Improving the workplace approach to mental health for postal workers

Stephen Glaysher
Churchill Fellow 2013

July 2014
New York, Toronto, Ottawa and Washington DC
Executive Summary

The knowledge I have gained from my experiences during my Fellowship indicate that Royal Mail could potentially benefit from incorporating methods regarding mental health awareness that are currently being promoted in Canada and the USA.

The key findings from my Fellowship are that a multi-level approach should be taken regarding mental health training and business policy. This can be provided at:

- **Executive level**: This involves strategic commitment and an acknowledgement that it is an organisational priority to:
  - Have open engagement regarding mental health i.e. a workplace where admitting issues would not be used against the employee in regards to attendance procedures
  - Improve mental health of workers thereby having a knock-on effect of improved attendance levels (reduced sickness absence)
- **Operational Management level**: Establishment of training programmes stipulating what people need to look out for, what to do and where to go for support
  - Training programmes should provide a varied direction incorporating as many psychological approaches as possible (for example, CBT, Positive Psychology, Mindfulness etc.)
  - High impact short training programmes could be created (these are the type of programmes I am currently in contact with the CWU education department regarding creating for use within the postal industry). These could be used in conjunction with more ongoing training programmes by trained mental health professionals
  - A commitment to re-address all elements of policy, training and awareness programmes at regular (at the most) six monthly intervals.
- **Ground level**: Employees should be empowered to create their own awareness programme in the workplace
- **Stakeholder level**: Involving engagement and backing of Trade Unions, share-holders, employees, Human Resources etc for initiatives such as buddy schemes.

There is not one method that would aid every employee, however, each method that has been developed by mental health professionals and could be adapted for application in the postal industry. I have endeavoured to outline my research and findings in the following report.
Contents

Aims of my Fellowship ........................................................................................................ 4
Itinerary and Contacts .......................................................................................................... 5
Details of key visits ............................................................................................................... 6
  New York - NAMI Metro ..................................................................................................... 6
  New York - Erin Sullivan ..................................................................................................... 7
  Letitia ‘Tish’ James (New York Public Advocate) ............................................................. 8
  Toronto - Anthony Wilson-Smith ....................................................................................... 8
  Toronto - Adela Estrela – Morneau Shepell ..................................................................... 9
  Toronto - Dr Jason Russel ................................................................................................. 9
  Ottawa - Gayle Boomberry and Serge Champaux CUPW (Canadian Union of Postal Workers) .......................................................................................................................... 11
Washington DC .................................................................................................................... 11
Conclusions .......................................................................................................................... 12
  Workplace Policy and Training methods ......................................................................... 12
  Stigma reduction ............................................................................................................... 13
  Trade Union involvement ................................................................................................. 13
  Some action is better than none ...................................................................................... 14
Next steps .............................................................................................................................. 15
Acknowledgements .............................................................................................................. 16
Bibliography .......................................................................................................................... 17
Aims of my Fellowship

My name is Stephen Glaysher. I am a Postman of 23 years working for Royal Mail in the UK. I am also a Representative for the Communication Workers Union (CWU) and am currently studying a degree course in International Labour and Trade Union Studies (ILTUS), at Ruskin College, Oxford.

Over my 23 years within my industry I have assisted many colleagues with a wide range of mental health issues. I have also experienced at first-hand what effect mental illness has on a person’s working life. My father, until his recent passing away, had suffered from mental illness throughout his life. I feel strongly that an innovative approach to identifying and supporting people with mental health problems in the workplace will be beneficial to employees and employers.

Postal workers can be particularly prone to mental health problems due to poor self-development opportunities and long periods for self-analysis. The aim of my Fellowship was to observe and understand different approaches to mental illness of workers. The World Health Organisation encourages organisations to promote Mental Health wellbeing through a range of strategies (The World Health Organisation, 2005). The European Network for Workplace Health Promotion (ENWHP) advises industries to use Mental Health promotion within the workplace (ENWHP, 2011). I have observed and experienced firms’ responses to this issue in America and Canada. By using my union background, I explored not just the management approach but also the workers’ perspectives therefore hopefully providing a more balanced view. I hope to raise awareness, firstly by disseminating what I have learnt from my Fellowship, and then by assisting in the development and promotion of an innovative approach that can be adopted by my union and by Royal Mail.

