Making Voices Work
Reasonable Adjustments for Voice-hearers in the Workplace

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By Lord Stevenson  

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**Acknowledgements**
Foreword

I was delighted to be asked to write a foreword to this very important briefing note.

There is a better understanding now that "hearing voices" is not an abnormal, pathological phenomenon and that, for many people, it does not interfere with their ability to function effectively... and particularly in the workplace.

Although there is growing understanding of this, it’s fair comment that many if not most people in HR or management roles don’t understand (myself included) enough about what it is like to hear voices. For us to be able to help make the “reasonable adjustments” that we are all entitled to and which enable organisations to make good use of their human talent, it is excellent news that the members of the Oxford Educational Voice Hearing Network have put their heads together to produce some very practical guidelines. It is very consistent with the “Thriving at Work” report that Paul Farmer and I produced.

I very much hope that in times to come, every employer in Britain will have a copy of this and will be guided by it.

Dennis Stevenson

House of Lords

May 28 2020
1 Introduction

Many people with a mental illness have a legal right to ask their employer to make changes known as ‘reasonable adjustments’ to their jobs and workplace. These adjustments enable the individual with a mental illness to overcome barriers to their being able to apply for and carry out a job for which they have the right skills.

There is a growing awareness among employers about the economic and social costs of poor mental health as well as the benefits of investment in supporting mental health at work. Thriving at Work: the Stevenson/Farmer review of mental health and employers (Stevenson and Farmer 2017) sets out what employers can do to better support all employees, including those with mental health problems, to remain in and thrive through work. The review recommends some core standards for an approach to workplace mental health.

Making Voices Work is about implementing the Stevenson/Farmer standards for people who hear voices. Building on the ideas and experiences of voice-hearers, the document sets out a number of practical ways in which employers may modify the work environment to support those who hear voices and thus enable voice-hearers to become more effective and engaged in the work they do.

An excellent starting point for making reasonable adjustments for mental health is the resource Rethink’s What’s reasonable at work? A guide to rights at work for people with a mental illness (Rethink 2017). Making Voices Work has a more specific focus on supporting voice-hearers.
2 Hearing voices

Some people hear voices when there is nobody there, or experience other unusual sensory perceptions. According to the Hearing Voices Network, between 3 and 10% of the population hear voices that other people don’t. Many more people may have a one-off experience of hearing or seeing something that others around them don’t hear or see.

The Hearing Voices Movement challenges the idea that to hear voices is necessarily a characteristic of mental illness and instead regards hearing voices as ‘a meaningful human experience’ (Corstens et al. 2014). The movement challenges a medical model of mental illness, and adopts an approach that is empowering and recovery-focused.

People’s experience of hearing voices varies. They may hear many voices, or just one. These could be the voices of people they know, or complete strangers. Some hear voices constantly, while others hear them occasionally. Some voices can be positive, but others can be critical or threatening. Voices can claim to have great power or knowledge, which can sometimes leave the voice-hearer feeling vulnerable and exposed. Some people experience other sensory perceptions, including visions, smells, taste or touch. Understandably, this can be very confusing or frightening.

There are many different theories as to why people hear voices or experience other hallucinations. One theory is that they may arise in relation to previous trauma or adverse life experiences. Another is that they may be a symptom of a mental health problem such as schizophrenia, bipolar disorder or severe depression. They may be a side-effect of prescription or recreational drugs. Some people start hearing voices after being abused or bullied. It is common for recently bereaved people to hear the voice of their lost one.

A very significant number of people who hear voices are in paid work, or other forms of occupation, and manage their lives very well, which includes their voices (Craig et al. 2017). For some people voices are neutral, while for others voices may be supportive of work. Even for those who hear negative voices, meaningful experiences of work can diminish the negative impact (Craig et al. 2017).

