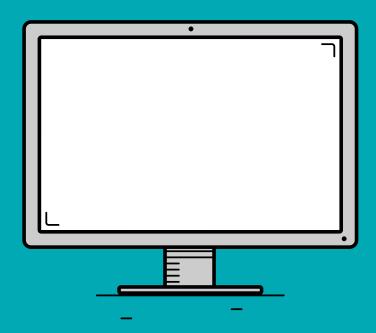


See Me in Work A self-assessment tool for employers



The impact of stigma and discrimination in the workplace

Poor mental health in the workplace costs UK employers up to £42bn a year. This includes £8bn in sickness absence, £1bn in sickness absence to the self-employed and £8bn in replacing employees who leave their jobs due to their mental health¹.

According to recent research² over one third (35%) of the Scottish workforce have been formally diagnosed with a mental health condition at some point in their lifetime, and two in five (39%) employees have experienced poor mental health due to work, or where work was a contributing factor in the last year.

The three main causes of work-related poor mental health in Scotland were found to be: too much pressure, workload impacting on ability to take leave, and organisational change that was handled poorly. In addition, employee mental health was also affected by negative work relationships and people not feeling able to trust their managers. Unfortunately, only 13% of employees in the UK feel able to disclose a mental health problem to their line manager, and 37% of Scottish employees that made a disclosure felt ignored. In contrast, 91% of managers in the UK agree that what they do affects the wellbeing of their staff, but only 58% of employees believe their line manager is concerned about their wellbeing.

This research also found that across the UK, half (51%) of those in CEO and Board positions are more likely than those with no managerial responsibility to think their organisation supports its staff (38%). A reduction from 45% to 41% in a year was identified in the proportion of employees who believe their organisation does well in supporting those with poor mental health.

A survey of 2,005 adults (1,181 of which experience or have experienced mental health problems) in Scotland, carried out by Censuswide for See Me in 2019, revealed that just under a quarter (24%) of Scots don't feel comfortable talking about mental health at work. The survey also found that approximately one in ten (11%) of Scots would not recommend someone for a job if they had a mental health problem, and less than half (48%) think that talking dismissively about mental health problems at work is definitely discriminatory.

Whilst some of the stigma people experience in the workplace is a result of self-stigma, primarily it's as a direct result of structural stigma – discrimination – and a consequence of the organisational norms, rules, policies and practices that arbitrarily restrict the right of, and opportunities for, people with mental health problems.

¹ Mental health toolkit for employers. Business in the Community.

² Time to Take Ownership - Mental Health at Work 2019 Summary Report: Scotland focus. Business in the Community (2019).

About See Me in Work

About this tool

The See Me in Work programme supports employers in Scotland that are committed to creating working environments inclusive of mental health, free from stigma and discrimination. It's a programme that supports workplaces to make continuous improvements to their culture, practice and policies to directly tackle mental health stigma and discrimination.

See Me supports organisations to improve the working lives of employees experiencing mental health problems; encouraging an equal and fair recruiting process for those seeking employment, and ensuring those returning to work following mental ill-health are fully supported back into the workplace.

This See Me in Work self-assessment tool is part of a suite of resources in the See Me in Work programme. It was co-produced with people with lived experience of mental health problems and employers engaged with the programme. See Me would like to thank the people and organisations that took the time to contribute their experience and expertise to developing this tool.



The See Me in Work self-assessment tool aims to help you and your organisation:

- Self-assess existing organisational policies and practices against seven building blocks (identified by the evidence base and reinforced by learning from the See Me programme) for creating a workplace environment inclusive of mental health, free from stigma and discrimination:
 - 1. Senior leadership commitment and engagement
 - 2. Conditions for safe, effective and pertinent disclosure
 - 3. Mental health awareness and literacy
 - 4. Effective mental health training approaches
 - 5. Confident and informed line management
 - 6. Effective implementation of reasonable adjustments
 - 7. Stigma-free organisational culture and ethos.
- Identify improvement areas to improve equality and achieve equity, reduce discrimination for employees experiencing mental health problems, and remove any barriers to employees seeking or guiding others to help and support required.
- Embed a focus on mental health stigma and discrimination at all levels of the organisation, including: organisational strategies, operational plans, policies and procedures, and training needs assessments.

