Management of Mental Health in the Workplace Policy

This document should be used in conjunction with the
[Corporate Health and Safety Policy](#)

Managers have a responsibility to ensure that **ALL** employees have access to this document.

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Management of Mental Health in the Workplace Policy

Purpose

The purpose of the policy is to provide information on mental health and highlight the effects of stress and how to manage it in the workplace. The Council has a duty of care to ensure that no employee is knowingly subjected to an unreasonable level of work related stress, which could be detrimental to his or her health – physically and psychologically. It is therefore a key consideration for the Council, in terms of employee health and safety, sickness absence management, morale of employees and employee relations that stress in the workplace is managed effectively. This policy will assist Managers / Supervisors to recognise that stress can seriously impair employees' ability to contribute fully to the needs of the Council and will aid in the recognition and management of stress in the workplace.

Definitions

Mental Health – Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community. 1 in 4 people can experience common mental health problems – harmful levels of stress, anxiety, depression. *(World Health Organisation)*

Stress - "the adverse reaction people have to excessive pressure or other types of demand placed on them" (Health & Safety Executive) This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health. These demands may arise from home or work, or both and can lead to both physical and psychological problems. Stress is now widely recognised as a major cause of employee ill health and sickness absence and is often linked to musculoskeletal disorders.

Statement

Carmarthenshire County Council is committed to taking all reasonably practicable steps to ensure the health, safety and wellbeing of anyone potentially adversely affected by our business as defined under the Health and Safety at Work Act 1974, section 2 and the Management of Health and Safety at Work Regulations 1999. This policy is related and supplementary to our general health and safety policy, and our commitment to promote good health amongst our employees.

The Council is committed to promoting a culture in which stress is not seen as a sign of weakness, and that employees can speak freely about stress and seek help. The council has signed the Time to Change organisational pledge which shows our commitment to the campaign to end the stigma and discrimination faced by people with mental health problems. All employees will be treated equally with regards to sickness absence management whether they are ill with a mental health or with a physical problem.

The Council aims to create an environment where the risk of workplace stress is minimised and preventative action is taken to reduce the likelihood of ill health. This will be achieved by:

- Confirming the Authority's commitment to management of mental health in the workplace
- Developing a consistent approach to managing workplace stress
- Increasing employees' awareness and understanding of mental health and stress
- Providing guidance and support for Managers/Supervisors and employees to identify the signs and symptoms of stress and mental ill health
- Providing support for managers to undertake risk assessments, implement control measures and reduce the likelihood of stress and the impact it has on physical and mental health

- Promoting the general wellbeing of all employees
- Providing a supportive framework for employees who may be suffering from stress and mental ill health

Scope of the Policy

This policy will apply to all employees of Carmarthenshire County Council and members.

Responsibilities

All line managers have a responsibility under this this policy for managing mental health in the workplace and managers should be able to recognise mental health problems in themselves.

People Management will have responsibility for promoting and monitoring the effectiveness of this policy and guidance. The People Management Division will ensure that the proactive approach to management is encouraged through timely advice from the Occupational Health Service, Health and Safety Department, and Learning and Development Team, and the provision of timely and accurate data and professional HR advice.

Wider responsibility for the policy rests with Directors, Heads of Service and all senior managers. They are responsible for ensuring that this Policy and accompanying guidance is effectively communicated ensuring that all cases of stress related issues are managed sensitively and consistently. Senior managers will be responsible for commissioning additional support for managers as appropriate and practicable, and ensuring that managers have adequate training and supervision to carry out their duties.

Arrangements at Schools

Governing Bodies of all schools are encouraged to adopt this policy, with a recommendation that schools may wish to develop appropriate wording to include pupils or signpost to the appropriate policy or guidelines for pupils.

Supporting Documentation

Supporting information, guidance and documentation will be available to assist with the management and implementation of this policy.

Ensuring Equality of Treatment

This policy must be applied consistently to all employees irrespective of race, colour, ethnic or national origins (including citizenship), language, disability, religion, belief or non-belief, age, sex, gender reassignment, sexual orientation, parental or marital status, pregnancy or maternity.