The following case studies show how voice-hearers cope with their voices at work. In each case there is a combination of individual strategies and reasonable adjustments by the employer.
David

Hearing voices is for me often an indicator of other issues that I may need to address. Being in an environment in which I can articulate my experience of hearing voices without being judged in a diagnostic fashion gives me an opportunity to start to address things which may be causing my voices to surface. Working in environments that allow me to pace my own work, so that I can complete tasks when I’m feeling at my best, and focus on my voices when I need to, significantly helps reduce the negative impact of the voices on both my work and my mental well-being.

I do my best to make sure that I get enough sleep. I also need to have plenty of fresh air and exercise. At work, I find that it helps to be treated as a human being, rather than as a collection of symptoms. My job allows me to have autonomy and agency over the workload. Fortunately, I have a supportive manager, who both focuses on what I am able to do, and helps with any aspects of my work that may need to be changed or delegated. I like working in a small office that has minimal distractions. This is a much better environment for me than a noisy, open planned office. I can choose to work from home, apart from when travel is absolutely necessary. I will often choose to go into the office to do face-to-face meetings, as I find Skype / virtual meetings difficult, if I am having difficulty with my voices.

Sarah

Working as staff nurse I had little understanding of where my voices had originated or why. The confusion was problematic for me, but I was able to adjust my shifts, so I could avoid the crowded times on the ward. When the voices were unmanageable I would take sick leave.

On medical retirement I had the opportunity to engage in intensive therapy, which helped me to understand my emotions, and my relationship with my voices. It also gave me a multitude of coping strategies, which gives me emotional stability, and control of my voices.

Post-therapy, I work alongside other professionals and personnel facilitating post-therapy groups. I now deliver training, engage service-users into services, and attend consultations at academic and government levels. All of these situations may cause emotional distress, yet we all have the opportunity for a debrief following every event. There is also a monthly supervision and, if required, a phone call to whoever I have been working alongside, for grounding and feedback. This gives me emotional support, thereby supporting my negative voice-hearing. If my voices are not helping, then I know that my emotional wellbeing requires attention.
John

When I have worked as a nurse, managing my anxiety levels has helped me to live with voices. At one point I found it helpful to have my caseload reduced (though this was not done on account of my voices), as this meant that I was under less pressure and was less anxious. As a mental health nurse, I have been able to work largely semi-autonomously, and build in my own ‘reasonable adjustments’, which includes breaks, when I might go to another space like a quiet café or a library, or go for a swim at lunchtime. Where possible I take short walks (instead of using public transport), so that I can have physical exercise.

Sometimes I would dialogue with the voices in my head during my breaks, which was like talking to a friend inside my head (instead of out loud). My voices stop me from feeling lonely, and help me feel better about myself, which has a positive impact on my work. I have also found it helpful to attend Peer Support Groups for voice-hearers, and on occasion to see a psychotherapist on a one-to-one basis, because this has enabled me to reframe some of my experiences of my life at the time in a positive way, enabling me to integrate more of myself. I also find maintaining a regular sleep pattern critical in helping maintain my overall mental health and sense of wellbeing. A good sleep pattern helps me to keep my anxieties at a lower level, which in turn reduces the frequency and intensity of the voices.

As a mental health nurse, I have been able to work largely semi-autonomously, and build in my own ‘reasonable adjustments’, which includes breaks, when I might go to another space like a quiet café or a library.
3 Good line management

Good line management practices support all team members, whether or not the line manager is aware of any individual mental health issues. The line manager has a key role to play in establishing a supportive work culture within the team. They need to demonstrate that they are worthy of trust before team members will feel confident to share sensitive personal information.

The line manager should ask whether individual team members have mental or physical health issues for which they need support. Providing that support through reasonable adjustments is covered in section 4. The line manager does not need to be an expert in mental health, but needs to be discuss what support might be helpful at work, remembering that everyone’s experiences and coping strategies are different.

