

Work Stress



WORKStress The UK National Work Stress Network extends throughout the UK. We would like to thank the following for their significant financial assistance in the production of this handbook, although it should be noted that the opinions expressed within the handbook and its contents are solely the responsibility of **WORKStress**

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PREFACE

This booklet was produced during the lead in to the 2017 General Election which saw a significant shift in the balance of power at Westminster, and the situation surrounding work related stress and employment law has now become somewhat unpredictable. In the background continued debate about the result of the EU Referendum has placed the principles of employment law and rights of workers in a potentially delicate situation. How the transfer of EU Directive based laws into UK Law will affect those laws related to workers' rights is unknown.

Workstress has been fighting for years over the protection of issues around Health and Safety in the Workplace and now has major concerns about the outcome of any shift of EU-based law into UK law and the very likely future diminution of Health and Safety and other associated laws.

In late July 2017, UNISON secured a major victory in the Supreme Court making all charges for applications to the Employment Tribunal no longer legal. The Government has had to back track and refund some £27million of paid fees. References to such fees in this booklet obviously now no longer apply.

FOREWORD

This handbook has been produced by the WorkStress Network (UK National Work Stress Network). **WORKSTRESS** consists of unpaid volunteers bringing together workplace trade union and health and safety representatives, academics, safety professionals and others to campaign for the better protection of workers against stress-related mental and physical illnesses caused by poorly controlled workplace psycho-social hazards.

The handbook examines:

The problem

- The extent of work-related stress illness
- The cost of work-related stress illnesses to the individual, society and the economy
- The causes of work-related stress
- The effects of stress on the mental and physical health of workers
- Obstacles to progress
- The law

The solution

- Preventing work stress (the role of government, employers, trade unions and individuals)
- Conducting a risk assessment
- Dealing with individual stress

Appendices

- WorkStress (UK National Work Stress Network)
- Fit notes
- Sample workplace audit forms
- The European dimension
- Useful sources of information
- References

Appendices give further information about the WorkStress Network, examine how other European countries are tackling the problem of psycho-social workplace hazards, give some examples of Workplace Audit Forms and list some further sources of information.

The handbook should be of use to many, including:

- employers, managers and human resources staff
- trade union Health and Safety Representatives and stewards
- trade union tutors and students
- professionals in the field of mental health and occupational health
- academics
- employees with personal experience of workplace stress and its effects.

The handbook is available to download free of charge from the WorkStress website (www.workstress.net) where the reader will find a fund of further information.

PART 1: THE PROBLEM

THE EXTENT OF WORKPLACE STRESS-RELATED ILLNESS

The Health and Safety Executive (HSE) defines stress as “the adverse reaction people have to excessive pressure or other types of demand placed upon them.” Too many workers are trapped in highly stressful environments as a result of poor work organisation and negative behaviours in their place of work including bullying, victimisation, harassment, abuse and discrimination. As a result, levels of stress-related mental and physical illness caused or made worse by work are very high. Those at the bottom of the workplace pecking order are often the major victims of stress-related illness. Sufferers are not weak individuals who are incapable of coping with the normal demands of working life. The reverse is often the case, and it can be those who refuse to bend under these pressures and who refuse to admit to themselves that they are being overwhelmed who often succumb to incapacitating stress-related illnesses.

We can describe highly stressful workplaces as ‘dysfunctional’ because they work to the benefit neither of the employee nor of the employer. The former can suffer from a range of stress-related mental and physical illnesses and the latter reaps this harvest in terms of low productivity, low employee morale and rapid staff turnover. Instead of taking measures to prevent this epidemic of injury, too often managers or employers make excessive demands, neglect their common-law duty of care and clearly ignore the cost to their organisations of sick pay, long-term absence, reduced

Signs of a dysfunctional workplace

- use of technology to control, monitor and track workers
- the threat of, or actual violence (verbal and/or physical abuse)
- lack of a clear job description or chain of command
- job insecurity
- lack of an understanding leadership
- cuts in government and local government funding leading to increased workloads
- long-hours culture
- no recognition or reward for good job performance
- no opportunity to voice complaints
- managers do not listen to and act upon concerns raised
- lack of employee representation and consultation
- lack of control
- no opportunity to use personal talents or abilities
- inadequate time to complete tasks to personal or company standards
- unreasonable workload
- unremitting or prolonged pressures
- confusion caused by conflicting demands
- misuse of procedures (discipline/ performance/ absence)

Fig 1

productivity and potential claims for compensation by workers made ill by their negligence. However, it is the human cost of work-related stress, in terms of wrecked lives and relationships, debilitating mental and physical illness and sometimes, tragically, death that should concern us most.

Statistics

The evidence is overwhelming that work-related mental ill health is a major problem in our society with substantial economic, commercial and human costs. According to the 2016 statistical report by HSE¹ half a million workers (1.5% of the working population) are currently suffering from work-related stress illnesses leading to 11.7 million lost working days (45% of all working days lost). Stress illnesses account for 37% of all work-related ill-health cases and 42% (224,000) of new cases reported in 2015/16. The LV insurance company reported in 2015 that 13 million UK workers (1 in 4) had taken time off work in the last five years because of stress. Worryingly, 70% reported returning to work early following a diagnosis². ACAS reported in 2016 that 53% of British workers were dealing with workplace stress on a daily basis and in a survey conducted by the Vitality insurance company in 2016, 73 per cent of employees surveyed reported at least one form of work-related stress, 41 per cent two or more and 21 per cent three or more.

According to surveys published by the PCS union in October 2014, 65% of civil servants have become ill due to stress at work and 60% did not think their employer helped them cope with the causes of stress. Almost three-quarters of those asked said that their workload has increased, while 6% said they work more than 48 hours a week on average.

These figures are shocking but do not tell the whole story. The Hazards Campaign has published the startling statistic that up to 20,000 deaths each year are caused by work-induced heart disease and cancers³. Because of the strong, proven link between excessive levels of stress and these conditions, it is clear that many thousands of workers are dying unnecessarily each year because of high levels of stress suffered in the course of their work.

The overwhelming majority of trade union Health and Safety Representatives surveyed by the TUC consistently report stress either as the major safety hazard in their workplace or as one of the top two or three. Stress was at the top of the list in the 2016 survey, with 7 in 10 reps (70%) citing it as a problem – up 3% since the last survey in 2014 when 67% did so, and a higher proportion than in any previous TUC study. In the public sector this figure rises to an astonishing and troubling 90% of Reps reporting stress as their major concern.

The situation, far from improving, seems to be getting worse. Fig 2⁴, shows the increase in the rate of recorded stress and related conditions per 100,000 employed from 820 in 1990 to 1,450 in 2014/15. The figure for 2016 is 1,510.

Some occupational groups have particularly high levels of work-related stress: “Stress is more prevalent in public service industries, such as education; health and social care; and public administration and defence. By occupation, jobs that are common across public service industries (such as healthcare workers; teaching professionals; business, media and public service professionals) show higher levels of stress as compared to all jobs.”⁵

The Chartered Institute of Personnel and Development (CIPD) 2016 Absence Management Survey reveals that, overall, nearly a third of organisations report an increase in stress-related absence over the past year and two-fifths a rise in reported mental health problems. In the public sector the situation is worse with half of public sector employers reporting an increase in stress-related absence over the past year and nearly two-thirds an increase in reported mental health problems.

Earliest and latest data on injuries and ill-health since 1974 ⁶		
Summary description	Earliest data	Latest data
Employer reported injuries (latest data adjusted to align with 1974 requirements)		
Fatal injuries to employees	1974	2014/15
	651	92
Rate of fatal injuries per 100,000 employees	2.9	0.48
Reported non-fatal injuries to employees	336,722	77,310 (2011/12)
Rate of self-reported non-fatal injuries		
	2000/01	2014/15
All injury rate per 100,000 workers	3,980	2,030
Occupational disease		
	1974	2013
Deaths from pneumoconiosis as underlying cause (coal-related)	305	147
Deaths from pneumoconiosis as underlying cause (silica-related)	453	134
Deaths from asbestosis without mention of mesothelioma (asbestos register)	25	169
Deaths from mesothelioma (mesothelioma register)	243	2,347
Rate of self-reported work-related illness (latest data adjusted to align with 1990 survey definitions where possible)		
	1990	2013/14
Overall rate per 100,000 employed	5,940	3,940
Rate of musculoskeletal disorders per 100,000 employed	2,750	1,750
Rate of stress and related conditions per 100,000 employed	820	1,450

Fig 2 (Red print: our emphasis)

Presenteeism

There is no doubt that the statistics for stress-related absences conceal a very significant level of under-reporting. Official figures show that there has been a steady decline in overall sickness absence since the beginning of the recession in 2008. According to the Office for National Statistics (ONS) figures, the number of sick days per employee fell from 5.6 days in 2007 to 4.1 days in 2013 and CIPD report a continuing reduction through to the present day. If this indicated a healthier workforce, it would be something to celebrate, but the decline, in fact, masks the disturbing trend of 'presenteeism', the opposite of absenteeism, where employees who should be off work ill with stress-related mental or physical problems are, instead, reporting for duty.

These workers report that they are either too afraid to take time off in the present insecure job environment with its increasingly aggressive performance management and 'return to work' policies and procedures or, in an environment of staff shortages and unreasonable work demands, they are too concerned about the pressure colleagues would face if they did take time off.

Sometimes workers are simply unwilling to admit to mental illness because of the effect this might have on their employability or promotion prospects and so struggle into work. 80% of employees report that they would not take time off work for stress-related illnesses and there is growing anecdotal evidence that many employees are taking leave days rather than calling in sick because of fear of disciplinary actions and of totting up scores under the Bradford Formula Sickness Absence scoring system. A 2013⁷ survey by the mental health charity, MIND, found that 90% of those who had taken time off work because of stress lied to their employer about the reason, citing stomach bugs or headaches rather than the true reason. A 2015 figure by insurance company LV reported that 56% even lied to their work colleagues about the reason for their absence.

*"A considerable majority (of POA members) (84%) feel under pressure to come into work when they are unwell at least sometimes, with more than half "always" experiencing such pressure. The most common reasons for this 'presenteeism' are pressure from managers, fear of dismissal, feelings of guilt and safety concerns due to staff shortages and not wanting to let colleagues down."*⁸

Government and employers in recent times have focussed their attention on the level of absenteeism in the workplace, adopting increasingly repressive and hectoring

I'm
ready for
work



measures to deter people from taking time off work. They should, instead, have been more concerned about presenteeism. The evidence is now overwhelming that the cost to employers and the economy in terms of lost production, proneness to accidents and poor concentration when sick employees struggle into work, can far outweigh any losses sustained because of sickness absence.

Research conducted by the Vitality insurance company and published by the Financial Times in September 2016⁹ shows that in the public sector, for example, of the 34.6 days per year of lost production per worker, 31.1 days of production were lost as a result of presenteeism and only 3.5 days as a result of absenteeism. Renowned researcher, Professor Sir Cary Cooper, President of the CIPD, says that presenteeism is the biggest threat to UK workplace productivity. Drawing on research from the CIPD's 2015 Absence Management Report¹⁰, which measured the impact of presenteeism for the first time, Professor Cooper said that the annual cost of presenteeism is twice that of absenteeism with nearly a third of staff persistently turning up for work when ill. In some sectors, the situation is even worse. When NHS surveyed its staff in 2016, it found that 60% of them had come to work at some point in the previous three months when they were sick enough to stay off.

The great majority of employers are doing nothing to tackle the problem of presenteeism amongst their employees. Most are unaware of the problem or simply don't care. For example, in the public sector only two-fifths of employers have noticed an increase in people coming to work ill in the last 12 months and far fewer than half of those who have noticed (42%) have done anything about it.

THE COST OF WORK-RELATED STRESS ILLNESSES TO THE INDIVIDUAL, SOCIETY AND THE ECONOMY

Producing accurate estimates of the costs associated with work-related stress illness is difficult because of the different methodologies adopted by different researchers and because of the absence of recent reliable research. However, whatever the true figure, the costs are eye-wateringly large. In 2016, the Chartered Institute of Personnel and Development (CIPD) estimated the cost to employers of absence from work owing to stress-related illnesses as £835 per employee in the public sector¹¹ and £500 in the private sector. On these figures, the cost to employers alone would be between £5.9 billion and £9.8 billion and the costs to society at large would be considerably greater. The CBI estimates a cost of £17 billion to business during 2012 for all work absences, which equates to a cost of £7.7 billion resulting from stress-related absence. ACAS in 2016 put the cost to employers of mental health problems in their workforce at £30 billion through lost production, recruitment and absence¹².

Two and half million days are lost because of ill health caused by work in Scotland, which costs the Scottish economy around £600m, to which we can add £500m due to injury. Those who argue that health and safety regulation is just a burden, should at least focus on the human and financial cost of inaction.

Dave Watson, UNISON Scotland, Head of Policy and Public Affairs

In November 2009 the Government's National Institute for Health and Clinical Excellence (NICE) said the cost to the British economy of work-related mental illness in the UK was £28bn and HSE more recently than that has put the cost at £30 billion. The NHS Mental Health Strategy 2011 postulates a much larger overall figure of £1,000 per employee absence or £26 billion in total. The Dignity at Work Partnership estimated that the economy-wide aggregate costs of bullying-related absenteeism, turnover and lost productivity in 2007 was £13.75 billion and a 1.5 per cent reduction in overall UK productivity – equating to a financial impact on GDP of approximately £17.65 billion¹³. However, all of these figures are likely to be serious underestimates because they ignore the costs to the NHS of treating the casualties of work-stress and the wider social costs which may be as much as £105 billion. They also fail to recognize the high number of cases that go unreported and the significant hidden costs of 'presenteeism', discussed in the previous section. A government report on mental health in the workplace, published in 2012, states that absenteeism was costing UK employers £8.4 billion a year but presenteeism was costing them £15.1 billion – almost double!

WORK STRESS *Steering Group member, Ian Draper, a trade union caseworker, reports that a teacher in Kent suffering from stress-related illness was nevertheless dismissed by Governors on grounds of capability even before he had exhausted his contractual sick-leave entitlement. Ian said, "Despite the fact that teaching has been identified by HSE as one of the most highly stressed jobs, many teacher employers, instead of tackling the problem, punish the victims of their mismanagement."*

Sufferers from work-related stress illnesses are likely to be less productive and less effective at work. A Chartered Institute of Personnel and Development (CIPD) study has highlighted the impact on business of poor mental health in employees. The study found that:

37% of sufferers are more likely to get into conflict with colleagues

57% find it harder to juggle multiple tasks

80% find it difficult to concentrate

62% take longer to do tasks

50% are potentially less patient with customers/clients.

CIPD 2011: 'Focus on mental health in the workplace'

Fig. 3

The cost of work-related stress illnesses for which employers must carry responsibility is huge but as Fig. 4¹⁴ shows, it is not employers who carry the major burden of costs but the victims of their negligence. (Individuals 57%, Government 24% and employers 19% approx.) It is not surprising that too many employers feel little inclination to tackle issues in the workplace affecting the mental health of their employees when the cost of their inaction falls not on themselves but largely on those they damage.

Cost to Britain of workplace injuries and new cases of work-related ill-health in 2014/15 by:

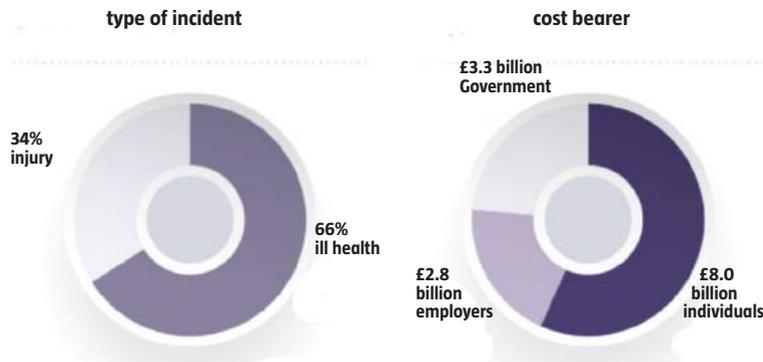


Fig. 4 (HSE: Summary Statistics for Great Britain 2016)

The financial costs of work-related stress illnesses are huge but, as previously stated, of far greater concern should be the human cost of excessive workplace stress in terms of wrecked lives and relationships, debilitating mental and physical illness and sometimes, tragically, death that should concern us most. Such misery is often compounded by the insensitive and sometimes cruel treatment of victims by some employers who, far from acknowledging their own responsibility for excessive workplace stress leading to mental and physical illness, seek to punish the victims of their negligence.

NOTES

Estimated prevalence rates of self-reported stress, depression or anxiety by attributed causation averaged 2009/10 - 2011/12¹⁶

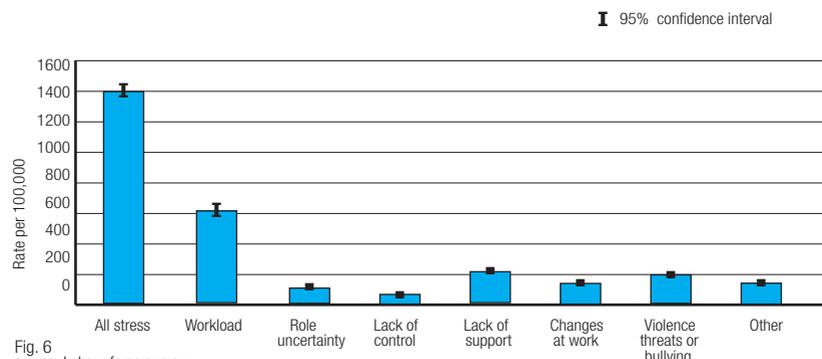


Fig. 6
source: Labour force survey
No ill health data collected 12/13

Studies by GPs in the “The Health and Occupation Reporting” network of occupational health GPs (THOR-GP) investigating work related mental ill health cases by precipitating events confirm the LFS conclusions that workload pressures were the predominant factor with workplace relationships and changes at work also significant factors.

