

Call for evidence for new mental health and wellbeing plan

Acas response

7 July 2022

This is the Acas Executive response to the [government's call for evidence for a new mental health and wellbeing plan](#).

Our response

Acas (Advisory, Conciliation and Arbitration Service) welcomes the opportunity to respond to the Department of Health and Social Care's (DHSC) call for evidence on what we can do to improve everyone's mental health and wellbeing and level up the country.

Acas is a statutory, non-departmental public body with a duty to improve employment relations throughout Great Britain. Acas offers several services in connection with this duty, including a national helpline which between April 2021 and March 2022 dealt with some 640,000 calls on a wide range of employment relations and workplace issues. Approximately 6,000 of these calls related to stress.

Over the same period, the Acas website received nearly 15 million visits from people seeking advice and support. Acas guidance on [coronavirus \(COVID-19\) and mental health at work](#) and [supporting mental health at work](#) have together received approximately 190,000 visits during this time. We also run training sessions and webinars, including on mental health.

A considerable amount of Acas's resource is devoted to providing conciliation where an individual is considering bringing a claim to an employment tribunal. Between September 2021 and May 2022 (data prior to this date is unavailable), the words 'stress', 'mental health' and 'depression' appeared in more than 12,000 early conciliation or employment tribunal cases (of a total of approximately 133,000 cases). A number of keywords can appear on the same case and so the case will be counted against each keyword. For example, a case that has the keywords of 'mental health' and 'stress' will be counted as 1 against 'mental health' and 1 against 'stress'. These words have been cited either by claimants when completing their early conciliation notification form, or by our early conciliation support officers when inputting their case notes. We include analysis of a sample of these cases below.

While our submission focuses on the question posted in Chapter 2, 'do you have ideas for how employers can support and protect the mental health of their employees?', the interaction between individuals' and managers' capacity to manager mental health at work, and the wider mental health infrastructure is crucial. Our response therefore has relevance across the key areas set out in the government's discussion paper – promotion, prevention, early intervention and support.

Acas framework for positive mental health at work

As the government acknowledges in the paper, there is evidence linking good work, and not just employment, with positive wellbeing. Positive mental health at work is complex, influenced by a host of personal, social, economic and workplace factors.

It follows that Acas has long taken the view that the management of positive health is a shared responsibility: employers, line managers and individuals collectively having a role to play. And that positive wellbeing is also a factor that should be embedded in the considerations and workforce reporting at senior management and board level of organisations. Indeed, taking steps to advance mental health at work can help businesses demonstrate how they are meeting the social aspect of the growing environmental, social and governance (ESG) agenda.

Reflecting the above position of shared responsibility, in 2018 Acas worked in close collaboration with employers, employees and specialist interest groups to develop a unique [framework for positive mental health at work](#) and training programme. This has been endorsed by some of the most well-known British and international brands.

Recent evidence and insights

In addition to the insights gained from our framework, stakeholder engagement and operational work, in compiling this submission we have drawn on a number of more recent sources of insight:

- a. In June 2022, we convened a session with a group of Acas operational staff who lead on delivering our advisory and training services on mental health at work.
- b. In November 2021, Acas chaired a mental health roundtable with representatives from small and medium-sized enterprises (SMEs). Findings are also summarised in an [Acas blog on exploring the mental health landscape within SMEs](#).
- c. An analysis of questions from SMEs in an Acas webinar on mental health in December 2021.
- d. In February 2021, Acas published a policy discussion paper – [The road to enlightenment: work and mental health in the pandemic](#) – which explored the experiences of 3 organisations during COVID-19.
- e. An analysis of a random sample of 30 Acas early conciliation and employment tribunal case records between September 2021 and May 2022 citing 'mental health'.

The evidence does not purport to be representative of the experiences of all organisations and workers. However, it provides insight into the kind of challenges experienced, many of which are longstanding, and some of the practical solutions needed to enable good mental wellbeing at work.

Employers need to take a proactive, strategic approach to mental health and wellbeing

Senior leadership buy-in is key to creating a culture conducive to positive mental health and wellbeing at work. Our operational work and discussions with stakeholders suggest that growing pressures around time, money and resources – an issue which is likely to persist given current economic conditions – make this difficult to sustain. In some instances, evidence remains of persistent low awareness, and stigma associated with mental health presenting as real barriers to promoting good practice.

