



Safeguarding Employee Mental Health

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Publication Date: 25th November 2022

Revision: 2

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Foreword

Work-related stress and other risks to mental health and are among the most challenging issues in occupational safety and health. They impact significantly on the health of individuals, organisations and national economies

Accidents and ill-health cost businesses money, in lost time, lost skills, insurance premium hikes, legal proceedings, etc. The benefits of effective health and safety management (including mental health) to small businesses are very significant. This is true across all industry sectors and amongst businesses of all shapes and sizes.

Some Key facts on Mental Health:

- 50% of people will suffer from a mental illness at some point in their lifetime (WHO)
 - 25% of the population suffer from depression or anxiety in any one year (WHO)
 - About 50% of major depressions are untreated (WHO)
 - Up to 50% of chronic sick leave is due to depression/anxiety (WHO)
 - €136 billion/per year is the cost of reduced productivity including absenteeism (EU-OSHA) □
Work-related stress is of concern in nearly 80% of establishments (EU-OSHA)
- Less than 30% of European workplaces have procedures for dealing with workplace stress (EU-OSHA)

The EUNOIA' project is designed to forge sustainable links between organisations active in Mental Health, Education & Training, society at large (joined up thinking), to foster equality, non-discrimination, social inclusion and eliminate the stigma around the topic of mental health.

We recognise that this is a very important project, we feel very strongly that this project can produce a step-change in attitudes towards people with mental illness in workplaces all across Europe. We believe that EUNOIA is a solution that employers want i.e. A practicable, cost effective, easily understandable way to address mental health meet their duty of care.

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Introduction

The World Health Organisation defines good mental health as

‘A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community’

While much of our Mental Health experience comes from our personal lives, there are many risk factors for mental health that may be present in the working environment. Mental health at work is determined by the interaction between the working environment, the nature of the work and the individual.

Work has the potential to be beneficial for people’s mental health and well-being.

Work is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction. Being part of a team, achieving results, learning new skills and solving problems are all aspects of work which can add to people’s sense of purpose and general life satisfaction, as well as providing their main source of income.

Most work based risks to mental health relate to interactions between type of work, the organisational and managerial environment, the skills and competencies of employees and co-workers, and the support available for employees to carry out their work.

Under health and safety law, all workplaces should have a current, operational system in place for the management of Health and Safety for all workers (and others impacted by their operations) which outlines the hazards and risks in that workplace and control measures put in place to eliminate or reduce and manage them. All employers have the responsibility to consider any workplace hazard where there is a reasonable probability that it could cause ill health, and this must include mental ill-health.

Promoting the mental wellbeing of employees can yield economic benefits for the business too, in terms of increased commitment and job satisfaction, staff retention, improved productivity and performance, and reduced staff absenteeism. Conversely, mental ill-health results in the longest time off work and costs the most. The stigma and discrimination associated with poor mental health can reduce the likelihood of individuals seeking help, and exacerbates the impact of the illness.

A major issue is that few managers know what to say or do with someone who discloses a mental health issue. Most managers would have a clearly defined care pathway for an employee complaining of back injury for example, referral for a physical assessment, recommended adjustments to work, and support to put these into practice until the employee is fit to resume normal work duties. However, when faced with an employee admitting to struggling with extreme anxiety or feelings of low self-worth, most managers will lack the knowledge, or confidence in what to do next. It is not unusual for employers to consider mental health risks more difficult to manage than ‘traditional’ OSH risks. In our research the ‘sensitivity of the issue’ is reported to be the most important obstacle to dealing with mental health risks, followed by a lack of support, guidance or expertise. Workplace interventions and measures used must be specific to the issues identified in the risk assessment.

The handbook, and the tools and resources available at www.bewell-eunoia.eu are for employers to use as tools to implement a Mental Health culture in the workplace. We aim to help employers address this issue and reduce the likelihood and the effects, of poor mental health or work related stress. These resources have been developed specifically for use with existing workplace Health & Safety processes, and show how some very implementable and cost effective changes in the way we do H&S , can prevent short term stress, anxiety of ill health, becoming a long term problem.

In Section 1 we set out reasons why you should be proactive when it comes to managing the health and safety of your workers and show that there is a return on your investment, and we introduce you to the essentials of a workplace mental health strategy.

In Section 2 we provide a step-by-step implementation guide to integrating Mental Health into existing workplace health and safety structures

In Section 3 we go into more detail on Mental Health Risk Assessment `

In Section 4 we provide an overview of First Aid for Mental Health

We recommend leaving the handbooks and other materials relating to the EUNOIA project in view around your workplace with the aim to start a conversation about mental health and also to create a space where your employees know their mental health is valued. With this small effort you will start to reduce any stigma surrounding mental health.

SECTION 1 Why Manage Mental Health

1.1 The Argument for Action

Work-related risks to mental health and stress are considered a new and emerging area of Occupational Health & Safety (H&S). The challenges associated with this issue are exasperated by changes in today's work place, including constantly evolving concepts including new forms of contractual relationships, remote or hybrid working and digital technologies that make it increasingly difficult to disconnect from work.

The link between mental health risks, work-related stress and workers' health and safety has been confirmed in a wide range of studies carried out across different countries, sectors and organisation. While acknowledging the role of individual dispositions and general life circumstances, it has been shown that stress stemming from work-related factors may significantly affect workers' functioning in and outside work (Rugulies et al., 2006; Nieuwenhuijsen et al., 2010; EU-OSHA, 2011).

It is well established that physical and mental health are interrelated, and risks that may cause mental ill-health are related to other physical health problems such as heart disease and diabetes. New evidence published by the European Agency for Safety and Health at Work in 2021 also shows the link between mental ill-health and musculoskeletal disorders. Meanwhile, other studies show that many people who develop a physical health problem will go on to develop a mental health problem as well. A relationship between unhealthy work environment and accidents has also been indicated.

Promoting mental health at work has become a vital response to these challenges since the workplace is both a major factor in the development of mental and physical health problems but also a platform for the introduction and development of appropriate preventive measures.

An important element of achieving a healthy workplace is the development of strategies and policies specifically addressing mental health. Findings from numerous scientific studies demonstrate that workplace interventions aid in the prevention of common mental ill-health, as well as facilitating the recovery of employees diagnosed with depression and/or anxiety. Before proceeding it is important to decide why mental health, safety and wellbeing is important to your organisation. There are many reasons this could be the case including

- It's the right thing to do - leaders and managers have a social and corporate responsibility.
- It's the law - leaders and workplaces are legally required to prevent harm to health and safety and not to discriminate in employment on the basis of mental health.
- It's the smart thing to do - promoting mental health and preventing harm makes good business sense for a high performance, productivity, reputation etc.

It's the Right Thing to Do – The Moral Argument

Mental illnesses have a large, negative affect on individuals, their families, their colleagues, and the broader community. Approximately one in four working adults experience a mental disorder each year. Almost half of all people will experience a mental disorder in their lifetime. With the high prevalence of mental disorders. Its symptoms include problems that are;

- Emotional (for example irritability, becoming withdrawn, feeling exhausted)
- Cognitive (for example difficulties in concentrating and making decisions, negative thinking)
- Behavioural (becoming negligent, making errors, abusing alcohol or drugs).

Prolonged exposure to stress also affects the physical health of individuals. Physical effects associated with stress include heart disease, musculoskeletal disorders, headaches, gastrointestinal disturbances and various minor illnesses.

There is increased awareness that work is generally good for you, contributing positively to personal, financial and social need while long-term unemployment is harmful to physical and mental health. But, while it is clear that work is good for mental health, a negative working environment can be detrimental to physical and mental health.

Full-time employees are likely to be working more than any other single activity in their life (except maybe sleeping). Employment has more beneficial effects on mental health than unemployment. This makes the workplace an ideal place to create interventions to reduce the community impact of mental illnesses and help people realise their potential and create their best possible levels of wellbeing.

