



**CEC Statement on
Mental Health at
Work
2017**



GMB CONGRESS 2017

CEC STATEMENT ON MENTAL HEALTH AT WORK

1. Introduction

- 1.1. On any given day, 1 in 4 people in the UK are experiencing a mental health condition according to the charity Mind. GMB is well aware of the toll this takes on our members, their families, colleagues and friends. We have a substantial body of motions passed at Congress on the subject of mental health, and have long campaigned for better understanding of mental health at work, and for greater resources from Government to tackle the issues and improve people's quality of life.
- 1.2. This CEC Statement is specifically focused on occupational mental health at work. We are firmly of the belief that early intervention is critical in identifying and tackling mental health conditions, and that prevention is better than cure.
- 1.3. In the experience of GMB members, mental health at work cannot be separated from mental health in wider society. People do not have an off switch which operates in the workplace – work and home lives impact on each other. The first inkling that someone is experiencing a mental health condition, especially before diagnosis and specialist support, is often when they experience an episode in the workplace.
- 1.4. It is critical that this issue is addressed now. Our young members are faced with a triple attack - student debt, insecure work, and non-existent housing provision – before they enter the workplace, and as they begin their working lives. We are in the position that physical health and safety was in the late 1960's – an unacceptable price being paid by workers, and one that threatens to tip into epidemic levels of mental ill-health.
- 1.5. There is a desperate need for strong leadership on mental health from central Government. We believe that the current lack of regulations around occupational mental health contributes to both absenteeism and presenteeism. There is no parity of esteem between mental and physical health. Mental health support services have been decimated by austerity cuts, with society paying the long term cost. This is completely unacceptable.
- 1.6. So our work must begin with our campaigning activity.

2. Campaigning

- 2.1. We all have mental health, just as we all have physical health. Our mental health can be harmed by work, and placed at risk by mental health hazards. Yet since the Health and Safety at Work Act came into law in 1974, not a single set of regulations has been passed by any government defining how mental health in the workplace should be managed.
- 2.2. Work-related stress is the single biggest cause of sickness absence from work. Yet there is nothing in law detailing how stress should be tackled. Most mental health related absence from work is not reportable under the Reporting of Injuries, Diseases

and Dangerous Occurrences Regulations (RIDDOR) Regulations, so the vast majority of this is never reported to any government authority for investigation.

- 2.3. The CEC believes this state of affairs is untenable. We call on the next Government to introduce under primary legislation a new Mental Health at Work Act, specifying the approach and methods expected of all employers in managing mental health at work. This must require the reporting of all cases of work-related stress, or work-related stress must be added to the list of reportable conditions prescribed under RIDDOR.
- 2.4. We demand regulations bringing the HSE Stress Management Standards into law, to provide a framework for tackling stress. But regulations are valueless without enforcement, so we want the next Government to boost the resources of the Health and Safety Executive to Year 2000 levels, and once again provide this regulator with teeth and a clear mandate for enforcement and inspection.
- 2.5. This isn't just the right and moral thing for employers to do. It's plain good business. HSE estimate the total burden to society of occupational ill-health and disease (including all mental ill health) at £14.2BN per annum. The consultation document issued by the Labour Party on mental health cited the total economic cost of poor mental health at approximately £105BN per year. There is an enormous discrepancy between these two figures, and we would suggest that even the £105BN is likely to be an underestimate given the productivity loss caused by presenteeism.
- 2.6. Better employment practices to tackle this huge burden would eliminate any case for austerity at a stroke. But without an evidence base on which to outline the scale of the preventable costs, it is almost impossible to convince employers to take action.
- 2.7. The importance of regulation and enforcement cannot be overstated. The world of work in the 21st Century actively creates poor mental health by design, especially for young, migrant and low-paid workers (and of course these groups are not mutually exclusive). The days of full employment are long gone, and even the achievement of a graduate degree no longer guarantees a stable or well-paid career.
- 2.8. Instead, we have seen an explosion in the use of Zero Hours Contracts and bogus self-employment. As the UK transitions into becoming a post-industrial service economy, this 'labour market flexibility' will become increasingly commonplace until it is 'the new normal' in many sectors.
- 2.9. We have already seen a shift in sectors such as retail, logistics, health and care, security, and construction, where precarious work is the norm. For many workers, uncertain pay and wage suppression, combined with an inability to afford housing and increasing barriers to accessing social security benefits, create the instability that harms mental health, especially where there are pre-existing financial pressures such as student debt.
- 2.10. This is far beyond occupational stress, as high levels of precarious and insecure work go hand in hand with increased mental and emotional pressure on workers as they try and balance their desire for a stable personal and home life with the increasingly

"flexible" and intrusive demands of work in areas of the so called "new economy". This is causing increasing levels of mental health problems triggered or made worse by work.

