Mental health is your business

James’ story – the business case for a workplace policy
James is 24 and has been a teaching assistant at a primary school for the past two years. He currently lives at home with his parents. He was diagnosed with bipolar disorder when he was 18 during his first year of university. Bipolar disorder is a mood disorder involving both low moods (depression) and over excitable moods (mania).

At first, James struggled to control his condition while he tried some different medications; he took some time off and then repeated his first year of university. Since then he has managed his condition well and graduated with a degree in art.

The role of teaching assistant suits James as the short, structured days and regular holidays help him manage his condition. He enjoys the responsibility of working with children and seeing them progress. Working contributes to James’ sense of wellbeing and he enjoys an active social life with his colleagues. In the future he would like to study for a teaching qualification and become a teacher.

James is feeling well but hasn’t disclosed anything about his condition to his employers and he is also concerned about how his colleagues may react.

After the summer holidays James returns to work and colleagues notice that he is not his usual self. Initially he seems to be very happy, telling colleagues about his new car and holidays abroad, even talking about putting a deposit down on a yacht. In the staff room he talks excitedly about his numerous romantic liaisons and shares stories and jokes that others think are inappropriate. In the classroom he is easily distracted and restless.

**Case study 1**

After a week or so, James is less enthusiastic in the classroom and **can’t seem to concentrate**. He has also been late into work on a number of occasions and has **asked for time off** before the end of the school day for appointments - even though he knows the school has a policy of no personal or medical appointments during the working day.

**Case study 2**

After a week or so, he is less enthusiastic in the classroom and **can’t seem to concentrate**. He has also been late into work on a number of occasions and has **asked for time off** before the end of the school day for appointments.
After a few weeks James’ manager approaches him in a corridor at the end of the school day and calls him into his office. James is told that his recent conduct has been unacceptable. He is given a formal verbal warning and the manager begins disciplinary proceedings to try to improve James’ timekeeping and general conduct.

James’ mental distress increases rapidly after this confrontation with more of his colleagues realising that something is wrong. On one occasion a colleague finds him in the staff toilet crying and refusing to leave. She tells James he needs to pull himself together because his behaviour is being noticed by everyone at school and that he’s not doing himself any favours. James feels that everyone is gossiping about him including the older children who have started to call him names. This incident leaves him feeling even more isolated.

The school is keen to look after the wellbeing of its staff and pupils - but the headteacher is worried they will find discussing mental ill health embarrassing and uncomfortable.

As part of the school’s mental health policy, several staff including James’ manager have been trained as a mental health first aider. He recognises James’ behaviour has changed, so a supervision meeting is scheduled. James’ manager tactfully asks him about how he is feeling and if he needs any practical support. No assumptions are made about James’ mental health nor does the manager try to diagnose any specific conditions. He also reminds James that the school has a confidential employee assistance programme which all staff members can use.

James feels really supported by his manager and decides to disclose his bipolar disorder to him. His manager thanks him for being honest and asks him to think about ways that he could be supported in work. He also encourages James to write an ‘advance statement’ so that if he does become unwell at work he will have already stated how he would like to be treated. James is relieved that he has disclosed his condition to his manager - but his illness begins to worsen in the following weeks. On one occasion a colleague finds James in the staff toilet crying and refusing to leave. The colleague is sympathetic and non judgemental and arranges for James to go home - as instructed in his advance statement.

The school has taken a pro-active approach to both staff and pupils’ mental wellbeing as part of the mental health policy. This includes awareness-raising and leadership from senior staff members.
The following Monday, James phones in sick to work after being signed off for a month by his doctor. During that time the school doesn’t contact him and he is signed off for another month. He is surprised that his manager doesn’t phone him and particularly upset when none of his work friends get in touch to see how he is feeling.

The school has been working with a local mental health charity, which has spoken at assemblies and run workshops for staff and pupils during their annual ‘wellbeing’ day. Campaign posters and information leaflets are also displayed in the staffroom and classrooms. Most importantly, the headteacher has spoken openly about mental health and wellbeing and how it affects everyone. Learning about mental health in this way has enabled James’ colleagues and pupils to understand his condition, and given James the confidence to decide to disclose this to his manager.

The following Monday, James phones in sick to work after being signed off for a month by his doctor. His manager telephones him to wish him well and encourages him to pop into the school for a cup of tea with colleagues when he’s feeling well enough. They also agree how they will stay in touch - with his manager phoning him once a week. His colleagues all sign a card and send flowers telling him to get well soon. Unfortunately James is signed off work for another month, but as soon as he feels well enough, James arranges to meet his manager to talk about his options for returning to work. His manager encourages him to bring along a representative from his union for additional support. James is still not 100 per cent, but he and his manager feel that work is good for James’ recovery and they agree a phased return. At first James will work three afternoons per week, gradually building up his hours.
After two months off, James is anxious about his return to work. He is not offered a back to work interview or any support on his first day. James also notices that colleagues have begun to behave very differently towards him - especially when some of his usual duties and responsibilities have been taken away with no explanation. The teacher in his class seems reluctant to leave him alone with the children.

Without the previous good relationships with his colleagues, James feels completely isolated while he is at work and before long he is signed off sick again - this time for six months.