HELPFUL RESOURCES FOR LINE MANAGERS INCLUDE:

• MHFA line managers’ resource (Mental Health First Aid England 2016)
• People managers’ guide to mental health (CIPD and MIND 2018)
• Line managers’ resource (Mindful Employer 2014)

3.1 People management

The line manager should establish good working practices for the whole team, but may need to flex these slightly for individuals with mental health issues, including voice-hearers. The line manager should:

• provide clear job descriptions;
• assess training needs and source training;
• give information about the whole organization so that individuals can see how their unit fits in;
• warn of future organizational change such as office moves or restructuring, since this may be a cause of anxiety for team members;
• recognize the differences between team members, drawing on strengths and identifying weaker areas that need development;
• allocate work duties to take account of individual differences and preferences;
• give employees some autonomy over work tasks: voice-hearers may want to tackle more complex tasks when they are able to focus, leaving more straightforward tasks for later;
• provide a good induction;
• consider designating a “work buddy” for a new member of staff or one returning from sickness absence, to whom they can go with any questions;
ensure clear documentation of procedures;
encourage all employees to take a proper break at lunchtime, ideally away from their computer, and to maintain regular working hours (working long hours may be a sign that someone is not managing their workload effectively);
hold regular 1:1 meetings with team members (more frequently if someone anxious needs immediate feedback and reassurance);
give recognition and constructive feedback (people with low esteem may find it hard to accept praise);
promote alternative ways to carry out tasks (e.g. emailing/phoning/visiting);
offer confidential opportunities for team members to raise any personal difficulties at work or outside.

The manager should have high expectations of all team members, including any with disabilities or long term mental or physical health conditions, and should share out the opportunities for challenging and fulfilling work. It is misguided to be over-protective of employees, denying them the opportunities for more challenging work. Many people with a history of mental health conditions are significantly under-employed, finding it safer to remain in a role where they are well-supported rather than risking a change to a new job in a different, possibly less-supportive environment. Their talents are not being used to best advantage.

3.2 Workplace stress

Employers have a legal duty to protect employees from stress at work. The HSE’s work-related stress Management Standards can be used as a tool to identify and address factors causing stress in the workplace (HSE 2020).

The line manager should monitor the workload of all team members, since an excessive workload may cause workplace stress, which may contribute to the development of a mental health condition, or may exacerbate an existing condition.

Overperformance contributes to stress. People with established mental health issues often place themselves under great pressure to meet performance demands that they have put upon themselves over and above what is actually expected from their roles. This is done to overcome low expectations, stigma and discrimination that they have previously encountered in the community or in the working environment. A good open working relationship with the employer is essential in bringing the issue of overperformance to the attention of both the employer and their employee.
4 Reasonable adjustments

4.1 What is a reasonable adjustment?

Under the Equality Act 2010 (HM Government 2010), the employer is required to make ‘reasonable adjustments’ where an employee with a disability or long-term health condition is placed at a significant disadvantage by a policy, criterion or practice of the employer. People with mental health issues, including voice-hearers, may fall within the Equality Act definition of disability if their illness has lasted over a year and has a significant impact on their ability to carry out normal day-to-day activities. They remain protected even if their ability to manage their voice improves, so that the impact of the voice-hearing is reduced.

In considering whether an adjustment is ‘reasonable’ various factors would be taken into account. These include whether the adjustment is likely to be effective in overcoming the barrier posed by the policy, criterion or practice; whether it would be practical; whether it would be affordable (taking into account the resources of the whole organization) and how disruptive it would be. Possible alternatives would be considered. Ultimately the decision on whether a particular adjustment would be ‘reasonable’ would be decided in a court of law.

Reasonable adjustments should have the effect of enabling the person with a disability (which may include voice-hearing) to perform the role for which they have the relevant skills and for which they were recruited.

4.2 Encouraging employees to ask for support

The employer can only make reasonable adjustments if they know about an employee’s need for support. However voice-hearers, like many people with a history of mental ill-health, may be reluctant to talk to an employer because of past experiences of stigma and ill-treatment. They fear that other people will be frightened, or not understand. The more the employer can do to signal its commitment to supporting the mental health of all employees, the easier it becomes for an individual employee to ask for support.