It's the Law – The Legal Argument

In Europe, legislation exists that dictates how employers should address matters of health and safety. This typically extends to the management of mental health.

No matter how small your business, the law requires you to manage health and safety of all your employees. In fact you are personally legally responsible for the safety of yourself, your employees, and any other person that may be affected by your work activities.

The European Framework Directive on Safety and Health at Work (Directive 89/391 EEC) adopted in 1989, and subsequent related Directives set out clearly what the responsibility of employers is regarding the implementation of health and safety procedures, and this includes the prevention of risks to mental health and the prevention of harm to mental health and wellbeing. Under these directives employers are responsible for identifying hazards and minimizing the risks associated with them. The Framework Directive had to be transposed into national law of all EU member states.

It's the Smart Thing to Do – The Financial Argument

Apart from the obvious legal and moral duties you have as an employer, a positive and proactive approach to health and safety management can minimise the potential for financial and/or reputational damage to your business. For the employer, there is a strong relationship between levels of staff wellbeing and performance. Taking a positive, proactive approach to mental health at work can make good business sense.

An important element of achieving a healthy workplace is the development of strategies and policies specifically addressing mental health. More and more companies realise that the commitment of employees is crucial for the success of the organisation. There are a numerous financial reasons on why to invest in mental health of employees, such as:

- Reducing absenteeism and sick leave
- Increasing productivity by reducing presentism (poor performance due to being unwell while at work)
- Demonstrating your commitment to corporate social responsibility
- Reducing the likelihood of workplace accident
- Establishing a business as an attractive place to work, making it easier to attract and retain talent

A mentally unhealthy workforce has adverse economic consequences for business. For the organization the impact of mental health risks (even minor levels of depression) includes increased costs due to absence from work, turnover, reduced product or service quality, recruitment and training, workplace investigations and litigation, as well as damage to the organization's reputation.

1.2 The Essentials of Mental Health Strategy.

This Section gives guidelines for managing employee mental health within an occupational health and safety. This will enable employers to minimise mental ill health of their workers and to deal more competently with issues as they arise.

It is an important responsibility for all employers of all sizes to strive to improve the health and safety in workplaces that they control

If you are in charge of a workplace, and you are delivering on your Employer responsibilities, then you already have Occupational Health and Safety infrastructure in place. It is likely that when these policies and procedures were being developed mental health and wellbeing was not considered to the same extent as physical Health & Safety.

The employer should ensure that its H&S management system remains up to date, appropriate, effective and relevant to its operations and activities in relation to its management of risk. Within this context, the systematic approach and principles of risk assessment can follow those adopted for other OSH risks.

There are two well established methods to proactively address health and safety in the workplace, and these are just as applicable to Mental Health. These are;

- 1) Risk Management.
- 2) Wellbeing Promotion.

1.3 Putting a System for Managing Mental Health in Place

In most workplaces, the basis for the management of health and safety is the written Safety Policy document. The safety policy is a programme for protecting the safety and health of employees and others who may be affected by your work. Preparing a safety policy will not in itself prevent accidents and ill health at work but by making a commitment to promoting health and safety and specifying the arrangements and the resources you have put in place, the safety policy plays a vital part in managing health and safety in your workplace. Nobody wants to see anyone get hurt or sick, so it's the right thing to do.

It is important as an employer that the work environment you have created is safe and inclusive for everyone to implement and encourage a long term positive behavioural and cultural change in the workplace. The specific strategies chosen will depend on the needs of the business and its employees and the resources available.

For many businesses, addressing mental health problems at the workplace will begin with the development of Mental Health Policy. Mirroring the Safety Policy, the mental health policy for the workplace helps to define the vision for improving the mental health of the workforce and to establish a model for action. When well formulated, such Mental Health Policy will also identify and facilitate the agreements needed among the different stakeholders in the workplace. An OMS Strategy can be developed separately, or as part of a broader health and safety policy.

Putting the mental health policy in place involves the following main steps:

- Step I. Analysing the mental health issues
- Step II. Developing the policy
- Step III. Developing strategies to implement the policy
- Step IV. Implementing and evaluating the policy

Step I: Analysing the Mental Health Issues

It is important to make the case for developing a mental health policy in the workplace in order to gain the explicit endorsement and commitment of the employer and other key stakeholders. The employer is more likely to support the development of a policy if its potential cost impact can be demonstrated.

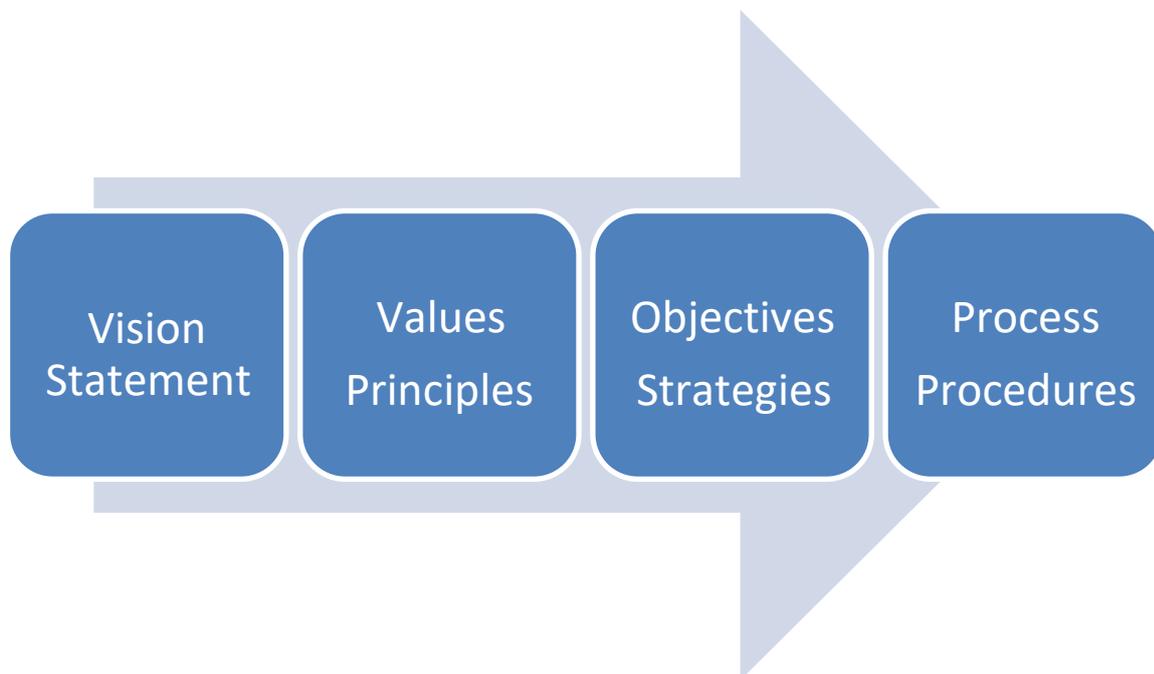
The workplace mental health policy needs to be based on a comprehensive understanding of the issues, derived from a detailed assessment of the situation. All available relevant information should be assembled. Such information might include: human resources data (e.g. absenteeism records or staff turnover); occupational health and safety data (e.g. accidents or risk assessments), financial data (e.g. the cost of replacing employees who are on long-term disability leave) and health data (e.g. common health problems among the workforce).

Step II: Developing the Policy

A workplace mental health management system usually comprises a vision statement, a statement of the values and principles on which the policy will be based, and a set of objectives. Ideally the Mental Health Policy should be integrated into the H&S Policy. These components are often developed simultaneously, but for the purpose of this guide they will be dealt with sequentially.

- It is often difficult to achieve a common vision among stakeholders who may have diverse interests and perspectives, but it is essential that all stakeholders have input to the vision.
- Values refer to judgements or beliefs about what is considered worthwhile or desirable, and principles refer to the standards or rules that guide actions.
- Values and principles form the basis for the development of objectives and strategies.
- To achieve the desired outcome processes and procedures are developed and implemented the strategies in the workplace

Figure 1: Mental Health Policy integrated with H&S Policy



Step III: Developing Strategies to Implement the Policy

Once the mental health policy has been developed, strategies are needed to implement it. The strategies are the core of any mental health plan.