In the following sections, we discuss sources of workplace stress under the broad headings of Work Organisation (employment status, workload, hours of work, nature of work) and Work Culture (level of control, negative behaviours, management support).

WORK ORGANISATION

Employment status

The way in which work is organised and the consequent demands placed upon workers can have either a positive or a negative effect. Unfortunately, as the figures already discussed illustrate, there are too many workplaces where little attention has been given to these issues.

There is no doubt that the increasing casualisation and precariousness of jobs within the British economy is a potent source of stress-related mental illness. There has been a relentless trend towards part-time, temporary, zero hours, on-call and other insecure contractual arrangements such as bogus self-employment. Workers in these situations typically have poor employment protections, poor working conditions, poor training, low pay and low job satisfaction. Figures produced by the Office for National Statistics in 2016 revealed, for example, that the number of people on zero-hours contracts, agency work and bogus self-employment doubled in the decade up to the end of 2015 to a seasonal peak in May 2015 of 2.1 million and trend-

ing upwards. ONS in 2017 said that the seasonally adjusted number of workers on a zero-hours contract for their main job stood at 910,000 (more than 2.5% of the employed UK workforce) up by 110,000 from a year earlier and the highest on record. The actual number of zero-hours contracts issued was 1.7 million meaning that many workers had been forced to take more than one zero-hours contract in order to scrape a living. ONS statistician Nick Palmer said, “There’s nothing to suggest this form of employment is in decline.”

Figures published by the TUC in February 2017¹⁷ present an even more alarming picture. The TUC measured a 27% leap over the last five years in the number of people in “insecure work” and warned that it had become the “new normal for too many”. The report was compiled from Labour Force Survey statistics and found that three million workers (1 in 10) in the UK was in a role without guaranteed hours or basic employment rights. While “employees” benefit from the full suite of employment rights, “workers” (such as those hired through agencies) are only eligible for a portion of them, and those (mis)classified as “self-employed” do not have employment rights at all.

This growing asymmetry in the employer/employee contractual relationship in the so-called ‘gig economy’ has been accompanied by an intensification of the pace of work, an increase in work demands, long hours and a decrease in the capacity of workers to take control of their work. All of these are well recognised stressors and may account in part for the steep increase in reported work stress illnesses in recent years.

Matthew Taylor, CEO of the RSA, has been commissioned by the Government in 2017 to carry out a wide-ranging review of the gig economy. According to the government, the review will consider “ways to ensure that the regulatory framework surrounding employment, and the support provided to businesses and workers, is keeping pace with changes in the labour market and the economy.”

Workload

Long hours of work, unreasonably heavy workloads beyond the capacity of most people to carry, often combined with tight deadlines, management pressure and lack of support or understanding are major sources of work-related stress illness including depression or anxiety.¹⁸

There is a good deal of evidence that workload burdens are increasing. In the public sector, for example, government austerity measures are leading to significant staffing reductions without any commensurate reduction in the burden of work. Employees are often induced to accept health damaging work burdens, in some cases because of a desire not to damage the interests of clients or patients but more often because of fears for job security. Tired, overworked employees are not productive and are prone to make mistakes, which can be costly.

Of far more importance is the fact that overworked employees are subject to damaging levels of stress that can lead to severe emotional, psychological or physical illness

such as depression or raised blood pressure and ultimately to mental or physical burnout. The adage that hard work never killed anyone could not be further from the truth.

Staff shortages in the crisis-hit NHS have shot up by 6,000 in 18 months. The GMB union says the shortage is caused by stress, increasing workloads and low pay. GMB national secretary for public services, Rehana Azam, said: "Our members are desperately trying to do the job they love - saving lives. But they face an ever-increasing workload, targets that are impossible to meet with the resources they are given and Trusts that seem more interested in their own executives than those in the field. (January 2017)

Hours of work

It is not just the intensity of work that can lead to damaging levels of stress. Long working hours can have a serious effect on employee stress levels and on consequential life-threatening mental or physical illness. All employment sectors are affected by this problem but it seems particularly acute in the public sector. The 2016 CIPD Absence Management Survey found that in the public sector long working hours have become the norm in 64% of workplaces (compared to 48% in 2015).

A TUC survey conducted in 2015¹⁹ found that the number of people working excessive hours a week had risen by 15 per cent since 2010 from 2,964,000 to 3,417,000. The TUC report pointed out that regularly working more than 48 hours per week is linked to a significantly increased risk of developing heart disease, stress, mental illness, strokes and diabetes. The TUC put the blame for the increase in excessive working hours on the Conservative Government opt-out from the European Working Time Directive. UK employees now work the longest hours in Europe.

The TUC claim of the link between long hours of work and cardio-vascular disease is supported by an international literature review led by University College London (UCL)²⁰, which found that those working a 55-hour week face a 33% increase in the risk of having a stroke and a 13% increase in the risk of coronary heart disease. The mechanism seems to be a repetitive triggering of the stress response.

Unlike in the UK, the problem of death from cardio-vascular disease resulting from long hours of work is well-recognised in Japan where state funded compensation schemes are in place. There is even a word for it in Japanese: "Karoshi", which means literally "overwork death". 2014/15 saw a record high number of claims at 1,456 with most of the cases coming from the health care, social services, shipping and construction industries. However, health and safety activists believes that this is merely the tip of a huge iceberg and that the true figure may be ten times as great²¹.

In addition to the serious health problems discussed above, excessive hours of work can lead to chronic fatigue, a root cause of many major accidents and a contributory factor to damaging levels of work stress. "Fatigue refers to the issues that arise from excessive working time or poorly designed shift patterns. Fatigue is a perceived state of 'weariness' caused by prolonged or intensive exertion. Fatigue results in slower

reactions, memory lapses, absentminded slips, 'losing the picture', lack of attention etc."²²

The British Safety Council (BSC) has warned that pressures on staff might well intensify in the UK after Brexit in sectors of the economy that rely on workers from the EU, such as healthcare and hospitality. "Reduced availability of competent staff would increase the pressure on those that remain, resulting in fatigue and an adverse impact on physical and mental health," says Louise Ward, the BSC's policy and standards director.

Causes of fatigue

- Long working hours, particularly if these are as many as 14-16 hours a day.
- Poorly designed shift work
- Having to work at biological low points (e.g. early hours of the morning)
- Inadequate breaks
- Loss of sleep or poor quality sleep.

Fig 7

Excessive hours of work impinge negatively on an individual's work-life balance, which itself can lead to relationship difficulties with partners and children and in turn can cause an individual to experience damaging levels of stress and associated mental and physical illness. Women are especially likely to experience these sources of stress, since they still carry more of the burden of childcare and domestic responsibilities than men. In addition, women are concentrated in lower paid, lower status jobs and may often work shifts in order to accommodate domestic responsibilities.

NATURE OF WORK

In the same way that the poor management of physical hazards can endanger the physical health and safety of workers, so the poor management of the work environment can endanger their mental and physical health. The 'work environment' includes not only the physical surroundings but work practices, management style and culture and the nature of relationships within the workplace. Poor physical working conditions undoubtedly affect the mental health of workers. Workplaces that are too hot or too cold, too noisy or dirty or where conditions are hazardous can result in high levels of stress and mental illness. We have already discussed the damaging effects of work overload. However, lack of stimulating work can be equally damaging. Workers who have too little to do or who are subjected to monotonous, understimulating, meaningless tasks, where there is lack of variety or where the tasks are unpleasant are likely to suffer from high levels of damaging stress.

*“One useful step would be to pin a sign to every office door reading:
‘Your manager is potentially dangerous to your health.’”*
Professor Sir Cary Cooper

Traumatic events

The thrust of the Stress Network’s campaign is to demand that employers take the necessary steps to protect workers against work-induced stress illnesses. Obviously, this is much more difficult and in some cases impossible in respect of workers engaged in inherently risky occupations such as some military personnel, members of civilian emergency services and others. Armed services personnel or those who work in the police, fire and ambulance services have to deal with traumatic events on a daily basis. Anxiety, stress and other mental health problems are commonplace in these occupational groups. Experiencing these traumatic events can have devastating mental health consequences and, in particular, victims are prone to suffer from Post-Traumatic Stress Disorder (PTSD).

We often describe upsetting episodes in our lives such as divorce, redundancy or bereavement as ‘traumatic’. These experiences can, indeed, be very stressful. However, post-traumatic stress disorder is a term used to describe the serious psychological reaction suffered by some when exposed to an extreme event or situation often of a threatening or catastrophic nature. The kinds of event that may lead to PTSD is where an individual finds him/herself in a life-threatening situation or where there is a threat of serious injury or other threat to his/her own physical integrity; where a person witnesses such an event; or where he/she learns of the unexpected, violent death, serious harm or threat of death or injury experienced by a family member or other close associate. Traumatic events are so shocking because they undermine our sense that life is fair, reasonably safe, and that we are secure. A traumatic experience makes it very clear that we can die at any time.

Despite the inherently stressful nature of their jobs, these workers must not be put carelessly or unnecessarily in harm’s way and they have the moral right, and in most cases, the legal right to have their risks assessed and minimized as much as is possible. The landmark judgement of the UK Supreme Court in 2013 that the Human Rights Act applies to service personnel on active service and that they can sue the Ministry of Defence on grounds of negligence underlines this responsibility.

Although the problem of PTSD is most acute in these occupational groups, employees elsewhere have been known to suffer also, particularly where they have been the victims of workplace violence or have witnessed violence to others, so the issue is not merely one for those working in the armed forces or emergency services but for all of us.

WORK CULTURE

The prevailing culture in a workplace has a crucial effect on levels of stress and stress-related illness. Ill thought out and poorly managed working practices lead to a damaged workforce. In workplaces where workers have little or no control over their work; where they are unclear what is expected of them; where demands placed upon them are beyond their (or anybody’s) capacity; where there is little or no recognition of their efforts and where their voice is not heard, levels of damaging stress are likely to be high.

Lack of control

An important determinant of levels of stress in a workforce is the amount of control they have over their work. When employees can control the pace of their work, where they have an opportunity to use their skills and initiative to do their work and where their employer encourages them to acquire new skills, levels of stress and stress-related illness tend to be low, even in demanding work environments.

The effect of lack of control over one’s work can be even more serious than previously thought, even bringing an increased risk of death in those affected. New research from the Indiana University Kelley School of Business²³ finds that those in high-stress jobs with little control over their workflow die younger or are less healthy than those who have more flexibility and discretion in their jobs and are able to set their own goals as part of their employment. Using a longitudinal sample of 2,363 Wisconsin residents in their 60s over a seven-year period, they found that for individuals in low-control jobs, high job demands are associated with a 15.4 percent increase in the likelihood of death, compared to low job demands. For those in high-control jobs, high job demands are associated with a 34 percent decrease in the likelihood of death compared to low job demands. These findings suggest that stressful jobs have clear negative consequences for employee health when paired with low freedom in decision-making, while more stressful jobs can actually be beneficial to employee health if also paired with freedom in decision-making.

Negative behaviours

All negative behaviours in the workplace are damaging and need to be taken seriously because they are potent sources of serious stress. Workplace bullying has long been recognised as a major contributor to stress-related illness but more recent work has suggested that other forms of negative behaviour can be equally damaging. Negative behaviour is defined as: “Any behaviour that is disrespectful and undermines/violates the value/dignity of an individual. It is behaviour that harms individuals and organisations”²⁴. It includes incivility, aggression, bullying, harassment or abuse. For the purpose of this section we define bullying as aggressive acts clearly intended to humiliate, frighten, denigrate or injure an identifiable victim. We define workplace incivility as more ambiguous acts of thoughtlessness, ill-manners and rudeness, which, whether or not they have the intent of harming a specific victim can, over time, lead to the same psychological and emotional damage as more overt, hostile acts.

Three types of ‘trouble at work’

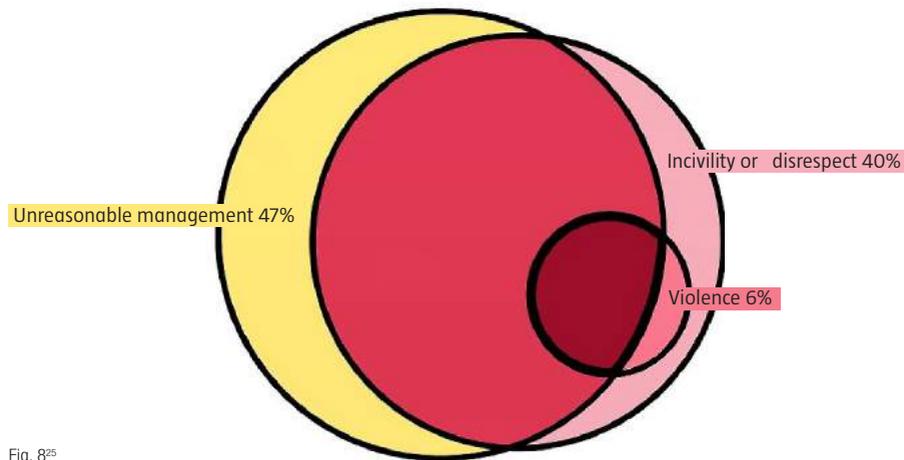


Fig. 8²⁵

Authoritarian, dictatorial, insensitive and sometimes cruel management styles are well recognised causes of work-related stress illnesses. Such styles of management feed into the creation of a workplace culture where negative and intimidating behaviour can be the norm.

Signs of negative behaviour in the workplace

- Rapid staff turnover.
- Rising sickness and absenteeism rates.
- Otherwise inexplicable decline in productivity
- Whole departments or sections appearing to be defective
- Lack of motivation and low morale
- Loss of respect for management
- Inability to raise concerns and identify problems/ wrongdoing.

Fig 9

Bullies exhibit the whole gamut of negative behaviours to unjustly exercise control over others using means intended to humiliate, frighten, denigrate or injure their victims. Bullies use offensive, intimidating, malicious or insulting behaviour against their victims to cow them into submission, to hide their own ineffectiveness, or to pass on to those over whom they exercise authority, the negative behaviours that they are subjected to by those who exercise authority over them. Often the aim of the bully is to exclude and isolate the victim from co-workers. Sometimes they behave in this way in the mistaken belief that this is ‘strong’ management and sometimes, it seems, simply for the pleasure of making somebody suffer. The profile of the ‘corporate psychopath’ has been identified.²⁶

“NASUWT evidence (has) shown that sexual harassment, including threats of sexual violence and degrading comments, is an all too frequent reality for pupils and teachers in our schools.”²⁷

A particularly nasty dimension is added when there is a sexual, racial or religious component to the behaviour as can often be the case (technically, this is termed harassment and is illegal.). A TUC survey conducted in 2016²⁸ suggests that sexual harassment in the workplace is a serious problem with more than half the women surveyed reporting that they have experienced some sort of sexual harassment at work and one in ten reporting experiencing unwanted sexual touching or attempts to kiss them. In the vast majority of cases, the perpetrator was a male colleague, with nearly one in five reporting that their direct manager or someone else with direct authority over them was the perpetrator.

Bullying may be overt or it may be insidious. Whatever form it takes, it is unwarranted and unwelcome to the individual and can lead to serious psychological consequences including anxiety, depression and even thoughts of suicide.

“Staff at South East Coast Ambulance trust said they felt like victims of ‘psychological games’ with shouting and swearing, name-calling and anonymous phone calls employed as weapons... there was a universal dread of the atmosphere in the EOC (Emergency Operations Centre) and staff reported feeling ‘sick’, having ‘anxiety attacks’ and ‘wanting to turn back’ rather than come in to work for their shift.... One witness said that she had thought of crashing her car in order to avoid coming in to work as her fear of being bullied was so great.... At least two attempted suicides were reported to investigators”²⁹

A bully does not have to be face to face with his/her victim. People can be bullied by memo, by email, or telephone. Some regard the inappropriate use of automatic supervision methods such as computer recording of downtime from work or the number of calls handled, as an insidious form of bullying. Some workers are subject to malicious use of websites, email, mobile phone texting, social media and other uses of technology to create an atmosphere of fear and anxiety. This ‘cyber’ bullying is a growing problem.

Such behaviour on the part of those in authority in the workplace can breed a culture of incivility amongst employees, where casual rudeness and unpleasantness, whether intended to harm or not, can become the norm with damaging consequences for individuals and organisations. Incivility in the workplace is a fairly frequent experience that nearly all employees have experienced. This is cause for concern because the effects of incivility can compound over time. As a result, incivility has been shown to lead to many damaging effects both on employees and on organisational well-being. Incivility by fellow workers has been linked to higher levels of employee burnout and high levels of stress.³⁰ In terms of impacts on the organisation, incivility has been identified as a cause of employee withdrawal, decreased satisfaction, and decreased performance.³¹

Poor job design, work intensification, job stress and job insecurity are a breeding ground for negative behaviours. Restructuring and organisational change are also

strongly correlated with increased rates of workplace bullying, especially when change is driven for reasons of cost and productivity.