How to use this tool

This tool provides an **editable self-assessment grid** for each building block, setting out specific indicators and activities based on good practice to help you and your organisation take stock, and identify gaps to focus improvement efforts on.

Each self-assessment grid can be completed using a RAG scoring to capture the status and indicate progress towards each building block. So, a 'red' score would indicate 'limited poor progress' and 'immediate need for action' in that area; an 'amber' score would indicate 'some progress' made but 'further action' needed, and a 'green' score would indicate 'on track' or ' in place'.

Employers who tested the tool suggested that to get the best from its use you and your organisation should:

- Take time to familiarise yourself with the tool and consider whether it needs tailoring to your organisational or business culture (e.g. language, structure, clients/service users/patients, volunteers, suppliers, etc.).
- 2. **Identify** a **senior leader to sponsor** the self-assessment exercise and commit to action arising from it.
- 3. **Set up a core group** to work through the tool to maximise engagement and ownership across the organisation, and avoid biased assessments. Consider representation from all levels of the organisation: leaders, managers, frontline employees, human resources, organisational development, volunteers, people with lived experience of mental health problems, people involved in the provision of mental health and wellbeing support (e.g. Mental Health First Aiders, champions, occupational health, etc.).

- 4. **Consider** whether the self-assessment can be done in one session or would need to be completed in stages. This will depend on the size and nature of the organisation, time and capacity available, as well as the number of people involved in the task.
- 5. **Be prepared** to engage in open and honest conversations; draw collectively a set of engagement rules that people can agree to (e.g. listen to understand, respect others' opinions, etc.).
- 6. **Dedicate** time for reflection: what does it mean for our organisation; what do we need to do next, and who should do it?

The self-assessment should give you and your organisation a strong, visual indication of where strengths and gaps are. You can then select areas for work and improvement.

The See Me website, **www.seemescotland.org**, offers additional guidance and resources to help your organisation's improvement journey, including free e-learning, case studies, campaigns and the option to engage in the See Me in Work programme.

Senior leaders are fully committed to tackling mental health stigma and discrimination

Leaders understand that tackling mental health stigma and discrimination is foundational to creating a mentally flourishing workplace. Leaders lead by example, prioritising mental health within: organisational strategy, planning, development,

commissioning, procurement, quality assurance, improvement, delivery and relationship management, and promoting anti-stigma messaging and approaches.

Indicator 1.1: Leadership communications 'walk the talk'	RAG	Evidence of action	Further work
Showing commitment to mental health inclusion, meaning: proactively focusing on mental health, issuing regular public and internal messages showing its importance, taking a zero-tolerance approach to stigmatising/discriminatory attitudes and behaviours, and considering the impact of organisational policies and practices on people's mental health.			
Communicating regularly (and in a way that all employees can understand) the expectation of all employees being supported to discuss their mental health needs and get the support they need at any point of their employment journey (i.e. through recruitment, in work, returning to work or exiting work).			

Building block 1: Senior leaders are fully committed to tackling mental health stigma and discrimination

Indicator 1.1: Leadership communications 'walk the talk' (continued)	RAG	Evidence of action	Further work
Communicating anti-stigma messages in internal and public campaigns and activities that encourage conversations about mental health in the workplace, providing personal perspectives where possible.			
Ensuring leaders' messages are underpinned with sustainable actions that can be delivered.			
Indicator 1.2: Investing in mental health is recognised as an organisational benefit	RAG	Evidence of action	Further work
	RAG	Evidence of action	Further work

Senior leaders are fully committed to tackling mental health stigma and discrimination

Indicator 1.2: Investing in mental health is recognised as an organisational benefit (continued)	RAG	Evidence of action	Further work
Appointing a senior level employee as Mental Health Co-ordinator or Champion to drive forward the mental health inclusion agenda in the organisation.			
Putting in place a representative working group that supports the Mental Health Co-ordinator or Champion to develop and implement the organisation's commitments.			
Indicator 1.3: Stigma and discrimination is incorporated into mental health strategies and existing plans	RAG	Evidence of action	Further work
Committing explicitly in organisational strategies and operational plans to taking action to tackle mental health stigma and discrimination.			
Setting out accountability in relation to mental health inclusion, including: the use of supportive policy, regulatory frameworks and processes, scrutiny of quality standards and services, quality improvement and self-assessment approaches.			
Embedding a zero-tolerance policy to mental health stigma and discrimination, ensuring employees understand the consequences of such behaviours.			

