

Mental health and employment in the NHS

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Introduction

As the largest public sector employer in the UK, the NHS can make a significant contribution to combating discrimination against people with mental health problems. This will not only benefit the individuals concerned, but can also have a positive impact on the diversity of the workforce and the experience the NHS is able to offer patients.

The Government's Public Sector Agreement (PSA16) seeks to '*increase the proportion of socially excluded adults in settled accommodation and employment, education or training*' and the Department of Health is developing proposals for the NHS to increase employment rates for adults with serious mental health issues and learning disabilities.

Employment, in these circumstances, does not necessarily mean full time employment but may mean work that the employee and their advisers feel they can manage at the time of appointment. This should be kept under review and discussed by all parties on a regular basis.

People with mental health problems frequently suffer discrimination in the workplace and unemployment affects those with long-term mental disorders more than any other group of disabled people. The Disability Discrimination Act 1995 (DDA) makes it unlawful to discriminate against people with mental health problems protected by the act.

This guidance, *Mental Health and Employment in the NHS*, updates and revises the Department of Health guidance produced in 2002. It encourages NHS employers to tackle discrimination and stigma, promote equality in their staff and provide the opportunities that people with mental health problems are now entitled to expect.

The legal position

The advice in this document does not constitute legal advice. It is intended to supplement, and is not a substitute for, the expertise and advice of an NHS employer's own legal advisers. Legal advice should be obtained before taking, or refraining from taking, any action as a result of the contents of this document.

NHS employers are responsible for ensuring that they comply with legal obligations in relation to disabled people, including people who are mentally ill.

Mental ill health – a definition

The term mental ill health covers harmful levels of stress, depression, anxiety, schizophrenia, bi-polar disorder (manic depression), psychosis, obsessive compulsive disorder (OCD) and is often associated with drug and alcohol abuse and eating disorders (e.g. anorexia nervosa and bulimia nervosa).

The policy context

In spring 2008 Dame Carol Black published her report *Working for a healthier tomorrow* which looked, for the first time since the 1980s, at the health of the working age population and

recognised that, for most of us, work is good for our long-term health and for family well-being. It includes proposals for the Government and business which focus on keeping people healthy at work and ensuring they are helped back to work if they become ill.

Amongst the main recommendations, in brief, are:

- all parties with an interest in the health of working age people should adopt a new approach to health and work in Britain
- the Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the public
- GPs and other healthcare professionals should be supported to adapt the advice they provide, where appropriate, doing all they can to help people enter, stay in or return to work.

The Disability Discrimination Act (DDA) 1995 makes it unlawful for employers to discriminate against people who have a mental impairment. Employers may be required to make reasonable adjustments to enable employees to gain and remain in work. From autumn 2004 the scope of the Act was extended to include employers of fewer than 15 people.

The Government's Welfare to Work agenda with its emphasis on 'encouraging work for those who can with the provision of security for those who cannot' has led to a range of initiatives to help people overcome barriers to employment. These include the New Deal for Disabled People and Joint Investment Plans drawn up by local authorities in partnership with all other stakeholders to ensure that disabled people have access to vocational advice and support. Both include people with mental health problems.

The Improving Working Lives Standard (Department of Health, 2001) aimed to 'create a well-managed flexible working environment that supports staff, promotes their welfare and development and provides a productive balance between work and life outside work'.

Under the Improving access to psychological therapies 'programme', funding of £170 million has been made available to primary care trusts to provide psychological therapies to people with mental health problems.

The Mental Capacity Act 2005 gave new rights to people who have mental capacity problems and the Mental Health Act 2007 made significant changes to the way in which mental ill health and those suffering with it are treated by employers and the state. It made changes in relation to the definition of a mental disorder and the criteria for detention. It also broadened the group of practitioners who can take on the functions currently performed by the Approved Social Worker (ASW) and Responsible Medical Officer (RMO).

The European dimension

The European Parliament has adopted a resolution based on the own-initiative report by John Bowis in response to the European Commission's green paper on a strategy on mental health for the European Union. It points out that during the course of any one year 18.4 million people

in the EU aged between 18 and 65 were estimated to suffer from major depression. Economic costs to society of mental ill health were enormous, with some estimates putting them at between 3 per cent and 4 per cent of GDP in the Member States. Further statistics show that some 58,000 EU citizens commit suicide each year, more than the annual deaths from road traffic accidents or HIV/AIDS, and ten times this number attempt suicide.

Mental health and employment – facts¹

- Recent Mental Health Foundation research has found that 47 per cent of people who had experienced mental distress said that they had experienced discrimination in the workplace, and 37 per cent had experienced discrimination when seeking employment.
- 3 in 10 employees will experience mental health problems in any year.
- One in six women and one in nine men are likely to require treatment in a psychiatric unit during their lifetime, yet only a minority of these will suffer long-term or permanent disability.
- About 1 in 6 adults has a mental health problem.
- More than one million people claim incapacity benefit for mental health problems.
- 80 million workdays are estimated as being lost each year to stress, depression and anxiety.
- 10 per cent estimated proportion of GDP lost due to work related stress.
- It costs an estimated £9bn per year in salaries to employers not addressing mental health problems in the workplace.
- 90 per cent of people with mental health problems want to work.
- Only 20 per cent of people with severe mental health problems are employed, compared with 65 per cent of people with physical health problems and 75 per cent for the whole adult population. Even for people with more common types of mental illness, such as depression, only about half are competitively employed.
- 40 per cent of people with mental health problems say that they were denied a job because of their history of psychiatric treatment and 60 per cent say they have been put off applying for a job as they expect to be dealt with unfairly.
- 38 per cent of employers say they would not employ someone with a mental illness.
- 45 per cent of employers think that none of their staff would be suffering from mental health problems.
- 8 out of 10 company directors say that their company has no formal policy to deal with stress and mental ill health and only 14 per cent of those with a policy thought it was effective.
- 1 in 3 employers think people with mental illness are less reliable than other employees.
- 80 per cent of employers agree that more support is required to improve the way businesses deal with mental health in the workplace.

The research evidence for work and mental health

In 2008 the Department for Work and Pensions published research from the Social Policy Research Unit and the Institute of Employment Studies into the relationship between mental health and employment. The report looked particularly at the understanding of mental health issues, mental health in the workplace, leaving work due to mental ill health and mental ill health in relation to entering work. The conclusions pointed to the importance of increasing 'mental health literacy' among individuals experiencing mental ill health, their employers and the wider population. It also drew attention to the need for employers to take a broad understanding of mental health that includes both medical and social influences on well-being.

