

Stress Management Health & Safety Management Standard Issue 2 (June, 2009)

Part D: Stress and Sickness Absence

This document should be read in conjunction with Parts A, B, and C of the Stress Management Health & Safety Management Standard.

Introduction

This guidance has been developed in response to concerns that individual managers can sometimes be unsure how to respond when an individual experiences medium or long-term stress related absence. Although this document is primarily focused on medium/long-term sickness absence, the relevant principles (reporting, Stress Action Plans, deciding on changes/adjustments, etc.) can also be applied to short-term stress related sickness absence.

This document should also be read in conjunction with the Council's [Attendance Management Policy](#).

Actions

1. Make sure you report stress-related absences

It is a reasonable expectation that an employee should notify you of their absence and why they are absent. They may not be willing or able to go into medical details, but it is a reasonable expectation that they tell you if their absence is stress-related and if they think it is work-related.

Ensure you always complete and return the pink Sickness Absence Report Form.

If the employee feels that their stress is work-related, ask them to complete an [SO2 Incident Report Form](#). You can send the form to their home, or if they say they feel unable to complete it, complete one on their behalf.

Be aware that other terms may be used for stress related absence (e.g. anxiety, depression, hypertension, panic-attacks).

2. Ask the individual to complete a Stress Action Plan as soon as possible

As soon as you know that absence is stress related, you should ask and encourage the individual to complete Part 1 of the Stress Action Plan.

If the employee feels there are work issues it is essential that these are identified as quickly as possible and responded to. If not, it will be far less likely that the individual will return to work quickly. Via a referral, OH may be able to provide information on the individual's issues (if the employee consents to release that information - see section 5), but the Stress Action Plan process should still take place in parallel with an OH referral.

If an individual refuses to speak to you about their issues, and there are no medical reasons for delaying the risk assessment process (which OH will be able to advise on), you will need to be honest with the individual that you won't be in a position to consider any adjustments to help them back to work.

3. Meet with the employee as soon as possible and maintain contact

It is essential that you try to keep in touch. Managers can be hesitant about this in case they say the wrong thing or are perceived to be 'hassling' – where in reality individuals may be more concerned by a lack of contact. If there is little or no communication, misunderstanding and barriers can quickly arise. Then the employee may then feel that they are not missed or valued and this can exacerbate already low self-esteem.

Arrange to meet with the individual as soon as possible, ideally as soon as you become aware that the absence is likely to last longer than two weeks. **Just because the individual is absent from work, should not prevent a meeting from taking place – often this is key to an early return to work being achieved.**

The meeting should take place at their normal workplace, or if necessary a 'neutral' location. The aim of the meeting should be to identify the cause of the absence (e.g. any work-related issues) and provide support to facilitate an early return to work.

- Give the employee chance to explain the problem and what is happening
- Ask if there is anything you can do to help
- Avoid putting pressure on them to divulge personal or medical information
- Remind the person that a [confidential counselling scheme](#) can be accessed
- Depending on the severity of the illness (and the operational context of the service), explore if a temporary half-way house between work and absence would help to achieve a full return to work. E.g. working from home for a few hours a day.

Don't know what to say?

- Ask open questions about what is happening, how they are feeling and what solutions they think there might be.
- How long have they felt like this? Is this an ongoing issue or something that immediate action might put right?
- Are there problems outside work that they might like to talk about or that it would be helpful for you to know about? (Recognise that they might prefer to talk to a confidential counsellor rather than yourself about non-work issues.)
- Are they aware of possible sources of support, e.g. confidential counselling.
- Is there any aspect of their medical care or condition that it would be helpful for you to know about? For example, side effects of medication that might impact on their work. (While you have no right to this information, the employee should be aware that you can not make reasonable adjustments if you are not informed about the problem.)
- Do they have any ideas about short or longer-term adjustments to their work that may be helpful? (See 'Decide what changes you can accommodate' below.)

4. Do not assume the employee wants no contact

It is not uncommon for an individual to request no contact. The worst thing a manager can do is assume that this is the case, or accept it at face value and sever all contact with the individual. Research clearly shows that no contact hinders a person's recovery and reduces the chances of a return to work. It is essential that you try to keep in touch.

