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MANAGEMENT OF STRESS AND MENTAL HEALTH IN THE WORKPLACE PROCEDURE

Introduction and Aim

The World Health Organisation defines mental health as "A state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community".

It is widely recognised that approximately one in four people will experience a mental health issue in any given year, while one in six working age adults report common mental health condition e.g. anxiety and depression in any given week.

Work plays a vital role in our mental health and wellbeing, not only does it provide financial support but also social contact, and a sense of identity and achievement. However, work can also make us unwell and if the workplace is not supportive or the demands of the role raise beyond the individual's capacity, it can trigger or exacerbate mental ill health. A supportive working environment can help prevent new mental health problems and support those with existing conditions to remain in and thrive in work.

This is in keeping with the All Wales Managing Attendance at Work Policy which promotes the manager knowing their employees, so that they understand their individual needs and provide the appropriate support and work place adjustments to maintain wellbeing and prevent mental ill health in the workplace.

The 2009 NICE guideline on mental wellbeing at work, recommends a strategic and co-ordinated approach to promoting employees' mental wellbeing. While highlighting the role of the manager in promoting wellbeing through supportive leadership style and management practices.

A number of recent Welsh Government documents have also highlighted the importance of supporting mental health in the workplace. Prosperity for all: the National strategy identifies that raising awareness of Mental Health and getting the right treatment at an early stage as a priority area. While the Parliamentary review of Health and Social Care in Wales has acknowledged that a key factor in achieving its transformation of Health and Care in Wales is the wellbeing of the health and social care workforce and has included this as part of its quadruple aims.

The fear of discrimination and the stigma associated with mental health remains a major obstacle that can prevent individuals from accessing appropriate support in the workplace. Whilst managers may shy away from the subject due to the fear of making matters worse. In 2018 the UHB has pledged to refresh and re-enforce its commitment to Time to Change Wales and reduce stigma and discrimination in the workplace

This procedure aims to maximise the psychological health and wellbeing of all employees and to ensure that all employees irrespective of position and level they hold and with consideration of any legally protected characteristics e.g. race, sexual orientation, religion, gender identity are:

- Given access to information and/or resources which provide an understanding of mental health and wellbeing and the links between mental health and musculoskeletal disorders
- Protected from harm to their mental health whilst at work
- Supported if they experience mental ill health
- Protected from discrimination regardless of their mental health status
- Provided with opportunities to participate in activities which promote their physical and psychological wellbeing

Scope

This procedure applies to all of our employees in all locations including those with honorary contracts

Equality and Health Impact Assessment	A standalone EHIA has not been completed for this procedure as it sits under the Health and Wellbeing Strategy
Documents to read alongside this Procedure	• Health and Wellbeing at Work Strategy: • Health and Safety Policy • Managing Attendance at Work Policy • Flexible Working Policy • Dignity at Work Process • Grievance Policy and Procedure • Equality, Diversity & Human Rights Policy • NHS Wales Disciplinary Policy and Procedure • Redeployment Policy and Procedure • Incident, Hazard and Near Miss Reporting Policy • Minimal Manual Handing Policy • Management of Violence and Aggression Policy
Approved by	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of Workforce and OD
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Disclaimer
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Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	12/04/2011	22/08/11	New Policy to replace Trust Version 310
2	08/07/2014	20/05/2016	Updated Policy to reflect organisational changes
3	09/01/2019	15/03/2019	• Reformatted in UHB style. • Reformatted and written as a Procedure. It was previously a Policy • Emphasis on Welsh Government documentation relating to mental health in the workplace • Section 1 Responsibilities updated to reflect current roles • Section 2.1 and 2.2 information on common mental health conditions and PTSD has been added • Section 3 supporting staff with mental health added • Section 5 hyperlinks to Useful Information/Legislation added • Appendix 1 Signs of Stress Added • Appendix 2 Brief Tips about Self-care and self-help after a traumatic event added

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1   RESPONSIBILITIES

Under the terms of The Health and Safety a Work act 1974, the UHB has a general duty of care to ensure the health and safety of its employees as far as is reasonably practical.