Work is central to the lives and well-being of most people, and is important in maintaining and promoting mental health.² This document aims to provide NHS managers and occupational health professionals with the tools they need to assess the suitability of persons having mental health problems who:

- wish to work in the NHS or enter training
- are already working in the NHS.

It aims to ensure that such individuals are not unnecessarily excluded from work or training and are not stigmatised or discriminated against in the workplace.

Work provides social identity and status; social contacts and support; a means of structuring and occupying time; activity and involvement and a sense of personal achievement.³ Education serves many similar functions as well as offering qualifications and experience that can be useful in obtaining work. Quite apart from the money that can be earned, work tells us who we are and enables us to tell others who we are.⁴

While work is important for everyone, it can be particularly crucial for people who have mental health difficulties. People with such problems are particularly sensitive to the negative effects of unemployment and the loss of structure, purpose and identity that it entails.⁵ Such people are already excluded as a consequence of their mental health difficulties – an exclusion that is aggravated by unemployment. Bennett has characterised work, in contrast to occupational therapy, as the performance of a task within prescribed limits to achieve goals set by others, who judge and reward one thereby linking the individual to society.⁶

Without work these links are all too easily lost. The capacity to work is seen by many who experience mental health difficulties as a yardstick of recovery.⁷ Equally, returning to work significantly reduces the need to use mental health services.⁸

Many people who experience mental health difficulties attach a high priority to work: recent studies suggest that as many as 90 per cent of those with ongoing mental health problems wish to go back to work.⁹

The research evidence base covers three broad issues: enabling service users who are out of contact with the labour market to gain and maintain employment; preventing people who are already working and need to use mental health services from losing their job; and ensuring that NHS trusts and other public sector organisations become exemplar employers of people with

mental health problems.

Research into 'what works' in enabling people who are out of contact with the labour market to find and keep a job has followed two strands: investigations of client characteristics directed towards questions about 'who is employable' and studies of which models and approaches are most effective. The research literature clearly shows that models and approaches are more important than client characteristics in determining whether people with mental health problems are able to work.

Studies of employability indicate that client characteristics have very little impact on vocational outcomes.¹⁰ Most studies show no relationship between employment outcomes and diagnosis, severity of impairment and social skills. There is no consensus about how specific symptoms affect work performance, and while there is a relationship between hospitalisation history and work outcomes, the direction of causality is not clear. Employment history is a robust predictor of work outcomes, but motivation and self-efficacy appear to be more important. Wanting to work, and believing that you can, is the best predictor of work outcomes. In this context the extent to which mental health services promote such confidence in relation to work is likely to be critical.¹¹

Research into models and approaches clearly shows that segregated sheltered workshops are relatively poor at enabling people to return to open employment.¹² Despite their intention to help increase people's confidence and skills and thus enable them to move on to employment, there is evidence that they often confirm a person's belief that they would not be able to manage in open employment and move-on rates have been universally poor.¹³

There is strong evidence in favour of supported employment, especially the Individual Placement and Support (IPS) model developed in the US¹⁴ over other approaches such as sheltered workshops and clubhouses.¹⁵ The features which research suggests are most likely to enable people to gain and retain open employment are outlined in the text box below.

A number of studies indicate that around 58 per cent of people with serious ongoing mental health problems engaged in programmes with these characteristics are able to gain and retain employment: a marked contrast to the 12 per cent who are at present in employment.

Randomised controlled trials clearly suggest that supported employment is more effective than sheltered work at helping people with severe mental health problems to obtain and keep competitive employment.¹⁶

Features most likely to enable people to gain and retain open employment

- Vocational rehabilitation is a central and integral component of the work of mental health teams rather than a separate service. Front-line staff need to have a vocational orientation and there must be vocational expertise within teams if success is to be achieved.
- A primary goal of open employment in integrated settings – ‘real work’ rather than pre-vocational or sheltered work experiences.
- Rapid job search and minimal pre-vocational training. Supporting people to develop work skills on the job is more effective than preparation in a sheltered environment.
- Initial and continuing assessment and adjustment. Getting into work is not an end in itself but part of an ongoing process, and it may be necessary for a person to try a number of different jobs before they find one in which they are successful.
- Time-unlimited support and workplace interventions, including reasonable adjustments under the DDA, to enable people to retain employment.
- Attention to user preferences and choices rather than providers’ judgments about the sort of job that is appropriate. If you help someone to get a job they want they are more likely to stick to it.

Becoming an exemplar employer of people with mental health problems

The User Employment Programme (formerly known as the Pathfinder User Employment Programme) at South West London and St George's Mental Health NHS Trust was established in 1995 and the effectiveness of the programme has been evaluated annually.

It was set up¹⁷ to assist staff with mental health problems and also to encourage previous service users to apply for posts within the organisation. This recognises that people with mental health problems can bring valuable resources (skills, training and manpower) and a valuable positive insight to patient care.

The programme has proved extremely successful and it therefore provides an evidence-based model for other public sector organisations wishing to become exemplar.

There are a variety of reasons why NHS employers might usefully include in their workforce people who have had, or who continue to experience, mental health problems. Some of these are:

- as well as being a major service provider, the NHS is a major employer and should be seen to lead in the employment of disabled people
- people who have experienced, or who currently experience, mental health problems and who can be accommodated in the workforce can enhance the quality of mental health services offered
- people who have experienced, or who currently experience, mental health problems have a wealth of experience and expertise in living and coping with such problems, which may prove useful to clinician colleagues
- researchers have described people who have had a similar personal experience to patients as being best placed to understand their needs
- the employment of people with personal experience of mental health problems can increase the skill mix of staff and act as an important role model for both clients and staff
- retaining staff avoids the cost of replacing them (estimated £80,000 per member of staff in recruitment and training costs)
- given that an estimated quarter of GP consultations relate to mental illness, increasing the numbers of disabled staff is a practical way of showing the organisation's commitment and openness to utilising the skills people with mental health problems can bring.

All this helps develop a culture that is more open and valuing, building staff confidence (job security) and the organisation's ability to identify and support staff earlier, both of which can support work to prevent some cases of mental illness.

Government programmes

The Department for Work and Pensions, in partnership with the Department of Health, is currently running *Pathways to Work* in seven UK locations, including Essex. Aimed at new Incapacity Benefit (IB) claimants and those claiming IB within the previous two years, the scheme

encompasses people experiencing depression and anxiety. NHS, voluntary sector agencies and local partners are supporting the scheme through the provision of condition management programmes.