Examples of Negative Behaviours

- competent staff being constantly criticised, having responsibilities removed or being given trivial tasks to do
- being treated unfairly compared to others
- employer/manager not following proper procedures
- blocking promotion
- setting a person up to fail by overloading them with work or setting impossible deadlines
- views and opinions ignored
- incivility/rudeness/offensive remarks
- being shouted at
- picking on/humiliation of people in front of others or in private
- ignoring or excluding individuals
- consistently attacking a member of staff in terms of their professional or personal standing
- inappropriate jokes, teasing or sarcasm
- physical violence

Fig10

Whistleblowers

There is little research into the serious stress-related mental disorders suffered by whistleblowers who have spoken out publicly against perceived wrongdoing within their organisations. Uncovering serious wrongdoing or poor practice is particularly important in life critical occupations such as those in the health service. The danger of not doing so was exemplified in the case of the Staffordshire Hospital where staff were aware of poor standards of care but were afraid to speak out. As a result, many patients died unnecessarily. The fear of staff was well-founded because many whistleblowers have suffered appalling treatment by managers intent on covering up such bad behaviour, including attempts to ostracise and isolate them, trumped up disciplinary charges and accusations of mental instability. Not surprisingly, there is anecdotal evidence of serious damage to the mental health of many whistle-blowers including acute anxiety, nightmares, flashbacks and intrusive thoughts.³² Many suffer from depression and perhaps 10% have suicidal thoughts.³³ These symptoms are similar in many ways to those experienced by sufferers of PTSD.

Violence

Violence against employees, which does not have to be physical but can consist of verbal abuse or threats, can cause devastating psychological as well as in some cases serious physical injury. Psychological symptoms can include anxiety, irritability, loss of confidence, sleeplessness, fear of contact with others and feelings of guilt.

The Health and Safety Executive's definition of work-related violence is: 'any inci-

dent in which a person is abused, threatened or assaulted in circumstances relating to their work'. Any worker whose job involves contact with the public can be vulnerable, particularly those who provide services, deal with complaints, exert authority or handle money particularly in isolated situations. Prison officers, teachers, health service workers, transport staff and care workers are amongst occupational groups who identify work-related violence as a serious health and safety issue. However, the issue is not limited to these groups and one in four Safety Reps surveyed by the TUC in 2016 indicated that work-related violence was one of their top five concerns.

A Catholic teenager was tied to a wooden cross and hung from a wall in a "sustained course of victimisation and bullying" by work colleagues, a court has heard.³⁴

Research conducted by YouGov on behalf of the TUC in 2016³⁵ found that one in eight people had experienced violence at work— such as being pushed or spat on, or being punched or stabbed. This means that nearly 4 million people have experienced violence at work at some point in their career.

Of those who have experienced violence in their workplace, one in five (20%) report it happening more than 10 times. Medical and health workers were the biggest group to say they have faced work-related violence (22%), followed by those in education (12%), hospitality and leisure (11%), retail (9%) and manufacturing (6%). The TUC calculated this could mean as many as 870,000 medical and health workers, 470,000 workers in education and 430,000 workers in the hospitality and leisure industry could have experienced violence at some time while carrying out their jobs.

"The last thing that we want to see is more carnage and bloodbaths, and a prison officer loses his life," Steve Gillan, General Secretary, POA

Assaults on NHS staff went up 29% in the six years between 2008/9 and 2015/16 from 54,758 assaults in 2008-9 to 70,555 in 2015/16. Doctors, nurses and other NHS workers were subjected to an average of 186 violent attacks every day, according to NHS Business Services Authority statistics³⁶. Fewer than 2.5% of these assaults resulted in any criminal sanction. Whilst assaults against medical staff continue to increase year by year it was reported, prior to the 2017 General Election, that Theresa May's Conservative Government was planning to disband NHS Protect, the body established to protect NHS staff against workplace violence! It remains to be seen whether this threat will be carried through in the light of the new political circumstances.

A UNISON poll conducted in 2016 found that more than half (53%) of UK teaching assistants (TAs) had experienced physical violence at school in the previous year and three quarters (76%) had witnessed some form of physical violence. An Association of Teachers and Lecturers (ATL) poll in the same year found that 1 in 4 teachers had experienced violence from pupils.

A British Retail Consortium (BRC) survey in 2017 revealed a 40 per cent increase in incidents of violence and abuse against retail staff compared to the previous year. The finding reinforced the worrying message from USDAW's own annual survey, which

found half of shop workers had been verbally abused in the last year and 29 per cent had been threatened with violence. Overall, 8 per cent reported they had been assaulted.

The prevalence of negative behaviour

Negative behaviours in the workplace, whether perpetrated by those in authority or by fellow workers, is a significant cause of work-related stress illness sometimes leading to suicide. Some researchers have postulated that up to half the recorded cases of mental illness caused by work-related stress have been caused by workplace bullying. In 2016, 53% of Safety Reps in the public sector and 43% in the private sector surveyed by the TUC placed workplace bullying as one of their top five concerns.³⁷ ACAS reported in 2016 that “Last year over 20,000 calls were taken by the ACAS helpline on bullying and harassment with some people reporting truly horrifying incidents including humiliation, ostracism, verbal and physical abuse”. 82% of these calls came from employees. All indications were of a continuing increase in this problem. It claimed that 40% of the workforce had at some time experienced negative behaviour of some kind, including bullying, in the workplace.³⁸

The effects of negative behaviour

Negative behaviour in all its forms can have a devastating effect on a person leading to feelings of anxiety, humiliation, fear, anger and frustration. Workers who are ill-treated suffer loss of self-confidence and self-esteem and high levels of stress can lead to mental and physical illness, absence from work and even resignation. Job performance is almost always affected and relations in the workplace suffer. In extreme cases, victims have been known to take their own lives.

A formal complaint has been made against Kent County Council after one of its employees committed suicide due to stress at work. Anne Tribe, who was an administration officer for the authority for more than 15 years, was found dead at home in January. She had taken an overdose of anti-depressants after a turbulent period at work, in which she had been unable to cope with changes in her office at County Hall, Maidstone. “Kent on Line”, 28th June 2015

Problems in preventing negative behaviour in the workplace

It is in the interests of everyone to eradicate negative behaviour in the workplace. One of the problems with a limited focus on the term ‘bullying’ is that many employers and senior managers are reluctant to accept that bullying is taking place in their workplace. Some will go to extreme lengths to avoid defining any behaviour as bullying. It is almost as though, if behaviour is not termed bullying, it does not count, and no one has to do anything about it. It can result in a sense of paralysis in the workplace, where damaging behaviour is tolerated and excused. The problem is made worse because many people are too afraid to speak out or make a complaint. In a survey conducted by UNISON, the majority of those polled - 53% - said they would be too scared to raise concerns over bullying in the current climate of job and spending cuts, compared with just 25% two years before.

THE EFFECTS OF STRESS ON THE MENTAL AND PHYSICAL HEALTH OF WORKERS

The physiology of stress

Work-related stress is the result of a conflict between the role and needs of an individual employee and the demands of the workplace. Although stress itself is not an illness it can create serious ill-health issues, generally as a result of continued unrelenting pressures. If pressures are not released, then the body continues to respond and can create over-production of various significant hormones which in normal quantities are fine but in excess can create serious difficulties. Physiologically we are programmed to deal with threatening situations by producing increased levels of certain hormones including cortisol and adrenalin. Adrenalin is the hormone which increases heart-rate and puts our bodies into a state of arousal, the so-called ‘fight or flight’ reaction. This response is only intended to be short term. The effect of excessive pressure is to keep the body constantly in such a state, which may lead to harmful signs, symptoms and conditions including those in Figure 11. Excess hormone production weakens the immune system and makes us more vulnerable to illness, high blood pressure and stomach ulcers. Excessive pressure can cause more intense symptoms of migraine, irritable bowel syndrome or back pain in those who already have a pre-disposition to such ailments. World Health Organisation figures shown in Figure 11³⁹ show clearly the inter-relationship between stress and physical health.

Stressor	May result in	Health results
High job demands	Seven times higher risk	For emotional exhaustion
Lo co-worker support	Two times higher risk	For back, neck and shoulder problems
Low job control	Two times higher risk	For cardiovascular morbidity
High strain (high demands, low control)	Three times higher risk	For hypertensive morbidity

Fig. 11

PHYSICAL HEALTH EFFECTS OF EXCESSIVE STRESS

There is a complex interplay between physical and psychosocial hazards in the workplace. Just as it is clear that all of the workplace factors discussed earlier in this handbook can lead to high levels of stress and mental illness, so it is equally clear that the effects of stress can lead to serious and sometimes life-threatening physical symptoms of ill health, such as heart disease, stroke and cancer as well as longer term psychological damage. British Academy research points to ‘very consistent evidence’ that work stress leads to an estimated 50% increase in the risk of heart disease. A 2012 study undertaken by researchers at the Columbia University Medical Centre identified a 27% increase in the risk of heart attack in highly stressed individuals, the equivalent of smoking five cigarettes a day.⁴⁰

A more recent international literature review led by University College London (UCL)⁴¹

in 2017 showed a strong link between excessive working hours and an increased risk of coronary heart disease and strokes. Mika Kivimäki, professor of epidemiology at UCL, and his colleagues looked separately at heart disease and at stroke. For coronary heart disease, they pulled together 25 studies involving more than 600,000 men and women from Europe, the USA and Australia who were followed for an average of 8.5 years. They then pooled and analysed the data that had been collected. This produced the finding of a 13% increase in the risk of a new diagnosis of heart disease or hospitalisation or death.

For stroke, they analysed data from 17 studies involving nearly 530,000 men and women who were followed up for an average of 7.2 years. They found a 1.3 times higher risk of stroke in individuals working 55 hours or more, compared with those working a standard 35 to 40-hour week. The risk of suffering a stroke increased in line with the number of hours worked: those working between 41 and 48 hours had a 10% higher risk of stroke; those working 49 to 54 hours had a 27% increased risk and those working 55 hours or more had a 33% increased risk.

A team of researchers from Harvard Medical School led by Dr. Ahmed Tawakol, has discovered the mechanism by which high levels of stress cause heart attacks by stimulating the area of the brain called the amygdala to order the production of more white blood cells which in turn cause arteries leading to the heart to be blocked.

In a UCL study published in the British Medical Journal in January 2017⁴², a clear link was found between high levels of stress and an enhanced risk of contracting various cancers such as cancer of the bowel, prostate cancer, pancreatic cancer, cancer of the oesophagus and leukaemia. People in psychological distress had a 32% greater chance of later dying from cancer.

Figure 12 shows some of the other medical conditions that can be associated with high and sustained levels of stress, although it should be noted that there are other conditions that can lead to these effects.

The body's reaction to sustained levels of stress⁴³

Anxious, mood swings, negative thoughts, poor sleep leading to:	Anxiety & Depression
Palpitations, increased heart rate, increased blood pressure leading to:	Hypertension, heart disease
Skin problems leading to:	Psoriasis, eczema
Raised cholesterol, raised blood sugar level leading to:	Fat deposition, diabetes
Muscle tension leading to:	Soreness, osteoporosis
Queasy stomach, poor digestion leading to:	Stomach ulcers, irritable bowel syndrome
Hormone disruption leading to:	In men: decreased testosterone, erectile dysfunction, loss of libido. In women: Irregularity or loss of menstrual cycle, loss of libido
Over-stimulation of immune system leading to:	Increased susceptibility to disease

Fig.12

Behavioural changes

- unusual tearfulness, irritability or aggression
- indecisiveness
- increased sickness absence
- poor timekeeping
- reduced performance (e.g. inability to concentrate)
- overworking or failure to delegate
- erosion of self-confidence
- relationship problems e.g. becoming withdrawn or argumentative
- increased unwillingness to co-operate or accept advice
- excessive smoking, drinking or drug abuse

Fig.13

PSYCHOLOGICAL EFFECTS OF EXCESSIVE STRESS

Behavioural changes

Excessive work-related stress often leads to behavioural changes in affected individuals. These are the early warning signs of more dangerous mental and physical effects if causes of stress in the work environment are not identified and eradicated. Some of the behavioural changes that may be noticed are listed in Figure 13.

Mental ill-health

As noted in Figure 11, sustained stress can have severe psychological effects leading to serious mental illnesses such as anxiety and depression. These debilitating, long-term illnesses can have a devastating effect on the lives and careers of sufferers, leading to thoughts of suicide or even actual suicide. Only those who have been victims can appreciate the torment and the horrifying debilitating effects of clinical

depression, anxiety and other mental health problems brought on by work-related stress. The current position is dire with a staggering rise in mental ill health, related to continuing Government austerity measures, emerging. According to MIND, the recession "has had a devastating effect on the wellbeing of British workers"⁴⁴. Government statistics show the biggest rise in antidepressant prescriptions ever, showing a massive rise from 35.9 million in 2008 to 61 million issued in 2015⁴⁵. The Nuffield Trust and the Health Foundation published a study in 2014 that linked the rise in antidepressant prescriptions with the recession and unemployment. Every year, one in six people of working age experiences a mental health problem and 5 million people rate themselves as very or extremely stressed by their jobs.

“If austerity were tested like a medication in a clinical trial, it would have been stopped long ago, given its deadly side effects.”

“The Body Economic” Sanjay Basu and David Stuckler

In the UK, physician burnout—typified by emotional exhaustion, de-personalisation, and a sense of reduced personal accomplishment—has reached epidemic proportions, according to an article published in *The Lancet* in September 2016. Implications of burnout are serious, not only for patients, as preventable medical errors become increasingly inevitable, but also for the mental wellbeing of the individuals providing care, with increases in burnout associated with thoughts of suicide. The rate of depressive disorders among health-care workers compared with the general population is alarming and is an issue that spans the medical profession.

Alcohol and drugs

There is considerable evidence that the common workplace stressors already noted including dangerous work conditions; noxious physical work environments (e.g., conditions that are too hot or cold, noisy, or dirty); interpersonal conflict with supervisors or co-workers; heavy workloads; unfair treatment regarding pay, benefits, and promotions; and job insecurity (e.g., threat of layoffs) can lead sufferers to turn to alcohol or drugs in an attempt to dull the pain they are suffering. This in itself can lead to addiction and serious physical damage to the individual.

The European Network for Workplace Health Promotion’s 2002 Barcelona Declaration on Developing Good Workplace Health in Europe links the increase in mental disorders in Europe to increasing psychosocial stressors and strain in the workplace, and declares that smoking and alcohol consumption are also work-related.

Suicide

A survey conducted on behalf of MIND, the mental health charity, in March 2013 found that 7-10% of stressed workers have suicidal thoughts. The Samaritans, who collect statistics on verdicts of suicide in coroners’ courts, say that in 2015 there were a total of 6,188 suicides in total. Whilst stressing that the causes of suicide are complex, a 2017 report by the Samaritans made clear that “increased, involuntary part-time work, job insecurity and workplace downsizing are important risk factors for suicidal behaviour. It is not only unemployed people who are at increased risk. Employees who keep their jobs during a workplace downsizing may experience job insecurity and negative relationships with their peers, as well as stress from an increased workload”⁴⁶.

How many of the 6,188 suicides in 2015 were work-related is not known because, while coroner inquests may decide that a suicide was work-related, these figures are not officially collated. The revised Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require the reporting of work-related deaths but specifically exclude work-related suicides from reporting requirements. This is not the case in several other countries. In Japan where work-related suicide is officially

recognised and recorded, it is estimated that 5% of all suicides are directly work-related. Using this as a yardstick, work-related suicides in the UK could be over 300 deaths per year or twice the official HSE figure for all work-related deaths in 2016⁴⁷.

According to the Office for National Statistics (ONS) amongst the occupational groups most vulnerable to suicide are health workers, construction workers and those working in culture, media and sport, with Primary School female teachers also figuring in the higher risk category⁴⁸.

The Court of Appeal has ruled that, in certain circumstances, a bully whose actions have driven somebody to suicide may be guilty of manslaughter⁴⁹ although there have been no prosecutions in relation to any work-related suicide to date.

In 2015, an award-winning head teacher hanged herself shortly after Ofsted downgraded her school. Carol Woodward, the head of Woodford Primary School near Plymouth, suffered a decline in her mental health that coincided with an inspection by Ofsted as well as disruptive building work to expand the school.

Post-traumatic stress disorder (PTSD) is also a factor in some work-related suicides, particularly in the emergency services.

Post-Traumatic Stress Disorder

Sufferers from Post-Traumatic Stress Disorder (PTSD) suffer severe psychological and emotional symptoms. Many people feel grief-stricken, depressed, anxious, guilty and angry after a traumatic experience. As well as these understandable emotional reactions, there are three main types of symptoms produced by such an experience: flashbacks and nightmares; avoidance and numbing and hypersensitivity to perceived threats. Reaction to a traumatic incident can be delayed, often for several weeks or months after the incident and sometimes for much longer. Nearly everyone will have the symptoms of post-traumatic stress for the first month or so. Over a few weeks, most people slowly come to terms with what has happened, and their stress symptoms start to disappear. However, for about one in three the torment can continue indefinitely.

In 2015, Lee Gaunt, 41, a firefighter, worked his shift and then was found hanged on site at the Stalybridge fire station in Greater Manchester. Mr. Gaunt was scheduled to be a witness at the inquest of his colleague, Stephen Hunt, who died while tackling a fire in Manchester city centre two years previously. The inquest into his death was told that Mr. Gaunt had been diagnosed with PTSD as a result of the incident and had experienced suicidal thoughts.

Work currently being undertaken by the World Health Organisation (WHO) in the preparation of the International Classification of Diseases – 11 (ICD11) may be helpful to clinicians in the diagnosis of stress-related mental (as opposed to physical) disorders. The proposal is to create a separate grouping within ICD11 for disorders specifically associated with stress and to clarify the diagnostic symptoms of PTSD. ICD11 is scheduled for publication in 2017, two years later than planned.