If you have any equality and diversity concerns in relation to the application of this policy and procedure, please contact a member of the HR Team who will, if necessary, ensure the policy/procedure is reviewed accordingly.

If you require this information in an alternative format please contact People Management on (01267) 246184 or Ext. 6184.

Guidance Note 1

Types of mental ill health

The most common diagnosable mental health conditions are briefly described below *(Mindful employer)*

Depression

Clinical depression is sometimes described as mild, moderate or severe. Symptoms include low mood and lack of energy. Motivation can be affected and people may experience thoughts of life not being worth living, which in extreme cases can lead to suicidal behaviour.

Anxiety

Anxiety becomes a problem when feelings of tension and fear prevent a person from carrying out everyday tasks. In extreme cases people may suffer panic attacks or phobias. Obsessive Compulsive Disorder (OCD) is a form of anxiety where people have recurrent, intrusive thoughts, which they may feel 'forced' to act on (e.g. fears of contamination leading to repetitive hand washing).

Psychosis

Psychosis is a term used when a person appears to lose touch with reality. Schizophrenia is the most common form but is *not* a 'split personality'. People may hear, see or believe things that aren't real to others (e.g. hearing voices, thinking that others are 'out to get them'). If the illness becomes chronic (long term) the person may withdraw from the outside world and neglect themselves.

Bi-Polar Disorder

Both these terms are used to describe this condition where a person may 'swing' between episodes of extreme low mood and depressive symptoms to being 'high' or elated. During a manic episode a person may have high energy levels, grand or unrealistic ideas and become reckless (e.g. taking risks, overspending). People may go through the mood cycles at different rates and times.

Personality Disorder

These are a range of long-term, inflexible attitudes and behaviours which make it difficult for people to maintain relationships and co-operate with others. People may find it difficult to control their emotions or behaviours or register their impact on others. There are up to ten different categories, including paranoid, antisocial and dependent.

Eating Disorders

These are extreme ways of controlling food intake and weight gain and can also be associated with other psychological problems, such as depression, anxiety, low self-esteem, alcohol misuse, and self-harm. People with anorexia nervosa severely restrict their calorie intake, while those with bulimia nervosa may binge eat. Both conditions may lead to people using other techniques to lose weight including vomiting, use of laxatives and excessive exercising.

Self-Harm and Suicide

People may hurt themselves deliberately in order to deal with problems and emotions. Methods might include self-neglect, cutting, burning or overdosing. Suicidal behaviour may occur when a person feels they have no other options. It may be a cry for help, a mistake or a deliberate act.

Drug and Alcohol Misuse

Harmful use of drugs and/or alcohol may be caused by, or lead to mental health problems. People may become addicted to substances which become the main focus of their lives. Withdrawing from them can be traumatic or even dangerous without professional help.

Stress (vs pressure)

For some, the link between stress and mental ill health may be a new one. We all need and, to a degree, thrive on *pressure*: it gives us energy, helps with performance and inspires confidence. But excessive pressure can lead to *stress*. And when stress becomes harmful – perhaps due to too much (or too little) work, inadequate training to do the job, poor working relationships, family and personal pressures or other factors – this can lead to other mental health issues such as anxiety and depression.

Stress may become a problem when a person feels they don't have the resources to cope with the demands placed on them. Symptoms may be emotional (e.g. irritability, tearfulness) and physical (aches and pains, high blood pressure etc.). The person may find it difficult to make decisions or perform tasks and may be unable to attend work.