I have had limited opportunity in my life to travel and the experience I have gained from my Fellowship will have great effect on how I treat and represent my members. With the wealth of information I have acquired, I wish to pass on some of my knowledge and experiences to others.

If I can help one member, then I would count the efforts I have placed into this project a success but I am convinced that the effects could be even wider-reaching.
## Itinerary and Contacts

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<thead>
<tr>
<th>Personnel visited</th>
<th>Trade Union, Institution, organisation or business</th>
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<tbody>
<tr>
<td>Erin Sullivan</td>
<td>International brotherhood of electrical workers Local 3</td>
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<tr>
<td>Wendy Brennan</td>
<td>Executive Director NAMI (National Alliance of Mental Illness) Metro New York</td>
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<tr>
<td>Kinsey McManus</td>
<td>NAMI Metro New York Service Director</td>
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<tr>
<td>Letitia ’Tish’ James</td>
<td>New York City Public Advocate</td>
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<tr>
<td>Larry Cirelli</td>
<td>National Association Letter Carriers (NALC)</td>
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<td>Anthony Wilson-Smith</td>
<td>Historica Canada</td>
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<tr>
<td>Adela Estrela</td>
<td>Morneau Shepell</td>
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<tr>
<td>Jason Russel</td>
<td>Empire State College</td>
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<td>Multiple speakers and delegates</td>
<td>Positive Psychology Canada Conference</td>
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<tr>
<td>Lisa Sampson</td>
<td>LVS Consulting</td>
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<tr>
<td>Heather Orpana</td>
<td>Canadian Government Official</td>
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<tr>
<td>Serge Champaux</td>
<td>CUPW (Canadian Union of Postal Workers)</td>
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<td>Gayle Bossenberg</td>
<td>CUPW</td>
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<tr>
<th>Contacts whom facilitated with the arrangement of the Fellowship</th>
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<tr>
<td>Michelle Steinowicz</td>
<td>Shepell</td>
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<td>Major Simon Tucker</td>
<td>Royal Marines UK</td>
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<td>Katherine Seinhoff</td>
<td>CUPW</td>
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<td>Geoff Bickerton</td>
<td>CUPW</td>
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<tr>
<td>Laura Horn</td>
<td>ActiveMinds INC</td>
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<tr>
<td>John Baldwin</td>
<td>Communication Workers Union (CWU)</td>
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<tr>
<td>Tracy Walsh</td>
<td>Ruskin College, Oxford</td>
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<tr>
<td>Katie Conlon</td>
<td>MAPP programme PENN</td>
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<tr>
<td>Aaron Boczkowski</td>
<td>MAPP coordinator</td>
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<tr>
<td>Kate Mallow</td>
<td>NAMI National</td>
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<tr>
<td>James Cavallazzo</td>
<td>Shaw Canada</td>
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<tr>
<td>Andy Moorey</td>
<td>CWU</td>
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<td>Martin Collins</td>
<td>CWU</td>
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<tr>
<td>Elizabeth Cotton</td>
<td>Surviving Work</td>
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<tr>
<td>Emily Pang</td>
<td>Royal Mail</td>
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<tr>
<td>Moya Green</td>
<td>CEO Royal Mail</td>
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\(^1\) In a visual show of Trade Union bureaucracy, despite me being in Mr Cirelli’s office, I was not allowed to speak to him. This was due to him not being able to acquire permission from his head office.
Details of key visits

New York - NAMI Metro

NAMI (National Alliance of Mental Illness) Metro are part of the national group that is a non-profit organisation, with branches throughout America. NAMI has produced Mental Health Support programmes that are delivered regionally (NAMI - New York City Metro (a), 2014). In addition to their national programmes, regions have the autonomy to produce their own mental health initiatives. NAMI provide support, education and advocacy for families and individuals who live with mental illness (NAMI (a), 2014).

Wendy Brennan, executive director at NAMI Metro, and The Northwest Business Group on Health (NEBGH), have been conducting workplace mental health summits. Many businesses, in the New York area, have been attending the summits. The group have been reviewing actions of best practise, in varying working environments that are improving employee mental health (NAMI - New York City Metro (b), 2014).