The first task is to review the options for strategies, which can be divided into five main categories

- Increasing employee awareness of mental health issues

- Identifying, and supporting employees at risk
- Providing treatment for employees with a mental health problem
- Reviewing the organisation of work;
- Reintegrating employees with a mental health problem into the workplace.

Step IV: Implementing and Evaluating the Policy

Implementation of the policy is achieved through communication, training and adapting process and procedures to reflect the new objectives. It is important to ensure that the people who will be leading the implementation process are properly trained to understand the issues associated with mental health in the workplace.

The implementation process needs to be carefully coordinated, monitored, reviewed and updated as necessary.

It is important to evaluate the effect of the policy and strategies on individual workers and on the organisation. This will also assist in building an evidence base of effective mental health interventions in the workplace. Ideally, the monitoring and evaluation should be planned when the policy is being developed and should contain both quantitative and qualitative elements.

SECTION 2 Safeguarding Workplace Mental Health

2.1 Getting Started

In order to have a successful management of Mental Health you need a full commitment throughout the organisation. This must start from the owners, the leaders and managers of the whole organisation, and be filtered down to involve everyone.

Top management should identify, monitor and be aware of its roles and responsibilities in managing risks to mental health. This should be backed up with organisational policies, procedures and training to help create and nurture a positive inclusive culture for all.

Top management should also:

- Show leadership
- Assess risk to employee mental health
- Determine the resources needed and make them available in a timely and efficient manner
- Promote well-being at work
- Receive feedback to determine the effectiveness of health and safety in the workplace
- Support and encourage workers remove barriers that can limit worker participation
- Protect workers from stigma, or negative impacts of reporting.

Revisiting the 4 steps identified in Section 1, and taking each step in turn the following paragraphs delve deeper into each step with a view to providing pragmatic steps, ideas and tools to facilitate implementation.

The following is a useful Factsheet from the CIPD Ireland website www.CIPD.ie :

<https://www.cipd.ie/news-resources/practical-guidance/factsheets/mental-health>
<https://www.cipd.ie/news-resources/practical-guidance/factsheets/mental-health-workplaceworkplace>

2.2 Step I: Analysing the Mental Health Issues.

To create a positive, inclusive culture the employer first needs to understand where the organisation is starting from. This is achieved through the following actions;

Research and Quantify the Problem.

Review Human Resources and H&S records to determine trends for incidents and accidents, time lost due to illness and/or injury, and records of internal complaints against, claims, compensation. Review productivity statistics and trends and look at staff turnover. These indicators will paint a clearer picture of the organisations position.

Analyse Gaps in Existing H&S

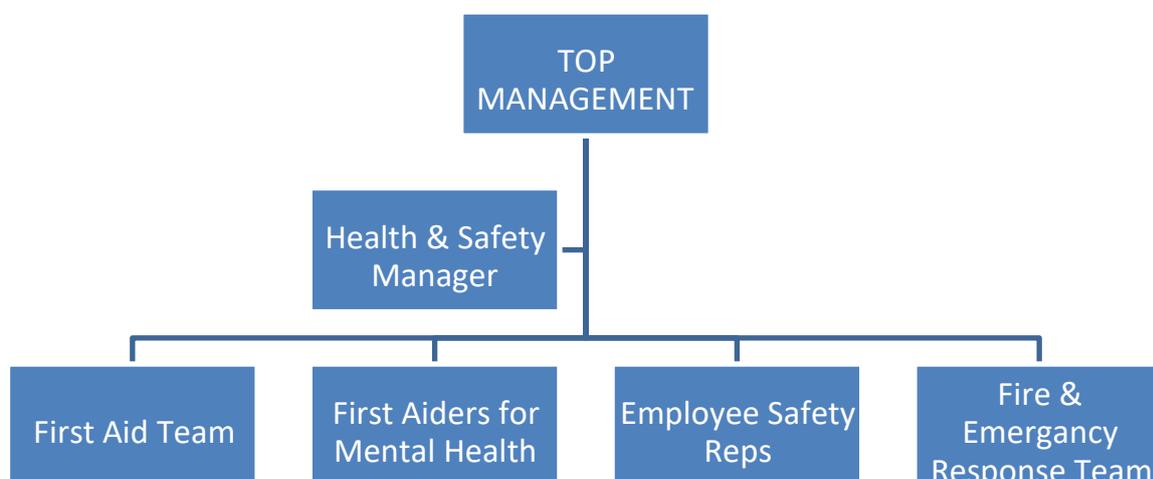
Conduct an analysis of the existing H&S management systems in place with a view to determine what is already being done with regard to H&S ... and where this can be improved with specific regard to Mental Health. E.g.

- Review, or develop a the Health & Safety Policy Statement to Include Mental Health
- Risk assessment to include risks to mental health and work related stress
- First Aid to be supplemented with First Aid for Mental Health
- Employee induction, and H&S training to include company Mental Health policy
- Review of contracts and procedures through a Mental Health lens

The goal is to integrate the management of mental health into existing Health & Safety mechanisms where possible.

Once this has been established, the organisation can create a strategy, allocate roles and responsibilities and disseminate across the whole workforce.

Figure 2: Example of Organisational Structure



Establish Objectives and Develop an Action Plan

Once an organisation has established where they are, the action plan needs to be created which also helps to ensure that the organisation is being compliant with regulations and legislation. The organisation should use this opportunity to establish objectives for the management of risk and consider how to achieve those objectives.

The vehicle for achieving objectives includes the development of (or amendment of existing) strategies and procedures, which may include;

- Prevention of injury and ill-health through risk assessment & control measured
- The development, review and maintenance of systems, processes and reporting structures with relevance to the management of mental health risks

- Communication plan with a view to actively involve workers through consultation and participation
- Strategies for dealing with incidents of ill-health and pathways for workers returning to work
- Opportunities for improvement in the work environment, including promotion of wellbeing at work

Identify Roles and Responsibilities

Review the organisation value chain to determine who is impacted by the business operations. Include in this review employees at all levels, as well as external stakeholders such as clients, customers, suppliers, contractors and visitors to the business.

Also, consider who has control or authority over all of these interactions. This will help define roles and responsibilities as the Mental Health Policy is developed.

<p>Employer: Prevent risks to health. Make sure safe working practices are set up and followed. Provide your workers with any information, training, instruction or supervision needed for safety.</p>	<p>Employee: Take reasonable care to protect the health and safety of yourself and other people in the workplace. Not engaging in improper behavior that will endanger yourself or others.</p>
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Each organisation needs to consider having someone responsible for mental health in the workplace. They need to have the authority to create a policy for the organisation and ensure personnel are in place to support the employees. The authority must come from the top down, be clearly and visibly endorsed by top management. This person needs to training to understand the factors within the workplace that can affect mental ill health, identify the signs and symptoms for a range of mental health conditions and be able to create an action plan to support employees, employer and anyone else involved, in a non-judgemental manner.

Employers should also support ongoing consultation, participation and engagement, with a view to getting employee input at all stages of planning and implementation. Active involvement of relevant interested parties is an important factor for the sustainable management of risks to mental health in any organisation.