Employer responsibilities

A key government objective is to enable all disabled people, including those with mental health problems, to make the most of their abilities at work and in wider society. It will do this by:

- providing active help for people to move into work
- taking the obstacles out of the benefits system
- promoting equality and opportunity in the workplace.

Tackling discrimination and inequality is a key commitment in the Government's drive to modernise health services. However, it is easier to tackle discrimination in service delivery where the workforce reflects the community it serves, and is educated and equipped to respond effectively to diversity.

The NHS is already contributing to this challenging agenda. There are many examples of good practice in its approach to the employment of people who have a disability or an impairment, but some people are still not getting a fair deal when it comes to recruitment, retention and career development.

With the largest workforce in Europe, and a high reported incidence of mental health problems in the general population, it is essential the NHS takes a role in ensuring that people are not discriminated against or excluded from the workforce unnecessarily.

The NHS should take a lead, not only in caring for its present and future employees, but also in valuing diversity and in promoting good practice in the employment of people who have experienced or are experiencing mental health problems.

Avoiding discrimination

The Disability Discrimination Act (DDA) makes it unlawful to refuse employment or to terminate the employment of a disabled person for a reason relating to that person's disability, without justification. The reason for that decision must be one that cannot be removed by any reasonable adjustment made by or on behalf of the employer.

The NHS should set an example to show that:

- this type of discrimination is taken seriously and will be eradicated
- mental health should not be the cause of derision or ridicule
- people with mental health problems have the same right to be treated fairly and with respect as everyone else.

The following general principles should help employers to avoid discrimination.

- Selection should be based on the best person for the job. Appropriate procedures need to be in place to ensure that disabled people are not placed at a substantial disadvantage compared to non-disabled people during the recruitment process.
- Every assessment for a post is specific to that situation.
- All NHS staff should have a pre-appointment health assessment.
- NHS employers should ensure their policies and procedures comply with the Disability Discrimination Act 1995.
- No applicant should be refused employment on health grounds unless expert occupational medical advice has been sought.
- No person should be refused employment, or have their employment terminated on mental health grounds without the employer first having made any adjustments that it would be reasonable to make in relation to that person and in accordance with any duty placed upon them by the DDA.
- All NHS staff need help to develop an awareness of their own mental health, when to seek help and from whom.
- The NHS needs to develop a culture where staff can be open about their mental health status, are treated fairly and are encouraged to seek help when it is needed.
- NHS managers and employers must also recognise that students and trainees working in the health service may also need support in the workplace if they have mental health problems, as may volunteers working in the NHS (as this may be part of their rehabilitation, either formal or informal).

Employee responsibilities

It is important for people with mental health problems undergoing treatment to be aware of, and respect, the legitimate considerations of employers. They need to:

- be aware of their own responsibilities for managing and planning their treatment
- understand the need to continue their treatment if that is the course of action they have decided on with their doctors
- be aware that they should not discontinue their treatment just because they feel well and settled in their job
- understand that the maintenance of treatment of a stable condition should not be a bar to recruitment or continued employment.

Stigma

There is a stigma attached to having mental health problems that is caused in part by ignorance and also by concern and fear of the unknown. Some sections in our society continue to portray people with mental health problems as being naturally violent and a danger to society. In fact,

the majority of people with mental health problems are no more violent than the rest of the population.

All the evidence indicates that most people with mental health problems wish to live as normal a life as possible and to secure ordinary employment within an ordinary workplace. There is no evidence that people with mental health problems necessarily make poor healthcare workers.

Many of those who have experienced and recovered from a mental health problem feel that they have benefited from the experience. It is not unusual for people to describe a growth in personal awareness and the added advantage that they can sympathise with, and help other individuals suffering from, a similar problem.

The impact of stigma

The Government's report of Mental Health and Social Exclusion published by Social Exclusion Unit in 2004 identified stigma and discrimination experienced by people with mental health problems as the biggest barrier to social inclusion, making it difficult for people to work, access health services, participate in their communities and enjoy family life.

- 83 per cent identified stigma as a key issue.
- 55 per cent identified stigma as a barrier to employment.
- 52 per cent mentioned negative attitudes towards mental health in the community.

Action on stigma

The Government's mental health campaign against stigma and discrimination - SHIFT – has launched the Action on Stigma initiative which sets out five principles that correspond closely to the Disability Equality Duty with which all public sector employers must now comply. These are the building blocks for employers aiming to take practical steps to eliminate discrimination on the grounds of mental ill health.

The principles

- Employers can demonstrate that employees are helped to look after their mental health by making them aware of the steps they can take to preserve and maintain their own and others' mental well-being.
- Employers promote a culture of respect and dignity for everyone, ensuring that staff are trained to recognise and be sensitive to mental distress or disability in others, whether they are workplace colleagues or customers.
- Employers encourage awareness of mental health issues, so that employees are aware of the danger signs and understand the importance of seeking help early.
- Employers can demonstrate that no one is refused employment on the grounds of mental illness or disability.
- Employers make reasonable adjustments to the work environment for people with mental

health problems so that they can continue working.

For more information visit www.shift.org.uk

Dealing with discrimination in the workplace

Employees and potential employees who may experience mental health problems are entitled to expect that confidential information about them will be treated sensitively, appropriately and in accordance with the ethics of confidentiality. A person's decision to tell their fellow workers about their illness is purely personal. In circumstances where fellow workers are ignorant of the causes and effects of mental health problems, it is possible that they will ridicule and ostracise that colleague.

However, work colleagues also have the potential to provide a helpful and supportive environment and it is good practice for employers to facilitate an understanding attitude by arranging training sessions on mental health issues. Encouraging a culture of awareness and support will allow employees experiencing mental health problems to confide in close colleagues and to advise them as to what action they wish to be taken if difficulties arise.

Managers should encourage a culture where it is possible for staff to be open about their mental health status and to feel they can seek help when they need it. This type of culture would ensure fair treatment of staff and actively promote a sense of self-awareness among staff of their own mental health and needs.

Staff will need to recognise that absolute confidentiality is not possible in a situation where they are being supported in their posts due to their health problems. The line manager will need to know about the support being given and it is possible that, over time, colleagues working closely with supported staff may also become aware of the support being offered.

Raising awareness among staff

While many staff may be enthusiastic about the introduction of people with mental health problems into the workforce and may see the benefits to the person, colleagues, patients and the organisation, there will be some who are deeply sceptical. Broader societal prejudices are bound to be represented in an organisation the size of an NHS trust and this will lead to concerns being expressed.