I was greeted at NAMI Metro by Wendy Brennan and Kinsey McManus, Services Director. From early on in our conversations the disparities between the American health care system and the UK National Health Service (NHS) model were apparent. NAMI provides support to people from social groups that are particularly at risk, many from varying ethnic backgrounds and with significant financial problems. The lack of primary care provided to these groups is currently where much of NAMI’s advocacy is being directed.

The support programmes that are provided by the group are extensive; many are of an innovative nature. I was interested in the amount of peer led programmes provided. One example is the ‘In our own voice’ programme. It employs people who have experience of mental health issues, to use their own experiences and stories to aid and support to people embarking on recovery. It was stated to me that they are “spreading the message of recovery through living examples”. Through teaching methods they hope to provide a “decrease of stigma and increase of awareness”. Both Wendy and Kinsey were emphatic about the benefits of use of peer knowledge (NAMI - New York City Metro (c), 2014).

In the UK, the involvement and experiences of participants in Trade Union education programmes are a fundamental part of the training method. Similar to the NAMI training programme, the mental health experiences of Trade Union representatives could be used to enhance the impact of a programme, providing Trade Union representatives with mental health awareness education.

The workplace mental health summits have been very successful, since the first in March 2013 (NAMI - New York City Metro (b), 2014). Currently, Wendy has received requests from the businesses to meet on a more regular basis. This could be an observation of how, in this current globalised economy, firms are beginning to realise the financial benefits of good workplace mental health (The World Health Organisation, 2005).
Wendy was very enthusiastic about current workplace packages within the UK and invited Paul Farmer from MIND UK to speak at a previous summit.

Other programmes that have been observed at previous summits are:

- DuPont - ‘Identify, Connect and Understand’ (ICU). The programme encourages workers, who are encountering mental strain, to reach out to colleagues for support
- Value Options – ‘Stamp out Stigma’ (SOS). Ask employees to talk about mental health issues, in an open and free environment
- Prudential – Health Risk Assessment (HRA). Claimed to show a 32% reduction in risk of depression.

NAMI Metro has created the #I will listen campaign (NAMI (b), 2014). Its primary direction is to change the stigma related to mental health. Deutche Bank has held ‘I will listen’ days, with great success. Wendy informed me that she has received positive responses from participants in the campaign.

**New York - Erin Sullivan**

Erin is a trained electrician and a Trade Union activist for the Local 3 International Brotherhood of Electrical Workers. Erin has created a mentorship programme within her industry (You Tube, 2013). New entrants into her Trade Union and industry are given an experienced electrician to support the new worker in any way necessary. This is with the intention of teaching employment expectations and offer support during their employment. Through historic collective agreements, new entrants have to enrol with the Trade Union on starting their employment and training. The Trade Union plays a significant role within their employment, providing professional indemnity and also working as a ‘middle man’ in employment contracts for electricians. The training programme is extensive and new workers are also expected to attend evening classes, teaching the principles of the Trade Union movement and political advocacy. The mentorship programme was created to replace relationships that were historically created during breaks and family connections, within her industry. Comparably in the UK postal industry, due to the changing working environment, workplace social contact and conversations are of a limited level. The current individualistic and insular working environment in the postal industry has reduced the levels of support that was previously provided by colleagues. A programme similar to the Local 3 Brotherhood’s could be beneficial to employees in the UK.

Through the creation of a mentor support, a method for peer assistance (with any health issue such as mental health) has been created. Erin recounted stories of how employees have used their mentor for support in a number of ways. In meeting students attending the Local 3 courses, they also voiced the fact they felt supported to know they can reach out to their mentor if needed.

Erin is an impressive women, who has not only had a long career in a predominantly male industry, studied to high academic level and been a shop steward (trade union representative); she has also created a programme through her commitment of promoting trade union beliefs and supporting her
colleagues. Local 3’s Trade Union strength is unusual in a country with strict and possibly anti-Trade Union controls. Mental Health support of employees was not the primary goal of her programme. However, the effect of having peer support (trusted and not with the primary business aims at heart), produces a good mental health protection mechanism.

**Letitia ‘Tish’ James (New York Public Advocate)**

Letitia James’ elected role is to politically progress the most relevant issues of New York City citizens. I was invited to meet her at a lecture, at Empire State College and I had a brief meeting with her after the lecture. It was interesting speaking to her regarding issues effecting the working people of New York City. The issues are very much aligned to London, with cost of housing a high priority. Tish informed me she is committed to driving forward health care reforms to aid mental health within the City. It should be noted, regarding the content of my research, the impact that extrinsic issues (such as housing) have in providing good mental health.

