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The Disability Discrimination Act 1995: implications for psychiatrists

Liz Sayce & Jed Boardman

Abstract The Disability Discrimination Act, passed by Parliament in 1995, is an important piece of legislation with the potential to protect the employment rights of people with disabilities. It covers people with physical or mental impairments that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The Act has sections regarding protection from discrimination in employment, in the provision of goods, services and facilities, and in education. These parts of the Act have implications for people working in mental health services when they are considering employment and educational opportunities for service users.

It is well established that people with psychiatric disorders are much less likely to be in employment than are other members of the general population (Boardman, 2003). This raises issues of both social justice and preservation of health. Work contributes to our physical and mental well-being and has particular relevance for those with psychiatric disabilities. Assisting people to retain or gain work after an acute illness or when they have long-term mental health problems is part of the rehabilitative efforts of mental health services. There is a tendency for mental health professionals and others to underestimate the capacities and skills of their clients and possibly to overestimate the risk to employers. This may extend to general practitioners and employers who give insufficient attention to helping people retain or return to their jobs. It is thus important that we have knowledge, not just of assessments for work and available facilities, but of the legislation that might affect employment. In the UK, the most significant legislation in terms of promoting increased employment opportunity is the Disability Discrimination Act 1995. Other relevant law, including legislation directly affecting clinicians, is listed in Box 1. The Government is also committed to introducing legislation to debar employment discrimination on grounds of age, religion/belief and sexual orientation. This paper deals with the Disability Discrimination Act and its implications for psychiatrists. The Act has been particularly important in relation to employment, but can also be used to challenge discrimination in the provision of goods and services, and in all parts of the education sector. These areas are also discussed.

The disability rights movement and mental health issues

The Disability Discrimination Act was passed in 1995, following concerted campaigning by the British disability movement over several decades. This campaign included documentation of the

Box 1 Other relevant legislation

Relating to employment opportunity:
- Health and Safety at Work Act 1974
- Human Rights Act 1998
- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- Sex Discrimination Act 1975

Relating to employment and reports:
- Access to Medical Reports Act 1988
- Access to Health Records Act 1990
- Data Protection Act 1998

Liz Sayce is Director of Policy and Communications for the Disability Rights Commission (222 Grays Inn Road, London WC1X 8LH, UK). Previous posts include Policy Director of Mind (National Association for Mental Health). She was a member of the Government's Disability Rights Task Force 1997–1999. Her research and policy interests include disability rights and mental health and disabled people's opportunities in employment, education and health services. Jed Boardman is a consultant psychiatrist with the South London and Maudsley NHS Trust and a senior lecturer in social psychiatry in the Health Services Research Department at the Institute of Psychiatry, London. His clinical interest is the development of community-based services for delivery of psychiatric care, and his research interests include health services research, epidemiology and psychiatric disorders in primary care. He was Chairman of the Royal College of Psychiatrists' Working Group on Employment Opportunities for People with Psychiatric Disabilities.

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extent of discrimination faced by disabled people across different life domains (Barnes, 1991), as well as parliamentary lobbying and street-level activism (for example wheelchair users chained themselves to buses to demand more-accessible transport). The 'social model' of disability was developed (Oliver, 1990), which located the problems faced by disabled people not in their impairments themselves, but in the disabling effects of barriers in the social, economic and physical environment. Barriers to employment formed an important part of this picture.

Although the disability movement was led primarily by people with physical and sensory impairments, the Disability Discrimination Act explicitly covers people with mental impairments, thus extending it to include many with mental health problems as well as learning disabilities. The disability rights paradigm has been effectively used, in Britain and internationally, to challenge discrimination on mental health grounds (Sayce, 2000). In Britain, 23% of all employment cases brought under the Disability Discrimination Act by 2002 related to people facing discrimination on grounds of their psychiatric status. Despite some weaknesses in the law, in a number of high-profile cases individuals have secured redress.