Building block 1: Senior leaders are fully committed to tackling mental health stigma and discrimination

Indicator 1.4: Sufficient resources are committed to ending mental health stigma and discrimination as part of mentally healthy workplaces	RAG	Evidence of action	Further work
Ensuring all staff have fair and equitable access to self-care promotion and preventative, early intervention and crisis interventions.			
Resourcing time within working hours (avoiding the use of lunch/breaks) for employees to engage in mental health training that includes lived experience perspective, awareness sessions and social contact activities (i.e. activities that encourage conversations between those who experience mental health problems and those who do not).			
Allocating duties and responsibilities to specific roles (e.g. Mental Health First Aiders, champions, networks, etc.) around promoting mental health inclusion as well as challenging stigmatising and discriminatory attitudes and behaviours.			
Communicating regularly organisational charts and procedures to include trained employees with roles in supporting mental health (e.g. Mental Health First Aiders and those who are ASIST trained.), setting out duties and responsibilities clearly.			

Senior leaders are fully committed to tackling mental health stigma and discrimination

Indicator 1.5: Leaders regularly evaluate organisational commitment to tackling stigma and discrimination and promoting mental health inclusion	RAG	Evidence of action	Further work
Monitoring and evaluating the implementation of organisational commitment to tackling mental health stigma and discrimination in the workplace.			
Regularly evaluating messages, activities, training and interventions aimed at embedding mental health inclusion in the workplace.			
Seeking employees' views on progress towards creating a stigma-free working environment (e.g. staff surveys, one-to-one conversations, focus groups).			



The organisation creates the right conditions for safe, effective and pertinent disclosure

Intra and interpersonal barriers exist around 'mental health conversations' and many people find it difficult to start one. Whether it's about their own mental health or when talking to someone else about theirs, people often feel vulnerable having the conversation. A person disclosing can worry about: not being listened to, confidentiality, not being taken seriously, being judged, being seen as a burden, of receiving a diagnosis or being labelled, and the

consequences of speaking out. On the other hand, a person listening can often feel uncomfortable and lack confidence around what to say, do or where to signpost people to get help. Inclusive policies and procedures that express commitment and action on mental health disclosure are key to helping employees disclose mental health problems, ask for help, and get support when they need it.

Indicator 2.1: The organisation regularly communicates its commitment to safe, effective and pertinent disclosure	RAG	Evidence of action	Further work
Communicating clearly expectations and accountability around supporting safe, effective and pertinent disclosure from employees experiencing mental health problems, setting out clearly what happens when these are not met.			
Actively promoting safe disclosure and effective implementation of policies and practices that support employees to stay in/return to work.			
Ensuring that training, engagement events and company-wide communications (e.g. e-mails, physical noticeboards and digital support spaces) reinforce that disclosure should be met with empathy, support and confidentiality, and won't come with a personal or professional cost to the individual.			

Building block 2: The organisation creates the right conditions for safe, effective and pertinent disclosure

Indicator 2.2: The organisation's recruitment policies and processes support safe, effective and pertinent disclosure from applicants	RAG	Evidence of action	Further work
Reassuring applicants in recruitment policies and procedures that any gaps in employment due to poor mental and/or physical health will not impact negatively on the outcome of their job application.			
Highlighting the impact of role duties and responsibilities on mental health, and setting these out in job adverts and application packs detailing support in place.			
Using mental health inclusive language in job adverts, application packs and related communications.			
Setting out links to equality, diversity and mental health related policies in job adverts, application packs and related communications, and induction plans (once the successful candidate has been appointed).			
Explicitly stating that mental health is included in the definition of disability, that people with experience of mental health problems are encouraged to apply, and informing candidates of their right to request reasonable adjustments at any stage (e.g. quiet waiting area, using notes, alternative activities, interview time).			