The Management of Health and Safety at Work Regulations 1999 requires employers to assess the degree of stress in the work place, apply the principles of risk reduction and control and to ensure employees are trained and instructed for their job and in recognising and managing stress

Responsibility for the effective management of stress rests at all levels of the organisation.

1.1   Executive Lead

The Director of Workforce and Organisational Development is the nominated Executive Lead and shall be responsible for monitoring the implementation of and compliance with this procedure.

As Chair of the Health and Wellbeing Advisory Group (HAWAG), the Executive Lead will also be instrumental in securing appropriate resources for the effective implementation of the HAWAG action plan and for bringing to the attention of the UHB Board any progress or shortfalls.

1.2   Clinical Boards

Clinical Boards are accountable for the health and wellbeing programme within their area of responsibility.

Within each Clinical Board, the Head of Workforce and OD drives the health and wellbeing agenda and profile. Alongside UHB wide initiatives, each Clinical Board has bespoke strategies to support the specific health and wellbeing needs of its staff. These form key parts of the WOD work plans within Clinical Boards. Examples of these include:
- Health and Wellbeing Events
- Training sessions e.g. Mindfulness, resilience
- Health and Wellbeing Champions
- Mindfulness courses
- Physical activity Courses

1.3   Workforce and Organisational Development

Workforce and Organisational Development has a key role in the provision of support and advice for managers to ensure that they are able to support their staff effectively and proactively.

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The key activities are:

- to promote a positive cultural change within the organisation
- to ensure organisational policies and procedures are accessible to all
- to support managers in monitoring sickness absence to provide training to managers on sickness absence management

1.4 Managers

Managers are responsible for monitoring and acting in relation to employees in the services they are responsible for. Managers have a responsibility to be aware of their legal duty as an employer and be aware of how to recognise early signs of stress in employees. It is important for the success of this procedure that managers play an active role in its implementation.

Managers are responsible for managing the risks to health by assessing the risks of psychological hazards in the workplace. Key actions for managers include:

- recognising signs of stress in themselves and their team members
- attend training to enable them to recognise signs of stress in themselves and others
- be familiar with the HSE's Management Standards for stress in the workplace
- undertake stress risk assessments for individuals and the team on a minimum of an annual basis, when stress has been raised by an employee or where there is a potential for stress in the workplace.
- conduct and implement the recommendations of individual and team risk assessments within their jurisdiction
- support employees to attend supportive activities e.g. wellbeing workshops or counselling
- ensure open and effective communication between management and employees, encouraging employees to raise concerns at the earliest opportunity, ensuring a supportive and sensitive response when concerns are raised.
- ensure employees are fully trained and competent to discharge their duties as a lack of knowledge or competence can be a trigger for stress
- ensure employees are provided with meaningful development opportunities
- communicate and engage with employees so that they are aware of the resources and support services available
- monitor workloads to ensure that staff are not overloaded in relation to the Health and Safety Executive management standards e.g. control, support, demands, relationships, role and change
- collate information on performance indicators e.g. sickness absence, accidents, incidents, concerns and grievances. Managers should collaboratively review collated data at regular intervals in order to identify any trends or emerging issues and should consider exemplars of best practice by benchmarking with other departments/wards

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- ensure a culture exists in their area of responsibility where mental and physical wellbeing are regarded as equally important, making reasonable adjustments whenever necessary
- ensure that bullying and harassment is not tolerated within their jurisdiction
- act as a Values and Behaviours role model and ensure that these are embedded within their area of responsibility

1.5 Health and Safety Department

The Health and Safety Department has a responsibility to offer support and training to managers to assist them in the management of health and safety risks which may impact on the health and well-being of staff in keeping with the Health and Safety Executive Stress Management Standards www.HSE.gov.uk/stress

The Health and Safety Department will inform the Executive Lead and the Health and Safety Committee of any changes and developments in the field of stress at work.

1.6 Trade Unions

Trade Union/Professional Organisation Representatives will support their members who are suffering from Stress or Mental Health issues and where appropriate signpost them to where they may get additional support and help.

In some cases Union/Professional Organisation members may be directed to a Mental Health Champion within their Clinical Board who has undertaken specific training in the field of mental health.