Successful prosecutions under the Disability Discrimination Act

Case example 1: Ms Marsh all

Ms Marshall, who has a first-class degree from St Andrew's University, applied for a job as a finger-printing officer with a police force. She was offered the job – only to have the offer withdrawn when occupational health screening revealed her diagnosis of bipolar affective disorder. In 2001, she won her Disability Discrimination Act case and received nearly £20 000 in compensation. She is now working successfully elsewhere. However, in 2002 the case was appealed (*Surrey Police v Marshall,* 2002). The police force was successful on appeal on a technical legal point. The implications of the appeal decision were far-reaching, because it said that the original employment tribunal should have considered medical evidence provided by a consultant who had never met Ms Marshall. The employment appeal tribunal remitted the case back to the employment tribunal for a final substantive decision. In 2003, the Disability Rights Commission, which supported Ms Marshall's case, is still awaiting the judgment on the substantive question of whether the risk assessment undertaken as part of the occupational health assessment was adequate. So important are the issues raised by this case – in terms of whether slim, generalised medical evidence can be used as a 'justification' to refuse someone a job – that the Commission is calling for changes in the law to ensure that discrimination would be 'justified' only when someone can objectively be shown to be incapable of doing a particular job even after considering whether adjustments could make it possible (Disability Rights Commission, 2003*a*).

Case example 2: Ms Melanophy

Also in 2001 (Disability Rights Commission, 2001), Ms Melanophy, a successful customer services manager in an educational publishing company, challenged her employer after she was sacked for misconduct while she was a psychiatric in-patient. Her performance and conduct had been affected temporarily by a 'high' phase. The tribunal ruled that the employer had discriminated against her and not followed its own disciplinary procedures. It is quite reasonable for an employer to expect good performance and conduct – but not to fire someone without exploring why his or her behaviour changes and what might resolve the situation. Ms Melanophy, too, is now working successfully elsewhere.

Case example 3: Mr Watkiss

Sometimes the threat of the law is enough. Mr Watkiss – whose offer of a senior job with a construction company was withdrawn after his diagnosis of schizophrenia came to light – challenged the company under the Disability Discrimination Act. The company settled, admitting unlawful discrimination and providing substantial compensation.

In a speech at the National Mind Conference in 2001 (Disability Rights Commission, 2003*b*) Mr Watkiss said:

'… In December 1998 I applied for the post of Company Secretary with a leading construction company and was successful. A formal offer was made which, as expected, stated that it was subject to a satisfactory medical and references. The first question that the company doctor asked me was "Was I on any medication?"… The detail of the illness that the company received in the medical report was no more than one sentence, which referred to three, two-month hospital admissions due to schizo-affective breakdown. I received a curt letter from the Personnel Director stating that "my standard of health did not measure up to the job, and therefore the offer was being withdrawn".

'… My first reaction on receiving the letter of refusal was not to be entirely surprised … However the letter of withdrawal of the job offer was tangible evidence of an unconsidered, naïve, and belittling reaction. The order of events and documentation left no doubt as to the basis of the company's decision. I can understand, or have been conditioned to understand, why it would have reservations about admitting a schizophrenic, or manic depressive to the company's boardroom and making him a senior and somewhat public officer in the organisation. But a more intelligent, sober and kindly reaction would have been to enquire a little further: perhaps to have contacted me to find out more about this illness that the one sentence in the medical report revealed. To have contacted, perhaps, my doctor or psychiatrist or my then employer to find out a little more, and having done all this, then make a decision.

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'I made some enquiries … as to whether I was covered by the DDA [Disability Discrimination Act], which I was, and I found a solicitor who was willing to help me bring the case, on a no win, no fee basis … We then prepared submissions to an Employment Tribunal.

'The central arguments in the company's defence were that I had not been open and honest at interview, and such omissions would have serious repercussions for the company if carried into the senior role. It said, such a role involved periods of stress, which it felt I could not be relied on to cope with: the bottom line being that the company's share price would suffer. My argument was that its action had been contrary to the requirements of the DDA – which says that it is illegal to treat, in this case a candidate for interview, less favourably than another solely on the grounds of disability. I argued in particular that the company should have made enquiries as to the nature of the illness in my case, on which it made its decision. I argued that its reaction was based on ignorance and prejudice and was discriminatory. I applied for damages on the basis of loss of earnings and injury to feelings. And I won!