Building block 2: The organisation creates the right conditions for safe, effective and pertinent disclosure

Indicator 2.2: The organisation's recruitment policies and processes support safe, effective and pertinent disclosure from applicants (continued)	RAG	Evidence of action	Further work
Setting out the date and format of selection process in job adverts, offering guaranteed interviews for candidates who meet the criteria with physical/mental health disabilities, and informing of the right to request reasonable adjustments.			
Ensuring employees with recruitment responsibilities can have supportive conversations with candidates about their mental health needs and understand legal requirements (e.g. can't ask questions about disability and health before making a job offer; offer reasonable adjustments).			
Indicator 2.3: The organisation has clear processes in place for collecting and using monitoring information to support workforce mental health	RAG	Evidence of action	Further work
Understanding the equalities, multiple diversity and inclusion profile of the workforce in relation to mental health (e.g. double stigma).			
Keeping equality and diversity information separate from any other employee record or application information.			

The organisation creates the right conditions for safe, effective and pertinent disclosure

Indicator 2.3: The organisation has clear processes in place for collecting and using monitoring information to support workforce mental health (continued)	RAG	Evidence of action	Further work
Developing actions to address any perceived inequalities and barriers to equity of opportunity due to poor mental health.			
Assessing the impact of policies and practices to ensure these are implemented equitably and fairly, examining under/over representation of employees.			
Indicator 2.4: Managers can effectively respond to disclosure of a mental health problem	RAG	Evidence of action	Further work
Assessing the ability of candidates to actively listen and respond with empathy to disclosures when recruiting for a post with line management duties.			
Training line managers and supervisors to fulfil their duties and responsibilities under the Equality Act (2010) in relation to disclosure of mental health problems.			
Assessing the capacity of line managers to offer a compassionate and non-judgemental response when a disclosure is made.			

Building block 2: The organisation creates the right conditions for safe, effective and pertinent disclosure

Indicator 2.4: Managers can effectively respond to disclosure of a mental health problem (continued)	RAG	Evidence of action	Further work
Ensuring disclosures are dealt with empathy, respect and fairness using formal procedures and common sense to implement these.			
Ensuring line managers and supervisors effectively implement disclosure policies and procedures to support employees experiencing mental health problems.			
Putting in place 'support and supervision' and 'peer support' for managers that help them discuss issues and resulting impact on confidence, and ensure consistency in implementation of policies and procedures across teams.			
Indicator 2.5: Employees show confidence in confidentiality of disclosure	RAG	Evidence of action	Further work
Monitoring and evaluating employee confidence in disclosure – e.g. increase disclosure rates and decrease in 'prefer not to say' options in surveys.			
Seeking employees' views on how comfortable they feel about disclosing a mental health problem to their line manager or supervisor.			

Building block 2: The organisation creates the right conditions for safe, effective and pertinent disclosure

Indicator 2.5: Employees show confidence in confidentiality of disclosure (continued)	RAG	Evidence of action	Further work
Supporting employees to safely share their experiences of disclosing mental health problems and receiving (or not) support to stay in/return to work.			
Indicator 2.6: Employees are able to make informed decisions about disclosure	RAG	Evidence of action	Further work
Ensuring all employees, including managers, are aware of their rights, obligations and responsibilities as 'right holders' and 'duty bearers' in relation to disclosing a mental health problem, asking for help and receiving support.			
Ensuring all employees know what to expect when making a disclosure, clearly setting out processes and actions.			
Communicating to employees that sharing information about their mental health is entirely a personal choice but, in order to get support from the employer under the Equality Act (2010), a disclosure must be made.			
Ensuring employees can easily access information of existing support to help make the right choice for them.			

All employees understand mental health and the impact of stigma and discrimination

There is a need to create the conditions that empower people to talk openly and honestly about mental health, and challenge negative attitudes and behaviours without fear of repercussions; to have their story heard, appropriate support and action taken, and directly involve them in decisions that affect them. This requires increased mental health literacy and responsiveness, equipping employees with the language to comfortably talk about feelings and emotions,

the knowledge, awareness and confidence to open up conversations, actively listen, provide a compassionate (non-prejudicial) response, and signpost to sources of support. It requires putting in place learning and development opportunities for employees to understand the impact of stigma and discrimination on people with lived experience of mental health problems.

Indicator 3.1: Mental health is covered in induction to the workplace	RAG	Evidence of action	Further work
Reviewing induction policies and processes to include: mental health inclusion messages; key policies, processes and implementation guidance, particularly in relation to safe disclosure and confidentiality; signposting information to resources and support systems, and existing mental health related training.			
Encouraging new starts to speak to 'champions' and participate in anti-stigma campaigns and events throughout the year.			