A programme of education for staff will need to be introduced, starting initially with those who will be working closely with the new recruits and widening out to cover all staff over time. An awareness programme will also assist in dealing with concerns felt by staff who become aware that colleagues they have worked with for some time are also experiencing mental health problems.

Further information can be obtained in the report of the Pathfinder User Employment Programme.¹⁸

The Disability Discrimination Act and the Code of Practice

The introduction of the Disability Discrimination Act 1995 reinforced the need to deal fairly when considering the employment of staff with mental health problems.

With a few exceptions, employers are required to comply with the Act to ensure that fair and equal recruitment processes are followed in relation to disabled persons.

NHS employers should ensure that the requirements of the Act are met, including compliance with any duty upon them to make reasonable adjustments that would enable the disabled person to work in the NHS.

There is now a growing body of case law to help in determining how the DDA will affect the employment of staff with mental health problems and employment tribunals are paying particular attention to the selection process and how applicants are treated at interview.

The Code of Practice 'for the Elimination of Discrimination in the Field of Employment against Disabled Persons or Persons who have had a Disability' provides some useful indications of how employers should address practical issues when recruiting.

In this context, the DDA²⁰ and Code of Practice reinforce the principles of good employment practice.

- Selection should be based on the best person for the job. A disabled applicant's suitability and merits should be assessed as they would be after making any reasonable adjustments that are required by the Disability Discrimination Act 1995.
- Employers are encouraged to develop appropriate recruitment procedures to enable disabled applicants to have the opportunity to indicate whether they have specific requirements in the interview or selection process.
- Employers must also establish whether there are reasonable adjustments that can be made to enable a person to perform the job, and for the purpose of making any reasonable adjustments that might bring an applicant, whom they know to have a disability and likely to be at a substantial disadvantage, into the pool of those considered for selection.
- Disabled applicants should only be asked for information about a disability if it is, or it may be, relevant to that person's ability to do the job.
- Employers should not discriminate against disabled persons in the arrangements they make for determining who should be offered employment, and are encouraged to take a lead in valuing diversity and promoting equality of opportunity.

The DDA lists a number of factors to which an employer should have particular regard when determining whether it is reasonable to make a particular adjustment. These are:

- the extent to which taking the step would prevent the effect in question
- the extent to which it is practicable for the employer to take the step

- the financial and other costs which would be incurred by the employer in taking the step and the extent to which taking it would disrupt any of the employer's activities
- the extent of the employer's financial and other resources
- the availability to the employer of financial and other assistance with regard to taking the step.

The role of occupational health

In the United Kingdom, the occupational health physician who advises an enterprise has statutory responsibility under health and safety legislation (The Health and Safety at Work Act 1974) for the competence of medical advice given regarding the safety and improvement of the health of employed persons seeking or training for employment.

The key role of the occupational health physician is to act as an impartial assessor and adviser. They ensure that information flows appropriately so that employment decisions are based on full medical information, and risk assessment, and reflect good employment practice. They also ensure that employers are alerted to the applicability of the DDA.

In all cases, before a final recommendation is made on fitness to undertake duties, the occupational physician should ensure that a full assessment of the facts has been carried out, taking into account any views expressed by the client or on their behalf.

This should include, where necessary, obtaining information from the employee's GP or psychiatrist. In some situations, an independent psychiatrist assessment, specifically to assess fitness for work, may be needed.

Occupational physicians should seek advice from mental health professionals, particularly in complex cases, unless they are themselves clinically competent to assess the condition in question. They should also be asked to provide advice concerning whether or not the DDA applies to:

- work capacity
- recommended restrictions
- timescales
- suitable workplace adjustments.

The role of occupational health (OH) is becoming increasingly more important in a wide range of employment issues. It is important that NHS occupational health services publicise their role and services to all staff and managers, to ensure they are aware of their role in delivering safer, healthier workplaces.

The role of the occupational health assessment

The role of the occupational health assessment is to provide advice concerning the following questions.

- Is there a significant health problem?
- Will the illness interfere with this individual's ability to do this specific job?
- Does anything in this job pose a risk to the candidate's mental health?
- Is there any risk to the welfare of others?
- What modifications or adaptations are needed to accommodate the candidate's health

problem/minimise the risk to them or their patients, and/or if the DDA applies, what adjustments can be taken to enable the person to do the job?

To carry out the last of the actions listed above it is essential that the occupational health practitioner has knowledge of the DDA and of the range of reasonable adjustments possible for people with mental health problems.

When a serious or potentially significant mental health problem is identified by the initial occupational health assessment, the occupational physician should carry out a detailed risk assessment that, in most cases, will involve seeking further information from mental health professionals.

The occupational physician will need to make an assessment of the individual's health problem and its effect, initially by the normal process of medical assessment, followed by information collection.

Risk assessment

All decisions relating to the employment of persons with mental health problems must be made on the basis of a detailed risk assessment by a competent occupational health professional, taking into account the individual's health problems, the nature of the individual's employment, and any relevant adjustments which may be made to their work.

The risk assessment must be specific to the individual and the post. It is important to recognise that diagnosis itself is not a reliable predictor of either danger or likely failure at any job.

Occupational health services and employers need to appreciate that specific diagnosis of mental health problems may only be helpful in predicting the future course of the illness and likely problems to be encountered. Where appropriate, occupational health services will need to liaise with the person's own doctors to get a clearer picture of these.

Individuals may be vulnerable to periods of particular stress and colleagues may need to be alert to the development of possible episodes of further illness. Such support, however, must take into account the need for confidentiality and sensitivity to the individual's needs.

Where the occupational health service finds that an individual is not suitable for a post, it should be because the specific nature of their mental health problems puts the individual, patients or the service at serious risk in spite of reasonable extra efforts to support them, and where the DDA imposes a duty on the employer, there is no reasonable adjustment that would enable that person to do the job or to work in another vacant post.

Health and safety should never be used to bar people from employment without justification. Employers must therefore first make reasonably practicable adjustments under health and safety law to reduce risk, which may involve making reasonable adjustments required of them under the DDA.

The recruitment process

Key points:

- selection should mean the best person for the job
- references are crucial to the process – they need to be honest, accurate, fair and made with reasonable care
- sickness absence data from the previous employer is essential – applicants must not be rejected for employment by reason of their absence record without regard to the obligations imposed by the DDA
- the candidate should not start work until health screening is completed.

Pre-appointment health assessment

All NHS staff should have a pre-employment health assessment carried out fairly, objectively and in accordance with equal opportunities legislation and good occupational health practice.