2.3 Step II: Developing the Policy.

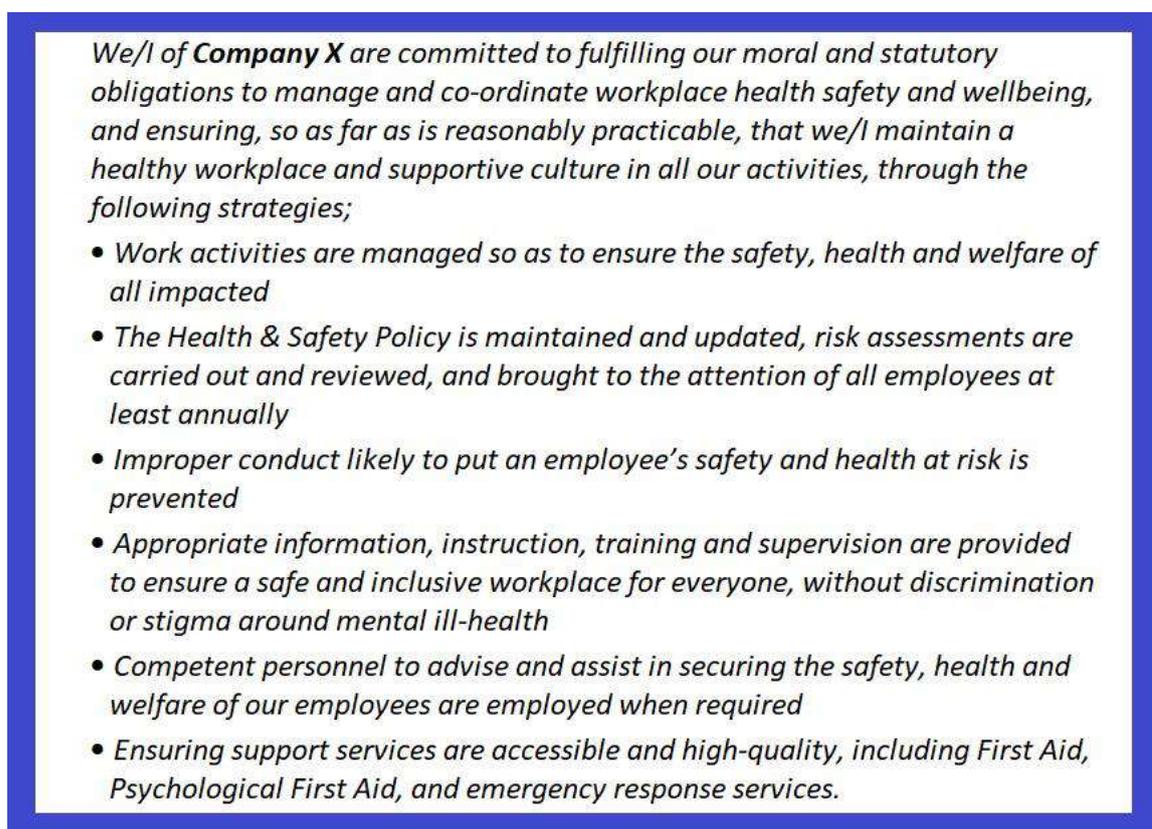
Without policy direction, lack of coordination will reduce the impact of any workplace mental health strategy.

The Health and Safety Policy (incorporating the Mental Health policy) should be appropriate to the purpose and size of the organisations. It should promote and enhance a working environment consistent with the principles of dignity, mutual respect, confidentiality, cooperation and in the trust of the H&S management system. It should include a commitment to fulfil the legal requirements related to health and should be communicated to all workers so they are aware of their rights and responsibilities. This should then be reviewed to ensure it remains appropriate.

The H&S Statement of Intent (or Policy Statement) is a brief, concise sentence that conveys the essence of the safety policy and drives immediate action and behaviour. For any safety culture to become entrenched into the organization, the leadership team must demonstrate its commitment to all employees and the safety management system and the Policy Statement. The statement must include a commitment to preventing all ill health and injuries, and specifically those related to mental health, and a commitment to promoting well-being at work.

This Health & Safety Policy should provide a framework for setting and reviewing, evaluating and revising objectives for the management of health and safety, and mental health risk, and identify the personnel, (roles and responsibilities) and the resources that are put in place to deliver on them.

Fig 3: An example of Statement of Intent / Policy Statement



*We/I of **Company X** are committed to fulfilling our moral and statutory obligations to manage and co-ordinate workplace health safety and wellbeing, and ensuring, so as far as is reasonably practicable, that we/I maintain a healthy workplace and supportive culture in all our activities, through the following strategies;*

- Work activities are managed so as to ensure the safety, health and welfare of all impacted*
- The Health & Safety Policy is maintained and updated, risk assessments are carried out and reviewed, and brought to the attention of all employees at least annually*
- Improper conduct likely to put an employee's safety and health at risk is prevented*
- Appropriate information, instruction, training and supervision are provided to ensure a safe and inclusive workplace for everyone, without discrimination or stigma around mental ill-health*
- Competent personnel to advise and assist in securing the safety, health and welfare of our employees are employed when required*
- Ensuring support services are accessible and high-quality, including First Aid, Psychological First Aid, and emergency response services.*

Consultation and Participation of Employees

Consultation and participation of workers and workers representatives is essential for the development and implementation of a healthy and safe workplace to manage mental health risk. Employers should encourage participation and engagement and provide opportunities for feedback from workers to help management determine the effectiveness of the management strategies in place. Involvement in decision-making processes can increase a worker's motivation and commitment to contribute to psychologically healthy and safe workplaces. Some workers can have concerns about the engagements on a regular basis which can lead to

negative attitudes, these should be recorded and reviewed. The consultation and participation of employees should be documented through the H&S MS.

Advantages of consultation and participation of workers includes;

- Helps to identify and address employee concerns in relation to H7S / MH
- Ensure employees are aware of confidentiality practices
- Encourage colleagues to have input into the H&S / MH plans
- Offers an opportunity to recruit for mental health awareness / First Aid for Mental Health courses

2.4 Step III: Developing Strategies to Implement the Policy.

The following components are integral to effective implementation of Mental Health Policy in the workplace

Hazard identification / Risk Assessment

It is important that mental health risks are managed in a manner consistent with other H&S risks, through an H&S management system, and embedded into the organization's broader business processes.

This can be done by, for example:

- Analysing work tasks, schedules and locations
- Reviewing job descriptions
- Consulting with workers e.g. holding interviews, group discussions, analysing performance evaluations, worker surveys
- Conducting workplace inspections and observations
- Reviewing relevant documented information such as incident reports, risk assessment, workers' compensation claims, absenteeism and worker turnover data

Mental health risk factors are things that may affect workers' psychological response to their work and workplace conditions (including working relationships with supervisors, customers and colleagues). E.g.

- Mental health hazards relate to how work is organized, social factors at work and aspects of the work environment, equipment and hazardous tasks.
- Mental health hazards can be present in all employers and sectors, and from all kinds of work tasks, equipment and employment arrangements.
- Mental health hazards can occur in combination with one another and can influence and be influenced by other hazards.
- Mental health risk relates to the potential of these types of hazards to cause several types of outcomes on individual health, safety and well-being and on organizational performance and sustainability.

Negative outcomes for workers can include poor health and associated conditions (e.g. cardiovascular disease, musculoskeletal disorders, diabetes, anxiety, depression, sleep

disorders) and associated poor health behaviours (e.g. substance misuse, unhealthy eating), as well as reduced job satisfaction, commitment and productivity, and general alertness & safety.

Section 3 of this document explains the process of mental health risk assessment in more detail

Awareness

When developing awareness of mental health risks, the organisation should take into account the existing knowledge and training of employees in this area.

When appropriate the organization should inform workers or other interested parties of factors in the workplace that can affect health, safety and well-being at work and or reduce mental health risks.

The Risk assessment should be available to all workers, (and other relevant interested parties) and they should be made aware of factors in the workplace that can;

- Affect health, safety and well-being at work;
- Potentially create or increase stigma and/or discrimination;
- Reduce mental health risks;
- Support their roles and responsibilities to promote health and safety and enhance well-being at work.
- The commitment of top management to support reporting mental health hazards and protection from reprisals for such reporting;
- How the organization is expected to respond;
- Actions that workers can take to address mental health hazards
- The need to identify and take actions to eliminate stigma and/or discrimination.
- Supports and controls
- Confidentiality

Management should make workers and other interested parties aware of the actions it is taking to manage mental health risks. It is also important to keep employees informed of the actions that it intends to take in regards to managing mental health risks and should encourage the workers to engage in with the mental health strategy by;

- Reinforcing commitment of top management to Mental Health and Wellbeing at work
- Promoting trust in its H&S (Health & Safety) management system by reducing fear of reprisals associated with reporting
- Encouraging input from all staff and the reporting of mental health hazards
- Promoting the benefits of sharing experiences and best practices by workers

Resources

Management should establish, provide and maintain the resources needed to achieve its objectives with respect to the Mental Health Strategy. In this regard, management should consider the human, financial, technological and other resources specific to its operations.