**Toronto - Anthony Wilson-Smith**

Anthony is currently the president of the Historica-Dominion Institute and was previously, amongst many other occupations, head of communications at Canada Post. Anthony was key in the production and deployment of the ‘Canada Post’s Foundation for Mental Health’ (Canada Post, 2011). This foundation ran from 2008-2011 and provided financial assistance to many non-profit organisations targeting mental health support/treatment. The funding was primarily acquired by the fund raising efforts of Canada Post’s employees and the production of a foundation stamp. The Foundation pledged within its goals to raise awareness of mental health and build capacity of community mental health.

It was clear to me that the initiative was driven by Anthony as well as participants selected by him. The then CEO, and now CEO of Royal Mail (Moya Green), fully backed the project and Anthony was keen to express this point. However, the project was influenced by very powerful business leaders, whom Anthony (through his extensive career) has a wealth of contact. A project such as this needed the support of very influential leaders and would only be created by the CEO’s agenda. I am by no
means saying that a charity organisation cannot be constructed from the ground upwards, however, a comparative organisation would need to be driven from the top.

I was interested in whether the organisation’s goal of raising awareness was achieved. Anthony informed me that this was aimed to be achieved by mental health being propelled into the conscious (of the workplaces’ employees) by the charity actions taking place. Anthony believed that changes and progress were just beginning to be observed when the foundation was sadly replaced. After the company’s change in CEO and Anthony taking on his current position at Historica Canada, the foundation was changed by the new management to the ‘Canada Posts Children’s Foundation’. Anthony was disappointed by this outcome.

I very much enjoyed our meeting. Anthony has had an impressive life, involving himself in some very worthwhile ventures. During our conversations, a story involving Audrey Wilson-Smith (Anthony’s mother) was recounted. When the Second World War began, Audrey joined the Women’s Royal Naval Service and was assigned to the War Office. She was preparing a bath one night when someone hammered on her door. The pipes had burst and the occupant below - Winston Churchill - had been forced from his office!

**Toronto - Adela Estrela – Morneau Shepell**

I had been recommended to speak to Bell Canada (a Canadian communications firm) regarding their pro-active approach to mental health in the workplace. In 2010 Bell Canada began the ‘Let’s talk’ project (Bell Canada, 2014). The project began a significant philanthropic arm for the company that is embedded in its Corporate Social Responsibility (CSR) (Bell Canada, 2014). The company claims to have invested $62 million to address the national challenge of mental health (Bell Canada, 2014).

A recent investment, created the post of Bell Canada Mental Health and Anti-Stigma Research Chair. Bell has invested $1 Million, over 5 years, for Dr Heather Stuart, to focus her research on developing and disseminating best practices to reduce stigma around mental health (Queen's University, 2014).

Dr Heather Stuart directed me to a programme developed between herself and Morneau Shepell, creating the first ever workplace mental health certificate training programme (Morneau Shepell, 2014). The programme teaches leadership skills in managing performance and promoting a mentally healthy workplace. She placed me in contact with Adela Estrela (programme coordinator) to meet regarding the project.

The course was explained to me as a three-module, blended learning course, primarily for leadership positions. Adela explained that she felt the course was innovative due to its extensive nature and unique blended learning method. She believed the course hoped to change stigma in the workplace through educating the leaders to pass on the information into their respective industries.

I would question the unique nature of the course regarding reducing stigma in the workplace. Most training packages I have reviewed use the same cascade effect of mental health awareness. However, the comprehensive nature of the course, in my view, is of a positive nature. The use of CSR by Bell Canada is also a positive response, hopefully, creating a culture of responsibility to stakeholders’ within the company.

**Toronto - Dr Jason Russel**

Dr Russel has been my ‘go to man’ throughout this project. Leader of the MA programme of Labour and Policy Studies at Empire State College, he has an amazing knowledge of the Labour market in American and Canada. The connections he has provided me with and the knowledge he has given me regarding the political and industrial issues within each country have been of great benefit. I had
the privilege of meeting with him in Toronto and much of the information he provided me, I have incorporated into this report.

