

## SUMMARY

Supporting staff with a disability and advising managers about workplace adjustments is part of the contribution made by occupational health nurse practitioners to health and performance at work. This paper describes an approach that has the potential to be extremely effective in raising both awareness and understanding of physical or mental disability issues amongst staff rather than employers.

## INTRODUCTION

According to the 'Disability Discrimination Act'(DDA) <sup>1</sup> a person has a disability if they have a physical or mental impairment which has substantial and long term adverse effects on the person's ability to carry out normal day to day activities. Recent changes to the DDA that took effect from December 2005 include:

- Removal of the requirement that a mental illness must be clinically well recognised before it can amount to a mental impairment
- Amendment to the definition of 'disability', so that a person with HIV, certain types of cancer or multiple sclerosis is deemed to be disabled from the point of diagnosis
- A positive duty on public bodies to promote equality of opportunity for disabled people<sup>2</sup>

Against this background Bangor University's disability equality scheme is reviewed on an annual basis. An action point from the October 2009 University equality meeting was a review by the occupational health practitioner (OHP) of support being offered to staff with a declared disability. To undertake this review the OHP designed a model to better understand the experiences and views of disabled members of staff at work<sup>3</sup> (fig 1)

FIGURE 1: REVIEW OF SUPPORT TO STAFF WITH A DISABILITY



<sup>1</sup> Disability Discrimination Act 1995 [www.Direct.gov.uk/Disability](http://www.Direct.gov.uk/Disability)

<sup>2</sup> LEWIS, J & THORNBORY, G (2006) *Employment Law and Occupational Health: A practical handbook* p121 ISBN-10:1-4051-4972-8

<sup>3</sup> PATTON, J (2009) 'A Review of support to staff with a disability' [www.bangor.ac.uk/wellbeing](http://www.bangor.ac.uk/wellbeing)

## **METHODOLOGY**

A Bangor University, HR records contain information about staff with a disability. In October 2009 a total of 55 staff were listed with a disability and of this number, 25% (= 14staff) were selected at random by the OHP to become a sample group for the review of support being offered to them at work. They were invited to participate in a survey to help understand the experiences and views of the disabled staff

A questionnaire was sent out to the sample group and the responses were received 10 working days later. 12 people responded, an 86% response rate. To gain greater clarity around the points raised, the OHP then conducted a telephone interview with some of those that had completed and returned the questionnaire.

Of those that responded, 3 members of staff did not complete the questionnaire, stating they did not have a disability. Their HR records have subsequently been checked and amended as necessary. 3 people did not complete the questionnaire and have not given a reason for not responding.

## **RESULTS**

1. All respondents confirmed that the confidential nature of the disability had been respected. Additional information was the impact of disability required sick leave and confirmed the confidential nature of sickness absence had been protected during that time
2. Knowing what the University does well to support disabled staff received feedback included acknowledgements that the occupational health, line manager and HR support network is effective.
3. The response to whether issues surrounding disability are listened to and needs met in a timely way generally confirmed this was the case for physical disabilities. Interestingly, other responses highlighted a need to switch the emphasis for raising awareness about disability issues from managers to staff – especially for mental health issues

*‘Some people are very understanding and helpful, others are not, either because they do not understand the disability (e.g. through common misconceptions about the disability) or because it impacts on their workload’*

## **RESPONSE**

In January 2010 a pilot workshop was organised by the OHP to address mental health issues. Mental health is about how we think, feel and behave<sup>4</sup>. Although we cannot see the internal disability of a mental health issue, it can affect our perceptions of one another’s behaviour and the way we interact at work.

- The workshop aimed to support the mental health of everyone
- Its objective was to improve the understanding and management of mental health disabilities at work.
- Boundaries were set to ensure the health problems of individual staff were not discussed

## **STRUCTURE**

Attendees totalled 8 people plus three facilitators – a staff representative, a mental health adviser and the OHP. Each facilitator headed a sub group that considered different scenarios that were designed to raise questions about mental health and its impact in the work-place. These were:

### 1. Judy

Judy has a responsible admin job in an office with a heavy workload and tight deadlines. For most of the time, she is an excellent employee, but sometimes, she becomes socially withdrawn, her timekeeping seems to become erratic, her ability to keep up with the demands of the job falls off, and she has frequent absences from work for vague reasons like “debility”. Some of her co-workers are concerned to see Judy like this, but others have started to resent that she does not appear to be pulling her weight, and have recently started to exclude her from conversations and social events. Within the last month or so, her bouts of illness have become more frequent. Her boss has now summoned her to his office for “a chat”. On the day scheduled for the “chat”, Judy does not appear, but instead calls in sick with vague flu-like symptoms.