Inherent in this is the need to develop the competence necessary to identify mental health hazards and manage mental health risks.

It should take actions, including training and professional development to support employee's awareness in the subject as well as the company policies and procedures in place to manage it.

Training is important to ensure that those with assigned roles and responsibilities have the competence to implement measures needed for the prevention of mental health risks along with understanding the processes for reporting or raising concerns.

In this regard, competence requirements for management and employees with line management responsibility along with workers performing risk assessments, evaluations and control measures must be met.

As well as general awareness training for all employees, specific individuals will require First Aid for Mental Health training. Section 4 of this document specifically deals with the topic.

2.5 Step IV: Implementing and Evaluating the Policy

To be successful, management must promote an open culture around mental health and encourage open conversations about mental health and the support that is available when employees are struggling. Without trust and openness management will not gain the benefit of employee's feedback about the support available and how confident they would feel about discussing mental health in the workplace and asking for help.

Communication

Communication plays a key role as it demonstrates commitment to managing mental health in the workplace, by promoting well-being at work and informing workers what's expected from them and what they can expect from the organisation. The mental health policy needs to be communicated to all stakeholders. Many policies fail because they are poorly communicated. Some ideas for communicating this may be:

- Organise an event to launch the policy.
- Develop teams / reps and feedback loops to achieve openness at all levels within the organisation
- Distribute posters and leaflets outlining the policy.
- Hold meetings with different groups of employees to explain the policy.
- Publish the policy on the company's website.

Documentation

All recorded documented should be store when it comes to competence to identify actions needed for preventing and managing mental health risks.

Documented information includes:

- Processes for the management of mental health risk
- Details of roles, responsibilities and authorities
- Assessment(s) of mental health risks and control measures
- Results of monitoring, evaluation, control measures and their effectiveness;
- How legal requirements and other requirements are met.

- How performance is measured, and what are the in measured indicators, e.g. lost time, sick leave, claims, complaints or grievances, etc.
- Length of absences and return to work

Confidentiality, Safety, Stigma

Research unambiguously supports the need to establish processes related to mental health risks that ensure confidentiality of personal information. The employer must maintain the confidentiality of documented and undocumented information with respect to an individual workers experience of mental health risk, and protect against disclosure of the outcomes following exposure to mental health hazards e.g. medical information and treatment, time away from work, flexible work arrangements. The employer must inform workers of any limits that apply to confidentiality.

Performance Evaluation

To make sure that the procedures being implemented are fit for purpose through a process of regular monitoring and review. Performance monitoring and measurement should include mechanisms to:

- Determine the extent to which the organization has fulfilled legal requirements and other requirements
- Determine the extent to which the policy is complied with and objectives are met
- Provide data on activities related to mental health in the workplace, recognizing the need for confidentiality of personal information
- Determine if the processes for mental health hazard identification and assessment of risk are in place and controls are operating effectively
- Provide the basis for decisions about improvements related to health, safety and wellbeing at work

As well as regular review (at least annually) the following situations should prompt a review:

- A new hazard or risk is identified
- A significant workplace change occurs (e.g. a change to the work environment or work systems)
- If consultation indicates a review is necessary or if workers or worker representatives request a review

Are mental health and wellbeing checks implemented and promoted at all stages. Is support provided to those who do have mental health issues to get them back to work, or allow others to be able to manage the situations effectively. Also to share ideas and good practice that can then be communicated to all.

Accessing Help

Employers should have effective strategies for communicating the identity and contact details of the trained people in the workplace should any employee require help. Appropriate provision also needs to be made available for remote workers.

The organization should take into account that emergencies in the workplace can present mental health risks (e.g. through trauma, threats to life). Exposure to mental health risks can also create emergency situations (e.g. violence, threats) for other workers and other interested parties.

Rehabilitation and Return to Work

Rehabilitation and return-to-work programmes are fundamental to managing Health & Safety at work, and this is no less true in the case of mental health related absences. Rehabilitation and return-to-work programmes aim to provide appropriate support to workers experiencing negative impact of exposure to mental health hazards. When designing these programmes, employers should consider that workers can be at increased potential for exposure to mental health risks as part of the return to work process. E.g. work adjustments to facilitate return to work can result in changes to work tasks, relationships and social interaction, supervision, work culture, and perceptions of achievement and value at work.

The potential for exposure to mental health risks during return to work should be managed in a manner consistent with how all mental health risks should be prevented and managed i.e.

- In this case a risk assessment is essential
- Talking with an affected worker to understand and plan for reasonable work adjustments to support return to work
- Regularly monitoring rehabilitation and return to work programmes
- Consulting with other relevant interested parties, including line managers and First Aiders for Mental Health in managing the return to work process

SECTION 3 Risk Assessment

3.1 Managing Risk

Management of risk in the workplace is a joint effort of employers and employees to improve the health and well-being of people at work. This Section gives guidelines for managing mental health risk within an occupational health and safety (H&S). This will enable employers to prevent work-related injury and ill health of their workers to promote well-being at work. The success of mental health risk management depends on commitment from all levels and functions of the organization, especially from top management.

Risk Management in relation to psychological health and safety involves four steps that most employers / safety managers are very familiar with.

1. **Identify hazards** – find out what could cause harm, considering recognised mental health hazards (e.g. role overload, role clarity, job control).
2. **Assess risks** – understand the nature of the harm that could be caused by the mental health hazards, the likelihood of it happening and the amount of harm that could be caused.
3. **Control risks** – implement the most effective control measures that are reasonably practicable in the circumstances.
4. **Review** hazards and control measures to ensure they are working as planned.

In relation to managing mental health risk, external, as well as internal issues that may impact on the individual should be considered.

External issues can include:

- Technological changes
- Customer/client relationships
- Broader economic conditions
- Diversity and demographics of employees

Internal issues include:

- The size and nature of the organisation
- How the organisation is managed
- Characteristics and competence of the organisations workforce
- Locations of work, including lone working, and remote working
- Availability of resources
- Workers contracts and conditions
- Personal development and growth

Examples of signs of mental health risk at an individual and/or group level can include:

- Changes in behaviour;
- Social isolation or withdrawal, refusing offers of help or neglecting personal well-being needs;

- Increased absence from work or coming to work when ill;
- Lack of engagement;
- Reduced energy;
- High staff turnover;
- Low quality performance or failure to complete tasks/assignments on time;
- Reduced desire to work with others;
- Conflicts, lack of willingness to co-operate, and bullying; □ Increased frequency of incidents or errors.