Suitable and sufficient health screening should be carried out:

- on taking up a first post, whether or not this is preceded by a period of training
- on subsequent appointment with new employers
- on job change, where this involves a significant change of duties.

The purpose of pre-employment health assessment is to ensure that:

- prospective staff are capable of carrying out the work proposed, taking into account any current or previous health problems and any duty to make reasonable adjustments under the DDA
- anyone likely to be at excess risk of developing work-related health problems from hazardous agents present in the workplace is identified.

The assessment also aims to ensure, as far as is possible, that the prospective employee does not represent a risk to patients, themselves or colleagues and that the work is suitable and safe for the prospective employee.

There should not be any tests carried out to detect conditions that are not likely to be relevant to the person's ability to undertake the specific job in question.

In order for occupational health services to carry out a full assessment of the applicant they must be provided with a copy of the person and job specifications, health and safety risks associated with the post, the sickness absence record obtained from the previous employer and any relevant information obtained in the recruitment process, including any information provided by the applicant or on their behalf.

This will allow the occupational health service to provide appropriate advice to the employing

manager regarding an applicant's fitness, and any workplace adjustments that may be required in relation to a disabled applicant. It is also fundamental to the provision of both pre-employment assessment and in-service review that the occupational health service is aware of the different ways of working throughout the organisation and familiar with the different requirements for the wide variety of posts.

The pre-appointment process

No applicant should be refused employment on health grounds unless expert occupational medical advice has been sought including, as necessary, liaison by the occupational physician with appropriate mental health professionals and with the applicant's general practitioner and/or specialist.

The applicant should first have the opportunity to discuss the issues raised with the occupational and mental health professionals, and with the person or persons responsible for making the recruitment decision, who must consider all relevant facts.

Responsibility for taking up references, including information about absence and making registration checks (with NMC, GMC, HPC, GDC and so on), rests with the employing manager. The manager should also ensure that they have procedures in place to enable them to respond appropriately to requests for references from other trusts when their employees change employer. NHS employers are reminded that their measures must comply with this requirement to comply with the Data Protection Act 1998.

It is for the employing manager to ensure that all relevant occupational health checks have been made and to decide, in the light of information received, whether the applicant should be employed. The employing manager is expected to obtain, and to take into consideration, advice from the occupational health service concerning any requirement on the employing organisation to make adjustments to posts that would enable a disabled applicant to do the job (or another vacant job) but may decide that there are no adjustments that it would be reasonable to make.

They may also choose to employ an applicant despite concerns expressed by the occupational health service. In either case they will need to be able to fully justify their decision. The responsibility for the appointment rests with the employing organisation. External advice on job modification is available from the Employment Service Regional Disability Service Team.

The need for rehabilitation

People recovering from depression may be left with residual symptoms such as low self-esteem, pessimism, loss of confidence and a perception of being vulnerable and helpless. They, and others who have suffered a serious mental health problem and who may have lost their jobs, will probably require additional care and support in their re-entry into a demanding work environment. Such a candidate will not always be confident. There may be a setback or even intermittent withdrawal from work in the early days of earning a living once more.

It is important for the occupational health team to participate in the process of rehabilitation into

work in a constructive way.

Individuals should be honest in declaring any health problems.

While good employers value diversity, applicants must understand the need for employers to make informed decisions concerning recruitment. It is a grave mistake for an individual to knowingly or recklessly deny or conceal a medical condition, an episode of ill health, or incapacity or to attempt to do so.

Failure to disclose such matters may result in dismissal, but equally importantly, may make it difficult for an employer to take a positive and sympathetic approach. The more serious the episode, the greater the challenge of resuming normal life, and the greater the employer's need to acquire the information necessary to assess their responsibilities to the applicant, including any duty to make reasonable adjustments under the DDA. The occupational health process needs to be supportive and constructive in responding to people with such histories to facilitate disclosure.

Responding to mental health needs in the workplace

The need for employers to have access to competent expertise in occupational mental health has never been greater. Occupational health and mental health professionals should work together to ensure that impartial advice is available to employers on the suitability of persons for specific employment and concerning their responsibilities under the DDA to persons having mental health problems.

Currently, GPs and consultants in other specialist fields are often the main source of occupational health advice and practical guidance about an individual's fitness for work. This raises a potential for conflict if the GP or consultant, while needing to maintain a therapeutic relationship with the client, has also to advise the employer on suitability for work. For these reasons it is essential that the individual is referred to the occupational health physician who can evaluate the case and who will also be able to take into account the particular conditions relating to the individual's current or proposed post.

If there are reasonable grounds to believe that an employee may be developing mental health problems, the occupational health service should be involved as soon as possible. Their role will vary depending on the individual circumstances but may include:

- helping the employee and the employer to understand whether particular behaviour observed in the workplace is related to mental health problems (the occupational health physician may wish at this stage to enlist the help and advice of a mental health practitioner)
- assisting the employee to access appropriate support through their GP, local mental health services or elsewhere, if more appropriate (for example if they work in the local mental health service and have concerns about confidentiality)
- working with the employee and clinicians to facilitate a return to work through job modification and rehabilitation in the workplace.

There is also an important role for the occupational health service in the rare situation where a mental health professional looking after a healthcare worker has doubts about that person's fitness to be at work. There may be concerns about the safety of patients and of the individual themselves. In this situation it might be helpful for the clinician to discuss the case with an occupational physician. This would certainly be the case where the patient's right to confidentiality might need to be breached in the public interest.

Risk assessment process for potentially significant mental health problems

Where a potentially significant mental health problem has been identified, the following points will need to be considered:

- the nature of the health problem including diagnosis
- how does this affect the individual?
- is there any reason why this person poses a risk to others in the workplace?
 - inattention, loss of concentration, drug effects
 - particular behaviours: loss of control, risk of violence, deliberate acts
 - degree of insight (do they have strategies to manage their mental health difficulties?)
- could this problem give rise to other problems in the workplace?
 - frequent sickness absence
 - inability to make decisions, cope with emergencies
 - seeking therapeutic relationships with colleagues
 - is this condition treatable, controllable, is maximum control being achieved?
- how does the individual intend to manage his/her health in the new post?
 - is this work likely to harm this individual's health?
 - is there evidence of how well the individual has managed in previous employment and can this be taken into account as part of the decision making process?
 - if the DDA applies, are there any steps that can be taken so that the person can do the job (or to work in another vacant post)?