- 2.11. All of this potential mental health risk exists before the worker actually performs their daily role. In most sectors where GMB have members, austerity has had a profound impact on mental health, with workers expected to do more work for in real terms less pay.
- 2.12. Added to this is the impact of poor work design. Many GMB members in the logistics sector work long shifts performing repetitive activities with little to no variety, very often whilst forcibly listening to work commands to other colleagues through an earpiece or headset. Prolonged exposure to such working environments has a serious and sustained detrimental effect on mental health.
- 2.13. In other sectors, such as security and across much of the Public Sector, verbal and occasional physical abuse is daily reality for workers, to the extent that most never consider to report incidents to their employers as it is simply an accepted part of the job. This creates a permanent fear culture where the likelihood of being attacked is always a live possibility. This again can only damage mental health.
- 2.14. This 'flexibility' is going to be the future of work for a huge number of workers as the UK economy transitions to a fully services-led, post-industrial economy. Trade unions are the only bodies who can challenge both these damaging employment practices and the misconceptions and stigma surrounding mental health at work.
- 2.15. The CEC therefore believes there are a number of policies that tackle these issues head on. We demand that:
 - all Zero Hours Contracts should be banned;
 - that the legal minimum hourly rate of pay should be £10 per hour;
 - that employers who breach this law should be banned from ever receiving public contracts or subsidies of any kind;
 - that a programme of publicly owned social home building should commence straight after the next election to address the chronic shortage of housing stock;
 - and that all government inspection bodies should be tasked with ensuring that employment practices in their relevant sectors do not harm mental health.
- 2.16. The CEC was encouraged by the creation of a Shadow Minister for Mental Health. We believe that this should be elevated to a full Cabinet position by whichever party forms the next Government. The issue of mental health, especially within the workplace, must be kept high on the political agenda in the next Parliament.
- 2.17. This must extend beyond Westminster. The Parliaments in Stormont, Holyrood and the Senedd should be examining work-related mental health. The new Metro Mayors

must use their powers to ensure that local provision and support is in place, and all Local Authorities should be ensuring that their practices are not causing mental harm.

- 2.18. In the meantime, GMB will continue its' campaigning activity. We are immensely proud of the efforts of GMB Young Members in raising awareness and challenging politicians to action, and we hope this will long continue. We will keep lobbying the Labour Party to specifically address workplace issues in their policy, across the UK. We will continue to work with like-minded, progressive groups on securing improvements to mental health management in the workplace – and we will continue to train and educate our activists.

3. Training and Awareness

- 3.1. The CEC believes that a key part of managing mental health in the workplace has to be involving, training and educating the workforce. It must always be remembered that training is the legal duty of the employer, and GMB expects the employer to put training in place, at no charge to the worker. This is already the case for all occupational physical health and safety risks, and we do not believe mental health should be treated any differently. Our call for parity of esteem is a total one, and it applies as much to training as it does the provision of support and care.
- 3.2. We also know that mental health and particularly stress at work are key issues for Health and Safety Representatives. These issues are increasingly covered during Stage 1 and 2 Safety Representative training, but we believe there is merit in GMB having our own training, as mental health in the workplace is an equalities issue as much as a health and safety one. Many GMB regions now offer initial one-day mental health awareness training. We believe that this serves as a good starting point for GMB members to organise and negotiate on the issue with employers. We will ensure that the best practice in these courses is shared across Regions, and that any new developments are communicated across the whole of the Union.
- 3.3. The CEC believes that there are three levels of training that should be provided by employers. The first two should be provided as a standard, with the third, Mental Health First Aid training, offered where there is organisational support for the role.
 1. Basic awareness training – offered to all employees, and focusing on the most common mental health conditions. This training is intended to help raise awareness and understanding, and to remove the stigma around mental health at work.
 2. More specific training on identifying, preventing and managing mental health risk and conditions in the workplace. This should be provided jointly for managers and Health & Safety Representatives, and should focus on practical support for both the worker and the manager in providing reasonable adjustments for those with long-term or ongoing mental health conditions.
 3. Mental Health First Aid (MHFA) Training or similar, in-depth training where this is offered across an organisation, and workers are willing to volunteer to be

trained. MHFA is never a substitute for awareness and preventative training, and should only be offered once the first two training requirements are met.