OBSTACLES TO PROGRESS

In the face of such overwhelming evidence of a major health and safety problem in the workplace with its significant costs to business, the economy, society and the individual, it is reasonable to ask why effective and urgent action is not being taken to combat it. The answer seems to be a combination of government hostility, a weak legislative framework resulting from the lack of resolve of successive governments, staggering complacency on the part of many British employers and managers in the private and public sectors, and weak enforcement action by the Health and Safety Executive (HSE), which has been consistently underfunded and which was a major casualty of the Conservative/Liberal Democrat Coalition government's programme of cutting so-called 'red tape' between 2010 and 2015. At the time of writing, following the 2017 General Election, there is no indication that the Conservative Government intends to reverse these measures and a great deal of concern that existing employees' health and safety protections could be seriously weakened or lost when Britain eventually leaves the European Union in 2019.

Government hostility

In one sense, it is not surprising that work stress is not given the attention it deserves by British employers. When faced with many competing demands in other areas, many of them statutory, the temptation to ignore mere guidance must be great. In addition, the negative attitude to health and safety legislation displayed by the right-wing media and by the Coalition Government between 2010 and 2015, which consistently portrayed the duty on employers to protect the health and safety of their employees as a 'burden' on business and strained every muscle to belittle and mock the very concept of health and safety, may well have led employers to regard progress in this area as of low priority.

The generally hostile attitude of government has continued following the election of a majority Conservative government in 2015. The Health and Safety at Work Act requires the Secretary of State to appoint three members of the HSE after consulting organisations representing employees, and three members after consulting employers' representatives. However, in September 2016 the government filled one of the employee representative seats with an employer representative, who has no background representing workers and was not nominated or supported by any of the bodies who represent workers. This was merely the latest in a series of government actions to silence the voices of working people on health and safety at work following the disbanding of many of the joint industry groups that previously gave advice to the HSE and on which workers' representatives served.

There are a number of urgent actions the Government needs to take. Regrettably, in the present 'Brexit' climate of the next few years there may be a struggle merely to hold on to the protections already in place, since most of the modern health and safety protections enjoyed by British workers derive from European Union Directives. However, we indicate in Figure 14 some steps the Government could and should take to address the problem of work-related stress.

Necessary Government Action

1. Stop attacking workers' health and safety protections with the absurd arguments that they constitute 'red tape' and a burden on business.
2. Recognise that the real burdens on business, society and individuals are the serious mental and physical illnesses suffered by hundreds of thousands of workers and caused by the work they are called upon to do and the way it is organised.
3. Encourage and support a real and equal partnership between Government, employers and trade unions in tackling work stress.
4. Restore proper funding to the Health and Safety Executive so that it can carry out its proper functions, including pro-active inspections in all sectors of employment and rigorous enforcement of the law.
5. Give statutory underpinning to the HSE "Management Standards for Work Related Stress", perhaps in the form of an ACoP.

Fig.14

If there is a scintilla of a glimmer of hope that the newly elected Government might take some positive action it lies in the content of the annual Charity Commission lecture delivered by Prime Minister Theresa May on 9th January 2017 where she promised a new drive to tackle mental health issues, including in the workplace. She promised a new partnership with employers to improve mental health support in the workplace and announced the appointment of Lord Dennis Stevenson, the long-time campaigner for greater understanding and treatment of mental illness, and Paul Farmer CBE, the CEO of MIND and Chair of the NHS Mental Health Taskforce, to drive work with business and the public sector to support mental health in the workplace. It would be wrong to dismiss out of hand such an initiative despite the many disappointments in the past when Government rhetoric has not been matched by Government action; however, the omens are not good. The GMB union has accused the Prime Minister of being "in a dangerous state of denial about the economic drivers of mental ill health" and the National Hazards Campaign has characterized the initiative as "woefully inadequate" citing "spiralling workloads, increasing job insecurity and long hours" as being among the factors driving the increase in mental health problems.

"We do not need another report, what we need is urgent action. Action which forces employers to ensure that their employees' mental health is not made worse by their workplaces." Hilda Palmer, National Hazards Campaign

A weak legislative framework

Another obstacle to progress in tackling work-related stress is the current weak legislative framework in this area. Although the Health and Safety at Work Act 1974 requires employers to ensure the health of their workers so far as is reasonably practicable and the Management of Health and Safety at Work Regulations 1999 require the identification of workplace risks and their eradication or amelioration, employers seem to be able to disregard with impunity this duty when it comes to the serious risk of mental and physical illness posed by work stress. As Sir Brendan Barber, former TUC General Secre-

tary and current Chair of ACAS, has said, employers put this duty in the 'too difficult' box.

There is no current health and safety legislation, Regulation or Approved Code of Practice (ACoP) that deals directly with the issue of mental health in the workplace. There is, however, HSE Guidance in the form of "The Management Standards for Work Related Stress" (known as the 'Management Standards'). HSE 'Guidance' has no statutory force, it is merely advice on best practice. Not surprisingly, the 'Management Standards' and the wealth of supporting material prepared by HSE, is simply ignored by many, if not most, employers.

Employees and workers generally can find little protection against work stress in the current framework of health and safety law. Nor, as we shall see in the following section on the law, does the common or judge-made law, as embodied in the Hatton Propositions and elaborated in other case law, offer much comfort. If employers risked punitive damages in cases brought by employees suffering work-related stress illnesses, there would be a great incentive for them to take serious measures to protect the mental health of their workforce. However, the threshold of proof demanded of claimants is so high and the action demanded of employers in defence so minimal that the number of successful cases is extremely small. Stress-damaged employees who believe the law will protect them against employer negligence are, in most cases, doomed to disappointment.

Employer complacency

A third obstacle to progress is the complacency of many employers. The complacency of British industry is amply illustrated by the response of the CBI to the NICE report in 2009 when a spokesman said: "The mental health of staff is something firms have been making a priority. More and more schemes have been set up to support staff in recent years." Research by the employment charity, the Shaw Trust challenged this view in May 2010 when, according to the Independent on Sunday, it showed that: "The vast majority of employers and HR directors have no idea about the mental health of employees. Half do not believe any of their employees ever suffer from a mental health problem."

"My feeling is that stress has been a tool that has been devised by unions to support teachers who are incompetent or inadequate in some way," says a Greater Manchester head teacher, who wishes to remain anonymous.

"Stressed teachers - nine out of ten have considered quitting" Manchester Evening News

In the CIPD survey of employers carried out in 2016, 43% of respondents from the private sector and 21% from the public sector confessed that they were doing nothing at all about work stress despite a legal duty to do so. 66% of all respondents had no mention of mental health in any of their policies. Of those that were taking some action, the most common response seemed to be the establishment of some attempt to shut the stable door after the horse has bolted by instituting employee counselling schemes, resilience training and similar palliative measures often under the umbrella term of 'Wellbeing' initiatives.

'People should really get things in perspective. I do get irritated by this. Most people are comfortable at work and often stress is just part and parcel of a job.'

Ruth Lea, formerly of the Institute of Directors

In the best cases, Wellbeing initiatives can be a genuine attempt by good employers to repair the damage done to their employees and may enable access to activities and therapies that may offer some relief. However, even in these best cases such paternalistic measures miss the point. The goal must be the prevention of work-related stress illness by tackling the root causes and not simply the treatment of victims when the damage has been done nor even attempting to improve the ability of employees to handle stress through resilience training. Such schemes may be necessary but they are not sufficient. And these are the best cases. In the worst cases, such schemes can be a cynical move on the part of some employers in the belief that they create a defence in case the victims of their indifference seek damages in court.

"Mental health first aid is like putting a sticking plaster over the festering sore. The injury needs to be prevented." National Hazards Campaign, 10th January 2017

Another reason for the complacency of many employers may be that there is little financial incentive for them to confront this problem. In the USA and some other countries where the extent of work-related stress illness seems to be declining, employers carry the full cost of the health needs of employees and so have an incentive to keep their workforce healthy. In the UK, as we have seen earlier, this incentive is lacking: the employer picks up only a fraction of the cost of employee ill-health with three-quarters of the cost being borne by the tax-payer and the victim (See Fig4). As Jill Earnshaw and Professor Cary Cooper put it: "at the present time there is no accountability of, or incentive for, employers in the UK to maintain the health of their employees"⁵⁰.

Weak enforcement action

The Health and Safety Executive (HSE) is responsible for enforcing the laws on health and safety⁵¹. It has powers to prosecute employers for failure to comply with health and safety law, or to issue Prohibition or Improvement Notices in less serious cases. Prohibition Notices require the employer to cease an activity judged to be endangering employees. Improvement Notices require the employer to remedy some defect in his/her health and safety arrangements within a specified time.

The law says that employers have a duty to safeguard the health and safety of their employees and that to do this they must carry out a suitable and sufficient risk assessment to identify workplace risks and then to take appropriate action. HSE has made it clear that this duty extends to the protection of the mental health of employees and has published reams of advice to assist employers to do this, including the advisory "Management Standards for Work-Related Stress" published in 2004. Given the huge number of individuals suffering work-related stress illnesses every year, it would be reasonable to assume, at least in the most egregious of cases, that there had been a steady stream of prosecutions, at least since 2004. In fact, no employer has ever been prosecuted by HSE for failing to protect employees against risks to their mental health. There have been no Prohibition Notices issued and very few Improvement

Notices. According to an article in Hazards Magazine on-line report, December 2014 no Improvement Notices had been issued in the previous five years. The Stress Network can find no evidence that any have been issued in the two years since then.

No employer has ever been prosecuted by HSE for failing to protect employees against risks to their mental health.

No wonder many employers pay no more than lip-service to their responsibilities in this area when, as we have seen, they carry little of the cost of the damage they do: it is very unlikely that civil actions by employees against them will succeed and they are virtually immune from enforcement action by HSE. HSE is explicit in saying that it will not take action against employers who fail to meet the standards laid down in the "Management Standards for Work-Related Stress" but prefers to advise, inform and persuade recalcitrant employers.

This is not to decry the quality of the advice offered by HSE nor the value of the various tools that HSE staff have developed to assist employers and which are available on the HSE website. If this advice was followed the problem of work-related stress would be much closer to a solution. However, the failure of this approach is evident in the remorseless rise in work-related stress illness and in the widespread ignoring of HSE advice by very many 'couldn't-care-less' employers. In March 2017, HSE re-launched once again the 'Management Standards' at a so-called 'Stress Summit' for 'industry leading lights' in another desperate attempt to persuade employers to do something about the problem of work-related stress. Disappointingly, among the list of those invited to attend, there is no mention of workers or their representatives.

"Wot about the workers? Stressed to death but not wanted at HSE Stress Summit?" UNISON, Waltham Forest, 21/12/2016

It is clear that the educate, advise and cajole strategy of HSE has not worked and is not working. What is needed is to place the Management Standards for Work Related Stress on a firm statutory footing and to enforce the law in this area with some rigour.

The increasing reluctance of HSE to take action where there have been breaches of health and safety law is shown by the 7% reduction in enforcement notices issued between 2014/15 and 2015/16, part of a longer-term decline. Part of the explanation for HSE's reduced activity is the almost 50% cut to the HSE budget imposed by the former Coalition and present Conservative governments between 2009 and 2020 (Figure 15).

One consequence has been a dramatic fall of 30% in the number of proactive inspections carried out by HSE between 2013/14 and 2015/16. In addition, proactive inspections have been banned by the government in workplaces including health, social work, education and public administration, ironically the very employment sectors in which levels of work stress are amongst the highest.

HSE Funding	£
2009/10	£231 million
2016/17	£141 million
2019/20 (projected)	£128 million

Fig.15

THE LAW

In this section, we discuss aspects of the law, which we believe to be of relevance to the issue of work stress. This is intended as background only. WorkStress regards the law as both part of the problem and potentially part of the solution to work-related stress.

THE FOLLOWING MUST NOT BE TAKEN AS A DEFINITIVE GUIDE TO HEALTH AND SAFETY LAW. WHILST WE HAVE MADE EVERY EFFORT TO ENSURE THAT THE INFORMATION IS ACCURATE, THE WORKSTRESS NETWORK DOES NOT GIVE LEGAL ADVICE AND YOU SHOULD CONSULT A SOLICITOR OR YOUR TRADE UNION IF YOU REQUIRE LEGAL GUIDANCE.

HEALTH AND SAFETY AT WORK IN THE NATIONS OF THE UNITED KINGDOM

Health and Safety at Work legislation is either identical or very similar in the constituent nations of the UK but there are some differences either in the way the legislation is administered or in the way the legislation is framed.

Scotland Health and Safety law is reserved to the UK Government and is the same in England, Scotland and Wales. However, there is a major difference in how health and safety offences are prosecuted in Scotland. Whereas in England the HSE decides when to prosecute breaches of health and safety at work law and handles the prosecution itself, HSE inspectors in Scotland report matters they have investigated to the specialist Health and Safety Division within the Crown Office and Procurator Fiscal Service (COPFS), who decide whether or not to begin criminal proceedings.

In Northern Ireland health and safety at work legislation is mostly similar to that in England, Wales and Scotland in intent but the main difference is that the law is devolved to the Northern Ireland Assembly. Some rules will be found in a different piece of legislation (to the rest of the UK), sometimes only a portion of the rules will apply in Northern Ireland and often the rules apply from a different date. For example, the Health and Safety at Work Act 1974 in Great Britain was replicated in the Health and Safety at Work (Northern Ireland) Order 1978. Health and safety at work legislation is enforced by the Health and Safety Executive Northern Ireland (HSENI). Where differences between Northern Ireland legislation and that in the remainder of the UK are significant, they will be noted in the following paragraphs.

HEALTH AND SAFETY AT WORK LAW AND GUIDANCE

Health and safety "law" falls into four categories:

- Statutes (Acts) that lay down broad principles;
- Regulations that give detailed instructions about the application of statutes;
- Approved Codes of Practice (ACoP) that provide a template for complying with the law; and
- Guidance that offers advice on the best way of complying with the law.

It is a punishable offence not to comply with Statute or Regulation. Although failure to comply with any provision of an ACoP is not in itself an offence, the failure may be taken by a Court in criminal proceedings as proof that a person has contravened the regulation to which the provision relates. In such a case, however, it will be open to that person to satisfy the Court that he or she has complied with the regulation in some other way. Guidance is simply advice about best practice; it has no standing in law and can be ignored by an employer.

Health & Safety at Work Act 1974 (Health and Safety at Work (Northern Ireland) Order 1978)

The Health & Safety at Work Act 1974 (HASAWA) and the equivalent Order in Northern Ireland underpin all law on health and safety in Great Britain. These are part of the criminal law. They require all employers to ensure ‘as far as is reasonably practicable’ the health, safety and welfare of all their employees. This duty extends to ensuring their mental as well as their physical health and safety.

“It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.”

HASAWA 1974 Section 2(1)

Employers are obliged to draw up a Safety Policy and, except in the smallest of businesses, this must be written down. Employers must consult with trade union health and safety representatives where trade unions are recognised⁵² or with employees or Representatives of Employee Safety in non-unionised workplaces.⁵³

Breaches of the Act are criminal offences and defaulting employers may be served with Enforcement Notices requiring compliance, Prohibition Notices requiring a cessation of a hazardous activity or fines and imprisonment in serious cases. The Health and Safety Executive (HSE) through its inspectorate is the lead enforcing authority for the HASAWA 1974 and other health and safety legislation, although some functions are exercised by local authorities. The legislation is clear although, in truth, there are problems with its enforcement arising from the swingeing 35% cut in the HSE budget imposed by the coalition government and not reversed by the ensuing Conservative Government and from the government prohibition on pro-active inspections in many workplaces. These cuts have reduced the capacity of HSE to enforce the law.

Management of Health and Safety at Work Regulations 1999 (Management of Health and Safety at Work (Northern Ireland) Regulations 2000)

The Management of Health and Safety at Work Regulations (Management Regulations) have been made under the HASAWA and describe what employers must do to comply with the duties laid down in the HASAWA. Most importantly, employers must identify hazards in their workplace, assess the risk of the hazards causing harm to their employees and take action to eliminate or reduce to a practicable minimum the risks identified, taking into account individuals’ capabilities. Employers must not only identify hazards posing a risk of physical harm but also those posing a risk of mental harm. Stress brought on by work is a hazard like any other hazard and HSE is emphatic that

employees must be protected from it in the same way. In recognition of the fact that assessing stress risks may be new territory for some employers, HSE has produced comprehensive guidance in ‘The Management Standards for Work Related Stress’.

“Employers have duties under the Management of Health and Safety at Work Regulations, 1999, to assess the risk of stress-related ill health arising from work activities; and under the Health and Safety at Work etc. Act 1974, to take measures to control that risk. HSE will undertake enforcement action where duty holders fail to carry out the legally required suitable and sufficient risk assessment.”

Health and Safety Executive

Summary of employer duties under the Management of Health and Safety at Work Regulations 1999

- To produce a written health and safety policy (if employing five or more people);
- To assess the risks to employees, contractors, customers, partners, and any other people who could be affected by work activities – and record the significant findings in writing (if employing five or more people). Any risk assessment must be ‘suitable and sufficient’;
- To arrange for the effective planning, organisation, control, monitoring and review of the preventive and protective measures that come from risk assessment;
- To access competent health and safety advice, for example see the Occupational Safety and Health Consultants Register (OSHCR) at www.hse.gov.uk/oshcr;
- To provide employees with information about the risks in the workplace and how they are protected;
- To give instruction and training for employees in how to deal with the risks;
- To ensure that there is adequate and appropriate supervision in place;
- To consult with employees about their risks at work and current preventive and protective measures.