Part of the answer is increasing awareness of the business case for investment amongst senior leaders, drawing for instance on the evidence cited in the government's paper of the substantial cost of mental ill health at work to businesses and the wider economy. [Research on financial savings](#) by the University of East Anglia (UEA) and RAND Europe, funded by the Economic and Social Research Council (ESRC), is also instructive in this respect.

While COVID-19 has played a role in pushing mental health up the workplace agenda, there are signs that support from employers early on in the pandemic has diminished over time as attention reverted to other business priorities. There is also a risk that some organisations are failing to recognise the continued and potentially long-lasting effects of the pandemic on people's wellbeing, pushing some workers to leave their jobs in search of better support elsewhere. Indeed, more are beginning to reassess their emotional connection to work, which, coupled with a tightening labour market, is making it increasingly important for employers to be clear about their purpose and values and how wellbeing fits in.

There is, however, mixed evidence around the extent to which considerations around mental health and wellbeing are being embedded into employers' policies, practices and decision-making processes. Our insights suggest that too many businesses still take a reactive stance, addressing issues at the point they arise. Training courses, for instance, are often a one-off, tick-box exercise taken as a result of staff disclosing poor mental health, the outcome of an employment tribunal claim, or because of a national awareness week or day. And absent from training events are often those who have the most influence, including senior management.

In some cases, while there is a desire to act, there is a gap in knowing how to, and a sense of nervousness about getting it right. In Acas's view, training plays a fundamental role in broadening people's knowledge base and in strengthening skillsets. This in turn brings benefits to the organisation, for instance in increased engagement, retention and productivity.

There are of course organisations too which are further along in their mental health journey, like the 3 organisations we spoke to in [our discussion paper](#). Examples of the measures they have adopted include mindfulness initiatives, a psychological first aid network to respond quickly to staff most in need, and a wellbeing dashboard with metrics around fairness and feelings of job security.

We also find that practical steps like collecting and monitoring data on the prevalence of mental ill health and levels of sickness absence are common, especially amongst larger organisations. Low staff disclosure rates and the ability to conduct meaningful analysis and disaggregate data do however pose problems. On this particular point, you may be interested to read [Acas's response to the Disability Unit's consultation on disability workforce reporting](#). This sets out our position on workforce reporting and its potential to help establish drivers of inequality, target action more effectively and improve transparency at work.

Managers and individuals need to build trusting relationships with each other and be alive to triggers

In Acas's experience, managers should be trained and skilled in having regular, meaningful conversations with their staff on complex and sensitive issues, and this includes the management of mental health. Some organisations have frameworks in place to help managers structure these discussions. Acas is also aware of and actively promotes external tools like [Mind's Wellness Action Plan](#) and the [Health and Safety Executive's \(HSE\) Talking Toolkit](#) to our customers and our own staff.

Communication has to be two-way to be effective. Individuals have a role in looking after their own wellbeing and engaging with their line managers so that both can identify warning signs and triggers and how they might be addressed. Only where managers create a psychologically safe environment will individuals feel able to share how they are feeling and access the support they need.

At the same time, establishing clear boundaries is important. Managers should never be expected to be counsellors; they should be aware of their limitations, especially during a crisis, and signpost appropriately to sources of support, be it an employee assistance programme (EAP), the emergency services, or charities like Samaritans. Leaders equally need to consider how to 'help the helpers', checking in regularly with staff responsible for supporting those with mental health issues or broader work-related challenges, including managers, HR and wellbeing champions, and also be aware of the potential knock-on effects on other team members and colleagues.

For many, the pandemic has provided an acute reminder of how our personal and working lives are inevitably intertwined. Health and wellbeing issues experienced in our private lives can spill over into our work – for example, anxieties around the rising cost of living, bereavement and loss, and pre-existing mental health conditions – but they may also be triggered or aggravated by our working environment. By the same token, they can also be alleviated by work.