- 3.4. There is no place in such training for programmes based on concepts of resilience or wellbeing. The focus must be on recognising that people have mental health; that work contributes to the quality of their mental health; and that risks to mental health must be eliminated where possible, and controlled and managed where they cannot be eliminated.
- 3.5. Any training provider must be competent, qualified and reputable. Whilst GMB opposes the practice of resilience training in the workplace, we know that some otherwise highly reputable charities such as Mind and The Samaritans, and even the CIPD, offer such courses. The whole area of mental health has been conflated with ideas such as wellbeing, mindfulness and resilience in the past decade, and there are a huge number of training providers who deliver low quality training at high prices.
- 3.6. The CEC believes it is better to use an expert organisation, such as Mind, Mental Health First Aid England, The Samaritans or Rethink, even if they also offer resilience and wellbeing courses. The challenge for the union movement is to make the focus on mental health mainstream, rather than the feel good solutions for employers that all too often place the blame on the individual worker for not being strong enough.
- 3.7. The CEC does not believe it is appropriate for GMB to provide Mental Health First Aid training directly. MHFA has its place, but it ultimately does nothing to tackle mental health hazards before they cause harm. As trade unionists, our approach must be focussed on prevention, through risk assessment, the development of safe practices, and the close management and monitoring of mental health issues. We must use the Equalities Act and the Health and Safety at Work Act to force employers to raise their game, rather than rely on reactive programmes.
- 3.8. The CEC is not opposed to Mental Health First Aiders per se, provided that the correct level and quality of training is provided, and that those who volunteer to perform the role are given the support they need.
- 3.9. Mental Health First Aid is not the same as everyday first aid provision, which aims to stabilise the injured person until competent medical support can be provided. MHFA also aims to signpost those with mental health issues towards professional support, but there are also claims that are made in terms of preventing or reducing mental ill-health. The CEC is extremely sceptical that this can be done by Mental Health First Aiders, and we have concerns that members will be referred to MHFAs in expectation that they can somehow 'solve' the issues.
- 3.10. We also have reservations about the way in which MHFAs are nominated. From the experience of our members, we know that some employers will effectively select workers to take the role on, rather than allow nominations from the workers themselves. GMB will not accept any system which forces workers to become MHFAs, 'Champions', or take any role that they cannot stand down from without sanction.

- 3.11. What we cannot accept under any circumstances is the 'subcontracting' of mental health management to the First Aiders. Mental health has to be managed on a whole organisation basis, in the same way that all health and safety issues are, and it is for management to manage and control mental health hazards and risks.
- 3.12. Where an employer does wish to offer Mental Health First Aid training, our expectation is that the training is provided by a competent and qualified trainer from a reputable provider, and that this is joint training with both workers and managers trained at the same time.
- 3.13. Ultimately it must be for each individual to decide whether or not they feel comfortable to undertake the Mental Health First Aid role. No pressure should be put on anyone to take the role on, and they must be free to step down at any time. The CEC will instruct all GMB officers to act where this is not the case.

4. Guidance and Support:

- 4.1. The CEC recognises that providing training is only part of the package needed to help GMB activists tackle mental health in the workplace. The initial GMB guide on mental health, published in Spring 2016, is the most requested piece of GMB guidance in many years. But we know we need to do much more.
- 4.2. We will develop further guidance, aimed at giving practical advice on how to tackle mental health and work. This will include sample policies, and will explain in detail the Stress Managements Standards approach.
- 4.3. We will also produce a specific guide on suicide risk. From recent research published by the Office of National Statistics, we know the jobs which are most likely to result in suicide. We have to better educate and organise ourselves in these sectors, to ensure that no worker feels that they cannot turn to their union in their dark times. Again, we are not and cannot pretend to be experts on the subjects, but we can work with experts to ensure that our understanding is correct, our language is appropriate, and our activists have a basic idea of what to expect and what they can do to help.
- 4.4. We will also seek to ensure that our materials and guides are accessible and meet the needs of all GMB members, so we will look at new technologies such as video clips, webinars and podcasts to make sure our messages are received by the widest audience possible.

5. Conclusion:

- 5.1. Mental health has been in the headlines like never before. This is part due to the savage cuts that have been forced on service provision; in part because of the profile given by the appointment of a Shadow Mental Health Minister by the Labour Party; and largely because the toll from poor mental health has simply become too great to ignore.
- 5.2. We have the opportunity to make a real difference to the lives of GMB members, and use our preventative approach to organise and recruit new members into the

union. This is a crucial issue for many younger people, BAME workers, and LGBT workers, and we can show our support and solidarity by making a positive difference to their mental health, and everyone in the workplace.

5.3. This statement is a blueprint to tackle the issues, but it is just a starting point. There is much more that can and must be done, but it can begin at our 100th Congress, with a positive statement of intent for the future.

5.4. So, for the reasons outlined above, the CEC recommends that:

- Congress supports this CEC Statement, recognising that the mental health of every GMB member is better protected by our campaigning activities and preventative approach in the workplace;
- Congress endorses the range of actions detailed in the statement, in terms of training, development of guidance, support, and education.
- Congress authorises future campaigning and lobbying on occupational mental health, especially in terms of the root cause policies outlined in paragraph 2.15.