'…The case was reported in the *Guardian* and the *Independent*, where my solicitor described it as a landmark decision … I don't know what practical effects it might have. I would imagine such decisions take a while to work their way through, in however ultimately small a way, to professional and public awareness … However I hope it will mean that more people with mental illness apply for work and are successful in getting it … I would … like to think that my case took a swipe at social prejudice as well as questioning the equation that mental illness equals incapacity.

'…The little bag of drugs you carry when you walk out of hospital won't take you very far, it certainly won't lighten the sense of alienation and incompetence that you also carry with you – indeed they seem to make it worse: life in a chemical straightjacket is a sad prospect, and life on drugs and benefits still more so, whilst a life on drugs, benefits and the ostracism of social stigma is beyond the wit of most to comprehend. Paid work is not an antidote for everyone, but some such small offer of inclusion and dignity should not be denied: on the contrary, it should be positively encouraged.'

Case example 4: Ms Brazier

Ms Brazier brought a Disability Discrimination Act case against North Devon Homes, who were seeking to evict her following complaints by neighbours about her behaviour (*North Devon Homes Ltd v Christine Brazier*, 2003). Ms Brazier had a diagnosis of psychosis. The court found that her disability was the cause of much of her problem conduct and that to evict her would be to discriminate against her under the Act. This discrimination could not be 'justified' because, although the neighbours had experienced and were still experiencing 'uncomfortableness', there had at no point been a danger to anyone's health or safety. In 2003, North Devon Homes appealed, but were unsuccessful: the appeal court judgment sets a legal precedent. It is important because it establishes that 'uncomfortableness' is not good enough grounds for discrimination (in this case, eviction because of disability-related behaviour): there would have to be an actual risk to health or safety.

Further effects of the Act

In 2002 the Department of Health, influenced by the Disability Discrimination Act, published guidance on employing people with mental health problems in the National Health Service (NHS) (Department of Health, 2002). This stated categorically that the NHS would no longer apply the '2-year rule' which, following the Clothier Report into homicides by nurse Beverley Allitt, had been used to screen out from nursing and other professions individuals who had received psychiatric treatment in the preceding 2-year period. This blanket exclusion is illegal under the Disability Discrimination Act.

Although the Act has some significant limitations (discussed below), it has begun to deliver both individual redress and some changes in policies and procedures affecting people with mental health problems. Available evidence suggests that the most effective approach to achieving change in the practice of employers and service providers is a judicious combination of the stick of legal enforcement and the carrots of positive promotion and practical educational materials (Sayce, 2003).

The Disability Discrimination Act 1995

The Disability Discrimination Act 1995 applies a definition of 'disability' such that many individuals with long-term mental health problems fall within its scope. Discriminating against disabled people is unlawful and employers are specifically required to identify obstacles to employment and to implement 'reasonable' adjustments to overcome them. Government guidance and the case law that has developed since the Act came into force dictate that a good deal is expected of employers when dealing with those affected by mental illness. The Act has been responsible for a marked change in attitudes towards the employment of disabled people and this is beginning to apply to those with psychiatric as well as physical impairments (Employers' Forum on Disability, 1998). The proportion of employers with disability policies rose from about 66% in 2001 to 90% in 2002, and the proportion stating that they employ people with disabilities or long-term health

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problems increased from 87% to 95%. Reasons for these improvements include both a commitment to corporate social responsibility and compliance with the Disability Discrimination Act (Equal Opportunities Review, 2002).

The employment provisions of the Disability Discrimination Act cover people with physical or mental impairments that have a substantial and long-term adverse effect on their ability to carry out normal daily activities. Under the Act, it is unlawful for employers with 15 or more employees to treat an applicant or an employee with a disability less favourably than others because of that disability. The Act provides protection at the recruitment stage as well as for those already in work (from 2004 its provisions will apply to nearly all employers, not just those with 15 or more employees).