Fig.16

Working Time Regulations 1998 and Working Time (amendment) Regulations 2003

Although not health and safety regulations under the Health and Safety At Work Act 1974, these have been included here because some elements relating to limits on working hours and night work are enforced by HSE and because these are relevant to some of the factors linked to high levels of work stress. The Regulations limit the working week to 48 hours, averaged over a 17-week period. However, because some employees are excluded (armed forces personnel, domestic servants, security and surveillance staff, seamen and fishermen etc.) and because in the UK workers can ‘voluntarily’ opt out of the provisions of the Regulations, their impact is limited.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

RIDDOR is a set of regulations that require employers, and other people who are in control of work premises, to report and keep records of: work-related deaths (but not work-related suicides); serious injuries; cases of diagnosed industrial disease

and certain ‘dangerous occurrences’ (near miss incidents). We mention it here because of what the Regulations do NOT do. They are extremely limited in their scope and there is no provision within the Regulations for the gathering of information on work-related stress or on some other threats to the safety and health of workers such as bullying, harassment and violence.

Safety Representatives and Safety Committees Regulations 1977 (1979 in Northern Ireland)

Where unions are recognised, employers must establish a Safety Committee (if requested to do so by two or more Safety Representatives) on which representatives of employees and management can address health and safety issues. Employers must allow as much time off as is necessary for Safety Representatives to carry out their functions, including inspections of the workplace. Employers must consult Safety Representatives on the matters listed in Figure 17.

Consultation requirements

- the introduction of any measure which may substantially affect the health and safety of employees at work, e.g. the introduction of new equipment or new systems of work, such as the speed of a process line or shift-work arrangements;
- arrangements for getting competent people to help the employer comply with health and safety laws (a competent person is someone who has the necessary knowledge, skills and experience to help an employer meet the requirements of health and safety law);
- the information employers must give employees on the risks and dangers arising from their work, measures to reduce or get rid of these risks and what employees should do if they are exposed to a risk;
- the planning and organisation of health and safety training; and
- the health and safety consequences of introducing new technology.

Fig.17

Representatives of Employee Safety elected under the Health and Safety (Consultation with Employees) Regulations 1996 (as amended) in non-unionised workplaces have far more limited rights to make representations to the employer and to be consulted but have no right to inspect the workplace.

The Management Standards for Work Related Stress (‘Stress Management Standards’)

HSE published the non-statutory guidance document, “The Management Standards for Work Related Stress” in 2004. Essentially, the document gives guidance to employers on how to carry out risk assessments in relation to stress hazards.

The Standards recognise that, as with other workplace hazards, the causes of work-related stress are rooted in management culture and practices. The Standards define the six key areas of management activity that, if not properly managed, can lead to damaging levels of workplace stress, and also indicate what should be happening in the workplace for the standards to be achieved.

The six areas are listed in Figure 18. We will consider the Stress Management Standards in more detail in a later section of the handbook.

Management Regulations: Key areas to be addressed

1. **DEMANDS** made of workers including issues such as workload, work patterns and the work environment.
2. **CONTROL** exercised by workers including how much say the worker has in the way they do their work.
3. **SUPPORT** given to workers including the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
4. **RELATIONSHIPS** with and between workers including promoting a positive working environment to avoid conflict and dealing with unacceptable behaviour such as bullying.
5. **ROLE** certainty amongst workers. Whether all workers at every level understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
6. **CHANGE** to the conditions of workers. How organisational change (large or small) is managed and communicated within the organisation.

Fig.18

OTHER STATUTE LAW

Equality Act 2010

There is other law outside the realm of health and safety that could contribute to the control of stressors in the workplace. A good example is the Equality Act 2010, which makes harassment in relation to the protected characteristics of age, sex, disability, gender (including gender reassignment), marriage and civil partnership, pregnancy and maternity, race, religion or belief, or sexual orientation illegal. Examples of harassment are the spreading of malicious rumours, unfair treatment, picking on someone, regularly undermining a competent worker or denying someone’s training or promotion opportunities.

There is no consolidated Equality Act in Northern Ireland although much the same territory is covered in Section 75 of the Northern Ireland Act and a series of discrete anti-discrimination laws incorporating protections for those with the protected characteristics listed in the previous paragraph.

It should be noted that people with mental health issues are automatically protected under the disability strand of the Equality Act 2010 twelve months on from the point of diagnosis. This legislation puts a duty on all employers to make ‘reasonable adjustments’ in the workplace for employees with disabilities – whether they be physical adjustments or adjustments to working practices. Cases can be pursued in Employment Tribunals. Advice on what is a ‘reasonable adjustment’ can be found on the Equality Commission website (www.equalityhumanrights.com)⁵⁴.

However, on a practical note, it should be noted that the Enterprise and Regulatory Reform Act of 2013 removed the protection for employees against third party harassment, claiming that this is unfair to employers. Third party harassment is where the perpetrator is not in the employ or acting on behalf of the employer (e.g. a customer, pupil, parent or patient). The Act also prevents Employment Tribunals from making broader recommendations affecting the wider workforce.

COMMON LAW

In addition to duties placed upon them by Acts of Parliament (Statute Law), employers also have duties under Common Law. Under Common Law, employers have a duty to protect the health of their employees from foreseeable harm arising from the work that they do. Courts have taken this duty to be an implied term in employment contracts.

Common Law has accumulated over centuries as a result of the actions of judges in relation to cases brought before them which have formed precedents guiding the actions of future judges. Common law precedent in relation to work stress comes from the successful cases that individuals have taken against employers where they suffered ill-health as a result of work-related stress caused by their employer's negligence. However, in practice, it has proven very difficult for workers to establish employer liability for their stress-related illnesses. Whereas courts are used to dealing with claims for damages in the case of physical injury sustained at work, where they can both discern the injury and link it with a discrete incident in the workplace, or with some cases of work-related ill health, they have proven very unwilling to accept easily the link between working conditions in the broadest sense and mental illness.

Following a number of work stress cases, commencing with the groundbreaking Walker vs Northumberland County Council case in 1995, the appeal court in the case of Hatton vs Sutherland (2002) established a number of 'propositions' in an attempt to clarify the law. These have since been used by courts as tests to establish liability in work stress cases brought before them. These highly restrictive propositions are so important to an understanding of the difficulty of bringing a successful case that we reproduce them in full in Figure 19.

There are at least two important aspects of the 'Hatton Propositions' that are worthy of note. The first is Proposition 3. This has been referred to as the "postman's faulty bicycle test". In order to prove employer's liability for an accident to the postman, it is no longer sufficient just to show that the bicycle was faulty. There must be evidence that the employer (a) knew about the fault and (b) failed to rectify it.

Perhaps of greater importance is what has been seen as the employer's 'get out of gaol free card' in Proposition 11. Many employers have adopted the sticking plaster solution of contracting into a confidential counselling service, frequently conducted at the end of a telephone line, as a substitute for taking effective action to reduce levels of stress in the workplace. However, employers cannot place too much reliance

Hatton vs Sutherland (2002): 16 Propositions

1. There are no special control measures relating to work-related stress injury claims; ordinary principles of employers' liability apply.
2. The 'threshold' question is whether this kind of harm to this particular employee was reasonably foreseeable.
3. Foreseeability depends on what the employer knows or should know about the individual employee. Unless aware of a particular problem or vulnerability, the employer can usually assume that the employee can withstand the normal pressures of the job.
4. The test is the same for all occupations; no occupation is to be regarded as intrinsically dangerous to mental health.
5. Reasonable foreseeability of harm includes consideration of:
 - a The nature and extent of work;
 - b Whether the workload is much greater than normal;
 - c Whether the work is particularly intellectually or emotionally demanding for that employee;
 - d Whether unreasonable demands are being made of the employee;
 - e Whether others doing this job are suffering harmful levels of stress;
 - f Whether there is an abnormal level or sickness or absenteeism in the same job or department.
6. The employer can take what the employee tells it at face value, unless it has good reason not to and need not make searching enquiries or the employee or his/her medical advisors.
7. The duty to take steps is triggered by indications of impending harm to health, which must be plain enough for any reasonable employer to realise it has to act.
8. There is a breach of duty only if the employer has failed to take steps that are reasonable in the circumstances, bearing in mind the magnitude of the risk of harm occurring, the gravity of that harm, the costs and practicability of preventing it and the justifications for running the risk.
9. The employer's size, scope, resources and demands on it are relevant in deciding what is reasonable (including the need to treat other employees fairly, for example in any redistribution of duties).
10. An employer need only take steps that are likely to do some good; the court will need expert evidence on this.
11. An employer that offers a confidential advice service, with appropriate counselling or treatment services, is unlikely to be found in breach of duty.
12. If the only reasonable and effective way to prevent the injury would have been to dismiss or demote the employee, the employer will not be in breach in allowing a willing employee to continue working.
13. In all cases, it is necessary to identify the steps that the employer could and should have taken before finding it in breach of a duty of care.
14. The claimant must show that breach of duty has caused or materially contributed to the harm suffered. It is not enough to show that occupational stress caused the harm; it must be linked with the breach.
15. Where the harm suffered has more than one cause, the employer should only pay for that part caused by its wrongdoing, unless the harm is indivisible.
16. Assessment of damages will take account of pre-existing disorders or vulnerability and the chance that the claimant would have suffered a stress-related disorder in any event.

Fig 19

on this defence. A subsequent 2007 Court of Appeal ruling declared that “The reference to counselling services in Hatton does not make such services a panacea by which employers can discharge their duty of care in all cases “. In other words, whilst the provision of a counselling service might be a necessary action it may not be sufficient. Employers remain obliged to address the cause of stress in individual cases.⁵⁵

“The reference to counselling services in Hatton did not make such services a panacea by which employers could discharge their duty of care in all cases. Whether the provision of such services would assist an employer to discharge its duty of care would depend on their relevance to the facts of the case. In this case, where management knew what steps were required, the fact that counsellors could have confirmed this would have been of no assistance to the employer.” Intel Corporation (UK) Limited v Daw (2007)



PART 2: THE SOLUTION

PREVENTING WORK STRESS

As we have shown, the problem of work-related stress illness is extremely serious for the country, for organisations and for the individual and needs to be tackled with greater urgency than has been shown to date. The priorities must be to reduce to the lowest practicable level the incidence of avoidable stress-related illness in the workplace and then to give maximum support to those workers affected.

The preceding sections of this handbook have painted a bleak picture and there is no doubt that workers and their representatives face major challenges in tackling the problem of work-related stress. However, the situation, although grave, is far from being hopeless and there are actions that can be taken by individuals to protect themselves, and by trade unions and worker representatives to protect their members. The task is to persuade the Government and employers to take their responsibilities seriously. The Government has a moral duty to construct a framework of law that protects the mental health of employees and workers generally and employers have a duty in law to do the same. Employers are obliged by law to consult with employees on health and safety matters either through their trade union representative if the union is recognized or through their Representative of Employee Safety if there is one, or with employees individually. All of these have an opportunity to press the legal, business and moral cases for taking action to remove the causes of stress in their workplace. Obviously in unionised workplaces, where proper consultative structures exist and where union representatives have both statutory rights and access to advice and support from their unions, the task is easier than where these factors are not present.

TAKING ACTION

As we have seen, action by individuals through the civil courts is unlikely to succeed in changing the behaviour of employers in any significant way. The reluctance of HSE to take positive enforcement action means that employers have little to fear from the criminal law. The generally hostile political climate where worker health and safety is concerned suggests that further legislative protection by the Conservative government is unlikely. So, what is to be done?

The WorkStress Network is convinced that the answer lies in collective action by employees in every workplace; action to persuade employers of the benefits of tackling the scourge of work-related stress and action to ensure that a proper process leads to effective action.

Work-related stress is a hazard like any other hazard in the workplace and needs to be tackled in the same way through health and safety law and procedures. The

“Health and Safety at Work Act (1974)” requires employers to ensure the health, safety and welfare of their employees; “The Management of Health and Safety Regulations (1999)” require employers to conduct risk assessment to identify hazards in the workplace and to put in place protective measures; and “The Management of Work Related Stress” advice indicates the areas that need to be looked at when assessing the risk of work-related stress. So, the process is clear and we will look at this in more detail later on. But the first task is to persuade the employer that there is a problem and that something needs to be done about it. Obviously, where there is an effective trade union organisation and a functioning Safety Committee, this is easier than where these things are missing.

Persuading the employer

The biggest hurdle is to convince employers that they should address the issue of workplace stress. Many employers do not seem to attach any urgency to this matter. Managers, employers and Boards of Directors may try to shy away from the concept, or suggest that people are wimps, should leave their baggage at home and should ‘pull themselves together’. There is still a great deal of ignorance and misunderstanding about the subject or (what is worse) insistence that the problems are personal and not work-related at all.

“The WorkStress Network is convinced that the answer (to the problem of work-related stress) lies in collective action by employees in every workplace; action to persuade employers of the benefits of tackling the scourge of work-related stress and action to ensure that a proper process leads to effective action.”

Gathering evidence

So, the first task is to gather evidence. Surveys, both informal and formal, are rich sources of data and can draw attention to problems. Trade Union Safety Representatives might carry out and analyse a survey of staff, using, for example, simple stress audit forms such as those in Appendix 3, in order to persuade management that there is a problem. The first survey form shown is one used on occasions by the Network. The actual factors listed in the survey will vary according to the nature of the workplace and the perceived problems. The second is one suggested by HSE and links answers to each of the six Management Standards areas. You may find it preferable to design your own. More elaborate surveys are available including the HSE Management Standards Indicator Tool, available on the HSE website⁵⁶, and many trade unions produce their own sector specific survey questionnaires and these should be used, where available.

The legal case

Once evidence that there is a problem has been collected, employers may be persuaded to take action by the argument that they are legally obliged to address the issue both under their general duty of care and under the Health and Safety at Work Act and the Management of Health and Safety Regulations. We can point out that employers have, in the past, been issued with Improvement Notices by HSE for not conducting adequate risk assessments in relation to work stress and that there have been cases

there have been cases of individual employers being forced to pay substantial damages to employees suffering from work-related stress illnesses. However, for reasons we have described previously, such as lack of the risk of facing enforcement action, this may not move recalcitrant employers. A 2016 TUC survey of Safety Representatives found that overall, nearly half were in workplaces that had never received a visit from an HSE Inspector. Remarkably, in the dangerous construction employment sector, 80% of Safety Representatives said they had never received a visit from an HSE Inspector.

The moral case

If employers have little to fear from the law, perhaps they may be persuaded by the moral argument that on simple grounds of humanity they should care for the well-being of their employees. The evidence is overwhelming that work-related stress can lead to serious physical and mental consequences for employees, so caring employers, regardless of their legal responsibilities, would want to take action to protect those who work for them. The best employers do just that. Regrettably, the experience of Safety Representatives, communicated to the WorkStress Network, is that not all businesses are moral enterprises.

The business case

Perhaps most persuasive to many employers is the business case for taking action to reduce work-related stress amongst their employees. We have listed in a previous section the financial costs of work-related stress to business including the cost of absenteeism and presenteeism, loss of productivity, low employee morale and possible litigation. And there are other costs if employers do nothing, such as those listed in Figure 20.

Causes of fatigue

- Lower employee commitment to work
- Poorer staff performance and lower productivity
- More accidents caused by human error
- Greater staff turnover and intention to leave
- Worse attendance levels
- Poorer staff recruitment and retention
- Damaged organisational image and reputation
- Risk of potential litigation

Fig 20

Taking effective action can bring substantial benefits to employers including higher staff morale leading to better productivity, better workplace relationships, reduced costs of sick pay and absence cover, better staff retention and fewer accidents. In addition, the organisation’s image and reputation can be enhanced.

CONDUCTING A RISK ASSESSMENT

Once the employer has been persuaded of the necessity of tackling the problem of work stress, it is essential that everybody buys into the process and that the process of risk assessment is actively overseen by a steering group which includes substantial trade union and employee representation. This could be the company Safety Committee. Worker involvement is crucial but it must be clearly understood at all stages that the responsibility lies with the employer. The purpose of the risk assessment is to establish how well or otherwise the workplace meets the benchmark standards in each of the six areas of management activity listed in the Management Standards, which are discussed below.

The Management Standards for Work Related Stress

In 2004, HSE published The Management Standards for Work Related Stress, a non-statutory, voluntary code which sets a number of benchmarks by which employers can judge the level of their compliance with the law. In other words, it lists the factors that employers should consider when conducting their risk assessment. The promulgation of the Management Standards and the supporting documentation which has appeared since, should prevent any employer pleading ignorance about the steps which he/she must take to protect the mental and physical health of his employees. The Management Standards are advisory but employers already have duties under the Management of Health and Safety at Work Regulations 1999 to assess the risk of stress-related ill health arising from work activities and under the Health and Safety at Work etc. Act 1974 to take measures to control that risk. The Management Standards advise employers on the specific application of these duties to stress hazards in their workplace.

The Management Standards recognise that, as with other workplace hazards, the causes of work-related stress are rooted in management culture and practices. They are aimed at employers whose responsibility it is to assess the levels and causes of work-related stress that exist in their workplace and then to take action to eliminate or at least reduce these stress factors. The Standards define the six key areas of management activity that, if not properly managed, can lead to damaging levels of workplace stress, and also indicate what should be happening in the workplace for the standards to be achieved.

The six areas to be controlled⁵⁷ are:

1 DEMANDS made of workers including issues such as workload, work patterns and the work environment. Demands on the individual are often quoted as the main cause of work-related stress. It is important that job demands are fully evaluated to identify their true extent and to ensure that these demands do not become unmanageable. During the risk assessment, workload, capability/capacity to do the work, physical and psychosocial environments would be looked at here.

The Standard is that:

Employees indicate that they are able to cope with the demands of their jobs; and systems are in place locally to respond to any individual concerns.

What should be happening/States to be achieved:

- the organisation provides employees with adequate and achievable demands in relation to the agreed hours of work;
- people's skills and abilities are matched to the job demands;
- jobs are designed to be within the capabilities of employees; and
- employees' concerns about their work environment are addressed.