**Ottawa - Positive Psychology Conference**

Throughout my research into training methods for workplace mental health, cognitive training methods were observed. In the UK, I have been in contact with Elizabeth Cotton who has created the surviving work website, a facility for cognitive aid in mental health (Cotton, 2014). Elizabeth has based her work around the term ‘Resilience’. In Mental Health training packages I have attended in the UK, the terms ‘wellbeing’ and ‘mindfulness’ are frequently used. I was interested in finding how these cognitive approaches were created. Elizabeth Cotton directed me to Pennsylvania (PENN) State University and the MAPP (Master of Applied Positive Psychology) programme (Penn College of Liberal and Professional Studies, 2014). The facilitator of that course provided me with two previous graduates of the programme. Lisa Samson who is vice chair of the Canadian Positive Psychology Association invited me to their second conference in Ottawa to obtain a better knowledge of the subject (The Canadian Positive Psychology Association (CPPA), 2014).

I found the conference to be of fantastic assistance in understanding the psychological advice given during workplace mental health training methods. The concept of positive psychology is simplistic in nature, yet hard for any individual to put into practise, in modern life. However, simple awareness/reminders of a person’s negative thought process can provide mental health assistance. Here are two brief descriptions of cognitive training concepts used within positive psychology:

- **Internal dialogue and automatic thoughts** – Making people aware of the automatic thoughts that enter ones head in a negative situation. Through self-awareness of the thought process, a person is encouraged to catch these thoughts and attempt to select thoughts that are positive to the situation
- **Catastrophizing** – A person is encouraged to avoid jumping to conclusions and acknowledge the negative effect it can have. The use of the thought process of ‘worst, best and most likely consequence’ is encouraged to be used when in a negative situation.

These examples of training methods could be incorporated within mental health awareness programmes in the UK to provide a possible aid for anyone suffering from mental health issues. Use of other cognitive methods are interpolated into the positive psychology approach. It seems agreed throughout the field of psychology that there is not one method to suit everybody in the field of mental health.
Stephen Glaysher - August 2014

Ottawa - Gayle Boomberry and Serge Champaux CUPW (Canadian Union of Postal Workers)
Gayle is the 1st National Vice President of CUPW and Serge is Head Officer of Health and Safety. The CUPW represent the postal workers of Canada. They are currently conducting a ‘Save our post campaign’ due to new proposals involving end to end delivery (post delivered to your door) (CUPW, 2014). On the day I met with Gayle and Serge it had been revealed that the Government had conducted research into privatising Canada Post.

My first question was in relation to the previously mentioned ‘Canada Post’s Foundation for Mental Health’ (see section on Anthony Wilson-Smith) and what the Trade Union’s view was of the project. The period of time that the foundation ran was of particular industrial unrest. Stories of harassment, bullying and aggressive business decisions were recounted to me. Due to this aggressive industrial climate, mental strain, stress and anxiety (on the members) were commonly observed by Trade Union representatives. It was agreed that the concept of the ‘Foundation’ was good and the charitable elements were of a positive nature, however, it was communicated to me that any aim of any positive mental health approach to its workforce was never observed. If a similar innovative programme such as Canada Post’s Foundation for Mental Health was to be implemented in the UK, it is imperative that an organisation provides a positive external and internal attitude to mental health awareness in the workplace.

The same period of industrial conflict with accusations of bullying, harassment and aggressive business decisions, had been observed within the UK postal industry (Personnel Today, 2009). This had been prior to the company’s privatisation and recently some positive changes can be observed (although questioned by many within the company) (CWU, 2014). Indeed, a reason for my interest into work place mental health was the same observation of mental pressure placed on the members I represented, during this time of industrial unrest.

I explored with Gayle and Serge the current Government driven promotion of mental health in the workplace. It was promising to hear that the Trade Union movement had been involved in the production of the Mental Health Commission of Canada’s guidance for business mental health policy (Mental Health Commission of Canada, 2013). Although not perfect, Gayle believed the document to be generally sound.

It was hugely beneficial speaking to Gayle and Serge about issues within their industry and also hearing their points of view.