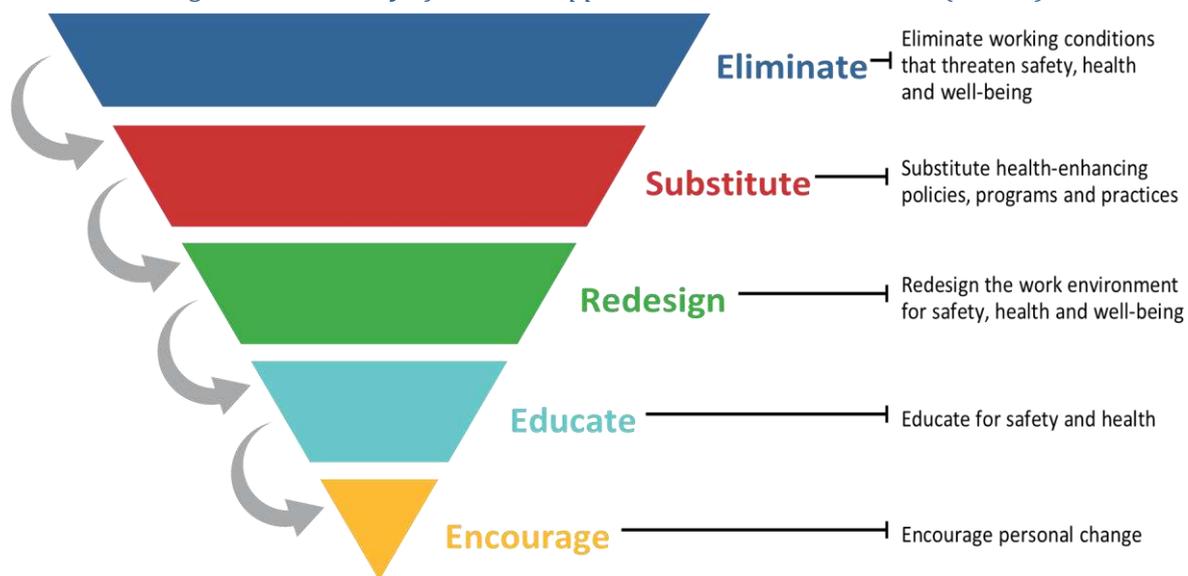
3.2 Mental health Risk Control Measures

Strategies for eliminating hazards, reducing mental health risks and promoting well-being should be developed in consultation with workers and, where they exist, worker representatives.

Measures can include:

- Giving workers greater control over the way they do their work e.g. flexible working
- Providing effective supervision, constructive feedback and guidance to workers
- Clear demarcation of work roles, chain of command and communication channels
- Facilitating the development of competence
- Allowing breaks to manage fatigue
- Providing, and maintaining appropriate equipment for performing the work
- Limiting work-related contact via mobile phone and email in non-working time
- Providing access to social support for workers who are working remotely
- Improving attitudes and avenues towards managing and reporting mental health risk, including work-related stress, harassment, bullying and violence at work
- Establishing support measures for workers who are experiencing negative impacts from exposure to mental health risks;

Figure 4: Hierarchy of Controls Applied to Total Worker Health (NIOSH)



3.3 New Risks - Remote Working

The Covid pandemic highlighted the connections between the impact of social isolation, concerns about others, job insecurity etc. on mental health and reinforcing relationship between physical and mental health. Employers have rightly stepped up their efforts to support mental health but need to ensure that other aspects of wellbeing are not neglected, particularly with changing working practices such as homeworking. With musculoskeletal issues already a major cause of absence, organisations need to ensure remote workers have appropriate ergonomic equipment and other appropriate equipment for performing the work, and are supported to make healthy decisions and maintain connections with other employees.

3.4 Mental health Risk Factors

Below is a list of recognised mental health risk factors to consider (please note this is not intended to be an exhaustive list and is provided as a guide only) ;

- Inadequate health and safety policies
- Poor communication and management practices
- Limited participation in decision-making
- Low control over one's area of work
- Low levels of support for employees
- Long, irregular or inflexible working hours
- Unclear tasks or organizational objectives
- Unsuitable tasks for the person's competencies
- High and unrelenting workload.
- Lack of team cohesion or social support
- Bullying and psychological harassment (also known as 'mobbing')
- Lack of authority to match levels of assigned responsibility
- Discrimination
- Job insecurity
- Excessive or conflicting work demands
- Unceasing high time pressure
- Poor interpersonal relationships
- Psychological or sexual harassment
- Poor communication

3.5 Mental health Risk Assessment Tool

A useful tool for completing the Mental health Risk Assessment can be found [here](#) on the www.worksafe.qld.gov.au website.

Source: https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0027/19476/mental-health-risk-assessment.pdf

SECTION 4 First Aid for Mental Health

4.1 What is First Aid for Mental Health (FAMH)

Providing mental health support when a worker is showing the early signs and symptoms of a mental health problem can prevent the problem worsening and help the person return to their usual performance quickly. Mental health support with First Aid is defined as;

First Aid for Mental Health is the support offered to those developing mental health difficulties, or who are experiencing a mental health crisis, until suitable professional care and treatment is established

Universally, the role of a first aider for mental health in the place of work is to be a point of contact, and support for an employee who may be experiencing a mental health concern or emotional anguish. There are many employees that have noticed a change in a co-worker but they didn't know what to say, they didn't know how to approach the subject or start a conversation. Know how is important when talking to a colleague that has concerns. This role may range from having an initial conversation and offering a friendly ear, through to helping the person to get appropriate help. Effective first aid for mental health includes early detection of signs and behaviors that may be revealing a developing mental health concern or the beginning of a mental health crisis, and provision of support of the person to ward off a crisis or link them to services and sources of support.

FAMH is not the same of doing therapy. With FAMH we don't expect, or permit, employees to be diagnosticians. We don't want them to be suggesting that people may have certain diagnoses. First aiders for mental health are not qualified to do clinical work.

4.2 Why is FAMH important?

Employees are hesitant to discuss mental health openly and so they are trapped in a vicious cycle of lack trust and fear of stigma. Without early intervention, the mental health issue of the person may get worse and a mental health crisis could emerge. Among the consequences in the workplace are lack of commitment, and development of mental health conditions.

The organization should train specific staff in First Aid for Mental Health, as a fundamental part of their Occupational Health & Safety strategy. This training is becoming more widely available and it is necessary to enable workers to identify signs of exposure to mental health risks and to act in a professional, non-judgmental way. First Aiders for Mental Health are trained to challenge stigma and negative attitude towards mental health illness.

4.3 FAMH Ethical Standards

The question that arises whether a first aider should take an action to provide mental health aid or not. Of course it is better if you can do something when you are able but if there is risk of causing more harm with your action, then it is better to do nothing. It is important for the first aider to act in an ethically responsible way concerning the employee.

1. First, To Do no Harm

Means that we avoid actions causing intentional harm to other people or there is a risk of harming them. This principle also includes avoiding preventable risks. There are times that best intentions could have the opposite consequences and potentially harm the other. That is only after weighing potential harm/benefit of no/taking action we decide finally whether we take action or not (American Counseling Association (ACA), 2014)

2. Do Good

“Working for the good of the individual and society by promoting mental health and wellbeing” (ACA, 2014). It can be defined the responsibility to do good (Welfare, 2015)

3. Justice/ No Discrimination

Justice is the obligation to act fairly and not show bias on basis of race, age, gender, culture.

When you have to make a decision which co-worker should you approach first ask yourself if you are biased towards persons with mental health issues. If you have any negative experiences, attitudes, perceptions it is better not to take action (Welfare, 2015)

4. Respect for autonomy

Respect for autonomy means respect for the freedom and dignity of each person. All individuals should be free to make choices for themselves. A person should have the power to decide what information about them to share (Welfare, 2015).

5. Confidentiality

First aiders for mental health are required to respect the confidentiality and privacy of any conversation with a co-worker. While it is necessary to keep confidentiality, there may be situations that you might need the assistance of others and have to share your concerns with your team or your manager. This choice will be made without malice or personal gain, and in the best interest of the co-worker and not the organization.

If you notice that the behavior of a co-worker is very unpredictable or frightening and you worry that there is an issue of safety of this person then you should address your observations about this person’s behavior to your manager.

6. Safety

If there is a concern for the safety of the person or others you can bridge the principle of confidentiality and report it. In particular, is necessary to assess the risk of self-harm and suicide, or the risk of harm to others. In an early stage of conversation you need to be clear with the limits of confidentiality and be sure that the co-worker agrees with this. Moreover, you should not choose to approach this person if you believe that a conversation with this coworker may directly put you at a risk or you afraid that will lose your job or harm your reputation Sometimes people can worry about how to approach a conversation about a person's mental health but there are no special skills needed, use common sense, empathy, be approachable and be a good listener. If you do nothing, problems can spiral, with a negative impact for individuals and organizations.