Mental health problems, current and recovered, ranging from schizophrenia and bipolar affective disorder to panic disorders and depressive conditions are potentially within the scope of the Act. An employer with more than 15 employees is responsible for making a reasonable adjustment if an applicant with a disability could be at a substantial disadvantage in relation to others.

Although the Act contains some examples of adjustments, the list is not comprehensive and companies often need to take advice about the type and reasonableness of adjustments that they can be required to make (Employers' Forum on Disability, 1998). Box 2 lists some of the adjustments that might be expected.

The legislative requirements of health and safety law are complementary to those imposed by employment law. An employer may, in certain circumstances, refuse a disabled person employment on health and safety grounds, but the assessment must be individual – not based on a category or diagnosis alone – and the employer must explore making 'reasonable adjustments' under the Disability Discrimination Act first. Health and safety should not be used as an excuse to refuse someone employment on grounds of disability.

The Disability Discrimination Act is designed to protect 'disabled people' and those with a history of disability from discrimination. This Act, despite limitations, offers significant new protections and opportunities for a wide range of disabled people, including those with mental health problems (Box 3). The law sets a benchmark for the behaviour society deems acceptable, which can give users of mental health services a basis on which to negotiate their rights, often without recourse to law.

Box 2 Reasonable adjustments

Part-time work
Alternative work, e.g. in a different environment
More supervision and training
Regular meetings with supervisors/managers
Mentor support

Box 3 The key provisions of the Disability Discrimination Act

- Definition of who is 'disabled'
- Protection from discrimination in employment
- Protection from discrimination in the provision of goods, services and facilities
- Protection from discrimination in education

Defining who is 'disabled'

A disabled person under the Disability Discrimination Act is someone 'with a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'. A 'substantial' effect is defined as one that is 'more than trivial': this definition is still being clarified in case law, but it is certainly possible to argue in many cases that the impact of psychiatric impairments is 'more than trivial'. Where treatment mitigates the adverse effect, the person is still generally covered: the impairment has to be regarded as it would have been had there not been any treatment. For example, Mr Kapadia developed depression and was dismissed from his job as a local authority accountant. He took a case under the Act, which eventually went to the Employment Appeal Tribunal in 2000, supported by the Disability Rights Commission. The tribunal ruled that, although his symptoms were mitigated by treatment, he should be viewed as a disabled person under the Act – because if he had not had treatment he would clearly have been covered. This is a helpful judgment in clarifying that when someone receives symptom-reducing treatment such as medication or cognitive therapy, this does not mean that they lose protection against discrimination.

'Day-to-day activities' include a variety of physical activities – such as walking and seeing – and a smaller number of mental-health-related activities, involving memory and ability to concentrate. The Disability Rights Commission argues that this list should be extended to provide improved coverage for mental health service users (Disability Rights Commission, 2003*a*).

In addition, mental health service users (unlike people with physical impairments) have to demonstrate that they have a 'clinically well-recognised' condition. The reason for this requirement, given by

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the minister when the Bill was going through Parliament, was that the law was not intended to cover 'moods or mild eccentricities'. Case law to date shows that conditions found to be 'clinically well-recognised' for this purpose include schizophrenia, clinical depression, clinical anxiety, bipolar affective disorder, agoraphobia, post-traumatic stress disorder and bulimia nervosa. Although coverage of the condition in the ICD–10 or DSM–IV is not a stated requirement, in practice it would be difficult to argue that a condition not covered in these manuals is 'clinically well-recognised'. A short-term adjustment difficulty would be unlikely to be covered. Personality disorder is specifically included. There is also a list of explicit exclusions: for example, any tendency to set fire to property, steal (kleptomania), physically or sexually abuse others, or misuse non-prescribed substances such as drugs and alcohol. However, impairments resulting from alcohol or drug misuse can be covered – for instance, a long-term impairment of the liver caused by alcohol misuse. In *Power v Panasonic* UK Ltd (2002) the Employment Appeal Tribunal judged that it was not necessary to look at causes to establish whether someone was 'disabled'. In the case of Ms Power, the fact that her depression may have been caused by alcohol misuse did not alter the fact that she could be held to be 'disabled'.