1.7 Occupational Health Service (OHS)

As part of the recruitment process:
- the OHS will conduct health assessments, establish fitness for work and where necessary identify workplace adjustments to support the individual maintain their mental health well-being in the workplace

Within employment, the OHS has a responsibility to:

- advise managers and employees on the causes of stress and on the tools and techniques that can be used to manage stress
- to support employees at all levels who may be experiencing the effects of stress, signposting to both internal and external services and training opportunities
- to advise managers about general fitness for work, including where appropriate measures to enable a return to work e.g. temporary or longer-term workplace adjustments

1.8 Employee Well-being Service (EWS)

The Employee Well-being Service provides individuals with mild to moderate mental health difficulties such as depression and anxiety, or other well-being concerns, a confidential space, in which to discuss their concerns and develop insight to aid recovery. The service includes a range of evidence based interventions from book prescriptions to brief counselling, ensuring that help is tailored to the individual employee. The service also provides workshops on topic such as stress, assertiveness and resilience, issues that underlie many mental health conditions.

The Employee Wellbeing Service is not a crisis service and is unable to offer counselling to people who require multi-disciplinary team involvement. In cases of emergency, staff will need to seek support from an appropriate service e.g. GP, Primary or Community Mental Health team or A&E.

For certain presentations and/or disorders, specific therapies such as Cognitive Behavioural Therapy will be indicated and therefore Primary or Community Mental Health Services may be more appropriate. Examples of these conditions are eating disorders, severe or persistent depression, generalized anxiety disorder, OCD or panic disorder. These mental health services offer programmes of support ranging from classes, computerised therapy and guided self help to one to one therapy. Details of a programme of open access groups is available on the Stepiau website

Alternatively, if the main problem is severe or chronic (>2 years) depression then support is accessible from their GP.

Support with addiction should be accessed via local Drug or Alcohol Services.

1.9 Everyone

Everyone has a responsibility to maintain and promote mental well-being regardless of their role within the UHB. The following are every individual's responsibility:

- proactively maintain our own mental health and well-being and accept opportunities for well-being interventions
- learn to recognise and act on the signs of stress in ourselves and others (appendix 1)
- learn how to minimise and prevent avoidable stressors
- highlight environments, attitudes and processes which place avoidable stress on ourselves and colleagues
- adhere to the UHB's Vales and behaviours
- challenge stigma, bullying and discrimination in all its forms

In order to encourage open dialogue, to receive appropriate support and ensure that action is taken to address the cause of workplace stress in a timely manner, it is essential that it is reported to the line manager at the earliest opportunity.

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In cases where the employee feels that the line manager and/or senior manager is part of the stressor, they should endeavour to go to the next level of management. Where this is not considered possible for whatever reason, alternative options for reporting and accessing support include:

- Workforce and OD HR team
- Trade Union representative
- Occupational Health Service
- Employee Wellbeing Service
- The Freedom to Speak Up helpline on F2SUCAV@wales.nhs.uk or 02921846000

2   DEFINITION OF STRESS

The Health and Safety Executive (2018) defines work-related stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them at work". It is important to distinguish between pressure which can be positive motivator if managed correctly and stress which if excessive and prolonged can be detrimental to health.

What triggers stress and the capacity to deal with stress varies from person to person and even within the same person at a different time. Stress is modulated by a variety to factors including support systems at home and work, personality, individual resilience and coping mechanisms.

The Health and Safety Executive (HSE) Management Standards identify six main areas that can lead to work related stress if not managed properly. These are demands, control, support, relationships, role and change.

Stress is not an inevitable result of work and staff suffering from stress are not weak or to blame. It is, in fact the most common cause of long term absenteeism from work and accounts for 49% of all working days lost, costing the UK economy up to £99 billion per year. Within Cardiff and Vale UHB, stress, anxiety and other psychiatric illness is one of the top two reasons for sickness absence.

Stress is not an illness, however if experienced for a prolonged period it can result in psychological illness e.g. anxiety, depression or physical symptoms such as headaches and musculoskeletal symptoms such as back and/or shoulder pain.

Early detection of stress allows action to be taken before the pressure becomes a problem, and it will be easier to reduce and eliminate the cause. Further information of possible indicators of stress in both an individual and within a group can be found in Appendix 1.