FAHM Protocol of Action

❖ Before starting a conversation

- Observe if your co-worker doesn't look as his usual self has shown changes (behavior, physical appearance, emotion, cognitive, work performance)
- Assess if these signs could be indicative with poor mental health care or mental health conditions
- Decide if you are starting/not starting a conversation with your co-worker
- Apply ethical standards (no harm, do good, safety)
- Justice and Respect to Autonomy (no discrimination, respect the right that the coworker doesn't want to disclose)
- Confidentiality and reasons to bridge it (assess risk of self-harm and suicide) ❖

Starting a conversation:

- approaching and asking the person how he is feeling, listening nonjudgmental

❖ Assess the risk of suicide and self-harm ❖ Encourage for seeking professional help Link with self-help strategies ❖ Follow up

4.4 Choosing the right volunteer

First Aid for Mental Health training teaches about recovery and resiliency. The belief that individuals experiencing these challenges can and do get better, and stay well. First Aid for Mental Health training teaches risk factors and warning signs for mental health and addiction concerns, and strategies for how to help someone in both crisis and non-crisis situations.

The following 5 Step Action Plan is provided by the [MentalHealthFirst Aid](#) organisation and provides the basis for First Aid for Mental Health.

Assess for risk of suicide or harm

When helping a person going through a mental health crisis, it is important to look for signs of suicidal thoughts and behaviours, non-suicidal self-injury, or other harm.

Listen nonjudgmentally

It may seem simple, but the ability to listen and have a meaningful conversation requires skill and patience. Listening is critical in helping an individual feel respected, accepted, and understood. First Aid for Mental Health teaches a set of verbal and nonverbal skills and strategies to engage in appropriate conversation.

Give reassurance and Information

It is important to recognize that mental illnesses and addictions are real, treatable illnesses from which people can and do recover. First Aid for Mental Health provides information and resources you can offer to someone to provide emotional support and practical help.

Encourage appropriate professional help

There are many professionals who can offer help when someone is in crisis or may be experiencing the signs and symptoms of a mental illness or addiction. It is not the job of the First Aider to provide this help, but the trained First Aider should know what supports are available and how to help the individual access them.

Encourage self-help and other support strategies

Individuals with mental illness can contribute to their own recovery and wellness through:

- Exercise
- Relaxation and meditation
- Participating in peer support groups
- Self-help books based on cognitive behavioural therapy
- Engaging with family, friends, faith, and other social networks

The meeting between a First Aider and a worker reporting mental health issues can be highly emotionally charged. Not all willing volunteers will be suited to the role and must consider what job roles they are in and whether they could be excused from their work duties at short notice to help someone. Unlike first aid for physical injuries, helping someone with negative emotions may mean absence from work for hours rather than minutes.

First Aid for Mental Health training prepares the First Aider to assist someone experiencing a mental health or substance use-related crisis. Providing First Aid for Mental Health requires the same care as it would any other First Aid and there must be confidentiality around the support that is to be offered.

- It should be easily accessible and available when needed.
- Given in a private and safe room, without interruption.
- The First Aider must have a good knowledge of outside support.
- Ideally outside of the normal hierarchy of the management structure.

It is important to also provide training and awareness information to all employees. This may be included in general Health & Safety awareness training, and Employee Induction training. The availability of trained, competent First Aid Mental Health practitioners should also be well publicized within organisation.

Glossary of Terms

Many of these terms have slightly different interpretations around the world. For the sake of consistency, we have listed the definitions that are employed in this document. Many are supported by W.H.O. definitions as referenced by International Statistical Classification of Diseases and Related Health Problems 10th Revision 2019.

Absence

We define absence as days absent from work. Absence can also be both positive and negative and due to several factors. In this report we use absence to mean 'mental health related absence'.

Abuse (drug, alcohol, chemical, substance or psychoactive substance):

A persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice.

Addiction

Repeated use of a psychoactive substances, to the extent that the addict is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.

Anorexia nervosa

A disorder characterised by deliberate weight loss, induced and sustained by the patient. The symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics

Antidepressants

A type of medicine used to treat depression. They're sometimes prescribed for other health problems such as chronic pain, and for other mental health conditions such as anxiety or obsessive-compulsive disorder.

. Wellbeing can be both subjective and objective.

Behavioural disorders

An umbrella term that includes more specific disorders, attention deficit hyperactivity disorder or other behavioural disorders. Only children and adolescents with a moderate to severe degree of psychological, social, educational, or occupational impairment in multiple settings should be diagnosed as having behavioural disorders

Bipolar Disorder

Characterised by episodes in which the person's mood and activity levels are significantly disturbed. These severe mood swings, consists of an elevation of mood and increased energy and activity (mania), and on others of a lowering of mood and decreased energy and activity (depression).

Bulimia nervosa

A syndrome characterised by repeated bouts of overeating and an excessive preoccupation with the control of body weight, leading to a pattern of overeating followed by vomiting or use of purgatives. An over concern with body shape and weight. Repeated vomiting is likely to give rise to physical complications.

Cognitive Behavioural Therapy

A form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.

Corporate social responsibility

“A concept whereby companies integrate social and environmental concerns in their business operations and in their interactions with their stakeholders on a voluntary basis.”
(Commission of the European Communities (2001): Green Paper on Promoting a European

Company policy (and procedures)

A company policy is a set of guidelines for employers and employees to follow the defined procedures. It is a set of rules established for the business interest of the employer and right of employees. A Company Policy is constructed based on the structure of the business.

Corporate or company culture

Is how you do what you do in the workplace? It's the sum of your formal and informal systems and behaviours and values, all of which create an experience for your employees and customers. At its core, company culture is how things get done around the workplace.

Counselling

A type of talking therapy where a counsellor listens to what you have to say and then helps you to try and see your feelings and problems in a different way so you can arrive at answers yourself.

Depression

Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. It can be long lasting or recurrent, substantially impairing a person's ability to function at work or school, or cope with daily life. Depression often starts at a young age.

Electroconvulsive therapy (ECT)

A treatment for severe depression. It involves having an electrical current passed through your brain to trigger a fit.

Generalised Anxiety disorder

Anxiety that is generalised and persistent. A feeling of dread. The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light-headedness, palpitations, dizziness, and chest pains.

Leaveism

Leaveism is a term that describes the growing tendency of individuals to be unable to 'switch off' from work. It is becoming increasingly common as working remotely and flexible working have become easier thanks to technology, and can lead to overworking, a reduction in workforce morale, and burnout.

Mania

An energetic mood of excitement and elation. It is a symptom of bipolar disorder.

Mental Disorders

Mental disorders comprise a broad range of problems, with different symptoms. They are generally characterised, however, by some combination of disturbed thoughts, emotions, behaviour, and relationships with others. Examples are depression, anxiety, and conduct disorders in children, bipolar disorders, and schizophrenia.

Mental Health

Mental health is a state of well-being in which an individual can realise his or her own potential, cope with the normal stresses of life, work productively and contribute to the community. Mental health is determined by a range of socioeconomic, biological, and environmental factors

Mental health & wellbeing strategy

A framework for delivery of mental health activities for identified target groups (e.g. company employees) that brings together promotion, prevention, care & treatment and support for recovery.

Mental wellbeing

Mental wellbeing describes a dynamic mental state. An individual with good mental wellbeing can feel relatively confident in themselves and have positive self-esteem, feel and express a range of emotions, build, and maintain good relationships with others, feel engaged with the world in general, live and work productively, cope with the stresses of daily life, including work-related stress, and adapt and manage in times of change and uncertainty.

Mindfulness

A 'mind-body' practice that helps people manage their thoughts and feelings. It focuses on paying attention to the present moment. Mindfulness forms the basis of some mental health treatments.

