Managing Stress and Mental Health in the Workplace Toolkit for Managers

Employee Wellbeing

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carmarthenshire.gov.wales

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Contents

This document should be used in conjunction with the Corporate Health and Safety Policy

Purpose

This toolkit complements existing policies and guidance and should be read in conjunction with the Management of Mental Health in the Workplace Policy. Its purpose is to assist in the management of employees in relation to maintaining working effectively with mental ill health.

Scope

The scope of this toolkit applies to all Carmarthenshire County Council employees including School staff and Elected Members of the Authority.

How to use this toolkit

Managers should utilise this toolkit to assist them in the management of employees in relation to maintaining working effectively with mental ill health. The toolkit has been divided into relevant sections to enable managers to select the most appropriate information to provide them with relevant guidance and information in order to assist with specific scenarios.

If you have any questions or would like any further advice on any part of this toolkit, please contact the Health and Safety Centre.

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 refers to feelings of tension and fear which 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

This term is used to describe a 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 of personality disorder, including paranoid, antisocial and dependent.

Eating Disorders (Anorexia Nervosa and Bulimia Nervosa)

These are extreme ways of controlling food intake and weight gain which can also be associated with other psychological problems, such as depression, anxiety, low self-esteem, alcohol and substance 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 or to prevent weight gain 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.

Managing Stress in the Workplace

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. However, excessive pressure can lead to *stress*. 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

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

Types of lifestyle stressors

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 to a new 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 are examples 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

Individual Stress Assessment - when to use it

The Individual Stress Assessment is a management tool in order to recognise stress triggers and help support employees in the workplace.

This document covers the 6 key areas based on the Health & Safety Executive's (HSE) Management Standards for work-related stress. Stress is the adverse reaction people have to excessive pressures or other types of demands placed upon them. To enable managers to manage employees in a way to minimise work-related stress, these areas need to be looked at in order to create a good working environment for all employees.

The assessment can be used to discuss any areas that employees feel are affecting them inside work however it can also bring in external factors as necessary which may ultimately start impacting on their role.

This is a **proactive** tool that could be used as:
- ✓ Part of supervision
- ✓ Part of appraisal sessions
- ✓ Part of 1-2-1 meetings

Other times where this can be utilised are:

- ✓ where there is cause for concern (e.g. sickness absence, or where there are noticeable signs of stress being displayed)
- ✓ during a return to work interview and/or employee support meetings
- ✓ when there is significant change within the department/area of work/team

To utilise the effectiveness of this tool, it is recommended that it be completed jointly with the manager and the employee. The action plan should be agreed as soon as possible. The assessment is an **ongoing process** and must be used as often as is necessary to aid managers and support employees to highlight any possible areas of concern. If there are any issues with this process, an alternative manager could be sourced (speak to HR for further advice).

To assist with completion of the form, employee and manager guidance are included in the document.

We would advise that managers utilise the manager's guidance pages to assist when working through the form, in order to support further conversations with employees.

 The Individual Stress Assessment can be found here.

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 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 a blended approach to attending the workplace (e.g. combination of working from home and in the workplace)
- Consider temporarily reallocating 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

- An agreement of an increase in 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

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 issue'. 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. The points below are examples of actions that could help with this:

- 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 and discuss the outcomes and agree an action plan to overcome and deal with any relevant issues
- 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)
- 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 the 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; this can be accessed at your convenience.

These include:
- Management of Stress and Mental Health Workshops for managers.
- Online modules on mental health e-learning and personal resilience e-learning
- Managing Mental Health in the Workplace sessions for people managers.
- Mental Health Awareness sessions for all staff.

Please contact the Learning & Development Team (LD@carmarthenshire.gov.uk) or the Health & Wellbeing Team (healthandwellbeing@carmarthenshire.gov.uk) 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.

Further Support and Self Help

Self-help information

- [living life to the full](#) - 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
- Wellbeing Support Service (request this service through your manager, HR or contact officer or contact Occupational Health on the above number for further information about how this service may benefit you)
- Your Union Representative
- NHS Stress Control Training – a free 6 week course; to register for a course call: 07816 064644/3, alternatively email: Stress.Control-Registrations@wales.nhs.uk
- **NHS Direct:** Search for various emotional support services in your local area.
- **Education Support Partnership:** Specific support for teachers
- **CALL:** Community Advice and Listening line: 0800 132 737
- **MIND:** Mental health support charity
- **Live Life Fear Free:** Domestic abuse support
- **SAMARITANS:** 116 123
- **IAWN:** Online resources and information on mental health issues
- **Remploy:** Tailored employment support

Case Studies

All case studies are based on fictional characters.

CASE STUDY 1 – No Management Input

John 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.

Two 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

John 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 about 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 discussed the project and set 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 – Chen's Story

Chen 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. Chen has been to see her GP and is now receiving therapy from the practice's counsellor.

There is no capacity within the team for Chen's caseload to be reduced but her manager suggests that they increase her monthly supervisions to weekly to discuss client cases and help Chen to prioritise her workload. Chen'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 Chen already has a flexitime agreement, her manager agrees for her to come into work later on the day of her therapy. Chen and her manager agree to review these adjustments in a couple of weeks' time to see if they are working.

CASE STUDY 4 – Alun's Story

Alun 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 Alun 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. Alun attends a back to work meeting with his manager to agree adjustments.

The Occupational Health Physician suggests that Alun returns to work on a phased return, gradually building up his hours to full time over 4 weeks. He also suggests that Alun 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 Alun 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 Alun to return to work.

CASE STUDY 5 – Mr Kumar's Story

Mr Kumar 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 Kumar 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 Kumar 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 Kumar. His manager asks Mr Kumar questions with regards how long he has been feeling like his, and if he has felt like this before. Mr Kumar 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 Kumar if he would like a referral to Occupational Health (OH) for further support. Mr Kumar agrees to the referral to OH and lets his manager phone his sister who says she can collect Mr Kumar in 20 minutes. His manager continues to sit with Mr Kumar letting him talk openly about how he feels until his sister arrives. When his sister arrives, a discussion is had regarding Mr Kumar's mental health at present and the next steps that may be required for his care.

Once Mr Kumar 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 Kumar and completes a referral to OH. Later that day the manager contacts Mr Kumar' sister for an update on how he is and informs her he has completed the OH referral. His sister explains that Mr Kumar 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 Kumar states his depression was starting to improve and his outlook on the future was more positive.