Assessment format

The assessment should include consideration of a confidential occupational health questionnaire completed by the applicant at the appropriate stage of the appointment process, and an interview with an occupational health nurse adviser (should it be felt the questionnaire answers require clarification). This initial interview may be carried out by telephone if it is considered that this will elicit sufficiently clear answers to any questions raised by the form.

Questionnaire format

A questionnaire that is capable of providing the means to identify whether there are grounds for further investigation should be used. It is likely that in the majority of cases the OH questionnaire will be passed first to an OH nurse adviser for consideration. If they consider it to be necessary, they will arrange an interview with the applicant to assess their fitness for the post. If an OH nurse adviser feels that they have not been able to gain a clear and unequivocal picture of the applicant's past medical history from the questionnaire and the interview, they should refer the matter to an occupational physician for further consideration.

Further assessment by an occupational physician will be needed if the answers to the questionnaire and/or the interview identify significant health problems, or the nurse feels that the candidates' responses have not given a full picture of the past medical history or current health problems.

Where necessary the occupational physician will seek information or advice from the individual's GP or mental health professionals.

At this stage the occupational health service should be able to answer the key question: does this applicant have a relevant health problem?

If this is the case they will then need to assess the implications of this for employment through:

- a process of information gathering to understand the extent of the impairment to the individual
- careful risk assessment to determine the suitability of the proposed post for the individual.

Seeking GP assistance

In the small number of cases where the amount or nature of sickness absence, or other factors, indicates that the applicant's fitness for work may be affected, further information is required. Information concerning past medical history may be obtained from the applicant's GP. This process will require the applicant's signed consent and they must be told precisely what information is being requested and why before their fully informed consent can be obtained. A copy of the person's signed consent should be sent to the GP with a request for specific information.

Key points in the assessment process

Throughout the process it is essential to remember the following key points:

- patient safety is paramount
- risk assessment is individual and not based on diagnosis
- decisions need to be based on evidence, not prejudice
- the process needs to be transparent; applicants need to understand how

information about them will be used; to whom it will, or may be disclosed; and how decisions are made and on what grounds

- the process requires trust and honesty from all parties.

The occupational health service will also need to consider the applicant's previous sickness absence record – taken from previous job references and any reports from clinicians – and whether or not the applicant has a disability to which the DDA applies.

Seeking additional information

Where a mental health problem is identified, further information is usually required, for example, from a psychiatrist or other mental health professional. This should always be sought in cases where the applicant's fitness for work may be affected.

The Access to Medical Reports Act¹⁷ applies and the process will require the applicant's signed consent. They should be told precisely what information is being requested and why, before their fully informed consent can be obtained.

Applicant's clinicians should not usually be asked simply to comment on the person's fitness for the proposed post, as that decision is the responsibility of the occupational physician and ultimately the employer.

To avoid a possible conflict of interest, the GP or psychiatrist should be asked only specific questions that are designed to assess the applicant's suitability for the post applied for.

At the end of this process the occupational physician will have a clear picture of the impact of the individual's illness on their employment, and will be in a position to advise the employer on suitability for employment and modification to the work to accommodate the individual, where appropriate.

The management of mental health issues in employment

When an employee displays behaviour in the workplace that causes the employer concern, the question of whether or not this is health related often arises. The process should be no different for staff experiencing mental health problems than for any other form of health problem affecting performance.

To inform the management process, the employer may also need information on:

- the extent to which any identified health condition may be amenable to treatment
- whether modification of the work activities is needed to facilitate clinical management of the employee's health
- reasonable measures that can be taken to support the health care worker in the workplace and to ensure that patients are protected
- whether the person is disabled under the terms of the DDA.

This clearly requires a detailed risk assessment.

The occupational health service has a key role in this; both in collecting the required information, carrying out the risk assessment and giving the employer relevant information while ensuring that medical information is kept appropriately confidential.

Questions to the occupational health service should be phrased in a way that does not require the doctor to disclose details of sickness or disability without the person's express consent.

The principles of this process in the context of behaviour at work that is, or that may be, attributable to mental health problems are no different in the case of a doctor to that of any other healthcare worker or employee.

Triggers to referral

The triggers to referral of an employee by their manager might include any or all of the following:

- sickness absence
- poor performance
- behaviour that causes concern
- complaints
- untoward incidents
- employee asking for help.

Managers will also want to take account of local disciplinary procedures as appropriate.

In doing so, managers are reminded that adjustments may be required to the disciplinary process to take into account their obligations under the DDA.

The occupational health process

Referral

The employee is formally referred to the occupational health service with a letter from the appropriate manager. The occupational physician must be given detailed information about the nature of the issue giving cause for concern.

The employee must be aware of the nature of the concerns, the referral for OH assessment and the purpose of it.

Assessment

The occupational physician makes a detailed assessment of the health of the employee based on clinical assessment supplemented by sickness absence records, information given by the manager, any other relevant information they may seek and information the employee may wish to introduce. A report from the employee's GP or specialist may be sought.

The following points will need to be considered:

- the nature of the health problem including diagnosis
- how does this affect the individual?
- does this explain the observed behaviour?
- is there any reason why this person poses a risk to others in the workplace?
 - deliberate acts
 - inattention, loss of concentration, drug effects
 - abnormal behaviours; loss of control, risk of violence
 - degree of insight
- could this problem give rise to other problems in the workplace?
 - frequent sickness absence
 - inability to make decisions, cope with emergencies
 - seeking therapeutic relationships with colleagues
 - is this condition amenable to treatment; is other/better treatment available?
- is this work likely to harm this individual's health?
- if the DDA applies, advice on suitable adjustments and timescales.

Further mental health assessment

In some cases, detailed assessment by a psychiatrist or clinical psychologist may be required to determine whether or not the employee has a mental health problem and to advise on its

prognosis and treatment.

In this situation the occupational physician has an important role in asking the right questions but also ensuring that the mental health practitioner is aware of the full background to the case, especially if the employee cannot or will not recognise the employer's concerns.

Where specific referral to a consultant psychiatrist or psychologist is made for the purpose of assessment in an employment context and not for therapeutic reasons, the occupational physician may refer directly but this would constitute a private referral and would have to be funded by the employer unless there are local arrangements. The report would form part of the employee's confidential OH record.

Report

Having collected all the relevant information the occupational physician will be able to advise the employer in non-medical terms and without breaching the confidentiality of the individual's medical information:

- whether or not the individual has a health condition
- how this will impact on their ability to do their job both in the short and the longer term
- where a treatable long-term condition is identified
- any workplace adjustments that would enable the person to do the job.