The legal requirement to make a reasonable adjustment is triggered when the employer knows, or could reasonably be expected to know, about a disability.

Many employers provide opportunities to ‘disclose’ a need for reasonable adjustments during the recruitment process and again on starting a new job. However, the invitation should be repeated regularly, since it may take time before an employee feels sufficiently confident. Careful consideration should be given to the language used when inviting employees to ask for support: although the legal duty to make reasonable adjustments occurs in relation to ‘disability’, few people who hear voices would consider themselves ‘disabled’. For this reason it is often better to ask more generally about any need for support.

If an employee discloses during their probation period, it would be fair to extend the probation period so that performance can be assessed with reasonable adjustments in place.
4.3 Data protection and confidentiality

If an employee tells their line manager that they are a voice-hearer the line manager should treat that as sensitive personal information. The General Data Protection Regulations (GDPR) cover how that information can be recorded, used and shared. The line manager should discuss this with the employee and obtain their consent. A manager may want to share information to make a referral to an occupational health service, or to seek advice from human resources professionals or specialist colleagues. Most large organizations have their own data protection policies. If the line manager thinks there is an immediate risk to the individual, or to another person, they have a duty of care which overrides confidentiality. If possible they should still discuss this with the individual before proceeding.

4.4 Having a supportive conversation

It is important to recognize that the voice-hearer’s experience is real and ask them about it.

The line manager should ask simple non-judgemental questions about the voice-hearer’s experience at work, and explore what support they need. The line manager should not assume that symptoms and support needs are the same for all voice-hearers. The line manager should work in partnership with the voice-hearer to explore possible support.

The process for making reasonable adjustments varies in different organizations. Although the line manager is often the starting point, HR and occupational health staff may also be involved. It is also possible to draw on external expertise (see section 4.9).

4.5 Identifying barriers

Together the line manager and individual should identify any barriers and possible ways to overcome them.

Examples of questions about barriers might include:

- Are there any specific tasks or situations which are difficult because of the individual’s voices? For example, speaking in public might be stressful when the individual is hearing critical voices. How can the manager help the individual avoid/resolve/manage the situations?
- Are there any travel issues? Some people may prefer to travel at quieter times of the day.
- Are there any difficulties in relation to working hours? For example, some medication may make it difficult for people to get up in the morning.
- Are there any occasional issues in relation to training or attending events not at the main work site? Although a voice-hearer may be keen to attend the event, they may find it so tiring that they need recovery time afterwards.
• What support could be available in dealing with distressing situations? Is there an opportunity to debrief? This is particularly important for people whose work exposes them to the possibility of vicarious trauma.

• How is concentration affected? When voices are constant and intrusive they make it very hard to concentrate or hold a conversation. Having a manager and colleagues who recognise this and are willing to repeat things or confirm key points in an email can be very helpful.

• How can the individual’s own coping strategies for dealing with their voices be facilitated?

4.6 Considering ‘reasonable adjustments’

It is good practice to focus on providing the support that an individual needs to flourish in their work role rather than making a narrow interpretation of what might be a ‘reasonable adjustment’ under the Equality Act (HM Government 2010). The line manager and individual should discuss what support the individual might find helpful at work. They may not know in advance what would be helpful, so this is likely to require experimentation and review. Areas to think about include:

• WORK ENVIRONMENT: daylight, noise, office size and desk position (some voice-hearers may find a large open-plan office more difficult than a smaller office), availability of a break-out space.

• WORKING PATTERN: when someone is unwell they may prefer part-time to full-time working to allow time to attend self-care activities such as exercise classes or support groups, although obviously this has financial implications. Someone may work 5 days a week, but be paid for 4 days a week (so they have some flexibility). If the person does not take much time off, they could be given a week’s extra leave at the end of the year. This builds in the acknowledgement that the person may need to take some time off work at times, but does not leave their employer or colleagues feeling short-changed.

• WORKING HOURS: different start or finish times may suit the individual better, enabling them to travel at less busy times. Also, some medication may make some times of day difficult.