An individual may request no contact because they feel embarrassed about the way that they feel or are behaving – a sympathetic manner and treating the person normally can help overcome that. Sometimes the request for no contact arises because you, the manager, are perceived to be a factor.

In such circumstances consider offering the **temporary** services an intermediary such as a colleague or another manager, but also ensure the employee is made aware that they will need to re-engage with you at some point in the process.

Even if an individual is refusing contact with their manager, they may be in touch with their TU representative. You should consider speaking to the relevant TU representative to see if they can encourage the individual to maintain contact with the workplace.

5. Make an early referral to Occupational Health

In cases of stress-related absence, a referral to OH should be made by the **3rd week of absence**. Therefore, you will need to make a referral as soon as you are aware that the absence will be more than one week (e.g. by referring to the timeframe given on their GP's 'sick note').

NB. The current Attendance Management Policy advises that normally a meeting should take place with the employee to discuss the referral and that the employee should be given opportunity to sign the referral form. Recognising the need for a quick referral in stress-related cases, if this is not possible, the employee should still be sent a copy of the referral form by their manager.

NB. If a Stress Action Plan has been completed (or even only partially completed) include a copy with the referral. This should include the manager's response ('Part 2') if it is available.

Questions to consider asking OH include:

- What is the prognosis for their condition and how long is it anticipated to last?
- Is the individual receiving and following the correct treatment for their condition?
- What is the likelihood of a return to work within the next 'X' weeks/months?
(A specific time period based on how long you can manage with the individual being absent, or the point at which employment decisions will have to be considered.)
- What is the effect of the condition on the individual, and their ability to carry out their job?
- In relation to the individual's condition (if any), please confirm:
 - What effect the condition has on the employee?
 - Is that effect substantial?
 - Is that effect long-term?
 - What effect it has on the individual's day-to-day activities?

- In respect of their medical condition, what adjustments could be made to help the employee return to work?
- Would these adjustments be short or long-term? When should they be reviewed?
- Are there any management or work-related issues that the employee feels need to be resolved?
- Would a 'phased return to work' assist (or speed-up) a return to work?
- In respect of a phased return, if the nature of the job can accommodate working from home would it assist the employee's return to work?

OH's stress questionnaire process

The Council's OH provider (Heales Medical) uses a stress risk assessment process, which is separate but complimentary to the Stress Action Plan process.

When a referral is made for a stress-related condition:

- OH may decide to send confidential questionnaires to both the employee and their line manager.
- Once these questionnaires have been returned to OH, OH will arrange a referral appointment with the employee.
- **NB.** OH will chase the questionnaires twice, at 5 day intervals. If the questionnaires are not returned OH will notify HR, who will be asked to encourage the return of the questionnaires.

On completion of the questionnaire process, the information back to the manager from OH will usually cover:

- An objective view on whether the individual's stress is work-related, not work-related, etc.
- Whether counselling (or other relevant treatment, such as Cognitive Behaviour Therapy) would be beneficial.
- Any suggested adjustments that should be considered (e.g. adjustment to working hours) and whether these adjustments are temporary or permanent.
- Whether there are management issues that need to be discussed with the employee.

What if a suggested adjustment can't be accommodated?

- Ultimately it is a management (not medical) decision about whether an adjustment can reasonably be accommodated.
- If a suggested amendment cannot be accommodated the manager can go back to OH, explaining why the adjustment can't be accommodated, but identifying any similar adjustments that could be accommodated.
- OH will then review their opinion and advise back on the likelihood of a return to work being achieved.

Will OH tell me what the employee thinks is the cause of the stress?

- If the employee gives consent, OH will provide the employee's perceptions of what is causing their stress.
- If there are work-related issues, as a minimum OH will advise in their referral report that: 'There are work-related issues that need to be discussed with the employee. In order to achieve an early return to work, a meeting or meditation with the employee should take place.'

6. Don't avoid talking about any work-related issues

As part of normal attendance management processes, a meeting should be arranged with the individual to discuss the outcome of the referral to OH. As identified earlier, the individual's absence from work should not prevent a meeting taking place. (See Section 3 for further information.)

Often it is not medical issues, but work-related or management issues that delay the return to work. Via the Stress Action Plan process, meetings with the individual, and/or the referral to OH (or a combination of all) the employee should be asked to identify any work-related issues and how they would want these issues resolved.