Where an employer's occupational health advisers know that a person has a disability, as defined by the DDA, the employer is obliged to comply with the Act. This places a requirement on the occupational health service to advise management of any adjustments, even where the employee wishes the disability to remain confidential.

Supporting the employee

The occupational physician has a key role, if a health problem is identified, in ensuring that the employee is receiving appropriate healthcare. This may be particularly important in medical staff, both to overcome any reluctance to recognise health problems and to seek help, and to facilitate 'out of area' treatment if appropriate.

Managers, working with the employee and occupational health staff, will want to encourage the employee to make use not only of the 'in house' support but also of informal support systems. They should aim to be as flexible as possible in helping the employee to manage their own time and needs in a way that works best for them.

Subsequent management

Depending on the nature of the health problem identified, the occupational physician may have a role in supervising adherence to ongoing treatment or assessing the impact of treatment on employment, for example where behaviour is changed in response to treatment.

The occupational health service also has an important role in assisting with the development of rehabilitation programmes, working with the clinicians responsible for the employee's care. Where treatment and rehabilitation are not an option, the occupational physician will be able to advise the employer on the eligibility of ill health retirement. The employer may wish, or may have to consider other exit strategies, for example termination of employment.

Preventing job loss

Supporting people back into employment after a period of unemployment is only part of the solution. Preventing people from losing their job in the first place is an important element of any mental health employment strategy. Less research has been carried out on this topic, but a survey carried out for the Avon and Wiltshire Partnership Mental Health Trust found that 80 per cent of service users who were employed on admission to hospital lost their job as a result of their admission (Butterworth, 2001). Evaluation of a job retention service established in response to the survey results demonstrated that a case management model based on that established in Australia is effective in ensuring that people do not lose their job, or are able to find a new job more appropriate to their circumstances (Thomas et al., 2004). Taken together, previous research and the AWPMT evaluation indicate that effective case management comprises:

- confidential vocational counselling addressing employment issues, job satisfaction and preferences, and disclosure issues
- confidential mental health counselling addressing mental health issues, symptom management in the workplace, perspectives on illness, psychological detachment from work, self esteem and self identity
- a primary allegiance to the client where the employer is unwilling to engage with the service
- a more neutral stance when the employer is willing to engage
- advocacy for the client in the workplace
- specialist advice on the DDA, legal issues and relevant financial incentives/benefits
- information, advice and training for employers on dealing with mental health issues
- training for employers on healthy workplaces for all employees
- facilitation of communication between employee and employer regarding time off work, return to work plans, modified work programmes and adjustments
- facilitation of natural supports within the workplace
- referral processes that promote early intervention and are easily accessed by employers and employees
- keeping all parties informed, including mental health workers & GPs
- ongoing support to manage any problems in the workplace that arise as time goes on
- information, advice and training on employment issues for mental health workers and GPs.

Guidance for employers on advertising posts, recruitment, and interviewing of people with mental health problems

Schemes such as that run by South West London and St George's Mental Health NHS Trust have endeavoured to create an environment in which people can expect to be treated both fairly and equally and where the rights of the individual are respected.

The following guidance is aimed at pointing out particular issues that may arise once a trust decides to make positive moves, to ensure it:

- does not discriminate against people who have experienced or who experience mental health problems
- takes measures to overcome barriers to employment that such people may face.

Pre-recruitment

Once a decision has been taken to support people who have experienced mental health problems, a series of further decisions need to follow before they can be advertised.

These are likely to include:

- what changes need to be made to the job descriptions and person specifications?
- does the employer wish to add a phrase such as "positively welcoming applications from people with personal experience of mental health problems"?
- should advertisements specifically target local organisations and centres that work with people with mental health problems as well as the usual channels?

In agreeing contracts, the usual probationary rules (if they exist) should be followed and applicants with mental health problems should not be treated differently. For example, if it is not usual to require a probationary period one should not be introduced for applicants with mental health problems.

Recruitment process

Managers will need assistance with the recruitment process itself. Detailed information sheets should be provided to all who apply for the jobs, describing the jobs, the support available and giving guidelines for filling in the application form. People who have experienced mental health problems and been unemployed for a long time may find it difficult to complete applications and fail to present themselves in the best possible light.

Due to the difficulties in obtaining work references, the employer may wish to consider asking for personal references (from voluntary sector workers, health professionals or education professionals). References from health professionals should not seek clinical information.

For those shortlisted, guidelines concerning interviews and the offer of an informal chat about interview practice might be offered.

Unsuccessful applicants should always be offered feedback.

Interviews

Managers taking part in the interviewing process should be reminded that they are looking for competence in being able to undertake the work required.

Apart from the purpose of making reasonable adjustments to ensure that a disabled applicant is interviewed fairly and on merit, any pre-knowledge that the interviewer may have about the applicant's medical history should not enter into their judgment.

Where a person specification states 'personal experience of mental health problems' is either a necessary or a desirable qualification for the post, the interviewer should explore this experience in the same way as they would test for other criteria.

Some managers may experience difficulty with this part of the interview and find it difficult to discuss the problem. Examples of the type of question they might ask are:

- "I wonder if you could tell us about the ways in which you would manage your health if you were to be successful in your application for this post?"
- "How do you think that your experience of mental health problems might be of benefit in your work as a?"

Referral to occupational health

The successful candidate will be referred to the occupational health service for pre-employment checks in the usual way. Even if the post was specifically designed for applicants with previous mental health problems and adjustments have already been made, recommendations for reasonable adjustments to assist the successful applicant may still need to be made by the occupational health service.

The occupational health service must be informed about the nature of the post and the adjustments already made but may still make recommendations for reasonable adjustments.

It should be recognised that the applicant may never have been to an occupational health service before and may never have experienced pre-employment screening.

It would be helpful to the applicant and to the service if they were to provide a short outline of the process, possibly in leaflet form, which would prepare them for the screening.

In trusts where such leaflets have been developed it has proved so successful that the process has been extended to all applicants for posts and to staff who use the service.

Entry into training for health care professionals

Students entering vocational training courses in healthcare (medicine, dentistry, nursing, physiotherapy, radiography, occupational therapy, clinical psychology etc) will work on placements in NHS environments during their course and, at the end of that course, be expected to be suitable for employment in the NHS. The educational institutions should reflect this assumption that the institution is training healthcare professionals for the NHS in their occupational health procedures.

This process is therefore to ensure fitness to work in the NHS at the end of the course as well as the ability to complete the course and undertake placements in NHS establishments as part of that course.