Causes can be wide-ranging and complex. We set out some work-related examples below:

- a. A failure to make reasonable adjustments at work. There can be a misconception by managers that adjustments should only be made where the condition meets the definition of a disability under the Equality Act 2010, and once they are in place, we hear that they are not regularly reviewed to make sure they remain fit for purpose. An [Acas-commissioned review into work adjustments for mental health at work](#) found that encouraging disclosure and facilitating supervisor and co-worker support are likely to enhance the likelihood of a work adjustment being reported as successful.
- b. Complaints of discrimination, bullying, harassment and victimisation from line managers and other colleagues on the grounds of various protected characteristics, including disability, race and sexual orientation.
- c. Poor handling of formal workplace procedures, with little consideration given to the potential impacts of measures like suspension on mental health and wellbeing.
- d. Matters arising from the pandemic, the impacts of which are still unfolding. These include:

- tensions arising from conflicting positions and preferences on the place of work
- similarly, anxiety around contracting COVID-19 where a return to the workplace is required or encouraged
- increased workloads worsened by staff shortages and redundancies made during the pandemic
- reports of loneliness, burnout, presenteeism and leavism, exacerbated by the uptick in remote working

We see that many such issues lead to periods of sickness absence, resignations and dismissals, in addition to employment tribunal claims. In Acas's view, 'conflict competence' is a core skill for both leaders and managers. [Our 2021 research paper on estimating the costs of workplace conflict](#) explores this further, and illustrates the value of early intervention.

Acas's approach as an employer

Making Acas a great place to work is the overarching aim of our People Strategy; the mental health and wellbeing of our people is integral to achieving this. In consultation with Acas staff and unions, we developed our Mental Health and Wellbeing Action Strategy. This signals Acas's commitment to lead by example and provide an environment which allows people to flourish and achieve their full potential for the benefit of themselves and Acas. The strategy is under continuous review to ensure it remains effective.

While our head of mental health and wellbeing has overall responsibility for delivering the strategy, in line with our framework we consider that everyone has responsibility for promoting and supporting mental health and wellbeing across Acas. This includes our senior leadership team, managers and individual staff members. Our mental health and wellbeing steering group also ensures senior ownership and board level accountability. It is responsible for overseeing progress and activities, and is supported by our area mental health leads, health and wellbeing champions, and mental health first aiders.

Between November 2020 and June 2021, alongside other organisations Acas participated in [research conducted by Affinity Health at Work](#) to consider the impact of the pandemic on work, health and wellbeing. The material and recommendations in the report have been incorporated into our training for line managers and have informed our wider mental and health wellbeing offer. Acas has also signed up to the [Mental Health at Work Commitment](#) and its 6 underpinning standards, built on those set out in the 2017 government-commissioned [Thriving at Work: The Stevenson/Farmer review](#).

Acas's rolling programme of activities include:

- routine monitoring of staff mental health and wellbeing using staff surveys, sickness absence, occupational health referrals, and employee assistance programme data, mental health first aid anonymised data collection and feedback from health and wellbeing initiatives
- a calendar of events to raise awareness, encourage conversation and challenge stigma
- use of digital channels such as Yammer and our intranet to encourage mental health awareness and colleagues across all levels to share their stories
- a Smarter Working review to ensure flexibility to improve work-life balance and create and develop an environment of trust for our people
- line manager clinics to provide training on how to support staff as well as manage their own mental health and wellbeing
- communications to ensure staff know where to go to for support, including in inductions for all new staff, and regular review of available tools and resources

Further observations

We agree with the government's ambition to improve data collection and draw on the best evidence on what works. It was with this in mind that in 2020 Acas commissioned a [review into the evidence and guidance available to inform practices around work adjustments for mental health](#). Findings suggest that a clear picture of current practices in the UK is lacking and concludes that there is a need to better understand and share more widely how employers are measuring the impact of work adjustments, how employees access them and how those working alongside employees with adjustments respond.

As you may know, the Civil Service launched a workplace adjustment passport which records the adjustments made for a disabled employee. It enables the employee to have discussions with their existing and future line managers. In light of the above findings, it may be helpful to review the impact of this passport on both individuals and employers, including its availability and uptake across and outside the Civil Service.

Similarly, any insight into the progress and impact of the recommendations set out in the [Thriving at Work review](#), including application of the core standards, would be valuable in understanding gaps and would support the development of future goals. For example, Acas understands from the [Disability Unit's disability workforce reporting consultation document](#) that evidence around the use of the framework for voluntary reporting on mental health and disability is currently limited.

Acas support

Acas would welcome partnering with the government and others to explore further avenues in which we can help transform the way businesses view and approach mental health and wellbeing and provide high-quality work. Acas has extensive experience in chairing and participating in HR networking and sector-specific forums and would be happy to explore how we might convene organisations to share blockers and best practice. We would also be interested in supporting the development of the government's suicide prevention plan through the lens of employers and workers.