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<sup>4</sup> [www.nhs.uk/conditions/mental-health](http://www.nhs.uk/conditions/mental-health)

2. Marvin

Marvin works in a unit producing materials for an educational organisation's web pages. He has been hired for his original ideas and creativity. Although his work is excellent, it is sometimes a little too original for the liking of his boss, his work colleagues find him difficult to work with; he seems to be able to work, laugh and talk at the same time, which disturbs some of his quieter co-workers. If asked to quieten down, he can sometimes become aggressive. Recently, he has been observed walking round the quad eating his lunch, and laughing and talking to himself. This has caused alarm, not only in his own office, but more widely and his bizarre behaviour has become a favourite subject of gossip. His dress has recently become more eccentric and his personal hygiene has fallen off; he reveals, with apparent unconcern, that his landlady has thrown him out of his lodgings and that he is living in a squat with seven other "really cool people" but no washing facilities.

3. Karen

Karen is a very quiet, anxious person who is extremely conscientious about her work. Several years ago, she spent some time in a psychiatric hospital; this is known to her work colleagues, who sometimes whisper about it behind her back, and are fairly guarded and reserved in their dealings with her. Recently, Karen's whole unit has moved to a large open plan office. Suddenly, Karen is moved from the middle of the office to the far corner, and given a screen to work behind. It is rumoured that she has been to Occupational Health to complain about the open plan working arrangements. Resentment starts to spread that she is being treated more favourably than the other workers; one employee has gone as far as to contact her Union rep and is thinking of raising a grievance, but then decides to drop it. Some months later, Karen is appointed to work on a special project which, to succeed, requires someone very hardworking and conscientious. Her work colleagues are appalled that someone with Karen's problems should have been appointed to such a responsible position, and the Union rep is contacted once again.

**PROCESS**

Each sub-group discussed the:

- Effect of mental health at work (e.g. changes in the ill persons behaviour, attitude and relationships with others)
- Impact this has on work colleagues (e.g. how people felt about the behaviours exhibited)
- Impact on performance at work (e.g. relationships, quantity and quality of work)
- Effect of work on frail mental health
- Management of disturbed behaviour.

The subgroups then came together and a spokesperson gave feedback to the larger group for wider discussion. The mental health adviser then summarised key points for the management of each scenario. At the end of the workshop a handout of additional resources to support mental health at work was circulated.

**OUTCOME**

To understand whether the pilot workshop was worthwhile and improve the content of future workshops, attendees were invited to complete an on-line survey. The aspects of the workshop that were reported to be most useful were:

- The use of thought provoking case scenarios
- The sharing of supportive strategies
- Small discussion groups that allowed all views to be shared
- The mental health adviser summarising key points from each presentation

Respondents felt a need to:

- Highlight the universities systems of support for mental health issues, including the employers duty of care
- Consider issues around culture and diversity
- Consider the impact of mental health issues amongst students not just scenarios about staff

Attendees were invited to complete a rating scale to gauge their overall opinion of the workshop based on how the course was presented, its relevance to individuals and whether questions were effectively addressed

Rating Scale (1=poor, 6 = excellent)

	1	2	3	4	5	6
How were your questions dealt with?				28.6%	42.9%	28.6%
How would you rate the usefulness and relevance of this workshop to you at work?				14.3%	57.1%	28.6%
What did you think about the presentation of the workshop?					71.4%	28.6%

The outcome has revealed that attendees felt more comfortable and confident with mental health behaviours.

In conclusion, the review of support being offered to members of staff with a declared disability has provided the evidence for an ongoing programme to raise awareness and understanding of physical or mental disability amongst staff rather than employers.

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