While on sick leave James is dismissed from his job. James is encouraged by his trade union representative to take his case to an employment tribunal on the grounds of unfair dismissal. Feeling let down by his employers and disappointed that they were not able to support him, James decides to proceed with lodging a claim.

After a long and traumatic tribunal, James wins his case and the public authority is instructed to pay compensation. The tribunal case has economic implications, but also results in unwanted negative publicity. In addition the authority incurs recruitment and training costs associated with hiring a new employee and having lost an experienced member of staff.

After the meeting James pops in to the staff room and catches up with some colleagues.

After two months off, James is anxious about his return to work, however he is greeted warmly by all his colleagues. His manager has arranged a back-to-work interview to discuss any permanent reasonable adjustments which might help James longer term. Between them they agree that James will begin work an hour later in the morning and stay later two afternoons a week to help with the school football team training to make up his hours.

Back in the staffroom, James’ colleagues let him know they are pleased to see him and invite him to the regular pub quiz at the end of the week. At the end of his first day James feels positive about how things have gone.

Six months later, James is back to working full time hours after increasing them over a number of months. He has enjoyed helping with football training so much he is studying for a coaching qualification. He also finds that the regular exercise is helping him to manage his condition.

Longer term James is still hoping to become a teacher so he and his manager are putting together a portfolio of evidence to help his application for a place on a teacher training course. James feels secure in his employment, knowing his condition is understood by his employers and that he is a respected and valued member of the team. James feels very positive about his future!
James meanwhile signs on at the job centre, *worried* about how his condition will be *perceived by other employers*. With less than 40 per cent of employers saying they would recruit someone with a mental health condition, James prospects are not good.

In a similar situation, failing to effectively tackle mental ill health in the workplace could cost as much as £176,850.

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**Costs of case study 1**

**Specific costs relating to James’ mental ill health only, over one year based on a £15,000 salary:**

- £10,000  8 months sick pay
- £20,000  Temp cover for post including agency fees
- £60001 Recruitment costs including induction and training of new staff
- £6532 Presenteeism based on 8.4 days per year lost per year whilst in work

£36,653  Total

**Average costs relating to mental ill health of a staff of 30 employed at the school over one year:**

- 843 working days lost due to mental health sickness absence
- £181504 lost due to presenteeism
- £100504 lost due to sickness absence
- £28504 lost due to recruitment, selection and training new staff

£31,050  Total

**Potential costs relating to tribunal:**

- £80,5005 Employer tribunal costs
- £65,3006 Compensation for unfair dismissal
- Unknown Damage to reputation

£145,800  Total

£176,850  Potential total cost to employer
Costs of case study 2

£25007 2 months sick pay
£35008 Development and implementation of mental health workplace policy
£90-7509 Employee Assistance Programme for 30 employees
£0-£15010 Mental Health First Aid training (possibly free through the trade union learning fund)
£011 Awareness-raising by using existing campaign material from unions and mental health voluntary sector organisations
£012 Reasonable adjustments
£6090 Potential total cost to employer

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1. This figure relates to the figures suggested by the Sainsbury Centre for Mental Health, as being 40 per cent of gross pay. Mental health problems, including stress may account for five per cent of staff turnover.

2. Presenteeism is defined by the Sainsbury Centre for Mental Health as the loss in productivity that occurs when employees come to work but function at a reduced capacity. They estimate that employees each lose the equivalent of 8.4 working days per year in reduced output.

3. Sickness absence because of mental ill health amounts to 2.8 days per year per average employee in the UK workforce, or 70 million days in total for a workforce of 25 million.

4. The total cost to UK employers of mental ill health in the workplace is £26 billion each year. That is equivalent to £1035 for every employee in the UK workforce; £335 for sickness absence, £605 for presenteeism and £95 for staff turnover.

5. This figure relates to the cost associated with a bullying tribunal, however, it is indicative of the costs incurred by an employer when cases go to tribunal. This cost includes, legal costs, administration, managerial costs, investigation costs and the cost of staff/management time. Source: Kamaljeet, J. GMB National Equalities Officer, GMB Trade Union, London).

6. As of the 1st February 2010 this figure is the maximum compensation that can be granted to an individual for loss suffered as a result of unfair dismissal. Source: Citizens Advice Bureau, Employment in England, Dismissal http://www.adviceguide.org.uk/index/your_money/employment/dismissal.htm

7. Based on James’ salary of £15000 per year

8. The initial development cost includes: six days Human Resource Lead at £350 per day, three days Mental Health Lead at £350 per day, Union consultation and Annual Review cost of £350 per annum. Source: Martin, R. 2010. Domestic Violence and Abuse Service Devon County Council, Devon.

9. Based on average figures of £3-£25 per employee for an Employee Assistance Programme. Figures from Employee Assistance Professionals Associations (EAPA).

10. Mental Health First Aid training is available from http://www.mhfa-wales.org.uk/

11. Campaign materials such as posters, films and ideas on raising awareness are freely available from organisations such as Mind, Shift, Shaw Trust, Remploy etc.

12. Most reasonable adjustments cost little or nothing, in this specific instance the reasonable adjustments are a change to working hours with James starting work at 10am, and making up the hours after school by coaching the football team.

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