All employees understand mental health and the impact of stigma and discrimination

Indicator 3.2: The organisation engages in anti-stigma campaigns and activities that encourage conversations about mental health	RAG	Evidence of action	Further work
Regularly hosting events to raise mental health awareness, literacy and interest in the topic area, and promote anti-stigma messages (e.g. it's okay not to be okay).			
Engaging in local, national and international mental health campaigns (e.g. Time to Talk Day, Mental Health Awareness and Suicide Prevention Weeks, etc.)			
Connecting events to wider campaigns (e.g. wellbeing, equalities, health and safety, etc.) and to anti-stigma activities such as Walk a Mile, Pass a Badge, etc.			
Promoting inclusive communications and inspiring content like personal stories.			

All employees understand mental health and the impact of stigma and discrimination

Indicator 3.3: Mental health related training and development options are available to employees	RAG	Evidence of action	Further work
Ensuring training, learning and development for all employees include 'mental health', incorporate social contact, and highlight that mental health problems can be periodic and that recovery is possible (e.g. mental health awareness, See Me in Work e-learning, SafeTalk, ASIST, etc.).			
Indicator 3.4: Employees understand how mental health works	RAG	Evidence of action	Further work
Supporting employees to understand that mental health is not a static state, that mental health problems can impact everyone, and that people who experience mental health problems can and often do recover.			
Promoting key messages about the prevalence of mental health problems and the importance of self-care, asking for help and offering support to colleagues.			

All employees understand mental health and the impact of stigma and discrimination

Indicator 3.5: Employees can spot stigmatising and discriminatory behaviours towards mental health problems, and take action	RAG	Evidence of action	Further work
Encouraging employees to complete the See Me in Work e-learning to improve their understanding of stigma and discrimination in the workplace.			
Ensuring employees have clear policies and robust processes in place to safely challenge stigmatising attitudes and discriminatory behaviours in the workplace.			
Putting in place a 'champions' scheme for employees to champion anti-stigma messages, create a social movement, and help normalise the conversation about mental health.			
Indicator 3.6: Employees can spot signs of mental ill-health in themselves and others, and can access or signpost to support	RAG	Evidence of action	Further work
Ensuring employees have opportunities to have open and honest conversations about mental health regularly with colleagues and managers at 'support and supervision' and one-to-one meetings, as well as at team meetings.			
Ensuring all employees have easy access to existing support and self-help resources (e.g. SAMH's Five Steps to Wellbeing tool, Employee Assistant Programmes, Occupational Health, Samaritans, Breathing Space, 7 cups and NHS24).			

The organisation has effective mental health training approaches that support positive change

People can be aware of the importance of the issue in the workplace but in order to put policies into practice they need training focused on behavioural change. Completing a needs assessment to understand who needs to know what and why is the best way to fill the skills gap and make sure that key people are trained at the right time. Giving employees time to complete training and adopting formal and informal approaches to learning and development, so

that resources can be accessed flexibly and key messages can be adapted to suit teams and the working environment. It's important to maximise the outcomes for investment in training. Making sure that the learning and development motivation and training practicalities are effectively communicated and role descriptions / professional boundaries (of Mental Health First Aiders, for example) are clearly articulated in the organisational structure.

Indicator 4.1: Managers support employees to engage in mental health training and learning opportunities	RAG	Evidence of action	Further work
Discussing with employees their training needs as part of personal development and support and supervision.			
Assessing whether managers need training to support employees to carry their role and/or specific mental health related duties; for example, if working with vulnerable people (e.g. Mental Health First Aiders, those who are ASIST trained, champions, etc.).			
Assessing whether employees need to be trained to carry out their role and/or specific mental health related duties; for example, if working with vulnerable people (e.g. Mental Health First Aiders, ASiST trained, champions, etc.).			

The organisation has effective mental health training approaches that support positive change

Indicator 4.1: Managers support employees to engage in mental health training and learning opportunities (continued)	RAG	Evidence of action	Further work
Promoting mental health training and learning opportunities to employees, encouraging them to sign up, and exploring any barriers to engagement.			
Indicator 4.2: Workplaces conduct regular training needs assessments of the workforce and use this information to inform their approach to improving mental health literacy, confidence and capability	RAG	Evidence of action	Further work
Reviewing training in place to ensure lived experience is embedded in materials and training is co-delivered (or at least in consultation) with employees with experience of mental health problems.			
Ensuring training needs assessments for employees clearly set out motivations, expectations and outcomes in relation to promoting and supporting mental health inclusion in the workplace.			

