

# Common mental health problems: Supporting school staff by taking positive action

Advice, strategies and solutions for governing bodies, employers, line managers, teachers and school staff.



department for  
**children, schools and families**

# Introduction

Working in education is both exciting and demanding. Teachers and school staff take all of the demands placed upon them with an exceptional sense of personal commitment and responsibility that can exacerbate any problems they may be having. When it comes to mental health, their dedication can work against their ability to cope.

Common mental health problems arise from life events as well as the pressure of work – and this is as true for teachers as it is for anyone else. Bereavements, divorces, financial difficulties, family history and personal characteristics can trigger mental health problems.

# About this booklet

This booklet outlines how to deal positively with common mental health problems among teachers.<sup>1</sup>

The advice contained in this booklet is based on evidence that has been scientifically reviewed by a specialist panel in conjunction with DCSF. The document seeks to provide advice to people dealing with individuals experiencing common mental health problems.

This guidance is about common mental health problems in general in our schools, but is not intended to tackle specific issues such as those relating to school organisation, as there are other sources of information and support which schools can use.

The context for this information and advice is the duty of care employers have under various legislation including the Health and Safety at Work Act and the Disability Discrimination Act. By sympathetically applying this guidance it is hoped that employers and managers can reach the best possible outcome for a teacher, pupils and a school.

Best practice on reducing the impact of common mental health problems on teachers and school staff has recently been reviewed and therefore the advice contained in this publication is evidence based. When an individual has a mental health condition that affects their ability to work, there are a number of groups and organisations who are well placed to help manage the situation. The booklet provides strategies and advice for each group:

- Employers
- Human Resource staff
- Occupational Health staff
- School Governing Bodies
- Line Managers
- Teachers and school staff

Following this, real-life examples show how a mental health condition arose, how it affected the teacher and their school, and how the situation was resolved.

<sup>1</sup> References to teachers are relevant to all school staff.

# Recognising the problem

**“I somehow thought as a teacher that I would know what was happening. I’d see it coming, stay in control and be able to cope. But I couldn’t. The problem took over and I needed medical and colleague support to help me.”**

Statistically, sickness absence by teachers compares favourably with other parts of the public sector. Although there is no analysis of the underlying types of illness that lead to sickness absence, we know from reviewing literature that, as in other professions, depression and anxiety feature prominently.

In the school environment stress, including work-related stress, can be recognised in a number of ways through personality change, poor performance, grievance issues and sickness absence.

There are common reasons why individuals will try to carry on for a long time before recognising that they just can’t cope. These include:

- Denial of a problem
- Natural dedication to their job
- Concerns about the negative reaction of others

Delays in identifying and tackling signs of common mental health problems can have an impact on personal well being and the good of the school. There is clear evidence that early recognition and intervention is helpful.

Being aware of changes in an individual’s behaviour, personal demeanour and performance at work is crucial if problems are to be addressed before they become a crisis.

The earlier a mental health condition is recognised and acted upon, the better the outcome for all, resulting in less impact on:

- The teacher’s health
- Staff morale
- School performance
- Pupils’ work and achievements.

Early intervention can also help staff stay at work while they get help, and following a period of absence, return to work and full teaching capacity sooner than would otherwise occur – which benefits both the teacher and the school.

# Complying with Health and Safety Regulation

All employers have a general duty of care under the Health and Safety at Work Act 1974 to ensure the health, safety and welfare of their employees so far as is reasonably practicable. The Management of Health and Safety at Work Regulations 1999 require all employers to assess and manage all risks to which employees are exposed at work including any risks of stress related injury. By complying with the regulations employers will not only reduce the incidence of work-related stress in schools but they will also protect themselves from claims for psychiatric injury that may arise from breach of the regulations irrespective of negligence.

There is a lot of helpful guidance on managing stress in general but we would like to emphasise the use of the risk management approach. This includes identifying the specific stress risk hazards in your workplace:

- deciding who might be at risk;
- evaluating the actual level of risk;
- recording what action needs to be taken to avoid or reduce the risk, and
- monitoring and reviewing to ensure your measures are effective.