Washington DC

With great disappointment, I was unable to meet with any member of the military in Washington DC, as planned. I had planned to meet with Sargent Major Brian Battagia, however, more pressing issues arose for him. From telephone meetings, I found the current military approach to mental health screening very interesting and would have liked to explore this more. Certainly, my military
contact in the UK informed me of the details regarding Trauma Risk Management (TRiM) training and psychological evaluation (Greenberg N, 2008). There does seem to be a direction of treatment to mental health in the US, whereas in the UK more preventive measures are being reviewed.

Within the US there is evidence of businesses being aware of the benefits from workplace mental health support (NAMI - New York City Metro (b), 2014). However, the cost implications do seem high and I question how much is directed to, lower social groups and the industries they work within.

Laura Horn, from Active Minds Inc, explained their initiative of empowering college students, to provide their own mental health programmes (Active Minds Inc, 2014). The group provides, action kits, which use a manualized (i.e. follow a policy or manual) approach to providing information regarding mental health issues. The direction provides the peer support that can of benefit when discussing mental health issues. The programme seemed very innovative, however, there were high cost issues involved once again. However, the programme once again highlights the positive effect of peer knowledge awareness that could be incorporated within proposed UK postal training systems.

I found it particularly hard to find any fulfilling meetings in Washington DC. The people I did meet, were not as friendly as I had encountered in previous meetings. I felt there was an element of unease due to my Trade Union connections. Furthermore, even the Trade Union connection were unavailable to comment. However, the people I did have contact with provided worthwhile programmes that would be of benefit to anyone who would use or have access to the provided facilities.

**Conclusions**

As I embarked on this research, I reviewed some of the current workplace mental health training packages that are available in the UK. These are available to businesses and individual (or groups) that are willing to pay for them. The cost of these packages were surprisingly high, putting them out of reach to most people, unless, other than businesses or Human Resource (HR) groups willing to invest. Having previously attended a training programme in the UK, aimed at employers and HR personnel, I struggled to see how the education given would make a significant impact on my workplace.

On completion of my Fellowship, a number of my preconceptions have changed and I have also developed a number of new proposals that, I believe, would be beneficial for workers. I have been privileged to meet a number of amazing people, whom all have the well-being of others as their core value. In my opinion, all their mental health proposals/training/packages would be beneficial to a number of their employees/members/trainees. However, the main principle that I have learnt through the partaking of my Fellowship is that a multi-level approach should be taken. This could be defined as ‘not one method suits all’. This direction is recommended throughout a number of documents produced on mental health and was also used by many psychoanalysts that I have met or heard lecture (The European Network for Workplace Health Promotion (ENWHP), 2011; Mental Health Commission of Canada, 2013; The World Health Organisation, 2005; Hara, 2014).

**Workplace Policy and Training methods**

Evidence suggests a firm can benefit from mental health policy development (The World Health Organisation, 2005; Mindful Employer, 2011; Mental Health Commission of Canada, 2013; The Department of Health, 2014), as this is where cost-saving implications begin to appear. The World Health Organisation paper ‘Prevention and Promotion in Mental Health’ (which is openly available
for organisations to review) gives comprehensive guidance for policy creation. This guidance I have found to be almost completely aligned to other policy guidance documents. However, leaders/managers would have to be willing (and committed) to spend their time to review and implement the directions.

As I have previously stated, prior to my Fellowship, I would have suggested that training methods in the UK are insufficient. I do still believe that training methods do not consider all of the individual workplace issues, however, the UK has some relatively low cost and reasonably comprehensive models (Mindful Employer, 2011; MIND UK, 2011). The UK government are currently reviewing methods of good training practise (The Department of Health, 2014). I would hazard a guess that the methods provided by the Devon NHS based Mindful Employer are included in those examples of best practise. Furthermore, there are also innovative models, such as survivingwork.com, that could provide a different approach needed by some individual workers (Cotton, 2014). So, methods are available for employers and employees now. Issues that have been highlighted during my interviews, regarding Canada Post’s Foundation for Mental Health, should act as an educational tool for any policy development. A universal approach is needed for true mental health to be achieved throughout a workplace. Business targets or goals may be needed to be adjusted for the wellbeing of the worker. In this scenario, the ‘trickle down’ effect of market forces will conflict with a workers’ health. I have spoken to HR officials and managers, during my Fellowship, who have informed me that the mental health training, of the leader/manager, would help provide a decision that will, hopefully, benefit the worker and the business. In my own experience and agreed by Trade Union officials I have spoken with, this is too often not the case and business targets take preference.