Building block 4: The organisation has effective mental health training approaches that support positive change

Indicator 4.3: Workplaces understand the range of mental health training on offer, and engage with the most appropriate sessions for their workforce	RAG	Evidence of action	Further work
Equipping line managers with mental health information and tools to support employees' mental health needs.			
Taking a holistic approach and complementing sessions on mental health with other sessions regarding inclusion in the workplace (e.g. unconscious bias, emotional intelligence, stress management, resilience, health, safety).			
Indicator 4.4: The organisation can evidence			
that the mental health training provided effectively leads to behaviour change	RAG	Evidence of action	Further work
that the mental health training provided	RAG	Evidence of action	Further work
that the mental health training provided effectively leads to behaviour change Setting learning outcomes for mental health related training, learning and development	RAG	Evidence of action	Further work

Managers are confident about discussing mental health problems and exploring support options

Line managers are the first point of contact for most employees in the workplace. Disclosure around mental health and support to manage an employee's condition are often dependant on individual relationships with the line manager. Employers have a legal duty to make reasonable adjustments if an employee discloses that they are disabled, and manage 'return to work' process if the employee is

absent with ill-health. Line managers play a key role in this, taking a leading role in those processes as well as managing team dynamics. It's essential that line managers lead by example and maintain mental health as a top priority, approaching the subject with empathy, compassion and support.

Indicator 5.1: Managers are able to have supportive conversations about mental health with employees	RAG	Evidence of action	Further work
Understanding that managers aren't expected to be mental health specialists or have all the answers from the start, and that there is no 'right' response.			
Taking an open-minded, person-centred approach to discussing mental health, appreciating that every individual is different in regards to their experiences of mental health, and focussing on the individual's experiences and needs.			
Starting team meetings with 'mental health check-ins' so issues that may impact on work can be discussed and resolved as a team.			
Checking in with employees that work flexibly/ remotely regularly, and directly asking them about their wellbeing (e.g. 'are you okay?').			

Indicator 5.1: Managers are able to have supportive conversations about mental health with employees (continued)	RAG	Evidence of action	Further work
Discussing employee wellbeing as part of the formal performance assessment (e.g. support and supervision meetings), logging actions and review dates.			
Talking openly about mental health and sharing their own stories (if possible), encouraging and empowering others to open up about their own experiences.			
Proactively opening conversations (in confidence) with employees that show signs of poor mental health and discussing the support available.			
Indicator 5.2: Managers have access to up-to-date workplace-related mental health advice, guidance and support options throughout the year	RAG	Evidence of action	Further work
Producing (or reviewing) a manager's toolkit that contains clear policies, procedures and signposting information to existing support sources.			
Ensuring line managers and supervisors have up-to-date lists of internal and external resources and support systems available.			

Indicator 5.2: Managers have access to up-to-date workplace-related mental health advice, guidance and support options throughout the year (continued)	RAG	Evidence of action	Further work
Reducing risk of variation across departments by removing barriers to accessing information about support available for employees, regardless of shift, location or role (e.g. using notice boards, intranet, key resources list, flowcharts).			
Indicator 5.3: Managers can sensitively handle performance issues due to poor mental health	RAG	Evidence of action	Further work
Being sympathetic to the life experiences of their employees and how these might impact on performance, understanding that mental health can fluctuate with life events, loneliness, financial pressures, etc.			
Working with the employee to put in place supporting mechanisms to improve performance and to stay in work.			
Creating a safe, supportive, two-way, trusting, continuous feedback environment that permits discussions around mental health.			

Indicator 5.3: Managers can sensitively handle performance issues due to poor mental health (continued)	RAG	Evidence of action	Further work
Having the ability and willingness to explore informal approaches to dealing with performance before formal redress.			
Dealing with performance issues and workplace support in separate meetings.			
Dealing with absence or poor performance when linked to mental health problems under capability, not disciplinary procedures.			
Resorting to dismissal due to disability only when all other options have been explored.			
Indicator 5.4: Managers understand how to apply the policies to prevent mental health stigma and discrimination	RAG	Evidence of action	Further work
Ensuring line managers and supervisors understand key policies in relation to supporting mental health in the workplace, and the role they play in implementing them.			
Assessing and acting on the training and support needs of line managers and supervisors, to ensure they can explain and effectively implement policies and procedures aimed at supporting employees when they are experiencing mental health problems.			