Health screening

Students should be health screened on acceptance onto these courses in the same way as healthcare workers applying to work in the NHS. This screening is designed to ensure:

- fitness to undertake the course
- fitness for placement in the NHS during the course
- fitness for employment in the NHS upon successful completion of the course.

The process is essentially the same as that for new employees in the NHS and the same standards of fitness should be applied, but there are certain special considerations in addition.

The scope for modification of the course to accommodate health problems may be limited by the academic and competence requirements of the qualifications to be obtained. The occupational physician should be aware of these, although the educational institution will have to make the final decision on whether or not any restrictions or modifications can be accommodated in each case.

Students should not start the course until health screening is completed.

In order to assist an otherwise capable student, it may be reasonable to make special arrangements to extend the assessment over a longer period during the course of training.

There is a need for all concerned in this process to appreciate and acknowledge that the occupational health service provides advice and that the ultimate decision rests, in this case, with the educational institution.

It is because of this that differences of opinion sometimes arise between the occupational health service advising the institution and that advising the first employer. A person who may have been fit for training, or who was taken onto a course despite occupational health service reservations, may not be fit for the kind of work involved in their first post, or subsequent posts. The right to refuse a candidate in these circumstances belongs with the employer.

Careful assessment by the occupational health service at recruitment and in the management of

health problems arising in students during their studies, with occupational health assessment as appropriate, should reduce the risk. Occupational health services advising educational institutions should be familiar with NHS working environments and health standards.

Role of the GP

As references from previous employers and sickness absence records may not be available, reports should routinely be obtained from the candidate's GP.

The GP should be asked specific questions related to the health of the student limited to enabling the occupational health service to assess the student's suitability for the course. The GP should not be asked to give an opinion on the student's general fitness for the proposed training – that is the responsibility of the occupational health service carrying out the health assessment.

GPs are entitled to charge for these reports and the cost should be borne by the educational institution. Because this report is carried out to determine the candidate's fitness for work in the NHS, the Treasury/BMA agreed fee is payable.

Where significant health problems are identified, further information to support the assessment will be required from the student's psychiatrist or other clinicians.

Overseas students

Overseas students should be screened to the same standard as all other students because although they may not be employed in the NHS on completion of their studies, they will be carrying out placements in the NHS.

Overseas students may not have family doctors on the UK model. In cases where it is not possible to obtain information about their previous health record, the occupational health service may suggest ongoing health monitoring during the course of training.

Mental health and ill health in doctors

The principles of management of these situations in medical staff are no different from those in other employees. Doctors do, however, raise special considerations, for example:

- higher degree of risk to patients
- can have strong denial of health problems both individually and collectively, plus hostility to 'management' processes
- may have a poor understanding of own duties to employer
- can be difficult patients for other doctors to deal with.

In order to deal with these issues, the occupational health service providing a service to a doctor should normally be consultant-led or have access to a consultant occupational physician who can work with the employee.

Figures vary but research suggests that doctors have a higher rate of mental disorders than the general population and problems with alcohol, drugs and depression are particularly common. Suicide rates are increased, particularly in female doctors, anaesthetists, GPs and psychiatrists.

In his foreword to the Department of Health publication *Mental health and ill health in doctors*²¹ Professor Louis Appleby, National Director for Mental Health, said:

"Many doctors find it difficult to admit that their work is stressful, that they have a drink or drug problem or that they need help."

It was against this background that in 2000, a young psychiatrist killed herself and her three month old baby after suffering a relapse of bipolar disorder. Her illness was long standing and well controlled which had allowed her to qualify as a doctor and practise medicine. The inquiry into her death highlighted inadequacies in the way that mental ill health in doctors is managed and this in turn led to the publication of Professor Appleby's report making recommendations on what steps might be taken to make it less likely that doctors would become ill and make it easier for them to seek help early.

The report made a number of key recommendations for employers which are given below. These should be read and implemented along with the other information provided in *Mental health and ill health in doctors*.

Recommendations

- Occupational health departments should consider holding an updated list of local and national services for doctors, which should be made available during induction and at initial occupational health assessments.
- Occupational health departments should clarify their local role and responsibility for doctors with mental ill health, in agreement with local mental health service providers, primary care and commissioners.
- Occupational health departments should be funded to ensure that appropriate services are available for doctors with mental ill health.

- Occupational health departments should have in-house mental health expertise.
- Occupational health departments should develop formal links with local mental health service providers for:
 - staff development, for example, shared training/shadowing opportunities
 - occupational health consultation/liaison services for assessment and management advice for individual cases.
- Occupational health departments should have clear policies for supporting doctors and other workers with mental ill health on return to work. These should follow the same principles as for other diagnoses, such as reduced working hours and reduced/no on-call activities.
- Links between deaneries and occupational health departments should be made to ensure appropriate support and job structure for vulnerable students and trainees.
- Local agreements should be drawn up concerning confidentiality.
- Assessment or treatment services should make explicit their independence and their rules on confidentiality.
- Local employers should apply the five Action on Stigma principles. See page 14.
- Employment, education and induction material should include reminders about the importance of GP registration, looking after ones own health, understanding stressors at work, understanding ways of coping, the role of occupational health services, and where to seek help.
- Improving Working Lives – particularly flexible working, healthy environments and the distribution of materials to qualifying medical students and new consultants – should continue to be promoted.
- Appraisals should aim to include discussions about health, including GP registration; they must therefore be conducted by individuals of appropriate seniority who have a clear understanding of the boundaries of the role with respect to health information and confidentiality.
- Action should be considered to generate a culture of fairness, openness and accountability, especially with respect to the management of investigations and complaints.
- Local peer support should be provided for all medical personnel, for example buddying schemes for new consultants and trainees, learning sets, mentoring systems and career guidance.
- There should be appropriate, independent support provided for doctors subject to stressful processes such as investigations, court cases or referral to National Clinical Assessment Service (NCAS) or General Medical Council (GMC).
- NHS employers should review the guidance in *Mental health and employment in the NHS* (updated and republished as this document). Employers should ensure they have developed drug and alcohol at work policies that include specific reference to the identification and management of medical staff.

Next steps

This document is part of the NHS Employers response to the Government's PSA16 target for providing more opportunities for people with mental health and learning difficulties. Over the coming months it will be supplemented by further advice for line managers and staff on issues such as stigma, depression and working with mental ill health. There will also be a programme of work with NHS employers to encourage them to sign up to the national anti stigma campaign.

To keep up to date, please regularly visit our mental health web pages:
www.nhsemployers.org/mentalhealth

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

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