Obsessive-compulsive disorder

The essential feature is recurrent obsessional thoughts or compulsive acts to prevent some objectively unlikely event, often involving harm to or caused by the patient, which he or she fears might otherwise occur. Compulsive acts or rituals are stereotyped behaviours that are repeated again and again.

Panic attack

A period of severe fear and overwhelming physical feelings.

Post-traumatic stress disorder

Arises as a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature. Typical features include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, causing insomnia. The trauma is usually so extreme that it can overwhelm their coping mechanisms and create intense feelings of fear and helplessness.

Presenteeism

Presenteeism is defined as attending work whilst ill and therefore not performing at full ability. Presenteeism can be both positive and negative and be due to a variety of factors. In this report we will use presenteeism to mean 'mental health related presenteeism'.

Psychiatrist

A medical doctor who specialises in the diagnosis, treatment and prevention of mental health conditions.

Psychological therapist

A practitioner of psychological therapy. They deliver interventions to help people understand and make changes to their thinking, behaviour and relationships, to improve mental wellbeing.

Psychotherapy

A form of psychiatric treatment that involves therapeutic conversations and interactions between a therapist and a child or family.

Psychosis

Characterised by distortions of thinking and perception, as well as inappropriate or narrowed range of emotions. Incoherent or irrelevant speech may be present. Hallucinations, delusions, or excessive and unwarranted suspicions may also occur. Severe abnormalities of behaviour, such as disorganised behaviour, agitation, excitement and inactivity or over activity, may be seen. Disturbance of emotions and vulnerabilities may also be apparent.

Schizophrenia

A severe mental disorder, characterised by profound disruptions in thinking, affecting language, perception, and the sense of self. It often includes psychotic experiences, such as hearing voices or delusions. Schizophrenia typically begins in late adolescence or early adulthood.

Self-harm

A broader term referring to intentional self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome.

Stigma

The stigma attached to mental illness often leads to social exclusion and discrimination and creates an additional burden for the affected individual. Mental health stigma refers to societal disapproval, or when society places shame on people who live with a mental illness or seek help for emotional distress, such as anxiety, depression, bipolar disorder, or PTSD.

Self-Stigma

This is where people with mental health problems believe what is being said about their condition and agree with their viewpoints

Suicide

The act of deliberately killing oneself

Suicidal behaviour

A range of behaviours that include thinking about suicide (or ideation), planning for suicide, attempting suicide and suicide itself.

Symptoms

Evidence or a sign of a health condition that the person with the condition notices themselves. An example for mental health might be low mood.

Wellbeing

Wellbeing is defined as feeling good and functioning well and comprises each individual's experience of their life and a comparison of life circumstances with social norms and values. Wellbeing can be both subjective and objective.

Work-related stress

Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. However, when that pressure becomes excessive or otherwise unmanageable it leads to stress

Workplace mental health policy

Official statement by an organisation that provides the overall direction for mental health by defining a vision, values, principles and objectives, and by establishing a broad model for action to achieve that vision

Appendices

Appendix 1: Health and Safety Management Plan, Do, Check, Act Model

The EU places a number of duties on employers including the duty to manage occupational health and safety. Health & Safety Management Systems (HSMS) provide a framework to help do that effectively. HASMS can be tailored to suit the needs of the undertaking. There are various models for managing health and safety such as the Plan, Do Check, Act model as advocated in OHSAS 18001:2007. The key elements of the model are listed below.

Plan

- Develop an OSH 'Legal Register', which identifies all the statutory requirements relevant to your specific undertaking and activities.
- Based upon this register, identify the occupational hazards and assess the risks presented to employees by those hazards.
- Evaluate current compliance levels and put in place a programme which:
 - Outlines objectives and plans to deal with current non-compliance or underperformance
 - Outlines objectives and plans to maintain current compliance levels
- Say what you want to achieve, who will be responsible for what, how you will achieve your aims, and how you will measure your success. You may need to write down this policy and your plan to deliver it.
- Decide how you will measure performance. Think about ways to do this that go beyond looking at accident figures; look for leading indicators as well as lagging indicators. These are also called active and reactive indicators.
- Remember to plan for changes and identify any specific legal requirements that apply to you and impact on your existing legal register.

Do

- Identify your risk profile: Assess the risks, identify what could cause harm in the workplace, who it could harm and how, and what you will do to manage the risk.
- Decide what the priorities are and identify the biggest risks.
- Organise your activities to deliver your plan.
- In particular, aim to:
 - Involve workers and communicate, so that everyone is clear on what is needed and can discuss issues – develop positive attitudes and behaviors.
 - Provide adequate resources, including competent advice where needed.
- Implement your plan: Decide on the preventive and protective measures needed and put them in place.
- Provide the right tools and equipment to do the job and keep them maintained.
- Train and instruct, to ensure everyone is competent to carry out their work.
- Supervise to make sure that arrangements are followed.
- Consider requirements around out-sourcing, procurement and use of contractors.

- Consider fire and other emergencies. Co-operate with anyone who shares your workplace and co-ordinate plans with them.
- Ensure documented information determined necessary, is created, revised and appropriately controlled.

Check

- Measure your performance. Make sure that your plan has been implemented – ‘paperwork’ on its own is not a good performance measure.
- Assess how well the risks are being controlled and if you are achieving your aims. In some circumstances formal audits (internal & external) may be useful.
- Investigate the causes of accidents, incidents or near misses.

Act

- Review your performance. Learn from accidents and incidents, ill-health data, errors and relevant experience, including from other organisations.
- Revisit plans, policy documents and risk assessments to see if they need updating.
- Take action on lessons learned, including findings from audit and inspection reports.

Source:

https://www.hsa.ie/eng/Your_Industry/Public_Sector/Overview/Managing_for_Health_and_Safety/

Appendix 2: Mental Health Management Integration Checklist

Mental Health Management Integration Checklist		Download 	
<i>'No' answers indicate a need for further consideration, while 'yes' confirms you have reviewed or included mental health in your arrangements.</i>		Yes	No
Is consideration of mental health included in the following aspects of your business (examples in italics)?			
1. Policy and Planning			
Board level strategy (<i>corporate strategic-level plans and mission statements</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Building an open, inclusive and supportive culture (<i>company values</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational health and safety policy (<i>H&S Policy Statement and arrangements</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation and communication procedure (<i>standing item on working groups and H&S committee</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Training needs analysis (<i>mental health training for staff, managers and leaders, also considered as part of how training is designed and delivered</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard identification and risk profiling (<i>identified as a hazard to consider on all risk assessments</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Project planning including change management (<i>impact on mental health of planned changes is considered and mitigated</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Executive level leadership on mental health (<i>discussed at Board meetings, role modelling by senior leaders including mental health champion</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Provision of confidential communication channels and expert resources (<i>counselling, management conversations, mental health first aiders, whistle-blowing</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Resource planning (<i>resources allocated to mental health and wellbeing</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Operations			
Recruitment and induction (<i>considered at recruitment and included in induction</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Risk assessments (<i>mental health risks of work activities and projects assessed</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Employee consultation and communication (<i>all workers consulted on mental health arrangements</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Management reviews and one-to-ones (<i>required content in management reviews</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Employee support services (<i>confidential independent counselling service available</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Identification and provision of reasonable adjustments (<i>part of relevant HR policies and actions including return to work</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Monitoring			
Active monitoring (<i>audits, inspections and staff surveys</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Incident investigation (<i>considered as part of incident investigation as a contributory factor e.g. fatigue</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Absence management (<i>return-to-work procedures</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Improvement			
Management information for review by HR/the Board.	<input type="checkbox"/>	<input type="checkbox"/>	
Promotional events (<i>increase awareness using national mental health events</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
Acting on staff suggestions and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	
Benchmarking (<i>comparison with same-sector businesses, build on industry best practice examples</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Resources /Useful Links

https://www.mentalhealthfirstaid.org/wp-content/uploads/2021/09/092321_MHFA-at-Work-Flier.pdf

https://www.cipd.co.uk/Images/mental-health-at-work-1_tcm18-10567.pdf

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