Indicator 5.4: Managers understand how to apply the policies to prevent mental health stigma and discrimination (continued)	RAG	Evidence of action	Further work
Ensuring line managers and supervisors bring a mental health inclusive mind-set to all organisational policies and procedures, ensuring these don't disproportionately and negatively impact on someone experiencing mental health problems.			
Encouraging line managers and supervisors to be advocates for change, leading by example and challenging stigmatising and discriminatory attitudes and behaviours within their teams and the wider organisation.			
Indicator 5.5: Managers support employees during long-term absence and the return to work process	RAG	Evidence of action	Further work
Supporting line managers and supervisors to understand the importance of supporting employees to return to work in a way that works for them and the organisation.			
Ensuring line managers and supervisors understand the Equalities Act (2010) and how 'reasonable adjustments' can support employees to stay in/return to work after a period of mental ill-health.			

Indicator 5.5: Managers support employees during long-term absence and the return to work process (continued)	RAG	Evidence of action	Further work
Ensuring line managers and supervisors take a person-centred approach to putting in place 'reasonable adjustments' for employees from the outset (e.g. exploring solutions with the employee by asking 'what would work for you?').			
Ensuring line managers and supervisors regularly review reasonable adjustments, to ensure they continue to work for the employee or are still needed.			
Indicator 5.6: Managers can deal with team dynamics sensitively when the team is impacted by poor mental health	RAG	Evidence of action	Further work
Creating a team environment where 'it's okay not to be okay' and where colleagues are encouraged to support each other.			
Not expecting the team to absorb the impact of colleagues being on sick leave, Identifying with senior leaders what work should be prioritised, postponed or cancelled to minimise risks whilst maintaining employees' wellbeing.			

The organisation better understands and adopts reasonable adjustments

'Reasonable adjustments' are a specific requirement related to disabled employees under the Equality Act 2010. These adaptations to the working environment are aimed at removing disadvantage for the disabled employee and can encompass a wide range of modifications to the employment cycle. The Equality Act 2010 applies to all employers and workplaces, and a specific form of discrimination outlined in this legislation is the 'failure to provide reasonable adjustments'. Failure to provide these could lead to an employment tribunal, which can be time-consuming and damage the reputation of

the employer. The duty to provide reasonable adjustments applies to employees who an employer knows (or could have been reasonably expected to know) to be disabled. The duty applies to employees, apprentices and contract workers, but it doesn't apply to those self-employed or unpaid volunteers. Employees perform at their best in flourishing environments. Some employers recognise the benefits of having an environment that meets individual needs and have 'workplace adjustments' for all employees, whether they are disabled or not.

Indicator 6.1: The workplace meets its legal obligations to provide reasonable adjustments at all points in the work cycle	RAG	Evidence of action	Further work
Clearly stating in policies, procedures and training for line managers, supervisors and employees when the duty for reasonable adjustments applies.			
Ensuring employees with mental ill-health are not disadvantaged, and reasonable adjustments are put in place to keep them in work or help them return to work as swiftly as possible.			
Clearly stating whose responsibility it is to ensure that the legal requirements are met at each stage of the employment cycle (i.e. recruitment, employment, absence, termination and, in some circumstances, a former employee).			

Building block 6:The organisation better understands and adopts reasonable adjustments

Indicator 6.2: A clear policy and/or procedure is in place for the implementation of reasonable adjustments, and employees are aware of their role in its implementation	RAG	Evidence of action	Further work
Involving those with lived experience of mental health problems in the creation of a policy and/ or to consult on its current effectiveness.			
Communicating new policies and/or procedures to all employees, considering what channels will effectively reach target audiences (e.g. all managers' meetings, all employee emails, newsletter, videos, cascading information team by team).			
Ensuring the policy and/or procedure is understood by everyone in the organisation and consistently applied by employees 'on the ground'.			
Indicator 6.3: Managers are able to have conversations about reasonable adjustments	RAG	Evidence of action	Further work
Exploring reasonable adjustments with employees when a mental health problem is disclosed, and ideally at early signs of poor mental health.			
Keeping confidentiality and being fully aware of what process to follow to put in place reasonable adjustments for employees.			