For further guidance use the HSE website the address of which is given in the sources of help section.

# Applying the Disability Discrimination Act

There is a common perception that the Disability Discrimination Act refers only to physical disability. But the Act also provides for mental health conditions that prevent a person from carrying out their normal work.

The Act makes it clear that employers cannot discriminate against an employee on the grounds of a disabling mental health condition. The employer must make reasonable adjustments to accommodate the needs of an employee whose mental health condition lasts longer than 12 months.

But what do 'reasonable adjustments' mean in practice? Here's an example which may help to understand the possibilities:

A member of staff who has been struggling with a combination of stress, anxiety and depression consults his/her General Practitioner (GP). They decide that a period of sick

leave is appropriate while some medication and counselling is tried. A sick note is handed in to the school and on receipt the individual is referred to the Occupational Health Service. The Occupational Health adviser carries out an assessment to decide if work was a major contributing factor and if there are any barriers to an early return to work. The individual is encouraged to stay in close contact with the school and recommendations are made to overcome the barriers.

As soon as the individual and their GP consider that they will be ready, a structured meeting must take place where a return to work plan is agreed and ongoing reviews are scheduled. What adjustments could be considered?

- Phased return to work, for example, the individual working in a job-share arrangement with the supply teacher or temporary staff member who has been employed in their absence
- Adjusting the timetable allowing flexible working hours for a defined period <sup>2</sup>
- Ensuring the full planning, preparation and assessment allocation is protected for teachers during a return to work phase i.e. 10 per cent of timetabled teaching hours
- Introducing additional class support for a defined period of time (e.g. teaching assistant)
- Providing a confidential mentor
- Reassigning extra-curricular activities or additional responsibilities – perhaps the individual helped out in drama productions, or went on field trips.

Any or all of these (and they are just a few examples) could be construed as ‘reasonable adjustments’ within the Act. Clearly, they will require discussion, flexibility, and a willingness to entertain change.

It is important to note that in the example above, adjustment is made even though long term absence has not yet occurred. This is because the condition was likely to continue for longer than twelve months and could

therefore be considered as qualifying under the Act. Even without the discretion afforded by the Act it would still be appropriate for adjustments to be made to reduce the impact on personal well being and on pupil and school performance.

<sup>2</sup> As a rule of thumb, adjustments should initially be in place for 6 weeks and then reviewed before deciding next steps.

## Advice for employers

Employers may be the local authority, governing body or other agency depending on the type of school.

Employers have a legal responsibility to ensure the health, safety and welfare of all their employees. With regard to mental health conditions, employers must:

- Ensure policies and procedures are in place that recognise and deal with the issue of common mental health problems. These should include:
  - Consideration of organisation of work
  - Regular health risk assessment for the whole organisation
  - Early recognition for individuals with common mental health problems (which may require training)
  - Interventions that include short-term rehabilitation and return to work plans, and longer-term reasonable adjustments to work
- Implement the Management Standards for Work-related Stress (from the Health and Safety Executive) or an equivalent programme such as Worklife Support’s Well-being Programme..

- Actively demonstrate recognition and acceptance of common mental health problems by creating an environment where staff feel comfortable in asking for help.
- Act early and provide consistent support.
- Enlist the support of Human Resources (HR) personnel and Occupational Health (OH) professionals (whether these are employed by the school, provided by the LA, or bought in on an as-required basis).
- Ensure individuals have their roles and responsibilities clearly defined.

## Advice for HR and Occupational Health staff

It is best practice to ensure that all school staff have access to Occupational Health services. Where they do it is important that their independent role is clearly communicated. Advice is provided to both employee and employer by these services.

HR and Occupational Health people should make sure they provide:

- Effective communication and agreed working practices for mental health issues to support employers and managers

- Practical solutions, comprehensive risk assessment, counselling, mediation and rehabilitation plans in line with an individual's or a school's particular requirements
- The right supply teacher insurance, which will make provision for a teacher to return to work on a phased basis where this would support full rehabilitation.

