

AT HOME
IN THE
WORKPLACE
AND IN THE
COMMUNITY
FIRST AID
SAVING LIVES

Adult mental health reference guide

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For use on the Mental health workplace responder course and day 1 of the Mental health workplace first aider course:

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Introduction

What is mental health?

The term 'mental health' is hard to define as it means different things to different people.

The World Health Organisation (2014) define the term 'mental health' as "a state of well-being in which every individual realizes 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 his or her community"¹

According to [mentalhealth.gov](https://www.mentalhealth.gov) (2019)² mental health includes our **emotional, psychological, and social wellbeing**. Our mental health affects how we think, feel, and act. It also helps determine how we handle the different levels of stress in our lives as well as how we relate to others.

Our mental health is important at every stage of our lives, from childhood and late teens through to adulthood.

Over the course of your life, if you experience mental health problems, you're thinking, mood, and behaviour could be affected and your difficulties can have a huge impact on your employment, your friends and your family. Many factors contribute to mental health problems, including:

- Biological factors, such as genetics and/or hormones
- Life experiences, such as witnessing trauma or abuse
- Family history of mental health problems
- Alcohol and drug misuse.

Everyone's mental health is challenged daily and is not limited to someone who has a specific, diagnosed mental health condition. The term mental health may be just two words, however it can have many positive and negative meanings for different people.

Examples include:

- Content
- Happy
- In control
- Not okay
- I'm okay
- Burnt out
- Stressed
- Not able to cope
- A medical problem
- Overloaded
- Overwhelmed
- Emotional

Poor mental health does not discriminate, it affects children, young adults, the elderly, the rich, the poor and even royalty³ in any given year. The five year forward view for mental health (Mental Health Taskforce, 2016⁴) indicate that one in four adults and one in ten children will experience mental illness.

Mental health facts

According to Richie (2018), current data indicates the following facts:

- Global statistics on mental health are poorly defined, measured, and understood
- Mental & substance use disorders are common: every 6th or 7th person experiences one
- As a share of total disease burden, mental health disorders are increasing mental health disorders are more common in women
- Education & employment are strongly linked to mental health⁵.

Misconceptions about mental health

In society, there are many misconceptions about mental health.

Common examples include:

- Mental health problems are rare (actually 1 in 4 people will be affected in our lifetime)
- Asking for help is a sign of weakness
- There is no help to support someone in a mental health crisis
- Poor mental health cannot be prevented
- There is no discrimination against people with mental health conditions
- Mental health problems are always inherited
- Children don't have mental health problems
- Someone with a diagnosed mental health condition is unable to work
- Medication is the only way to manage a mental health condition.

With a greater understanding and with the development of Mental Health Responders and First Aiders in the workplace, we can improve our mental health and create environments which are supportive and care for our colleagues and friends who maybe in need of support.

¹ <https://www.bbc.co.uk/safety/health/improving-mental-wellbeing>

² <https://www.mentalhealth.gov/basics/what-is-mental-health>

³ <https://www.telegraph.co.uk/news/2017/04/16/prince-harry-sought-counselling-death-mother-led-two-years-total/>

⁴ <https://www.england.nhs.uk/mental-health/>

⁵ <https://ourworldindata.org/global-mental-health>

Chapter 1

Understanding mental health conditions



1.1 Mental health as a continuum

Mental health and our well-being are inextricably linked together and human psychology views mental health as a continuum. In essence, this could be viewed as the good days and the bad days.

The BBC (2017) view mental health and well-being as a continuum, which we move along depending on what is going on within our lives.⁶

We cannot underestimate the impact different life stressors can have upon our mental health. Life can throw challenges such as unemployment, bereavement, accidents, debt, health problems, relationship breakdowns and demanding workplace cultures.

Mind, the mental health Charity (2013) view good mental health as "being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse".⁷

Taking positive and proactive steps such as getting a good night's sleep, eating healthily, drinking alcohol in moderation and socialising with friends has been shown to help people experience better mental health.

These good features enable a better positive and healthy functioning for managing ones mental health however, on the other hand measures such as not sleeping, not exercising, not socialising with friends, eating unhealthy meals etc can contribute to poor mental health by leaving people feeling less able to deal with life's challenges.



With the continuum in mind, when we experience good mental health, we can deal with the challenges that life can bring and therefore fulfil our potential. Ultimately, the BBC (2017) state "the better your mental wellbeing, the better your health and the better your performance at work". The continuum is not fixed, and we can move back and forth at the many different stages of our lives.

Headsup (2019) explain that people tend to feel better when they are "at the green end of the continuum, showing resilience and high levels of wellbeing. Moving into the yellow area, people may start to have difficulty coping.

In the orange area, people have more difficulty coping and symptoms may increase in severity and frequency. At the red end of the continuum, people are likely to be experiencing severe symptoms and may be at risk of self-harm or suicide".⁹

Our mental health will fluctuate throughout our lives from being positive to negative. Our mental health can be challenged further by genetics, the influence of other people and lifestyle choices, such as drugs and alcohol.