'Long-term' is defined as having lasted, or being expected to last, for at least 12 months. An episodic condition in which each episode lasts less than 12 months is covered, provided the overall condition has lasted or is expected to last for more than 12 months.

The implications that this definition of disability might have for psychiatrists are shown in Box 4.

Despite coverage, in principle, of psychiatric impairments under the Act, in practice it is proving more difficult for mental health service users to demonstrate that they meet the definition of disability than for people with physical or sensory impairments. Aspects of the law were clearly framed more with physical than with psychiatric impairments in mind (Equal Opportunities Review, 2000). There are moves to address some of the deficiencies, which the profession of psychiatry is well placed to inform. In 1999, the Disability Rights Task Force recommended that the definitions be reviewed to ensure comprehensive coverage of people with mental health problems and to explore whether the requirement to have a 'clinically well-recognised' condition should be removed. Guidance pertaining to the Act also currently defines 'normal day-to-day activities' in ways that underplay cognitive and emotional activities. This can mean that mental health service users have to make tortuous arguments in order to qualify as 'disabled': for instance, claiming that agoraphobia has an adverse effect on mobility. Some cannot demonstrate the necessary impact on 'day-to-day activities' at all, because the impact that they experience on thought or on interaction with others is not accorded the same weight as problems in walking or seeing.

In 2003, the Disability Rights Commission, which enforces the Disability Discrimination Act and promotes equality of opportunity, recommended to Government that it should remove the requirement that a mental illness be 'clinically well-recognised' and should amend the list of 'normal day-to-day activities', to better reflect cognitive and emotional difficulties. The Commission recommended that 'the ability to communicate and interact with others' should be added, and that people who harm themselves or have eating disorders should more clearly be covered (Disability Rights Commission, 2003*a*).

Box 4 'Disability' and psychiatrists

The Act's definition of disability has implications for psychiatrists, who might be expected to:

- inform clients who appear to meet the definition that they are likely to have rights under the Disability Discrimination Act
- give advice to courts and tribunals about what is a 'clinically well-recognised' condition
- give expert evidence on the adverse effect of an impairment on the ability to carry out normal day-to-day activities
- contribute to national debates about whether the current definition should be changed

Protection from discrimination in employment

Part II of the Disability Discrimination Act covers protection from discrimination in employment. The Act makes it illegal for employers to treat someone 'less favourably' for a reason related to their disability, unless this can be 'justified' under the provisions of the Act. Less favourable treatment is justified only for a reason that is both material to the individual case and substantial. This means that, for example, if someone with major concentration difficulties applied for a job as a signal operator or train driver, the employer could seek medical evidence in the form of a risk assessment about whether it would be safe for this particular person to undertake this particular role. If not, even after considering whether any 'reasonable adjustments'

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might make it possible, the employer would be 'justified' in refusing to appoint the person. The risk assessment needs to be made on the basis of the particular facts, i.e. it must look at the individual concerned (not the blanket diagnosis or assumptions about that diagnosis) and the role in question.

It is also illegal to fail to make 'reasonable adjustments' to ensure that a disabled person is not at a substantial disadvantage. Adjustments for employees with psychiatric impairments might include (in addition to those listed in Box 2) extra support provided by the employer; arrangements for the employee to access off-site support (e.g. permission to make calls to a mental health support worker); and changes in working hours to avoid rush-hour travel for someone who has panic attacks in crowds (Employers' Forum on Disability, 1998). A change in duties or job might be a 'reasonable adjustment' – but it would not be reasonable to offer a job that was effectively a demotion unless there was genuinely no other alternative. Even then it would be a matter for the tribunal to determine whether such a change was 'reasonable'. It is worth noting that many mental health service users say that they find being given too little responsibility or too small a workload undermining: the employer's attempt to 'reduce stress' by paring back expectations is often misguided, if well intentioned.