Long Term Effects of Stress

If symptoms of stress are ignored over a long period of time, they can lead to serious deterioration of physical and psychological health. The sooner they are managed the sooner the effects will be minimised. Individuals may suffer:

- Hypertension
- Coronary heart disease, heart attack, stroke
- Stomach pains, diarrhoea, peptic ulcers
- Diabetes
- Effects on functioning of major organs
- Lower resistance to infective agents/tumour growth
- Worsening of existing conditions such as asthma, dermatitis, rheumatoid arthritis
- Chronic fatigue
- Effects on reproductive system, fertility problems
- Increased risk of miscarriages
- Increased risk of low birth weight babies
- Musculoskeletal disorders
- Mental ill health

Guidance Note 2
Managing Mental Ill Health and Stress

MANAGING AN EMPLOYEE WITH MENTAL ILL HEALTH
- Have an open, honest and practical conversation with the person about how their mental health condition impacts their work and what adjustments can be made.
- Ask the individual what they need – they are often the best experts of managing their condition.
- Focus on what the person *can* do – not what they can't.
- Tailor adjustments to the specific needs and abilities of the individual – be creative.
- Be flexible – as some mental health conditions can be episodic. It may be more helpful to agree adjustments that can be implemented as and when required and revoked when not.
- Agree the adjustments which are appropriate for the organisation and the individual.
- Be realistic about what you can offer. If you are unsure, consult Human Resources or the Occupational Health Centre for guidance.
- Regularly review the adjustments to ensure they are working and are still appropriate.
- With the permission of the individual communicate the adjustments to other team members to alleviate perceptions of favourable treatment.
- Consider the wider organisational context in which the adjustments are being made and whether or not they can be offered to all staff.
- Always take advice (as above) where you're not sure what to do.

Practical examples of workplace adjustments

Being flexible and creative is important when considering solutions. Below are examples which could act as prompts for line managers and employees exploring these issues together.

Working hours or patterns
- Take a flexible approach to start/finish times and/or shift patterns
- Allow use of paid or unpaid leave for medical appointments
- Phase the return to work, e.g. offering temporary part-time hours
- Equal amount of break time, but in shorter, more frequent periods
- Allow someone to arrange their annual leave, with their consent so that is spaced regularly throughout the year
- Allow the possibility to work from home at times
- Temporary reallocation of some tasks

Physical environment
- Minimise noise – e.g. providing private office/room dividers/partitions, reducing pitch or volume of telephone ring tones
- Provide a quiet space for breaks away from the main workspace
- Offer a reserved parking space
- Allow for increased personal space
- Move workstation – to ensure for example that someone does not have their back to the door.

Support with workload
- Increase frequency of supervision
- Support someone to prioritise their work
- Allow the individual to focus on a specific piece of work
- Consider job sharing

Support from others
- Provide a job coach
- Provide a buddy or mentor
- Provide mediation if there are difficulties between colleagues

POSSIBLE SOURCES OF STRESS IN THE WORKPLACE

There are many causes of pressure, some of which are very personal. Sometimes pressures at home can have a significant impact on the pressures in the workplace. However certain aspects of the workplace can be perceived as the cause of stress, although not all individuals find these stressful. The list below contains potential areas of internal and external stressors. This is not an exhaustive list:

- Nature of the job
- Work organisation / workload
- Work environment
- Degree of control over the job
- Contractual arrangements
- Support and training
- Culture
- Work relationships
- Organisational change
- Management
- Individual

IMPACT OF LIFESTYLE STRESS AND WORK

Many of the stresses people experience can often be due to lifestyle changes as well as work related pressures, for example:

- Financial or relationship problems
- Ill health
- Family changes such as birth, death, marriage or divorce
- A conflict with family demands e.g. childcare, teenage children, ageing parents
- Change in living conditions (such as moving house)
- Long distance commuting
- Not enough opportunity for social contact while at work, difficulty in coping with change
- Not confident in dealing with interpersonal problems

PREVENTION

The following points below form part of good people management:

- Communicate regularly with employees - face to face communication is usually better so that employees can be encouraged to give feedback
- Encourage employees to talk to you at an early stage if they feel they cannot cope or if they are not clear about priorities or the nature of the task to be undertaken
- Talk to employees regularly about what needs to be done – listen to their feedback about problems or pressures they are under and their difficulties in getting the work done and agree a course of action for tackling any problems