Building block 6:The organisation better understands and adopts reasonable adjustments

Indicator 6.4: Managers support team dynamics to ensure reasonable adjustments are implemented effectively	RAG	Evidence of action	Further work
Keeping conversations and disclosures from employees strictly confidential (unless they have been given permission by them to share).			
Supporting employees to think through what information might be helpful to share with colleagues when working arrangements change.			
Creating a team culture that embraces inclusion; values difference, and accepts adjustments when individuals need them to be able stay in/return to work.			
Indicator 6.5: Employees are aware of reasonable adjustments suitable for mental health, and can ask for what would help them	RAG	Evidence of action	Further work
Ensuring everyone in the workplace understands the need to put in place 'reasonable adjustments', has clear expectations of what process to follow, and is aware of what they can/cannot ask for in relation to 'reasonable adjustments'.			
Providing time and space for team members to discuss the implications of reasonable adjustments on the team, raise and solve concerns/issues when they arise.			

Mental health stigma and discrimination is reduced in the organisational culture and ethos

Organisational culture is at the heart of normalising mental health. If employees embody inclusivity in their behaviour and language, workplaces create the conditions that encourage acceptance. The type of language and behaviours exhibited should embody the policies and values of the organisation. Non-inclusive language can vary from dismissive comments to hate crime or harassment. It's the collective responsibility of all parts of the organisation to promote

an open culture that normalises mental health. Employees should be able to: bring their full selves to work, be productive, meet needs, continually improve performance, feel able to disclose mental health problems, believe that they won't be overlooked for promotion if they disclose, and feel confident that they can report accurate reasons for absence.

Indicator 7.1: Senior leadership models inclusive culture and ethos	RAG	Evidence of action	Further work
Putting in place physical, social and cultural environments that feel safe and promote trust and respect, protect fairness and equity for people experiencing mental health problems.			
Encouraging a common language to talk openly about mental health.			
Challenging mental health stigma and discrimination, and being accountable in relation to mental health inclusion in the organisation.			



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Indicator 7.2: The organisation promotes parity of esteem between physical health and mental health	RAG	Evidence of action	Further work
Communicating messages of the equal importance of looking after both physical and mental health of all employees.			
Encouraging employees to keep a healthy life/ work balance.			
Taking a holistic approach to health and wellbeing activities and campaigns.			
Indicator 7.3: The organisation empowers people with lived experience of mental health problems to be involved in shaping the decisions that affect them	RAG	Evidence of action	Further work
Appreciating that people with lived experience may prioritise different outcomes.			
Appreciating that people with lived experience may require alternative arrangements (including advocacy) to improve their access and experience of information and sources of support.			

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Indicator 7.4: The organisation has peer- based or peer-led approaches in place to help break down stigma-related barriers to normalising recovery	RAG	Evidence of action	Further work
Supporting the establishment of peer networks with lived experience of mental health problems at the core (e.g. mental health network, equalities network, committees, etc.).			
Encouraging engagement in social activities where people with lived experience can share and discuss safely their experience of mental health problems and recovery with colleagues.			







About See Me

We are Scotland's programme to end mental health stigma and discrimination, enabling those who experience mental health problems to live fulfilled lives.

We are funded by the Scottish Government and Comic Relief, and managed by SAMH (Scottish Association for Mental Health) and the Mental Health Foundation. Our mission is to mobilise people to work together and lead a movement to end mental health stigma and discrimination, work with people to change negative behaviour towards people with mental health problems, and ensure that the human rights of people with mental health problems are respected and upheld.

We believe change is needed to improve the culture of mental health so its impact on every aspect of our lives including where we live, learn, work and receive care isn't ignored. When we struggle with our mental health we often face stigma and unfair discrimination in all these areas. See Me is focused on four settings where stigma is most prevalent and has the most detrimental impact: in education, health and social care, communities and workplaces.

See Me encourages workplaces to get involved in campaigns and activities that support staff to open conversations about mental health, and build the capacity of line managers to support staff to stay in/return to work when they experience mental health problems. Visit our website for details: www.seemescotland.org.