Employers and employees currently exempted from the Act include prison officers, firefighters, police officers and the armed forces, although with the exception of the armed forces this is due to change in 2004. The law does not debar positive discrimination in favour of disabled people and it allows disability-specific (e.g. mental health) charities and supported employment agencies positively to discriminate in employing people with specific impairments (e.g. psychiatric impairments).

Implications of Part II for psychiatrists

Part II of the Act has numerous implications for psychiatrists. First, they can contribute to making the NHS an exemplar in employing people with mental health problems effectively, for example ensuring that human resources and management colleagues have access to best practice information on reasonable adjustments for people with mental health difficulties.

Psychiatrists can also spread knowledge in the service about the Act and about what 'reasonable adjustments' are, so that staff can inform clients of their right to ask for adjustments at work and to challenge outright discrimination. This information can be obtained from the Employers' Forum on Disability, the Disability Rights Commission or the literature on employment and people with mental health problems (e.g. Miller *et al*, 2002; Royal College of Psychiatrists, 2003).

When assessing a person's suitability for work, psychiatrists should always consider whether he or she might be able to do a specific job with the right adjustments or support. Remember that it is illegal for an employer to refuse someone a job, or to terminate employment, on mental health grounds without first seeing whether a 'reasonable adjustment' would make it possible for the person to do the job.

Psychiatrists can also encourage a culture that never underestimates people's ability to work and they can raise awareness about the value of work to people's mental health.

By ensuring that occupational health colleagues are fully versed in the law, clinicians increase the likelihood that they will look for ways to overcome barriers to employing someone with mental health problems. Clinicians can also ensure that health and safety issues are not used as an excuse to discriminate: both the Disability Discrimination Act and health and safety law require employers to make individual assessments and to explore adjustments before refusing someone work on health and safety grounds.

Finally, psychiatrists should ensure that psychiatric reports written for employment tribunals and courts are fully informed by the Disability Discrimination Act, for example by addressing whether the person is (a) 'disabled' enough to be covered by the Act and (b) potentially able to work, with adjustments as necessary. It is important to take the opportunity to educate tribunals and courts, which may be unaware, for example, that many people with schizophrenia can work effectively.

Protection from discrimination in the provision of goods, services and facilities

Part III of the Disability Discrimination Act concerns protection from discrimination in the provision of goods, services and facilities.

The Act makes it illegal for providers of any services – from banking to ballet – to treat someone 'less favourably' for a reason related to disability, unless this is 'justified' under the provisions of the Act. Less-favourable treatment might, for example, be 'justified' if it is necessary in order not to endanger the health and safety of anyone, or if the person lacks capacity to enter into an agreement about the service to be provided.

The Act also makes it illegal not to make 'reasonable adjustments' to enable a disabled person to use services, again unless this is 'justified'. Public, private and voluntary-sector service providers of all

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sizes are covered, including general practitioner surgeries, NHS trusts and local authorities. Thus, someone with schizophrenia given a lower quality of physical health care than other patients could bring a challenge under the Act, as could someone asked to leave a shop or not given time to explain financial needs at a bank.

From 2004, stronger requirements will apply in terms of making physical adjustments to premises and facilities. For example, NHS facilities will have to take reasonable steps to ensure access to wheelchair users.

Part III of the Act has implications for psychiatrists, who are in a position to ensure that health professionals are aware of their legal obligations and of good practice, for example, by ensuring that there is no discrimination on mental health/disability grounds in decisions on GPs' lists or 'do not resuscitate' criteria.

Psychiatrists can also try to ensure that people with all types of impairment (such as deafness or learning difficulties) can use mental health services on an equal basis. One way of encouraging other health services to provide fair treatment to mental health service users is, correspondingly, to demonstrate to deaf or learning disability services that their clients will have fair access to mental health services.