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2.1 Common Mental Health Conditions

Work related stress and mental health often go together. The symptoms of stress and common mental health conditions can be similar e.g. loss of appetite, altered sleep pattern, difficulty concentrating and tearfulness can be symptoms of both. Work related stress may also aggravate an existing mental health condition that the person had previously managed successfully without it impacting on work. If work related stress reaches a point where it has triggered an existing mental health condition, it may become hard to separate one from another.

Mental ill health can emerge suddenly, as a result of a specific event or gradually where it worsens over time. Whether it is feeling stressed or experiencing common conditions ranging from mild to severe anxiety and depression, or conditions such as bipolar disorder or schizophrenia, anyone can suffer from periods of mental ill health.

Some conditions can be persistent and may be classed as a disability, while others come and go, giving the individual 'good days' and 'bad days'. While someone may be diagnosed with a mental health condition, with the right support they can still enjoy positive mental health.

Positive mental health is rarely an absolute state. Factors both in and out of work can affect the mental health of individuals. For example, an employee may generally have positive mental health however a relationship breakup may trigger a period of depression moving them into poor mental health. Alternatively, an employee with a mental health condition such as generalised anxiety disorder, may have developed coping strategies that are working well and mean they move into having positive mental health.

The spectrum of mental health

Positive mental health

Diagnosed mental health condition ← → **No mental health condition**

a person with a diagnosed mental health condition but is coping well and has positive mental health

a person with no diagnosis and is experiencing positive mental health

a person with a diagnosed a mental health condition and is experiencing mental ill-health

a person with no diagnosis but who is experiencing mental ill-health

Poor mental health

(Adapted from "Mental Health Promotion: Paradigms and Practice" K Tudor 1996)

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2.2 Coping with Traumatic Workplace Events

Health service work may involve exposure to a range of serious incidents such as a traumatic death or accident on a ward, a disaster or major incident in the local community or an assault by a patient. Less dramatic events can have a similar effect if they exceed a person's capability to cope, or if they are perceived by the person as a threat to their personal integrity.

In addition to managing the practical aspects of dealing with a traumatic incident at work, managers also need to support their staff.

The use of critical incident debriefing as a routine response to a traumatic event is not advocated as best practice. Guidance regarding how managers can best respond can be found in Appendix 2.

The UHB provides a designated service for employees who have PTSD as a result of a work-related incident (see section 3).

3 SUPPORTING EMPLOYEES WITH MENTAL HEALTH CONDITIONS

Right now, 1 in 6 workers is dealing with a mental health problem such as anxiety, depression or stress, which can prevent employees performing at their best. It is widely recognised that Organisations perform better when their employees are healthy, motivated and focused and excellent employers support employees who are experiencing mental health problems to cope and recover.

The support people receive from employers is key in determining how well and how quickly they are able to get back to peak performance. Standing by people when they experience a mental health problem is not only about keeping hold of a valuable staff member – it also sends a message about the UHB's values. Trust and integrity are key drivers of engagement and organisations that support staff reap the benefits in terms of loyalty and commitment from all employees.

The way we behave towards colleagues can have a significant impact on whether being at work has a positive or negative impact on others. We all have a responsibility to listen to one another and to treat one another with compassion and respect

Too often employees are scared to tell their manager about a mental health problem and so problems can spiral. MIND state that one in five people feel they couldn't tell their manager if they were overly stressed at work and less than half of people diagnosed with a mental health problem had told their manager.

By re-freshing its commitment to the Time to Change Wales pledge, the UHB is sending a clear signal to staff that their mental health matters and being open about it will lead to support, not discrimination. The UHB's Time to Change Wales action plan will be published on the UHB internet and a report on the progress made will be presented to the Health and Wellbeing Advisory group on an annual basis

The UHB is the only LHB in Wales with a designated PTSD service for employees who have experience traumatic events at work. This service provides rapid assessment and access to evidence-based treatments such as EMDR and trauma-focussed CBT, delivered by a specialist Psychologist. The service is accessed through Occupational Health or the Employee Wellbeing Service. Some individuals may not present with PTSD from traumatic events, but will nevertheless present with a range of reactions such as depression or anxiety which can be addressed by the EWS or generic mental health services.