Stigma reduction
Dr Heather Stuart has a massive task in de-stigmatising mental health in Canada (Queen’s University, 2014). The same issues are applicable in the UK. Many people have preconceived view of mental health, such as it is a show of weakness (MIND UK and Rethink Mental Illness, 2014). I have found most models of policy/training development, work on the view that more education provides less stigma, in a ‘trickle down’ effect. For example, the leader/manager begins to have an understanding of mental health issues and then portrays it to his staff. Dr Stuart has listed six basics steps to aid stigma change:

1. Watch your language (People with a mental illness; no jokes please)
2. Educate yourself about mental illness
3. Remember, small acts of kindness go a long way (send a get well card; go for a coffee)
4. Listen and ask – don’t assume or give advice
5. Support mental health and anti-stigma programmes (write a letter to your MP; donate)
6. Start a dialogue, not a debate.

These are all simple changes and could easily be transferred into any workplace by willing participants. These directions could be translated to staff members in a variety of cost neutral ways, however, commitment must be there to provide results.

Trade Union involvement
Trade Unions have been at the forefront of health and safety improvements, in the workplace, for many years. On a daily basis Trade Union representatives are confronted by members who have issues relating to mental illness (Labour Research Department (LRD), 2014). I believe a Trade Union representative to have a key role in providing mental health wellbeing in the work place. Some mental health training packages suggest that a person who is experiencing mental health issues sometimes would rather speak to a friend or colleague (Mindful Employer, 2011). The employee
may feel embarrassed, or believe he/she may be perceived as weak by their employer (Mindful Employer, 2011). Trade Union representatives are predominantly colleagues who have a unique independent position in the workplace, with the employees needs as their priority.

**Some action is better than none**

If no action is taken on the growing issue of mental health problems in the workplace, the World Health Organisation’s predictions regarding mental health being the second highest cause of disease burden by 2020, will become reality (The World Health Organisation , 2002). Many of the actions I have mentioned would be at low or even no cost for the purveyor. However, acceptance and commitment would be needed. This is why my perception of current training methods has changed through this Fellowship. The main issue is not with the training methods as such but how the information is translated into the workforce. Through greater engagement with all people (or stakeholders) concerned; general knowledge and coping measures may improve. This will in turn hopefully provide improved stigma (and individual health) involving mental health. No action, by all people (or stakeholders), is the biggest risk that can be taken.
Next steps
I have been in conversation with CWU Officials, regarding progressing the issue of mental health and using my research in a positive way. I hope to present my findings to the Professional Executive Committee (PEC). The CWU does provide mental health training to active members, however, I wish to explore ways of disseminating my findings in a high impact, succinct and manulized method. I have members of the CWU education department who are willing to assist. I have already been in contact with Elizabeth Cotton, creator of surviving work.com, to discuss continued support from her. I am extremely excited at how much interest the research has generated and hope it may be able to influence further change in stigma and protection for Trade Union members suffering from mental health issues.

I am now focusing on raising awareness through my Trade Union as I am one year into a two year career break from my Royal Mail position, to care for my children. I will then look forward to progressing my findings when I return to the working environment.

I have also had some interest from community groups regarding presenting my findings. I will use the contact I have with the CWU education department to explore the possibilities of using any presentation that is created in other environments. I am also interested in the possibility of using the practices of Active Minds, in Washington DC, within the college context in the UK and propose to speak to people at Ruskin College, where I am currently studying, about this.
Acknowledgements
The opportunities and experience the Fellowship has provided me, has been immense. After 23 years of doing a job that I love, I have had to adapt to a multitude of previously unexperienced issues. I have relied on the assistance of many people that I would like to thank:

- All the people who very kindly gave a proportion of their time to speak or meet with me (all have been mentioned within this document)

- My wife, for hours of support and looking after the children, solely, for such a long period of time

- The Churchill Trust, for excellent direction, advice and generosity

- Diversity Travel, for their assistance and service

- John Baldwin, CWU International Affairs Officer who assisted me with contacts and advice prior to my trip. Very tragically, John passed away during my Fellowship travel. He will be sorely missed by anyone who was lucky enough to have contact with him in his life.

Thank you all, once again.
Bibliography


Stephen Glaysher - August 2014