### Advice for school governing bodies

Governing bodies may have additional or different responsibilities for health and safety arrangements, depending on the nature of the school.

The Disability Discrimination Act places additional responsibilities on those in appropriate positions. Governors should make sure they understand what the Act requires them to do in respect of people covered by the Act.

They are also required to draw up a formal policy on how the school will respond to disabling mental health conditions among staff. They may then set periodic reviews of that policy to make sure it remains proactive and relevant.

In addition, governors should:

- Ensure policies and procedures are in place that recognise and deal with the issue of common mental health problems (as in advice to employers above).
- Ensure the implementation of the Management Standards for Work-related Stress (from the Health and Safety Executive) or an equivalent programme.
- Ensure the school has access to the support of Human Resources (HR) and Occupational Health (OH) service (provided by the LA, or bought in on an as-required basis).

### Advice for line managers

By line managers, we mean anyone who has line management responsibility for one or more members of staff.

Line managers should:

- Foster a supportive work environment
- Pay attention to any indication of changes in performance or behaviour in staff
- Encourage sympathetic alertness to staff who develop signs of not coping

- Refer staff to Occupational Health services where available when there are concerns or absence due to work-related stress and other mental health problems.
- Keep in touch with absent staff which should start after two weeks absence and maintained at fortnightly intervals thereafter.
- Be supportive in any return to work process.

### Advice for teachers and school staff

First and foremost, it is important to stress that mental health conditions are not some kind of 'failure'. They are common and can happen to anyone, at any time in their life, and they need not arrive freighted with shame, guilt and a sense of weakness revealed.

Those working in schools share an understanding of the mutual stress and strains their job entails. Talking with colleagues, a head of department, or someone else with whom you feel an affinity can be the initial step in acknowledging that a problem exists.

There is very strong evidence that when mental health problems occur, early intervention works. This means getting support or help as soon as you think you might be experiencing a problem.

If you don't feel that you can talk to anyone at school, there are a number of other sources of support including friends and family, and support organisations (see below).

There are solutions! Talking therapies, counselling, lifestyle changes such as diet and exercise, supportive colleagues, GP advice and possible medication can all help. And whenever an individual is taking sickness leave due to a mental health problem, it always helps for them and their line manager to agree about how best they can stay in touch, because wherever possible the goal is a return to work.

# Personal stories

## Martin, Head of Department, Secondary School

Last year I moved to a much larger school. I'd been a Head of Department for four years and although there had been times when I felt under pressure, it had never affected my health before.

It quickly became clear that there was a great deal of extra responsibility compared to my last school. I soon began to feel overwhelmed, but I didn't want to let on that I was finding things tough. Not long into my second term I was signed off sick by my GP. I felt like such a failure.

After six weeks I started to feel better, but the thought of going back to full-time work terrified me. My sister, who is also a teacher, encouraged me to speak to my union. I wasn't sure what they could do, but they were incredibly supportive. They helped me arrange a phased return to work. The school agreed and allowed me to build up from a couple of days a week just classroom teaching.

Being able to ease myself back in really helped to rebuild my confidence. Without the union's help and the understanding and support of the school, I'm not sure I would have gone back at all.

## Sophie, New Head of Department, Secondary School

I had always enjoyed my challenging role as Head of Department. At first I didn't realise what was happening but one morning I woke up and just couldn't face going into work. When I called in sick my manager was great. She told me to take the rest of the week off and suggested I visit my GP.

Having some space to reflect helped me to see what was causing my anxiety. I met with my manager outside of the school environment and talked everything through. Together we identified the tasks that I could delegate to other colleagues to give me more time for my new Head of Department responsibilities.

We agreed to meet on a regular basis to discuss my workload and make sure things didn't get out of hand again. Returning to work was quite daunting but knowing that I had my manager's support made it much easier. I am more aware now of the signs of stress, which has actually helped me to be a better manager. I have instigated a well-being policy for the department that I hope will be taken on by the whole school.