In some cases, it may be useful to consider if formal mediation could help to achieve resolution to the issues involved. Amica (the Council's counselling provider) can provide further advice on the suitability of, and processes for, mediation.

7. Decide what changes you can (or can't) accommodate

You should consider any factors that have contributed to their absence, which could reasonably be changed or accommodated. Where the individual's condition falls under the DDA (see 'questions to OH' above) there is a legal duty to consider reasonable adjustment. However, even where this is not the case, managers should consider if it is better to make some reasonable adjustments that will get the person back to work.

You will need to be honest about the things you can change and those you can't, as well as adjustments you can make in the short-term (e.g. to assist a return to work) and what you are able to accommodate in the longer-term. Avoid automatically refusing adjustments; make sure you give potential adjustments proper consideration.

Some organisational factors will be out of your control. But can they be mitigated?

Most adjustments are based on common sense about what might be helpful and what is possible. Remember you are not bound by external opinions (e.g. GP, OH) and you can query any OH advice you receive. The decision on what is 'reasonable' ultimately rests with management, although it is always preferable to try to seek agreement with the individual, even if ultimately agreement can't be reached.

The Stress Action Plan process should be largely complete by this stage. Write down what changes and adjustments can and can't be accommodated on that form.

8. Plan the return to work

Almost no-one is ever fully fit when they return to work after an illness (whether physical or mental). Waiting for people to be 100% fit for their work before allowing them back can therefore be unrealistic – it lengthens absences unnecessarily and may ultimately compromise their future employability.

Before the individual returns to work, discuss with them any adjustments needed to help their return. You can also discuss how their progress will be monitored.

As a manager you need to think about:

- Opportunities to work from home as part of the phased return to work
- Asking the individual about coming back into the workplace before they begin their 'formal' return to work (e.g. to attend team meetings).
- Allowing time-off to attend any therapeutic sessions.

- Exploring different work options such as part-time, job-share, flexible working around agreed outputs.
- How long you can accommodate any changes or adjustments.

OH input can be useful when planning a return to work. Questions to consider asking OH are shown in Section 5.

Be realistic about workloads – for example some people will wish to prove themselves and may offer to take on too much. Set achievable goals that make them feel they are making progress, but that are incrementally aimed to get them back to ‘business as usual’.

Avoid not dealing with their work whilst they have been off. Check whether a backlog of unfinished work has built up.

9. Maintain contact when they return to work

When the individual returns, set aside time to brief them on what’s been happening at work.

Take the opportunity to have frequent informal chats so there is an opportunity to discuss progress/problems without a formal (and possibly intimidating) session.

10. Review how the return to work is progressing

Talk to the employee about options or ideas for further adjustments. Then talk realistically with the employee about the best way to move forward. For example if all reasonable adjustments have been made in their current post, it may be necessary to consider transfer to another job. **(NB. Always seek HR advice if this is becoming a consideration)**

As part of this process review the stress action plan, to ensure the identified actions are in place.

11. Don’t remove adjustments you’ve put in place without stopping to think

You may have put adjustments in place while the person is progressing to ‘business as usual’. Avoid withdrawing these adjustments (where short or long term) without first speaking to the individual and seeking further advice from HR or OH as necessary.

12. Try to avoid delaying disciplinary and/or capability proceedings

Stress-related absence can occur either during the investigation phase or because of an impending hearing. If disciplinary/capability processes are the cause of a stress-related absence, delaying the process further is unlikely to resolve the cause of stress.

Please refer to the Council’s disciplinary procedure and speak to HR for further guidance and information.

If OH advice is necessary, questions to consider asking OH (making sure you explain the circumstances of the referral) include:

- Is the individual medically fit to attend an investigation/hearing?
- If they are not currently medically fit, when are they likely to be?
- How may their illness affect their ability to participate in the investigation/hearing?
- What steps could be taken to accommodate the employee’s illness in respect of the disciplinary investigation/hearing?

13. Is it a health issue or a performance issue?

Use normal procedures if it is a performance, attendance or conduct issue (as opposed to one primarily related to health or disability). If the matter cannot be resolved you may have to use the relevant formal procedure (e.g. capability, attendance, etc.), which ultimately could lead to redeployment or termination.