4   MONITORING COMPLIANCE AND EFFECTIVENESS

The UHB has a responsibility for monitoring data and taking an overview of compliance with this procedure. A number of methods will be applied to ensure consistent compliance and effectiveness of this procedure including:

- monitoring completion of risk assessments
- monitoring completion and outcomes of return to work interviews
- sickness absence data
- staff turnover rates
- exit interviews
- complaints and grievances
- number of stress related referrals to Occupational Health
- Number of self-referrals to Employee Wellbeing Services
- Number of incidents reported on Datix

Data will be reported to the Health and Wellbeing Advisory Group, the Health and Safety Group and within Clinical Boards.

5   LINKS TO USEFUL INFORMATION/LEGISLATION

Employee Well-being Services
- Services and support available: http://www.cardiffandvaleuhb.wales.nhs.uk/ews-services-and-support-available
- information for staff and managers: http://www.cardiffandvaleuhb.wales.nhs.uk/ews-information-for-managers-and-staff

Equality Advisory and Support Service

Health and Safety Executive Work related Stress:
- Help for employees on stress at work: http://www.hse.gov.uk/stress/help-employee.htm
- Home page: http://www.hse.gov.uk/stress/
- Management Standards
- Resources: http://www.hse.gov.uk/stress/resources.htm

Health for Health Professionals Wales : This is a face to face counselling service for all doctors in Wales. It provides doctors with access to a BABCP (British Association

of Behavioral and Cognitive Psychotherapies) accredited therapist in their area. This is a confidential service for doctors in Wales fully funded by the Welsh Government and administered by Cardiff University.

International Stress Management Association
- Home page: https://isma.org.uk/
- Free downloads: https://isma.org.uk/nsad-free-downloads

MIND: https://www.mind.org.uk/

MHFA Line Manager's Resource

NICE Guidance – Mental Wellbeing at Work

NHS Direct Wales
- Stress
-
NHS Employers:
- Musculoskeletal health in the workplace toolkit Provides practical advice for employers regarding employee musculoskeletal health and reducing workplace absence (*content developed in consultation with ARMA*).

- Supporting staff who are experiencing Mental Health problems managers' guide on has been divided in to two sections to help managers provide support to their staff:
  Section one focuses on creating and supporting a positive culture around mental health and wellbeing in the workplace
  Section two looks at how to support staff that are experiencing mental health problems.

- Reducing the risk of suicide: a toolkit for employers Provides support and advice on how to incorporate suicide prevention into an employer's workplace health and wellbeing framework *(content developed in partnership with Samaritans).*

- Crisis management in the event of a suicide: a postvention toolkit for employers offers practical advice for employers to follow in the aftermath of an employee suicide *(content developed in partnership with Samaritans).*

- Sleep and Recovery Toolkit The toolkit offers insight and advice on addressing the increasingly damaging sleep-loss epidemic affecting the nation. (The toolkit is sponsored by Anglian Water).

Parliamentary review of Health and Social Care in Wales (Welsh Government, 2018)

Prosperity for all: the National strategy (Welsh Government, 2017)

Stepiau – Primary Mental Health Services web page.

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Thriving at work: The Stevenson / Farmer review of mental health and employers

Time to Change Wales

Legislation

Equality Act 2010:
https://www.gov.uk/guidance/equality-act-2010-guidance

The Health and Safety at Work Act1974:
http://www.hse.gov.uk/legislation/hswa.htm

Management of Health and Safety at Work Regulations 1999:
http://www.hse.gov.uk/pubns/hsc13.pdf

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Appendix 1: Signs of Stress

We all experience stress differently in different situations. Sometimes we might be able to tell right away when we're feeling under stress, but other times we might keep going without recognising the signs. Stress can affect us both emotionally and physically, and it can affect the way we behave.