## Amir, Year 6 teacher

Having been teaching for almost 15 years I found it difficult to admit that I was having a problem. My partner was getting increasingly concerned about my health as I was regularly getting headaches and finding it difficult to sleep. Once I realised the impact it was having on my personal life and my performance at work I decided I needed to get some help.

I didn't really know where to turn to at first but then I remembered the school well-being policy that we had developed at an INSET day. I had a look and decided to call Teacher Support Network. It was such a relief to talk about how I was feeling to someone who wouldn't judge me. They helped me with some relaxation techniques, encouraged me

to see my GP about my sleep problems and also advised me on the best way to approach my Headteacher about the problems I was having.

When I did speak to my Headteacher, he was very reassuring. He put me at ease straight away and acknowledged that it had been a difficult year for everyone and that he had no doubt in my teaching ability. He arranged for me to have regular appointments with an occupational health adviser until I felt more on top of things and able to cope.

I dread to think what would have happened to me if I had left it any longer to get help. Despite my difficulties I still love my job and thanks to the support I received I hope to still be doing it for a long time to come.

## John, Headteacher talking about helping David, year 11 teacher

I became aware of David's erratic behaviour by accident. I overheard two pupils talking about him "losing it and throwing a wobbly". When the Head of Department asked David if everything was OK, David got indignant and stormed off. He phoned in sick the next day and then I received a sick note showing anxiety and depression, signing him off for a month.

One of David's classes was due to take GCSEs and another an AS module. He was also involved in lots of other school activities. The Head of Department and I both tried to phone him to see how he was and in particular to find out if we needed to make alternative plans, but he wouldn't speak to us. His wife said the doctor had told him not to. We made arrangements to cover the classes and exams.

We heard indirectly that he was not well and believed we were trying to replace him. The HR service at our local authority advised us to refer him to Occupational Health. I wrote to the Occupational Health Service and I outlined what had happened, and what my concerns were. They confirmed

that David was suffering from anxiety and depression. They also confirmed that he was getting treatment and counselling, and they were optimistic he could return to work in a few months – which gave us some idea of how long we would need to keep alternative arrangements in place.

Six weeks later they wrote again to say that David had made substantial improvement and he could start talking about his return. They made suggestions about a phased return to work, along with some other initial support.

I am sure he was as apprehensive as I was about that meeting and just as relieved afterwards at how well it actually went. We agreed that he would come back to work on a part-time basis and take back one of the younger, non-exam classes. He had an informal meeting with his year head every day for the first two weeks and then twice a week, which he found extremely helpful.

Our plan for next year is that David won't teach exam classes, and we will cut back additional school activities until he is ready to resume them. He's an excellent and highly motivated teacher and I am delighted that with everyone's help he is back on board.

## Sources of help

Health and Safety Executive  
[www.hse.gov.uk](http://www.hse.gov.uk)

Teacher Support Network  
[www.teachersupport.info](http://www.teachersupport.info)

Worklife Support  
[www.worklifesupport.com](http://www.worklifesupport.com)

Trade Unions  
[www.tuc.org.uk](http://www.tuc.org.uk)

[www.teachers.org.uk](http://www.teachers.org.uk)

[www.atl.org.uk](http://www.atl.org.uk)

[www.nasuwat.org.uk](http://www.nasuwat.org.uk)

[www.unison.org.uk](http://www.unison.org.uk)

[www.voicetheunion.org.uk](http://www.voicetheunion.org.uk)

[www.naht.org.uk](http://www.naht.org.uk)

[www.ascl.org.uk](http://www.ascl.org.uk)

Institute of Occupational Safety and Health (IOSH)  
[www.iosh.co.uk](http://www.iosh.co.uk)

Occupational Health services  
Contact Local Authority for further information


Association of Local Authority Medical Advisers, (ALAMA)  
[www.alama.org.uk](http://www.alama.org.uk)

The Society of Occupational Medicine  
[www.som.org.uk](http://www.som.org.uk)

Occupational health providers to Local Government Employers (LGE)  
[www.lge.gov.uk](http://www.lge.gov.uk)

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**LGE**  
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