health policy. | | |
| Policy objectives in relation to the individual, the organisation and the working environment. | | |
| A commitment to establishing and resourcing a committee/working group to develop, manage and co-ordinate a mental health policy and action plan. | | |
| A commitment to staff consultation and participation on mental health issues and equality. | | |
| A commitment to fulfilling all legal obligations, with specific reference to: <ul style="list-style-type: none"> • Employment Equality Acts 1998–2011. • The Safety, Health and Welfare at Work Act 2005 and General Regulations. | | |



| The Policy contains: | Met | Not Met |
|--|-----|---------|
| A statement confirming commitment to risk assessment and reduction regarding psychosocial risk (e.g. bullying, stress or harassment). | | |
| A statement outlining the organisational response to disclosure. | | |
| A commitment to develop or review a consent form in relation to disclosure. | | |
| A commitment to develop reasonable accommodation procedures and supporting documentation. | | |
| A statement about medical examinations procedures, with emphasis on a partnership approach with the employee in case they might be needed for reasonable accommodation purposes. | | |
| A commitment to provide mental health awareness training. | | |
| A commitment to provide equality and diversity training, with a focus on employment equality, mental health and reasonable accommodation. | | |
| A commitment to produce an action plan to ensure policy implementation. | | |
| A commitment to privacy and confidentiality, and reference to appropriate data protection. | | |
| Commitment to review the policy annually as part of a continuous monitoring and reviewing process. | | |
| Cross reference to other policies and procedures. | | |



Appendix 3 Example Action-planning Template

| Example Goal | Actions | Lead Person | Timeframe | Progress/ Challenges |
|---|---|-------------|-----------|----------------------|
| <p>1: Provide Initial Training – Mental Health Awareness and Employment Equality Training</p> | <ul style="list-style-type: none"> • Review staff feedback from initial consultation. • Clarify learning objectives for the training. • Clarify budget and time. • Develop selection criteria for training provider(s). • Identify potential providers. • Develop call for proposals/text for quotes. • Select provider. • Engage with provider in pre-planning. • Arrange programme delivery and release of staff. • Review training evaluation for monitoring and reviewing purposes. | | | |
| <p>2: Monitoring and Reviewing Policy Implementation</p> | <ul style="list-style-type: none"> • Collate progress and challenges reported through the working group. • Gather relevant feedback from lead persons in the action plan. • Carry out an anonymous staff survey. • Analyse feedback from training sessions. • Discuss the implementation of the policy in staff focus groups. • Identify areas for further action/next steps. | | | |



Sources of Further Advice

The Equality Authority

Jervis House
Jervis Street
Dublin 1
Tel (01) 4173336
Locall: 1890 245545
Text phone: (417) 3385
Fax: (01) 417 3331
E-mail: info@equality.ie
Web: www.equality.ie

Health and Safety Authority

The Metropolitan Building
James Joyce Street
Dublin 1
Lo Call 1890 289 389
Fax: 6147125
E-mail: wcu@hsa.ie
Web: www.hsa.ie

Irish Business and Employers' Confederation (IBEC)

Confederation House
84–86 Lower Baggot Street
Dublin 2
Tel: (01) 6601011
Fax: (01) 6601717
E-mail: info@ibec.ie
Web: www.ibec.ie

Irish Congress of Trade Unions (ICTU)

31–32 Parnell Square
Dublin 1
Tel (01) 8897777
Fax (01) 8872012
E-mail: congress@equality.ie
Web: www.ictu.ie

Irish Small and Medium Enterprise Association (ISME)

17 Kildare Street
Dublin 2
Tel (01) 6622755
Fax: (01) 6612157
E-mail: isme@isme.ie
Web: www.isme.ie

National Disability Authority

25 Clyde Road



Dublin 4
Tel/minicom: (01) 6080400
Fax: (01) 6609935
E-mail: nda@nda.ie
Web: www.nda.ie

See Change
38 Blessington Street
Dublin 7
Tel: (01) 8601620
E-mail: info@seechange.ie
Web: www.seechange.ie

Small Firms Association
Confederation House
84–86 Lower Baggot Street
Dublin 2
Tel (01) 6601011
Fax: (01) 6831633
E-mail: info@sfa.ie
Web: www.sfa.ie



Useful Publications

Association for Higher Education Access and Disability (AHEAD) (2013), *Disclosure* Dublin, Ireland, www.ahead.ie

Bolton, J. (2010), *Healthy Workplace Framework and Model: Background and Supporting Literature and Practice*, World Health Organisation, Geneva, Switzerland

European Agency for Safety and Health at Work (2009), *The European Survey of Enterprises on New and Emerging Risks (ESENER)*, www.osha.europa.eu

Health and Safety Authority, *Employees with Disabilities: An Employers Guide to Implementing Inclusive Health and Safety Practices for Employees* Dublin, Ireland. www.hsa.ie

International Labour Organisation (2012), *Stress Prevention at Work Checkpoints: Practical Improvements for Stress Prevention in the Workplace*, Geneva, www.ilo.org

Irish Congress of Trade Unions, *Disability and Employment Guidelines: A Joint ICTU & IBEC initiative to Promote the Employment of People with Disabilities*, Dublin, Ireland, www.workway.ie

Irish Small and Medium Enterprises (ISME) (2011), *Equality in the Workplace: An Employers Guide*, Dublin, Ireland

Leka, Griffiths and Cox (2003), *Work Organisation and Stress: Systematic Problem Approaches for Employers, Managers and Trade Union Representatives*, World Health Organisation, Geneva, Dublin

McGann, K. (2010) *Diversity E Audit Tool*, Irish Business and Employers' Confederation (IBEC), Dublin, Ireland

Mental Health Ireland (2011), *Mental Health in the Workplace*, Dublin, Ireland, www.mentalhealthireland.ie

See Change (2010), *Public Attitudes towards Mental Health Problems*, Millward Browne Lansdowne, www.seechange.ie

See Change (2012), *Irish Attitudes towards Mental Health Problems*, Millward Brown Lansdowne, www.seechange.ie

The Equality Authority (2011), *Equality and Mental Health: How the Law Can Help You* (date). Dublin, Ireland, www.equality.ie

The Equality Authority (2011), *Equality and Mental Health: What the Law Means for Your Workplace*, Dublin, Ireland, www.equality.ie

The Equality Authority (2012), *Equality Benefits Tool: Employment*, Dublin, Ireland www.equality.ie



The Equality Authority (2012), *Equality and Mental Health: What Advocates Need to Know*, Dublin, Ireland, www.equality.ie

The Equality Authority (2012), *Guidelines for Employment Equality Policies*, Dublin, Ireland, www.equality.ie

The Equality Authority (2012), *Selected Issues in Irish Case Law 2008–11* Dublin, Ireland. www.equality.ie

The Equality Authority (2012), *Your Employment Equality Rights Explained*, Dublin, Ireland, www.equality.ie

The Health and Safety Authority, *Work Related Stress: A Guide for Employers*, Dublin, Ireland. www.hsa.ie

The Health and Safety Authority, *Work Related Stress Information Sheet for Employees*, Dublin, Ireland, www.hsa.ie

World Health Organisation (2005), *Mental Health Policies and Programmes in the Workplace*, WHO, Geneva, Switzerland