- Consult with employees about any changes and discuss whether there are any new training needs; it is important these training needs are met, undertaken and reviewed
- If people feel "under loaded", think about giving them more responsibility, but make sure they are adequately trained
- Try to give warning of urgent or important jobs, prioritise tasks, and cut out unnecessary work.
- Support employees during change
- Carry out regular development reviews where we would encourage using the Individual Stress Assessment
- Provide feedback on work performance, behavioural issues and impact on others
- Ensure shift work systems are agreed with employees and that the work is fairly shared out
- Avoid taking work home
- Ensure employees take sufficient breaks
- Encourage employees to take their annual leave entitlement and their meal breaks
- Encourage a positive 'work-life balance'
- Promote the Occupational Health Centre and health promotion initiatives
- Provide as much support as possible (e.g. Flexible working and Work Life Balance initiatives)
- Consideration of different work life balance initiatives i.e. job sharing, reduced hours, home working etc.
- Create a culture where members of the team trust each other and can be themselves at work
- Managers need to be aware of their behaviour and its effect on others and be prepared to adapt

RECOGNITION AND SUPPORT

Reason 1 - Through observation you become aware that the employee may be showing signs and symptoms of stress; or

Reason 2 – The employee has stated they are suffering from stress or presented with a fit note stating 'stress' or a 'stress related issues'. Some examples of wording you may find on a fit note that indicate stress are, Stress – work related or non-work related; Anxiety; Depression; ND or Nervous Debility; Fatigue; Bereavement

Support should be provided to help an employee maintain work or return to work from sickness absence.

- Speak to the employee in a confidential setting to assess the reasons for stress. This will aid in planning next steps.
- If issues are possibly work related encourage and assist the employee to complete the Individual Stress Assessment (see Guidance Note 3) and discuss the outcomes and agree an action plan to overcome and deal with any relevant issues
- If issues are non-work related encourage the employee to read and complete the self help guide and worksheet found in Self Help Information
- Offer the contact number for Stress Control Training if applicable

- Access the NHS Direct - 0845 46 47 link to search local support services in the employee's area (click on 'Health and Wellbeing tab)
- Offer the contact numbers for any Crisis Team if appropriate
- Try to accommodate adjustments within the workplace (e.g. temporarily change in working hours, change to role)
- Phased return to work (following sickness absence)
- Have regular one to one meetings

- Ask if employee has been to their own GP if applicable
- Manager can contact Occupational Health and/or HR for advice if required

If further support is required a referral can be made to Occupational Health. It may also be appropriate to refer to HR guidance relating to disability and reasonable adjustments

Further advice and guidance can be obtained from the HR team and our appropriate HR Performance Management Policies/Procedures (e.g. sickness absence, capability procedures etc.).

LEARNING & DEVELOPMENT

In addition to current L&D programmes for managers and staff, the Authority has developed programmes to support managers and employees in the management of stress and mental health.

These include:

- workshops for managers
- workshops for teams in areas where stress is prevalent
- on line modules to help staff understand and manage the causes of stress
- on line modules on mental health awareness and personal resilience

Please contact your Learning & Development Advisor on 01267 246180 for further information.

RECORD KEEPING

It is important that records be kept of all relevant actions. Records must be accurate, deal with the facts and points of evidence, rather than feelings or conjecture and maintain individual confidentiality. Unqualified opinions and judgements must be avoided. Records must include any incident reports, risk assessments, sickness records and preventative action undertaken.

Guidance Note 3

Individual Stress Assessment

WHEN TO USE THE INDIVIDUAL STRESS ASSESSMENT

A stress risk assessment is an ongoing process and must be used appropriately and as often as is necessary in determining levels of stress, *i.e.....*

- ➢ whenever a situation arises to warrant its use (reactively),
- ➢ following a sickness absence,
- ➢ when presenting signs of, or having perceived increase in stress level,
- ➢ proactively at supervision/appraisal sessions (this should be done at least on an annual basis),
- ➢ the manager should complete the individual stress assessment questionnaire with the employee if possible, as issues can be highlighted and actioned at that point.

Following completion of the Individual Stress Assessment:

- If no problems are identified, the process ends here. However the manager will continue to monitor using the supervision/appraisal/performance management procedures or as required.
- If problems are identified, the manager and employee continues with the assessment process.
- The manager may seek advice from Human Resources if required.
- The manager may need to refer the employee to the Occupational Health Centre.