• REVIEW MEETINGS: for the first year of the person’s employment, there could be regular meetings each 3-4 months with the person’s line manager and HR department. These review meetings could continue for another year of the person’s employment.

• INDUCTION: adjustments to the standard induction programme, such as a phased introduction of tasks.

• A POINT OF CONTACT FOR ANY QUESTIONS: this may be the manager or a designated work colleague. Make it easy for the individual to ask questions, so that anxiety levels don’t build up.
• **MORE FREQUENT CONTACT WITH MANAGER:** some people find it helpful to meet briefly at the end of the day or first thing in the morning to review work. This also provides an opportunity to raise and address any problems early and for the manager to give specific feedback on progress.

• **TIME OFF FOR MEDICAL APPOINTMENTS:** permission to attend medical appointments (such as CBT or mindfulness sessions) when these cannot be arranged outside working hours within a reasonable period of time. Some organizations ask the individual to make up the time, but it would be good practice to be generous about this, especially if the individual is unwell and is struggling to remain in work.

Support at work for voice-hearers forms part of a bigger picture of support for the wellbeing of all employees, including those with diagnosed mental health conditions, and there are few suggestions here that are specific to voice-hearers alone.

### 4.7 Recognising early warning signs

Triggers and early warning signs that a person is becoming less well should be discussed. These might include changes in behaviour, such as appearing restless and tense, avoiding certain workplace activities such as staff meetings, becoming easily upset and overwhelmed, finding it difficult to make decisions and struggling to meet deadlines.

Some people may find their voices harder to deal with at specific times, such as at the anniversary of a particular event or experience. The voices may be worse in a place associated with stress or trauma. Voices may be louder or more frequent when the individual feels stressed (which might be due to something at work or outside work). When voices are harder to deal with the individual may avoid certain places or situations and may feel that the voices are stopping them doing what they would really like to do.

It is helpful for the line manager and voice-hearer to agree in advance what support is needed if someone appears to be becoming less well. It may be sufficient to remind the individual of their usual strategies, such as having regular exercise. For some people, early warning signs may be an indication that they need to take a day or two off work to rest. In some organizations this can be done as ‘disability leave’.

As a next step, the voice-hearer may agree to the line manager contacting a close family member or another agreed contact to alert them to the situation. Clearly this is something that should have been agreed in advance.

The Wellness Action Plan (WAP), inspired by Copeland’s *Wellness Recovery Action Plan* (Copeland 2005), is a practical tool to help people identify what keeps them well at work, what causes them to become unwell, and what support they would like to receive from their manager to boost their wellbeing or speed recovery. The resource *People manager’s guide to mental health* provides further information and a template (CIPD and MIND 2018).
4.8 Occupational Health

When a voice-hearer goes to an occupational health assessment, it is important that they are listened to, and worked with in order to meet their individual needs in terms of what ‘reasonable adjustments’ will help. Joint decisions will need to be taken as to what ‘adjustments’ are reasonable for the individual concerned.

Occupational Health needs to be mindful of the power imbalance in their position in relation to the voice-hearer. If the voice-hearer is re-referred at any point to Occupational Health, they need to be respectful of what the voice-hearer recognizes in terms of ‘reasonable adjustments’.

4.9 Seeking external assistance on reasonable adjustments

Guidance on support may be available through Access to Work (ATW) (https://www.gov.uk/access-to-work). ATW provides free assessments and may contribute to the costs of any adjustments recommended.

HELP IS ALSO AVAILABLE FROM THIRD SECTOR ORGANIZATIONS SUCH AS:

- Shaw Trust (https://www.shaw-trust.org.uk);
- Richmond Fellowship (https://www.richmondfellowship.org.uk);
- Mind (https://www.mind.org.uk);
- Rethink (https://www.rethink.org);
- and hearing voices peer support groups (https://www.hearing-voices.org/groups/lhvn).