It is important that psychiatrists let service users know that they have the right to be served equally in such places as shops and banks and in such things as seeking housing. Explore with them whether they want to request a 'reasonable adjustment' in order to use any services. For example, they might want an advocate with them when discussing financial issues at a bank, or that information be provided in writing as well as orally in anxiety-provoking situations such as a doctor's appointment.

Protection from discrimination in education

Part IV of the Act makes it illegal to discriminate against disabled people in education. This includes early years, primary and secondary schooling, colleges, universities and life-long learning. It covers all aspects of the education process, from the dinner queue to the curriculum. Part IV came into force only in September 2002 and there is limited case law related to it. Its provisions are being phased in from 2002 to 2005.

In line with Part IV of the Act, psychiatrists should endeavour to provide information to service users on their rights to be free of discrimination in schools and colleges. They might also introduce awareness of the Act in multi-disciplinary working. A child and adolescent psychiatrist, for example, might work with colleagues to find creative ways to enable children with mental health problems to gain access to education. The Disability Discrimination Act complements existing special needs law. Interventions might include support and training for teachers in dealing with children with emotional and behavioural problems, to ensure that they are not treated 'less favourably'.

Psychiatrists can also influence education within their own profession. For example, are the policies of medical schools free of discrimination? Do they make reasonable adjustments to enable students experiencing mental health difficulties to complete their studies?

Conclusion

Aspects of policy and practice may be changed by 'statutory magic and comforting appellation' (Titmus, 1968: p. 104). The Disability Discrimination Act 1995 is an example of the former and is the only significant law in Britain offering protections for mental health service users against discrimination. Given high levels of discrimination experienced in many areas, including employment and insurance (Sayce, 2000), this law is potentially of great significance. It is already being used effectively to challenge discrimination on mental health grounds.

Psychiatrists have crucial roles in relation to this legislation. These include informing service users of their rights, providing expert evidence to courts and tribunals, advising on reasonable adjustments that a person might need, contributing to national debates on definitions of 'disability' and enabling the NHS to become an exemplar in employing people with mental health problems. This work has the potential to reduce discrimination and exclusion of people with long-term mental health problems in employment, education and other key life domains, with consequent benefits to health.

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* denotes recommended further reading.

Multiple choice questions

1 The Disability Discrimination Act:
a is an act of Parliament that became law in 1976
b applies only to large national companies
c covers people with well-recognised psychiatric disorders lasting 12 months or more
d requires employers to take on anyone with a physical disability
e requires employers to make reasonable adjustments in the workplace for people with disabilities.

2 The Disability Discrimination Act:
a does not cover people with learning disabilities
b permits the NHS not to employ nurses who have received psychiatric treatment in the past 2 years
c covers people with disabilities lasting more that 1 year
d covers people with less than trivial disabilities
e prevents people with personality disorder from becoming police officers.

3 The Disability Discrimination Act:
a covers people who have improved following treatment
b applies to people with mobility problems
c means that employers can automatically demote people with schizophrenia
d specifically lists the causes of disability that exempt people from protection under the Act
e could not be applied to teachers with bipolar affective disorders.

4 Part II of the Disability Discrimination Act:
a covers protection for discrimination in employment
b makes it legal for an employer to treat someone with a disability less favourably than those without disability
c covers the army and airforce
d allows for positive discrimination in favour of disabled people
e means that disabled people can always be barred from employment on health and safety grounds.

5 As regards the parts of the Disability Discrimination Act:
a Part II covers access to health records
b Part IV came into force in 1988
c Part IV covers discrimination in primary school education
d Part III covers NHS facilities
e it is illegal for supermarkets to treat a customer less favourably for a reason related to their disability

MCQ answers

1	2	3	4	5
a F	a F	a T	a T	a F
b F	b F	b T	b F	b F
c T	c T	c F	c F	c T
d F	d F	d F	d T	d T
e T	e F	e F	e F	e T

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