Managers may identify or suspect that stress may be a problem in their team or individuals themselves or they may have the issues of stress brought to their attention by employees directly or via trade union representatives or other managers. Once the manager is 'on notice' regards stress related issues they have a legal duty to intervene and manage the situation positively.

LIMITATIONS

These questionnaires are only tools to assist managers. They are not guaranteed to identify all individuals with stress or all the causes of stress. They will help demonstrate if stress is a problem and help identify possible causes of stress. The individual stress risk assessment will help to identify the root causes and possible control measures.

Guidance Note 4

Further Support and Self Help

SELF-HELP INFORMATION

- [livinglifetothefull](#) - a free self-help website which measures your levels of stress and mood, and provides suitable workbooks.
- [Moodgym](#) – Free self-help website
- Self-help books can be obtained from your local library

FURTHER SUPPORT CAN BE OBTAINED FROM

- Your GP
- Occupational Health - 01267 246060
- Stress management programme (request this service through your manager, HR or liaison officer or contact Occupational Health on the above number for further information about how this service may benefit you).
- [NHS Direct](#) - 0845 46 47 – Search local support services in your area (select Health & Wellbeing tab)
- [NHS Stress Control Training](#) - Free 6 week course
- Your Union Representative

Guidance Note 5

Case Studies

All case studies are based on fictional characters.

CASE STUDY 1 – No Management Input

A scenario is that of John (a fictitious example) who has been noticeably quieter in the office over the last couple of weeks; normally John is quite outgoing in the office, he is often heard, chatting to his colleagues about work issues, he has a helpful curiosity about processes in the office and is always looking to improve his efficiency, he is a reliable member of the team.

His manager notices that John has been off over the last six weeks with odd days here and there with cold like symptoms, stomach upset and a migraine, this is unusual for John but his manager dismisses it as an anomaly and does not speak to John about it.

2 weeks later, out of the blue John contacts his manager to say that his GP has signed him off work with stress and he will be off work for 2 weeks. Just as John's fit note is due to expire the manager receives another fit note for another 2 weeks, the manager is too busy to contact John and he thinks that by ringing John I will 'stress him out more, he needs time to get over it'. After a month John attends a sickness absence review with his manager, he feels too unwell to go back to work, and the GP has issued a fit note for 1 month.

Outcome of no management input

6 months later, John is still off work and he is feeling that he can't return to his job, he feels isolated, he hasn't had any regular contact with work and he is considering handing in his notice.

NB: refer to Sickness Absence Policy regarding contact with an employee while off work ill and regarding positive outcomes when keeping in contact – see Case Study 2.

CASE STUDY 2 – Management Involvement

A scenario is that of John (a fictitious example) who has been noticeably quieter in the office over the last couple of weeks; normally John is quite outgoing in the office, he is often heard, chatting to his colleagues about work issues, he has a helpful curiosity about processes in the office and is always looking to improve his efficiency, he is a reliable member of the team.

His manager notices that John has been off over the last six weeks with odd days here and there with cold like symptoms, stomach upset and a migraine, and this is unusual for John. John's manager arranges to meet with John, for an informal meeting, and the following discussion takes place.

Manager *"John, I have noticed that you seem a bit quieter in the office lately and you have had a few short illnesses over the last few weeks, I just wanted to check that everything is ok for you at the moment or if I could be of any help in any way?"*

John "*Well; things aren't too good for me at the moment, my mother is unwell and I am having to visit her every night after work, and I am finding the increase in workload for the current project difficult to manage"*

Manager "*Ok John, I am sorry to hear your mum is unwell at the moment, I can imagine that must be putting some extra strain on you and your family. I would like to understand more how things are for you in work so I can see if there is anything further I can help you with. I will give you the individual stress risk*

assessment to complete and then we can have a look to see if this flags up any areas where further support maybe required"