4.10 Sharing information with colleagues

The line-manager and voice-hearer should discuss what information could be shared with colleagues. If the voice-hearer is unwilling to share information the line manager must respect confidentiality. However, most people are likely to be supportive if the voice-hearer feels able to share their experiences. If there are any difficulties in communications or people ‘not getting on’ the line manager should seek to resolve this through mediation.
5 Wider organizational support for employee mental health

5.1 Ongoing communication and engagement

The employer should communicate about its approach to mental wellbeing. A powerful way to do this is to involve members of staff who are willing to share their personal stories. Not everyone will want to do this, but some will be willing to share their stories in order to help others going through similar experiences. Holding events linked to national awareness weeks and days can be an effective strategy, and enables the organization to draw on national resources. The Mental Health Foundation’s Mental Health Awareness Week (for details please go to: https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week) or World Mental Health Day offer a good focus for mental health activity.

5.2 Staff training, networks and peer support schemes

Staff training is a key element in developing an organization that supports employee mental health. Training is available from Mental Health First Aid England (https://mhfaengland.org), which trains people as mental health first-aiders, giving them knowledge of common mental ill-health conditions and skills to provide initial support.

Employee-led mental health networks can provide peer support, lobby for further organizational change and help to raise awareness about mental health.

Mental health champions at a senior level can give strong leadership in developing a more supportive work culture.

5.3 Sleep support

Sleep deprivation may exacerbate voice-hearing, and can seriously affect performance at work. Moreover sleep difficulties are becoming increasingly common amongst the whole workforce, with a significant impact on productivity. Business in the Community recently produced the employers’ resource, Sleep and Recovery Toolkit (Business in the Community 2018).

It might be a reasonable adjustment for an employer to fund participation in the Sleepio programme, which uses an online cognitive therapy approach (www.sleepio.com). Keeping a diary of sleep patterns is a key component, mirroring the use of diaries by voice hearers to help understand their voice hearing.

5.4 Health and safety

The employer has legal responsibilities for health and safety at work. While most voice-hearers pose no more of a risk than anyone else to themselves or other people (British Psychological Society 2015, p.80; also, Rethink Mental Illness Advice and Information Service,
there may be situations where it is appropriate to carry out a risk assessment. The employer may need to intervene if the individual is becoming unwell and their decision-making is affected. This may include temporary changes to work duties and location if possible.

5.5 Sickness absence

Mental health problems have now become the greatest cause of sickness absence in the UK. Proactive management of sickness absence is central in enabling people to recover quickly and return to work.

People with mental health issues are in an invidious position, where physical illnesses if they occur may actually be seen as covering up mental health problems. Equally they may feel they need to cite physical ailments to camouflage mental health issues. Managers need to be aware and sympathetic to these issues, and open up discussions. Reasonable adjustments may be part of a phased return.

5.6 Harassment and bullying

Voice-hearers may have low self-esteem due to listening to critical voices, which may make them vulnerable to bullying and harassment from colleagues. An organization must have effective policies and procedures in place for tackling bullying and harassment. Support, advice and advocacy may be offered via a network of harassment advisors or through Trades Unions.
6 Facilitating individual strategies

Many voice-hearers are proactive in exploring strategies to enable them to cope with their voices at work. The line manager can facilitate and enable strategies, including:

- Using checklists and making notes, even if one “should” remember.
- Utilizing a variety of learning strategies (i.e. mind-mapping) in work-related tasks. Coaching / mentoring may be helpful.
- Varying work tasks, to maintain interest. If possible, adding in some physical activity.
- Listening to white noise or music through headphones while one works, depending on the task.
- Negotiating with one’s voices and scheduling a time to listen to them later.
- Getting enough sunlight by going outside at lunchtime; in winter, trying a light box or a light-based alarm clock.
- Arranging to eat lunch with friends or colleagues if voices are less intrusive when with other people.
- Finally, keeping a diary about voice-hearing at work may help in understanding more about voice-hearing and effective coping strategies.
7 Resources


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