Fig 21

2 CONTROL exercised by workers including how much say the worker has in the way they do their work. Research has shown that where an individual has little control in how their work is carried out, this can be associated with poor mental and physical health. Research also suggests that where there are greater opportunities for decision making there is better self-esteem and job satisfaction. An obvious issue for consideration here would be task design.

The Standard is that:

Employees indicate that they are able to have a say about the way they do their work; and systems are in place locally to respond to any individual concerns.

What should be happening/States to be achieved:

- where possible, employees have control over their pace of work;
- employees are encouraged to use their skills and initiative to do their work;
- where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
- the organisation encourages employees to develop their skills;
- employees have a say over when breaks can be taken; and
- employees are consulted over their work patterns.

Fig 22

3 SUPPORT given to workers including the encouragement, sponsorship and resources provided by the organisation, line management and colleagues. To eliminate/reduce any potential stressors identified within a particular role, all the above elements are key in conducting a risk assessment.

The Standard is that:

Employees indicate that they are able to have a say about the way they do their work; and systems are in place locally to respond to any individual concerns.

What should be happening/States to be achieved:

- the organisation has policies and procedures to adequately support employees;
- systems are in place to enable and encourage managers to support their staff;
- systems are in place to enable and encourage employees to support their colleagues;
- employees know what support is available and how and when to access it;
- employees know how to access the required resources to do their job; and
- employees receive regular and constructive feedback.

Fig 23

4 RELATIONSHIPS with and between workers including promoting a positive working environment to avoid conflict and dealing with unacceptable conduct such as bullying and other negative behaviours. "Relationships" is the term used to describe the way people interact at work. Other people can be important sources of support but they can also be sources of stress. At work, relationships with colleagues at all levels can dramatically affect the way we feel at the end of the day. Potential aspects of these relationships that could lead to work-related stress are bullying, harassment, general incivility and violence.

The Standard is that:

Employees indicate that they are able to have a say about the way they do their work; and systems are in place locally to respond to any individual concerns.

What should be happening/States to be achieved:

- the organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
- employees share information relevant to their work;
- the organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
- systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
- systems are in place to enable and encourage employees to report unacceptable behaviour.

Fig 24

5 ROLE certainty amongst workers: Whether all workers at every level understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles. The potential for developing work-related stress can be greatly reduced when a role is clearly defined and understood and when expectations do not produce areas of conflict. The main potentially stressful areas are role conflict and role ambiguity, together with the burden of responsibilities.

The Standard is that:

Employees indicate that they are able to have a say about the way they do their work; and systems are in place locally to respond to any individual concerns.

What should be happening/States to be achieved:

- the organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
- the organisation provides information to enable employees to understand their role and responsibilities;
- the organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
- systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

fig 25

6 CHANGE to the conditions of workers: How organisational change (large or small) is managed and communicated within the organisation. Many organisations have had to undergo change in recent years sometimes to incorporate the introduction of new technology, new working practices or procedures. Downsizing and complete or partial restructuring are other motivators of change in the workplace. The changes could be to implement one clear overall objective or could be a series of smaller, on-going, more subtle, frequent changes. Poor management of any change can lead to individuals feeling anxious about their employment status and reporting work-related stress. Therefore, it is very important that any change is properly managed.

The Standard is that:

Employees indicate that they are able to have a say about the way they do their work; and systems are in place locally to respond to any individual concerns.

What should be happening/States to be achieved:

- the organisation provides employees with timely information to enable them to understand the reasons for proposed changes;
- the organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
- employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;
- employees are aware of timetables for changes; and
- employees have access to relevant support during changes.

FIG 26

The Stress Management Standards help to measure performance in managing work-related stress. They form the basis of an effective risk assessment process by identifying the main risk factors for work related stress; by helping employers focus on the underlying causes and their prevention; and by providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress.

HSE expects organisations to carry out a suitable and sufficient risk assessment for stress, and to take action to tackle any problems identified by that risk assessment. Although HSE prefers to rely on persuasion in this area there have been some examples of enforcement action in the form of Improvement Notices taken against employers failing to carry out and act on adequate risk assessments of stress hazards. Despite pressure from the WorkStress Network, HSE does not see the necessity of an Approved Code of Practice at this stage but in the past promised to keep this option under review. Current government hostility to health and safety makes this unlikely in the near future.

The Management Standards for Work Related Stress, advice and assessment tools can be found on the HSE website.⁵⁸

Risk assessment: the five-step approach

HSE recommends an approach to the conduct of a risk assessment, which is endorsed by the Stress Network and which is summarised in the diagram, "The Management Standards Approach".

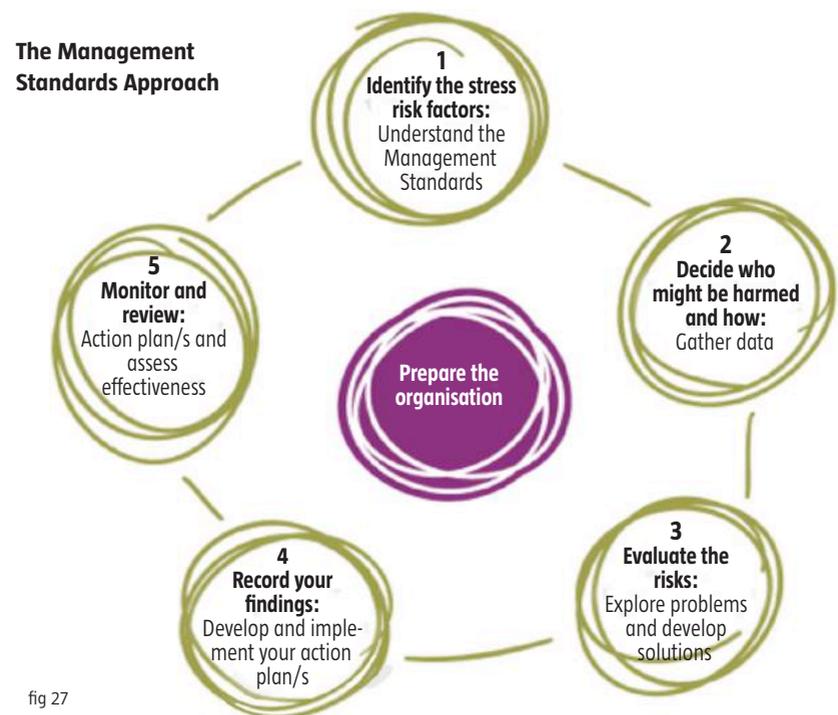


fig 27

STEP 1: Identify the Stress Risk Factors

Identifying the risk factors is a matter of understanding the six areas identified in the Management Standards as potential risks in any organization, and assessing how each of them might be a factor in producing unacceptable levels of stress. This will involve considering the 'States to be achieved' objectives which accompany each standard as well as the standard itself.

STEP 2: Decide who might be harmed and how

The next stage is for the Steering Group to consider available data that might identify those potentially at risk, point to problem areas and help identify those aspects of the Standards which need attention. Examples given by HSE of sources that can be used include: sickness absence data, employee turnover, exit interviews, productivity data, performance appraisals, informal talks with employees, focus groups, surveys and return to work interviews. We would add Safety Inspection reports, union employee surveys and issues raised by trade union representatives to whom employees will be more likely to talk frankly. The point is to use as wide a variety of sources as possible and not to jump to conclusions until the data has all been collected and analysed.

STEP 3: Evaluate the risks and formulate solutions

This step is arguably the most crucial because the main aim here, having identified problems, is to begin to formulate solutions. Once again, the central involvement of employees and their representatives is vital since they are closest to the problems and best placed to judge the effectiveness of proposed solutions. Regrettably, the Coalition Government withdrew the very useful and enforceable ACoP that accompanied the Management of Health and Safety at Work Regulations 1999 in 2013, and this has been replaced with a suite of non-enforceable, non-statutory guidance documents: "Health and Safety Made Simple", a revision to the guidance previously branded as "Essentials", "Revised Five Steps to Risk Assessment" and "Managing for Health and Safety (HSG65)". The replacement of a statutory ACoP by non-statutory guidance represents a serious weakening in protection.

STEP 4: Record your findings

If the employer has been assiduous in following the steps so far and in making the involvement of employees and their representatives central to his/her activity, by this stage it should be possible to begin to draw up action plans to implement solutions to the identified problems. As the plan/s develop all the stakeholders, management, employees and employee representatives should be consulted at every stage and agree the action plan and the priorities within it. Any plan to be effective must detail clear actions to be taken, by whom they are to be taken, the resources required and a date by which they must be completed. Think **SMART**: the plan should be:

SPECIFIC **M**EASURABLE **A**CHIEVABLE **R**EALISTIC **T**IME-LIMITED.

The plan must tackle the source of any identified problems and not simply offer ameliorative measures such as access to counselling, recreational therapies, yoga or similar relaxation techniques, although these may be of some value in themselves and may form part of an overall plan. The aim must be, as far as practicable, to remove the causes of stress at work and not merely to offer palliative treatment after the event.

STEP 5: Monitor and review

The management of work-related stress is not a one-off exercise. It is vital that the action plan which has been developed is continuously monitored to ensure that it is being properly implemented, to check its effectiveness and, if necessary, to prompt further action. Once again it is essential that employees and their representatives have a meaningful involvement in the process. It may be useful, after a period of time, to repeat a survey conducted at the beginning of the risk assessment process in order to see whether progress towards the objectives of the action plan has been made.

Simple Stress Risk Assessment Pro-forma are available on the UK National Work Stress Network Website⁶⁰ and in Appendix 3.

THE STRESS POLICY

A thorough and effectively conducted risk assessment will have identified issues within the workplace contributing to excessive stress and, in consultation with the trade union Safety Representatives, the Representative of Employee Safety (RES) where there is no recognised union, or the employees where there is neither trade union representation nor RES, the employer must now commit to paper the plan to tackle the identified problems.

The Health and Safety at Work Act 1974 requires employers to draw up a written safety policy stating the employer's commitment to the health, safety and welfare of his/her employees, listing who is responsible for putting which aspects of this commitment into practice and outlining what they will do to fulfil this responsibility. In addition, the risk assessments can be included in the document. In practice, it is probably better to have a separate policy document dealing with work-related stress. To be effective the policy will have been written after meaningful consultation between workers, their representatives and management. It is essential that accredited and trained Health & Safety Representatives, where they are in post, are fully involved in developing, agreeing, implementing and reviewing the policies.

If the policy is to have any effect it is vital that there is an acknowledgement of the issues and a commitment to tackle them from the very top of the organisation. Senior managers need to 'buy in' to the policies, actively endorse them, recognise explicitly their duty of care to employees and make a commitment to identifying and eradicating work-based causes of unacceptable levels of stress, including bullying, violence and other negative behaviours. The same level of commitment is needed

from Directors and members of Boards of Management. There needs to be explicit recognition of the rights of Trade Union Safety Representatives.

The title given to the policies is also important in setting the agenda and context for action. 'Workplace Stress Prevention Policy', 'Dignity at Work Policy' and 'Prevention of Violence Policy' are titles which give proactive messages.

The policies should begin with clear statements of intent and include links to (a) relevant health and safety legislation and (b) the employer's own health, safety and welfare policies and procedures. These measures, if properly undertaken, will emphasise that it is the responsibility of supervisory staff at all levels to manage stressors, including bullying, violence and other negative behaviour issues, and to support the policies.

The content of the policies

It is important that the policies contain clear definitions of the issues being tackled and in the case of negative behaviour and violence, unambiguous statements in each case that such behaviour is unacceptable. A mechanism for dealing with breaches of the policies or with complaints under the policies, which includes trade union or employee representative involvement, is essential as is the identification, in the case of negative behaviours including bullying, harassment and violence, of an independent person who can offer the victim/complainant help and support. Sometimes with the help of advice, victims of some negative behaviours may be able to resolve the issue themselves.

All employees have a right to be treated with dignity and respect and staff welfare must be given the utmost priority. There needs to be a clear focus on the expectation of positive behaviour throughout an organisation. A code of positive conduct may be helpful in creating a more positive and constructive culture. Organisations which have a problem with negative behaviour need to very consciously and determinedly move counter culturally. There needs to be a culture of respect.⁶¹

Individuals who have experienced negative behaviour need the support of employers, management, fellow workers and their trade union. It is important in all of these policies that victims and witnesses are assured of confidentiality when this is appropriate and that there are safeguards against the victimisation of complainants and witnesses. The negative behaviour policy should be fair to both complainant and the accused person. Recogni-



tion should be given to the fact that sometimes, accusations of negative behaviour including bullying, harassment and violence may be malicious, and that false accusations will be dealt with through the disciplinary procedures.

The agreed policies should be effectively communicated to all employees with an expectation that they will be actively supported across the organisation. Good communication may include: letters to employees; well-produced posters and flyers for display and distribution in the workplace; and promotion of the policy through staff briefing sessions and inductions for new staff.

The policies should be clearly and equally applicable to all employees. All staff should have access to resources for tackling and counteracting stress, and negative behaviours and the policies should not be open to charges of discrimination upon any grounds.

Measures and Monitoring

The policies' objectives should be clear and measurable, and should include a commitment to creating a positive workplace culture in which open discussion about the issues is encouraged. They should set out clearly the steps and control measures which the employer intends to employ in realising these objectives. They should contain arrangements for supportive and confidential health monitoring and provide for staff self-referrals to appropriate, independent support services. The effectiveness of the policies should be carefully monitored and evaluated. The mechanism for doing this should have been agreed by all contributing parties, and be set out in the policy documents.

DEALING WITH INDIVIDUAL STRESS

Wellbeing initiatives

The serious consequences resulting from unacceptable levels of stress in the workplace demand action. It is not enough for employers to take steps simply to ameliorate the effects of work-induced stress, which many are tempted to do, believing that such actions as providing counselling services, relaxation lessons or medical referrals for employees, relieves them of further responsibility.

"I've tried yoga, but I find stress less boring." Anonymous

Although these 'employee wellbeing' measures may be necessary actions they are not in themselves sufficient. Such an approach is an attempt to shift the blame for work stress disorders from the employer to the employee who, by failing to learn to relax or to resolve conflict through counselling, may be deemed responsible for his/her own condition. The primary duty of employers is to identify and to remove the work-related causes of unhealthy levels of stress amongst their employees through the process of risk assessment as previously described

Of course, employees themselves can take steps to control levels of stress by taking time out when they can, learning to prioritise, taking control of their workload where possible, finding ways to relax and sharing their concerns with work colleagues, branch members, stewards and managers – all should lend a helping hand and have a sympathetic ear. A healthy lifestyle, avoiding potentially harmful coping strategies such as comfort-eating, alcohol, smoking and drugs (prescribed or otherwise) can also help. However, as has been said, self-help or employer provided help is no substitute for action to reform the workplace.

Help for sufferers of PTSD

It is true that some work has a high stress factor or contains the potential of placing the worker in traumatic situations. Such work is generally easily recognised and those entering upon it are usually trained to understand the issues. It is common for there to be in place measures to control the risk and to support the worker. Workers in these fields should, through trained and elected union representatives, have these measures constantly monitored for their effectiveness. Most workers do not face these situations but nevertheless this argument should not be allowed to excuse employers from taking action to protect workers' health. Sufferers from PTSD need medical attention and should always consult their GP if they suffer any of the symptoms listed in the section "Post-traumatic Stress Disorder". They may well be referred on to specialist help. There

are some self-help steps which can be taken by keeping life as normal as possible, by returning to a familiar routine, by eating and resting properly and by talking about the incident to a trusted person. The support of family and friends is important. Concentration is often affected so sufferers may be more accident prone than usual. Post-traumatic stress disorder is a condition that must be reported to the Driver and Vehicle Licensing Agency (DVLA). PTSD, like other work-related stress illnesses is NOT a sign of weakness in the individual and sufferers should avoid isolating themselves from other people and/or not talking about their experience. It will take time for the symptoms to recede and alcohol, tobacco or drugs are not the answer.

If all else fails

The problem of work-related stress can and should be tackled by employers through the process of risk assessment and with the assistance of the Management Standards for Work Related Stress and associated advice and guidance. However, if employers fail to accept this responsibility and behave irresponsibly they may find themselves subject to Grievance Procedures or compensation claims from employees whom they have damaged. The following paragraphs offer some advice to those who believe themselves to be victims and to their representatives.

Individuals who believe they have been subjected to workplace stress and wish to seek a remedy should consult their trade union representative. If not a member of a trade union, they should seek legal advice or seriously consider joining a union! The UK National Work-Stress Network does not provide legal advice or individual case-work support. The Network can give only very basic advice and general information, and cannot provide representation for individuals.

Trade Union Members

If you are suffering from stress at work, including harassment or bullying, you should seek help at an early stage from your trade union. It is important that you make notes of any incidents and keep all relevant correspondence or items that refer to your case. This is difficult but important. If you have any witnesses that may support your case this can be extremely useful. You should first discuss the matter with a local representative or Branch Official. If you believe you need more expert help at any stage do not be afraid to contact your Union's Regional or Head Office, according to the practice of the individual union concerned. You should discuss with your Trade Union Representative or Safety Representative how to progress your case through internal Grievance Procedures. Do not attend any meetings alone – insist on having your TU Representative or a trusted work colleague with you. Some specific advice from those who feel they have been subjected to bullying or serious negative treatment is given in Figure 28.