Everyone has a responsibility to learn to recognise and act on the signs of stress in ourselves and others. Some of the items in this list may not be signs of stress if the individual always behaves this way. It is important to look for changes in the way people behave that could be linked with excessive pressures. Take care not to react to small changes

Signs of Stress in Individuals

Individuals suffering from some of the following symptoms may be feeling the effects of stress.   Taken from ISMA: How to identify Stress

Psychological Signs	Emotional Signs	Physical Signs	Behavioural Signs
Inability to concentrate or make simple decisions

Memory lapses

Becoming rather vague

Easily distracted

Less intuitive & creative

Undue worrying

Negative thinking

Depression & anxiety

Prone to accidents
Insomnia or waking tired | Tearful

Irritable

Mood swings

Extra sensitive to criticism

Defensive

Feeling out of control

Lack of motivation

Angry

Frustrated

Lack of confidence

Lack of self-esteem | Aches/pains & muscle tension/grinding teeth

Frequent colds/infections

Allergies/rashes/skin Irritations

Constipation/diarrhoea/ IBS

Weight loss or gain

Indigestion/heartburn/ ulcers

Hyperventilating/lump in the throat/pins & needles

Dizziness/palpitations

Panic attacks/nausea

Physical tiredness

Menstrual changes/loss of libido/sexual problems
Heart problems/high blood pressure | Not making time for relaxation or pleasurable activities

Increased reliance on alcohol, smoking, caffeine, recreational or illegal drugs

Becoming a workaholic

Poor time management and /or poor standards of work

Absenteeism

Self neglect / change in Appearance

Social withdrawal

Relationship problems

Recklessness

Aggressive / anger outbursts

Nervousness

Uncharacteristically lying |

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Please note the above is not associated solely to stress and could be indicative of other conditions. If concerned the individual should be encourage to seek advice from their GP

Managers should look out for signs of stress not just in individual employees but also in teams. Below is a list of signs that could indicate stress in a team/group:

Signs of stress in a group

- disputes and disaffection within the group
- increased staff turnover
- increased complaints and grievances
- increased sickness absence
- increased reports of stress
- poor performance
- customer dissatisfaction or complaints
- low morale
- decreased team working
- Clinical incidents

Appendix 2. Brief tips about self-care and self-help after a traumatic event

The following responses are normal and to be expected in the first few weeks:

- Emotional reactions such as feeling afraid, sad, horrified, helpless, overwhelmed, angry, confused, numb or disorientated
- Distressing thoughts and images that just pop into your head
- Nightmares
- Disturbed sleep or insomnia
- Feeling Anxious
- Low mood

These responses are a normal part of recovery and are the mind's mechanisms of trying to make sense and come to terms with what happened. They should subside over time.

What can people do to cope?
- The most helpful way of coping with an event like this is to be with people
  you feel close to and normally spend time with.
- If it helps, talk to someone you feel comfortable with (friends, family, co-workers) about how you are feeling. Talk at your pace and as much as you
  feel it's useful.
- Allow yourself to feel your emotions and cry if you need to. Letting feelings
  out is helpful in the long run. Don't 'bottle things up'.
- Ask for emotional and practical support from friends, family, your community or religious centre.
- Try to return to everyday routines and habits. They can be comforting and help you feel less out of sorts.
- Look after yourself- eat and sleep well, exercise and relax.
- Drinking alcohol can get in the way of your natural recovery so try not to
  drink too much.
- Try to spend some time doing something that feels good and that you enjoy, even if it does not feel the same to start with.
- Be understanding about yourself and accept it may take a while to get back to normal.

When should a person seek more help?
- In the early stages, psychological professional help is not usually necessary or recommended.
- Many people recover naturally from these events. However, some people may need additional support to help them cope. For example,

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people who have had other traumatic events happen to them and people with previous mental health difficulties may be more vulnerable.

- If about a month after the event anyone is still experiencing the following difficulties, it is a good idea to visit their GP for advice:
  o Feeling upset and fearful most of the time
  o Acting very differently to before the trauma
  o Not being able to work or look after the home and family
  o Having deteriorating relationship difficulties
  o Using drugs or drinking too much
  o Feeling very jumpy and having nightmares a lot
  o Still not being able to stop thinking about the incidents
  o Still not being able to enjoy life at all
- You may then be referred for counselling or specialist trauma services.
- Psychological interventions for trauma can vary but generally their aim is to enable people to come to terms with the traumatic event, by exploring feelings and fears, talking it through and helping people to develop coping mechanisms.
- Medication can at times be recommended and be helpful in treating symptoms.

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