John completed the individual stress risk assessment and his manager reviewed this with him 2 days later. The manager was able to see that John was unsure about what was expected of him on this current project and appeared to be setting himself unrealistic goals. John and his manager had a discussion about the project and discussed some realistic goals that John felt he could achieve over the next fortnight, and they agreed to meet again in 2 weeks to review these goals. The manager also told John about occupational health information on the intranet which has links and information about managing stress, the manager recommended that John makes time to complete the resilience online module; **Manager** *"John; this has some really helpful tips on how we can look after ourselves when we have a lot going on in our lives, I would like you to make some time to look at this"*

Outcome following Manager Involvement

John remained in work and had more regular meetings with his manager, in time John's mother's health improved and John felt more in control of his work and the manager noticed John returned to his previous level of productivity.

CASE STUDY 3 – Sarah's Story

Sarah is 40 years old and works as a social worker for a local authority, managing a case load of clients. She has suffered from anxiety and depression in the past. She recently told her manager that she is feeling very anxious and has been suffering from panic attacks. She has been finding it hard to concentrate on writing client reports when she is back in the busy, open-plan office and has difficulty prioritising her workload. Sarah has been to see her GP and is now receiving therapy from the practice's counsellor.

There is no capacity within the team for Sarah's caseload to be reduced but her manager suggests that they increase her monthly supervisions to weekly to discuss client cases and help Sarah to prioritise her workload. Sarah's manager also reminds her that she can book a quiet room for a couple of days a week so that she can concentrate on report writing – an option available to all employees. As Sarah already has a flexitime agreement, her manager agrees for her to come into work later on the day of her therapy. Sarah and her manager agree to review these adjustments in a couple of weeks' time to see if they are working.

CASE STUDY 4 – Jeremy's Story

Jeremy is 35 years old and works as an IT Support Technician for the Local Authority. He has bipolar disorder and has been hospitalised in the past. He has been off work with depression for eight weeks and has kept in contact with his manager over this time. Knowing that Jeremy was considering a return to work his manager referred him to Occupational Health for advice on what support he may need to return to the workplace. Jeremy attends a back to work meeting with his manager to agree adjustments.

The Occupational Health Physician suggests that Jeremy returns to work on a phased return, gradually building up his hours to full time over 4 weeks. He also suggests that Jeremy introduces his work tasks slowly, concentrating on desk work in the first few weeks and gradually reintroducing customer query facing work which is more demanding. Although Jeremy is feeling a lot better his medication makes him drowsy in the mornings which means that he is unsafe to drive. As his home is not well served by public

transport his manager suggests that he applies to Access to Work to enquire about help with transport for work. They agree the adjustments in writing and a provisional date for Jeremy to return to work.

Case Study – Mr Jones's Story

Mr Jones has been off work for 3 weeks with depression which he feels has been triggered by a conflict with a colleague in the workplace. Mr Jones feels hopeless about ever being able to return to work. He attended his first sickness absence review meeting with his union representative, also present was his manager and a representative from human resources (HR). Part way through the meeting Mr Jones discloses that he "just can't see the point in going on with life".

His manager asks the HR Advisor and the union representative to leave the room so he can speak privately to Mr Jones. His manager asks Mr Jones questions with regards how long he has been feeling like his, and if he has felt like this before. Mr Jones states he had similar feelings in the past but not to this extent. His manager asks him if there is anyone at home who could take him to his GP or to A&E for support and advice. His manager also asks Mr Jones if he would like a referral to Occupational Health (OH) for further support. Mr Jones agrees to the referral to OH and lets his manager phone his sister who says she can collect Mr Jones in 20 minutes. His manager continues to sit with Mr Jones letting him talk openly about how he feels until his sister arrives.

One Mr Jones' has left with his sister his manager explains what has happened to the HR advisor and union representative, documents everything from the discussion with Mr Jones and completes a referral to OH. Later that day the manager contacts Mr Jones' sister for an update on how he is and informs her he has completed the OH referral. His sister explains that Mr Jones was assessed in A&E and will receive support from the crisis intervention team for a minimum of 2 weeks and his medication will be increased.

At a follow up sickness absence meeting Mr Jones' states his depression was starting to improve and his outlook on the future was more positive.