The Enterprise and Regulatory Reform Act 2013 made radical changes to the Employment Tribunal system including strengthened requirements for conciliation and mediation. It also made claims in the Tribunal far more difficult and expensive to pursue for the individual, putting access to redress beyond the means of most working people. This is why it

How to respond to bullying and negative treatment

- Raise the issue with work colleagues and trade union representatives.
- Keep written records of all incidents of bullying and serious negative treatment.
- Confront the person subjecting you to these behaviours – however, care should be taken not to increase the power of the perpetrator in this process. If necessary always ensure that you have a way out of the room and that you are accompanied or supported by third party witnesses.
- Use appropriate in-house procedures.
- Share the problem with a friend.
- Respond in writing to bullying memos and keep copies.
- Establish status of meetings before agreeing to attend. Always take a work or trade union colleague with you. If, for any reason you are unable to be accompanied, try to make as accurate as possible verbatim record of the meeting immediately afterwards.
- Raise issues with appropriate senior managers.
- Seek counselling and support via the employer.
- Record all absences due to incidents of bullying and/or negative treatment and consult with your trade union/ legal representative on the advisability of submitting form B1100A to the Department of Work and Pensions, keeping a copy. The DWP may not accept such a submission, but if they do this registers for possible future Industrial Injuries Disablement Benefit.

Fig 28

is essential, for purposes of protection if for no other reason, that employees join a trade union. Statutory Grievance and Disciplinary and Dismissal Procedures now have to be complied with in most cases before a claim can be taken to the Employment Tribunal.

In time, you may wish to discuss getting appropriate legal advice from union solicitors. If, once you have met the solicitor, you have further concerns which you believe have not been addressed you should raise them with the solicitor or if that is not possible contact the appropriate trade union official to discuss these issues further. The union will only pursue a grievance or take other action if you want it to, and if it believes there is a strong enough case. If you would like to discuss your problem confidentially with a union representative but wish it to go no further, then that option is available to you.

You may also wish to consider:

- ▼ counselling or advice either through your employer's occupational health or employee assistance service stress counsellor, welfare organisation, Wellbeing at Work projects or Human Resources officer;
- ▼ services provided through local facilities, e.g. the local hospital, GP surgery or health centre;
- ▼ information centres, libraries and Citizens' Advice Bureaux and the Helplines listed in this publication, on the Network website (www.workstress.net) or in your local directories.

The availability of such services will depend on the size and/or type of employer and what resources exist locally.

Not in a union?

If you are not already a member of a trade union, you may wish to approach the appropriate union to join. Be aware that the union may not be willing to incur expenditure on already existing casework, which is a good reason for ensuring you join before you encounter problems. Many unions, however, will be prepared to offer advice and to deal with further issues which arise after your join date (subject to the union's rules). If you do not wish to pursue your case through that option, you may seek independent legal advice, although you should be aware that you may have to pay the cost of instructing solicitors to advise and represent you privately. You should enquire about the scale of the solicitors' charges when you make your initial enquiry. Some legal firms offer no-win no-fee terms, which may be worth exploring.

The local Citizens' Advice Bureau will probably be able to give you some local contacts e.g. solicitors or law centres. Some 'no-win no-fee' legal companies will advise on the prospects of success of potential cases, but you should remember that proof of injury requires some very detailed evidence. You may also want to consider the other avenues available as outlined in the section above. It is possible to take a case before an Employment Tribunal without legal support, but this is not advisable because this area of the law is complex and difficult and tribunal fees are prohibitively high. Changes to Employment Tribunal procedures and the introduction of substantial costs by the Coalition Government simply increase the difficulty in this area.

Advice for Trade Union Representatives

- Establish manageable limits to your contact and communications with members. Some members when in crisis will be focused on their own problems to the exclusion of everything else and may not recognise limits on your availability.
- Separate your personal life from your union work: separate phones, separate email addresses, clear boundaries and remember to switch them off!
- Be careful on use of social media and ensure your privacy settings are rigorous
- Keep careful records of your contacts and actions with members.
- Use other union colleagues and staff as your support. You are or should not be working in isolation.
- As well as ensuring a work/life balance, you may have to balance the demands of your substantive post with those of your trade union role. Try to be clear which hat you are wearing!
- Be careful about over-identifying emotionally with the plight of your member. It is important that you remain focused and realistic.
- Be careful about representing or advising friends! It can be difficult to give or receive advice in these circumstances and can affect friendships adversely.
- Above all recognise that being a trade union representative can be very stressful. So, look after yourself. The trade union representative is often the last to acknowledge the stress they are suffering!
- Check on our website for further advice on how to survive being a TU Rep!

Fig 29

Trade Union Representatives

If you are a Shop Steward or an appointed Safety Representative, make sure that you are familiar with your own union's procedures and advice on the handling of members' casework. You should be aware that the issues of harassment, bullying and work-related stress are complex. If a member approaches you with a problem of this nature you may need to consult a senior union official at Branch, Regional or National level or, where appropriate within the union's casework policies, seek legal advice. In some cases, it may be better to refer the member to a union official with greater experience in dealing with these types of cases.

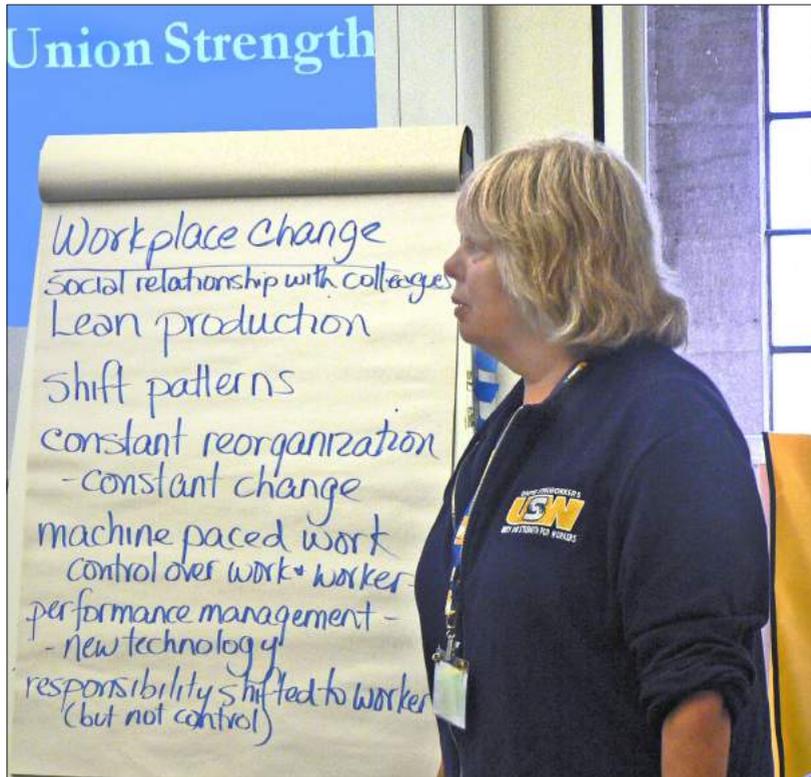
You may wish to discuss with the member whether they should seek advice within the workplace where this is available from, for example, the Occupational Health Adviser, Harassment and Discrimination Adviser, Stress Counsellor or Human Resources Officer. Where these sources of advice do not exist, or are considered inappropriate, you may recommend seeking advice from external advisers, for example, from GPs, Health Information Centres, libraries and Citizens' Advice Bureaux.

Be prepared to have to spend considerable time with a person whose health and family life may be seriously damaged. Be aware that members in such situations are often very anxious that all aspects of their case need to be considered, and that they may demand a lot of your time. Members will often put all the blame for their stress on their workplace but sometimes the workplace will be one aspect of a complex situation which includes difficult personal issues.

Remember that you may not be able to help the member yourself, and if you feel that the case requires expert help then you must refer them on through your trade union procedures to more senior officials who may have access to specialist services in dealing with stress cases.

Once again, we emphasise the vital need to keep good written records at all stages.





The problem of stress amongst union representatives

The problem of high levels of stress amongst trade union caseworkers and lay officers is becoming increasingly apparent. It is common for such people to take on workloads and work under pressures that would not be tolerated in normal worker/ employer situations. For example, the caseload carried by such people can greatly exceed that of comparable workers in the professions although often of equal complexity. This is not a well-researched area but trade unions would do well to be aware of these pressures and the possible adverse health consequences they can bring. Trade unions may wish to consider the creation of training, monitoring, counselling and support mechanisms for caseworkers and lay officers where these do not already exist.

Being a Trade Union Representative can bring its own stresses. TU Reps do the work because they are committed to improving the working conditions of their members. But it is important that they look after themselves as well. Some advice is offered in Figure 29 and on the UK National Work Stress Network website.

Sickness absence

If your health is affected by work and other pressures you will need to consider how to act. You can self-certify for the first few days of absence and after day 7 [including weekends and leave days] must provide a medical certificate for your employer. Make sure you keep copies of all such certificates.

You will need to check your employer's Sickness Absence policies and procedures to see what entitlements there are and the extent of sick leave that is allowed. Statutory Sick Pay [SSP] is paid by the employer for up to 28 weeks often but not always in addition to normal salary, dependent on your employer and any national or local agreements that have been negotiated or indeed imposed.

If your absence needs to be extensive then keep your Union Steward informed and of course maintain such contact as is necessary with your employer. Your managers should not be overly intrusive and demanding or use harassment to force you back to work. Neither can they insist that you do work from home when off sick – to do so may breach sick pay and health and safety regulations.

You should not be worried about a medical certificate saying that you are off work through 'stress, anxiety or depression' and if it says 'work-related stress' then that is a clear signal to your employer that there is something wrong. Even where the background causes may be personal and domestic, your employer needs to be aware and to know how to support you. The necessity of an explicit reference to 'work-related' stress on medical certificates is emphasised by legal advisers. It is not a criticism of you, and should not be taken by a manager as a sign of weakness.

Detailed information about medical certificates or "Fit Notes" can be found in Appendix 2.

CONCLUSION

Work Stress is arguably the most important health and safety to confront workers in the 21st Century. (possibly the most important). The campaign in the 20th Century was to reduce the horrifying toll of work-related death, injury and ill health caused by the physical work environment. Years of exhortation failed to persuade employers to tackle these problems voluntarily. The significant turning point was the passing of the Health and Safety at Work Act 1974 and the regulations that flowed from it. Only then, with the threat of legal penalties hanging over them, did employers begin to take seriously the physical safety of their workers. Although this battle has not yet been finally won, significant progress has been made and many workers' lives have been saved.

The threat now comes from voices on the political right together with some employers' organisations who are having some success in rolling back health and safety law. We need to learn the lessons of the past and we also need to learn from our international partners when we turn our attention to the scourge of work-induced mental illness.

Employers' Priorities

Exhortation to voluntary action and a 'light touch' approach to enforcement in the area of health and safety simply do not work. Employers have their attention focused on the bottom line and the shareholder interest. Experience tells us that, when faced with a choice between meeting statutory obligations and an invitation to enter into expensive voluntary commitments, it is hardly surprising that most employers choose the former.

The Management Standards

Thirteen years after the introduction of the voluntary 'Management Standards for Work Related Stress' and immense efforts to persuade employers to tackle psychosocial problems in the workplace, the voluntary approach has manifestly failed with widespread ignorance of the Standards amongst senior managers, little obvious enthusiasm for their implementation and no evidence to show that in those six years the work-related mental health of workers has improved. Statutory underpinning of the Management Standards for Work Related Stress is now essential either by Regulation under the Health and Safety at Work Act 1974, or at least by their incorporation into an Approved Code of Practice (ACoP). This legislation must be rigorously enforced.

The importance of Trade Unions

Research in this country and abroad has shown conclusively that health and safety improvements are greatest where the employee voice is clearly and loudly heard and most of all where that voice is expressed through a trained trade union representative or a workplace Safety Committee. It is essential in the view of the Stress Network that the rights of such individuals in the workplace should be preserved and strengthened, their role applauded and their rights to training and appropriate facilities improved. This is an investment that will save lives.

APPENDICES

APPENDIX 1: Workstress (UK National Workstress Network)

Origins

WorkStress was established following the launch of the European Work Stress Network at the Rimini Hazards Conference (1994). The National Hazards Campaign Conferences in Liverpool (1995) and Bradford (1996) saw the opportunity to expand the national Network here in the UK. From the first Stress Conference organised by the Network emerged a Steering Group which continues to direct its work. The Steering Group consists of volunteers and is open to anybody interested in ridding workplaces of the scourge of work-related stress illnesses.

The Network consists of many hundreds of like-minded people, some of whom have suffered the consequences of work-related stress. Amongst these are experienced caseworkers, Counsellors, Occupational Health Workers, trade union officials at all levels, and those who are just determined to see effective management which recognises the needs of the workforce as well as of business. However, the Network is not equipped to provide individual casework support or representation – that is the role of TU officers or officials, medical experts and, where appropriate, lawyers.

Aims

The UK National Work-Stress Network campaigns for:

- the stricter control and management of stress in the workplace, backed up by effective regulation and enforcement;
- the recognition of work-related stress illness as an industrial injury;
- the recognition of bullying, victimisation, harassment or discrimination as serious workplace hazards, which employers have a duty to prevent; and.
- dignity at work within a caring supportive culture.

The UK National Work-Stress Network:

- attempts to raise awareness of the problem of stress in the workplace;
- assists groups of workers in tackling workplace stress by the provision of training workshops and seminars; and
- works with other organisations seeking to eliminate bullying, harassment and all aspects of work-related stress.

The services we provide include:

- this handbook;
- our popular information-packed website (www.workstress.net) including regular e-news- letters (All free to copy and circulate); and
- the provision of workshops, seminars and speakers.

Activities

Apart from constant lobbying of opinion formers and decision makers, the Network:

- organises an annual residential conference with expert speakers and workshop activities;
- campaigns to secure protection for the mental health of workers through involvement with the Hazards Campaign and in conjunction with the TUC, UK trade unions and European organisations;
- plays a significant role at Hazards Conferences in the UK and Europe; and
- maintains a presence on Twitter (@work-stressuk) and Facebook (search for UK National Work Stress Network)

Funding

The Network is NOT a membership organisation with participation available only to those who pay a subscription. Anybody is welcome to join the Steering Group and to help drive the campaign forward. Our activities are funded solely by very generous donations and sponsorship by individuals, trade union branches and other sympathetic organisations.

Contact us

To receive more information about how to play an active role in the Network's campaigning work, to contact the Network Coordinator, to tell us about your successes in the workplace, to make a donation or to request a workshop/seminar or a speaker, then do please get in touch. Contact us via our web- site: www.workstress.net.

How can I support the Network?

- If you wish to play an active part in the Work-Stress Network check the contact details on the website.
- The most direct and useful way you can support the work of the Network is by campaigning in your local area, within your political party, within your trade union and elsewhere for action to be taken to tackle the scourge of work-related stress illness; in the first instance by demanding statutory underpinning in the form of Regulation or HSE Approved Code of Practice (ACoP) for the Management Standards for Work Related Stress.
- Make a donation or ask your union branch, national union, professional association or trade body to make a donation. We try to minimise our administrative and organisational costs as far as possible. However, we are a voluntary organisation and are totally reliant on donations from individuals and organisations. If you would like to make a donation towards these costs we would be extremely grateful. Cheques should be made payable to: UK National Work Stress Network and sent to the Network (check the contact details of the Treasurer. Name and address available on the website: www.workstress.net)
- Ask us to lead a seminar for you and your organisation on the issue of workplace stress or to provide a speaker on the issue of workplace stress at your conference, branch meeting or training event. We ask for a donation and the provision of travel and subsistence expenses. Discuss this with the Network Coordinator (Name and address available on the Network website: www.workstress.net).
- Sponsor our website. We provide free reciprocal links for 'not-for-profit' organisations which share our aims and ask for a donation from other businesses/organisations which are not incompatible with those aims. For details of current set-up and renewal fees consult the Network website: www.workstress.net.

Fig 30

APPENDIX 2: FITNOTES

Fit for work

- The fit for work service is aimed at workers who have been or will be expected to have 4 weeks sick from work.
- The employer and GP can make a referral but only once a year and with your consent.
- Once a referral has been made you will be contacted within 2 working days for a telephone conversation with an Occupational Health worker, or 5 days if it is deemed necessary for a face to face meeting.
- The Occupational worker will then create a return to work plan with the patient and this can be shared with the employer and GP but only with your consent. It should have similar advice to the fit note.
- Return to Work Plan: the plan should reflect the assessment. It will include advice, recommendations for interventions and signposting to other help for the patient, the employer and the GP, if necessary. The plan will also include a timetable for progressing interventions and for returning to work if appropriate.
- The employer can accept a Return to Work Plan for the purpose of determining whether you are entitled to receive Statutory Sick Pay, as it provides evidence of sickness absence in exactly the same way as a fit note issued by the GP. The plan may indicate that you are 'not fit for work' or 'may be fit for work' subject to your employer being able to carry out any recommendations, or it may say you are fit for work.

Fig 31

In 2010, the "fit note" replaced the familiar "sick note". The difference was that the sick note had the one option of declaring the patient unfit for work. The Fit Note allows the Doctor to record details of the functional effects of the patient's condition, so that the patient and their employer can consider ways to help them return to work. For example, the computer-generated fit note can offer one of the following;

- A phased return
- Altered hours
- Amended duties
- Workplace adaptations.

This advice may include any adaptations that could be made to the workplace and could include an adaptation of working hours, amended or light duties. But don't confuse this with "reasonable adjustments" which employers are required to make for a disabled worker.

The declared intention of the Fit Note is to keep sick workers close to the workplace and to assist with rehabilitation. The Stress Network expressed reservations about whether GPs would have the necessary occupational health expertise to make valid judgements and if employers, many of whom did not have access to occupational health services, would use the provisions supportively, as they were intended, or use them punitively. These fears have been borne out and there has been disillusionment on all sides, the BMA and representing doctors decided by a narrow margin that the fit note was a waste of clinical time and confused employers, patients and doctors. The Trade Unions have found a failing of the system as employers are unable to or unwilling to make adjustments that would allow the employee to return to work safely.

Trade Unions have concerns over the implemen-

tations of the service, particularly the decision to contract out the service to a private provider. It is not compulsory to participate in this service, but it is important to consult with your Trade Union rep, who can support you on your return to work.

From 1st January 2015, a new tax exemption will apply where your employer pays for medical treatment for you recommended by a healthcare professional as part of either Fit for Work or any employer-arranged occupational health service. The medical treatment must be recommended to help you return to work after a period of absence due to ill health or injury and either:

- A healthcare professional has assessed you as not fit for work or may be fit for work for at least 28 consecutive days, due to ill health or injury; or
- You have been absent from work for at least 28 consecutive days due to ill health or injury.

A healthcare professional is a registered medical practitioner, a registered nurse, or an occupational therapist, physiotherapist or psychologist registered with an appropriate regulatory body.

The exemption applies to expenditure up to a cap of £500 per employee per tax year. A tax year runs from 6 April in one year to 5 April in the next.

APPENDIX 3: SAMPLE WORKPLACE AUDIT FORMS

This simple audit form is used frequently in seminars run by **WORKstress**

Individuals are asked to score in the high, medium or low columns as they perceive their situation to be. The more ticks in column three give an indication of where the hotspots are. Other columns may still be important in assessing how the workforce feels that it is under pressure. The statements in the left-hand column can be added to, reduced or amended with more specific factors relevant to the individual workplace. Totalling up all responses from a group exercise will give a clear picture of where the worst problems are, and help inform discussions with management.

	For each stress factor indicate the extent to which its presence is an issue for you in your workplace	LOW	MEDIUM	HIGH
1	WORK DEMAND			
2	TARGETS AND DEADLINES			
3	SHIFT PATTERNS			
4	WORK-RATE CONTROL			
5	TIME KEEPING			
6	COLLEAGUE ABSENCE			
7	JOB DEFINITION & EXPECTATIONS			
8	INFORMATION & SUPPORT			
9	TECHNOLOGY			
10	WORKPLACE CONSULTATION			
11	HOURS, BREAKS, HOLIDAYS			
12	TOILET BREAKS			
13	WORKLOAD MONITORING			
14	TEAM WORKING			
15	EXTERNAL FACTORS [e.g. environment]			
16	PAY & BENEFITS			
17	HARASSMENT/BULLYING			
18	MANAGEMENT ATTITUDE			
19	WORK-LIFE BALANCE			
20	VIOLENCE, AGGRESSION AND ABUSE			
21	STAFF CUTS BUT SAME WORKLOAD			
22	RESTRUCTURING			
23	LOCAL/NATIONAL GOVT IMPOSITION			
24	WORK ENVIRONMENT			
25	MANAGERIAL ROLES/FUNCTIONS			

This form is suggested by HSE

SOURCES OF STRESS

QUESTIONS TO ASK		YES/NO
Demands	Do you feel you have just the right amount of work to do (i.e. not too much or not too little)	
	Have you had sufficient training to do your job?	
	Are there any problems with your work environment?	
Control	Are you able to have some say about how your job is done?	
	Do you feel included in decision making in the team?	
	Do you feel you are using the skills you have got to full effect?	
Support	Do you feel that you get enough support from your line manager?	
	Do you feel you get enough support from colleagues?	
	Do you take the breaks you are entitled to at work?	
Relationships	Do you feel you have a healthy work-life balance?	
	Are you affected by any conflict in the team?	
	Are you subjected to any bullying or harassment at work?	
Role	Do you feel the team works well together?	
	Are you clear about your roles and responsibilities at work?	
	Do you feel that there is any conflict in your role?	
Change	Do you understand others' roles in the team?	
	Are you made aware of any changes that are happening at work?	
	Do you understand why the change is happening?	
	Do you understand the impact on your job of any change?	
	Do you feel well supported during change at work?	

The outcomes from this mini survey will help to create a picture from within the workforce or Branch membership, of exactly how the various issues are perceived. The results can be considered alongside other similar audits and a presentation made to managers in the relevant forum to secure commitment to understanding the mental health issues in the workplace, and lead to adoption of the HSE Stress Management Standards approach to a resolution of the problems.

APPENDIX 4: THE EUROPEAN DIMENSION

Work-related stress is a problem not only for British workers but for workers throughout the world. In developed economies, the psychological pressures on workers are similar to those found in the UK with similar causes and similar effects owing to the march of globalization, increasing work-intensity and all the factors we have seen at work in British workplaces.

Britain has embarked on the process to leave the European Union, potentially putting British workers at risk of a dilution of health and safety at work protections, many of which derive from EU Directives, and of losing a coordinated European approach to workplace health and safety, which has brought such benefits. However, it is still worthwhile drawing comparisons with our European neighbours. Figure 31 contains such comparative information.

In the European Union, work stress is recognised as one of the biggest health and safety challenges of the present day. Nearly one in four workers is affected by it, and probably between 50% and 60% of all lost working days are related to it. This represents a huge cost in terms of both human distress and impaired economic performance. In 2013, the annual economic cost of work-related stress in a group of 15 EU countries was estimated at 25.4 billion Euros and in Europe as a whole, 285.65 billion Euros. However, despite a widespread perception that work-stress was a problem, fewer than 30% of workplaces had procedures in place to deal with them.

In recognition of the severity of the problem, the member states agreed in 2004 the voluntary Framework Agreement on Work Related Stress and in 2007 the Framework Agreement on Violence and Harassment at Work, in which member states undertook to take steps to identify workplace stress and issues of harassment and violence in the workplace according to normal national arrangements. If a problem of work-related stress or violence/harassment was identified, member states undertook to take action to prevent, eliminate or reduce it. The responsibility for determining the appropriate measures would rest with the employer but measures would be carried out with the participation and collaboration of workers and/or their representatives. In 2008, the UK reported compliance because of the introduction of the Management of Stress at Work advisory document. In the opinion of the Stress Network it is debatable whether such a weak policy response adopted by so few employers and hardly enforced at all is an adequate response to the UK's obligations under the Framework Agreements.

Ipsos-MORI European poll conducted on behalf of the European Agency for Safety and Health at Work May 2013

Interviews conducted 23rd. – 28th. November 2012 by telephone except where indicated by * in table below, where face to face interviews were held. Weighted sample size: approx. 500 per country except Lichtenstein (200)

COUNTRY	% answering 'very' or 'fairly' common to the question: "How common, if at all, are cases of work-related stress in your workplace?"
Cyprus	88
Greece	83
Slovenia	72
Malta *	62
Slovakia *	62
Portugal	59
Sweden	57
Czech Republic *	55
Italy	55
Norway	53
Bulgaria *	52
Germany	52
Hungary	52
Luxemberg	52
Poland	51
27 countries in EU average	51
ALL countries surveyed	51
Romania *	51
Netherlands	50
Spain	49
France	49
Iceland	47
Belgium	46
Austria	45
UK	44
Finland	43
Latvia	43
Switzerland	43
Ireland	42
Estonia	41
Lithuania	38
Denmark	38
Lichtenstein	27

FIG 32

APPENDIX 5: useful sources of information

WORKstress has included this list of sources of information as a service to readers.

WORKstress does not necessarily endorse the views expressed within the sources. The stance taken by **WORKstress** in relation to the issue of work-related stress may be found solely in the content of this handbook and the **WORKstress** website.

1. **WORKstress** Website
www.workstress.net
2. **Hazards Website and Hazards Magazine**
<http://www.hazardscampaign.org.uk/>
<http://www.hazards.org/index.htm>
3. Information about trade unions and their contact details, website addresses etc., including information about those unions who have sponsored this handbook, can be found in the TUC Directory 2017.
<https://www.tuc.org.uk/about-tuc/tuc-directory-2016>
4. TUC Website
<https://www.tuc.org.uk/>
5. TUC Risks, Weekly H&S Newsletter
<https://www.tuc.org.uk/workplace-issues/health-and-safety/risks-newsletter>
6. HSE Website (specifically the Stress Management Standards Pages
<http://www.hse.gov.uk/>
<http://www.hse.gov.uk/stress/>
7. ACAS Website
<http://www.acas.org.uk/index.aspx?articleid=1461>
8. DWP Effective Stress Management (2 pdf files):
[http://www.workstress.net/sites/default/files/effective-stress-management-personal-guide_part1.pdf](http://www.workstress.net/sites/default/files/effective-stress-management-personal-guide-part1.pdf)
http://www.workstress.net/sites/default/files/effective_stress_management_personal_guide_part2.pdf
9. Mental Health at Work
<http://www.rcpsych.ac.uk/usefulresources/workandmentalhealth.aspx>
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf
10. Suicide
The Recovery Devon website - Mental Health support: www.recoverydevon.co.uk
Mental Health First Aid (MH Awareness sessions): www.mhfaengland.org
Applied Suicide Intervention Skills Training - ASIST Suicide Prevention Awareness): www.livingworks.net
National Suicide Prevention Alliance - NSPA (Suicide Prevention) A collective of agencies working together for suicide prevention action. Zero Suicide Collaborative: www.zerosuicide.co.uk
Management Advisory Service run by Professor Derek Mowbray, a leading psychologist, well known for working in the area of workplace wellbeing: www.mas.org.uk (Articles on resilience, workplace wellbeing, psychological wellbeing/contracting.)
The Letter of Hope - a resource for anyone who may be considering taking their own life: <http://recoverydevon.co.uk/2015/letterofhope/>
11. Workplace Bullying guidance
<https://www.gov.uk/workplace-bullying-and-harassment>
12. Anxiety UK
<https://www.anxietyuk.org.uk/our-services/anxiety-information/anxiety-disorders/stress>
13. Bully online
<http://bullyonline.org/index.php>
14. Bullying UK
<http://www.bullying.co.uk/bullying-at-work>
15. Childline
<https://childline.org.uk/>
16. Mind the Mental Health Charity
<http://www.mind.org.uk/information-support/tips-for-everyday-living/stress/>
17. Samaritans
<http://www.samaritans.org/>
18. The Wellbeing project
<https://thewellbeingproject.co.uk/ourservices/wellbeing-workshops-resources/?gclid=CPDvqqqlq9MCFU08GwodBJONog>

[http://www.acas.org.uk/media/pdf/1/a/Promoting_positive_mental_health_at_work\(SEPT2014\).pdf](http://www.acas.org.uk/media/pdf/1/a/Promoting_positive_mental_health_at_work(SEPT2014).pdf) www.recoverydevon.co.uk

APPENDIX 6: references

- 1 <http://www.hse.gov.uk/statistics/causdis/stress/index.htm> (Work Related stress, anxiety and depression statistics in Great Britain 2016 (HSE))
- 2 <https://www.lv.com/about-us/press/article/secret-stress-half-sufferers-lie-about-condition>
- 3 Hazards Campaign evidence to Lofstedt enquiry, 2011 (based on research conducted by Tombs and Whyte, RoSPA, Rory O'Neill, the late Simon Pickvance, Andrew Watterson and others.)
- 4 Derived from "Trends in work-related injuries and ill health in Great Britain since the introduction of the Health and Safety at Work Act (HSWA) 1974"
- 5 Work related stress, anxiety and depression statistics in Great Britain 2016, HSE
- 6 It should be noted that the Hazards Campaign strongly disputes the figures for workplace deaths which it regards as a gross underestimate.
- 7 <http://www.mind.org.uk/news-campaigns/news/work-is-biggest-cause-of-stress-in-peoples-lives/#.WJihioXXJMs>
- 8 POA commissioned report by the University of Bedfordshire entitled "Work – Related Stress and Wellbeing". May 2015 (Dr. Gail Kinman, Dr. Andrew Clements & Jacqui Hart)
- 9 <https://www.vitality.co.uk/business/healthiest-workplace/findings/>
- 10 <https://www.cipd.co.uk/knowledge/fundamentals/reasons/absence/absence-management-surveys>
- 11 CIPD 2016 Absence Management Survey
- 12 <http://www.acas.org.uk/index.aspx?articleid=5638>
- 13 Giga, S.I., Hoel, H. & Lewis, D. (2008a) The Costs of Workplace Bullying. London. UNITE the Union/ Department for Business, Enterprise and Regulatory Reform.
- 14 HSE Cost to Britain Model 2014/15
- 15 <https://www.lv.com/about-us/press/article/secret-stress-half-sufferers-lie-about-condition>
- 16 Work related Stress, Anxiety and Depression Statistics in Great Britain 2016 (HSE)
- 17 <https://www.tuc.org.uk/workplace-issues/basic-rights-work/insecure-work-quarter-2011-finds-tuc>
- 18 Work related Stress, Anxiety and Depression Statistics in Great Britain 2016 (HSE)
- 19 <https://www.tuc.org.uk/international-issues/europe/workplace-issues/work-life-balance/15-cent-increase-people-working-more>
- 20 <https://www.ucl.ac.uk/news/news-articles/0815/20082015-working-long-hours-stroke-risk>
- 21 "More Japanese workers dying from overwork or karoshi" Rachel Middleton, International Business Times 5/4/2016
- 22 HSE: SPECIFIC TOPICS Specific topic 2: Managing fatigue risks
- 23 "Worked to Death: The Relationships of Job Demands and Job Control with Mortality," Erik Gonzalez-Mulé & Bethany Cockburn
- 24 Bernard Burnes, Rachael Pope, (2007) "Negative behaviours in the workplace: A study of two Primary Care Trusts in the NHS", International Journal of Public Sector Management, Vol. 20 Iss: 4, pp.285 - 303
- 25 Fevre, R., Lewis, D., Robinson, A., & Jones, T. (2012). Trouble at work. London: Bloomsbury Academic
- 26 Boddy, C. (2011). Corporate psychopaths, bullying and unfair supervision in the workplace. Journal of Business Ethics, 100, 367-379. doi:10.1007/s10551-010-0689-5
- 27 NASUWT comment on Women and Equality Select Committee Report: "Sexual harassment and sexual violence in schools" September 2016
- 28 "Still just a bit of banter? Sexual harassment in the workplace in 2016" (TUC)
- 29 "Bullying of desperate 999 call handlers 'led to suicide attempts' at scandal-hit ambulance service", Laura Donnelly, Telegraph News, 13th February 2017
- 30 Laschinger H, Leiter M, Day A, Gilin D. Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. Journal of Nursing Management. 2009; 17:302-11.
- 31 Lim S, Cortina LM. Interpersonal mistreatment in the workplace: The interface and impact of general incivility and sexual harassment. Journal of Applied Psychology. 2005; 90:483-96.
- 31 Cortina LM, Magley VJ, Williams JH, Langhout RD. Incivility in the workplace: Incidence and impact. Journal of Occupational Health Psychology. 2001; 6:64-80.
- Sliter MT, Sliter KA, Jex SM. The employee as a punching bag: The effect of multiple sources of incivility on employee withdrawal behavior and sales performance. Journal of Organizational Behavior. 2012; 33:121-39

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³³ Farnsworth CH (22 February 1987) Survey of Whistleblowers finds retaliation, but few regrets *The New York Times* and Lennane J (11 September 1993) "Whistleblowing": a health issue. 307(6905): P667-670

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³⁶ <http://www.nhsbsa.nhs.uk/3645.aspx>

³⁷ "Focus on health and safety: trade union trends survey. TUC biennial survey of safety reps 2016

³⁸ ACAS: "Workplace Trends 2016"

³⁹ Source: World Health Organisation (WHO) statistics Quoted in EU-OSHA (E-Facts 51)

⁴⁰ "Meta-Analysis of Perceived Stress and Its Association with Incident Coronary Heart Disease." Donald Edmondson, PhD, Safiya Richardson, MD et al, CUMC's Center for Behavioural Cardiovascular Health

⁴¹ <https://www.ucl.ac.uk/news/news-articles/0815/20082015-working-long-hours-stroke-risk>

⁴² *BMJ* 2017;356: J108,

⁴³ Derived from Work related stress Signs and Symptoms (HSE)

⁴⁴ <http://www.mind.org.uk/news/show/3372>

⁴⁵ "Prescriptions Dispensed in the Community 2005-2015" Health and Social Care Information Centre (HSCIC) 5/7/2016

⁴⁶ "Dying from Inequality" Samaritans March 2017

⁴⁷ Statistics on fatal injuries in the workplace in Great Britain 2016, HSE

⁴⁸ Suicide by occupation 2011-2015, ONS March 2017

⁴⁹ R vs. Dhaliwal [2006] CA, Thursday 18 May 2006

⁵⁰ "Stress and Employer Liability (Developing Practice)" Jill Earnshaw and Cary L. Cooper

⁵¹ Some functions are undertaken by Local Authorities

⁵² Safety Representatives and Safety Committee Regulations 1977 (as amended)

⁵³ Health and Safety (Consultation with Employees) Regulations 1996 (as amended)

⁵⁴ <https://www.equalityhumanrights.com/en/multipage-guide/employing-people-workplace-adjustments>

⁵⁵ Intel Corporation (UK) LTD v DAW, February 2007

⁵⁶ www.hse.gov.uk/stress/standards/pdfs/indica-tortool.pdf

⁵⁷ The section on the Management Standards for Work-related Stress contains public sector information published by the Health & Safety Executive and licensed under the Open Government licence

⁵⁸ <http://www.hse.gov.uk/stress/index.htm>

⁵⁹ Contains public sector information published by the Health & Safety Executive and licensed under the Open Government licence,

⁶⁰ www.workstress.net

⁶¹ Pope, R. (2015). The NHS: Sticking fingers in its ears, humming loudly. *Journal of Business Ethics*, 1-22. doi:10.1007/s10551-015-2861-4]

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