In summary, viewing mental health as a continuum is of great benefit because the continuum is not fixed or immovable but one that can move and we can have a positive impact on how it moves by the choices we make.

⁶ <https://www.bbc.co.uk/safety/health/improving-mental-wellbeing>

⁷ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/#.XeUXNXd2vD4>

⁸ <https://www.headsup.org.au/your-mental-health/what-is-good-mental-health>

⁹ <https://www.headsup.org.au/your-mental-health/what-is-good-mental-health>

1.2 The difference between a mental health condition, episode, crisis and emergency

There are misconceptions about mental health, mental health episodes and terminology. These are often confused.

Mental health conditions refer to a wide range of mental health problems that affect our mood, thinking and behaviour. Examples of mental health conditions include depression, anxiety, panic disorder, psychosis and eating disorders.

Mental health conditions are also used as an umbrella term for a number of symptoms that an individual experiences during a mental health episode/crisis/emergency. For

example, during a psychotic episode, an individual may experience hallucinations and/or delusions. Or, during a panic attack episode, an individual may experience racing heartbeat and breathlessness. Symptoms can vary amongst individuals experiencing the same mental health condition. Symptoms can also vary between different mental health episodes/crisis/emergency and individual experiences.

However, with the right level of help and support, all people can cope with their symptoms and lead full and productive lives.

| | | |
|--|---|--|
| Mental health condition | Mental health conditions refer to a wide range of mental health problems that affect our mood, thinking and behaviour. A patient who has a specific mental health condition will have been diagnosed by a mental health professional. | |
| Mental health episode | A mental health episode is typically a one-off period that is triggered by events such as work pressures, bereavement and family problems for example. Examples of possible signs include: <ul style="list-style-type: none"> ➢ Arriving late for work ➢ Not eating regularly ➢ Disinterested in the workplace ➢ Not meeting deadlines ➢ Making regular mistakes ➢ Sensitivity to criticism ➢ Rapid weight loss ➢ Acting out of character. (Mental Health Foundation, 2016) ¹⁰ Support from the Mental Health Responder/First Aider may include self-help and sign posting to other professionals. | Mental health continuum |
| Mental health crisis (sometimes referred to as "in crisis") | A mental health crisis is when someone feels they are no longer able to cope or be in control of their present situation (NHS, 2019) ¹¹ . They may feel they are at breaking point and need urgent help and support with their mental health (Mind, 2018). A crisis can occur as part of ongoing mental health conditions and/or due to a stressful life experiences such as a bereavement, employment and money problems. This may include: <ul style="list-style-type: none"> ➢ Wanting to end their life ➢ Thinking about self-harming ➢ Having panic attacks ➢ Having psychosis episodes (may lose touch with reality, hear voices and be paranoid) ➢ Emotional distress. Urgent help is required from healthcare professionals (own GP, local A&E department, Mental health Crisis Team, NHS 111). | |
| Mental health emergency | A mental health emergency occurs if: <ul style="list-style-type: none"> ➢ There is concern for the safety of someone ➢ They are actively self-harming ➢ There is an immediate threat to life (including other people) ➢ Actively attempting to take their own life ➢ They are endangering others ➢ There is threats of violence ➢ There is a medical emergency e.g. taken an overdose, difficulty in breathing, losing a lot of blood. Call 999 for an emergency ambulance. | Severe impact on everyday functioning |

¹⁰ https://www.mentalhealth.org.uk/sites/default/files/CR00233_Ebook_dualbranded_interactive.pdf

¹¹ <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/dealing-with-a-mental-health-crisis-or-emergency/>

1.3 Examples of mental health conditions

There is a variety of mental health conditions which can be diagnosed. A diagnosis is based upon the person's symptoms which include how they feel, how they think and the physical effects on their health such as reduced sleep and reduced appetite for example.

Common mental health conditions include:

- Anxiety
- Bipolar disorder
- Depression
- Eating disorders
- Personality disorders
- Post-traumatic stress disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Psychosis
- Schizophrenia.

1.4 Examples of mental health episodes/crises

It is important to know that everyone is different. During a mental health episode, different individuals may experience different emotional, cognitive and physical symptoms, such as:

- Arriving late for work
- Not eating regularly
- Disinterested in the workplace
- Not meeting deadlines
- Making regular mistakes
- Sensitivity to criticism
- Rapid weight loss
- Acting out of character
- Memory and concentration problems
- Delusions
- Appetite loss
- Fatigue
- Heart palpitation
- Tearfulness
- Excessive worrying
- Feeling guilty all the time
- Excessive anger, hostility or violence
- Having thoughts about ending their life.

(The Mental Health Foundation, 2016)¹²

These can manifest gradually or more suddenly, over a short period of time.

However, all symptoms during a mental health episode can respond to treatment and support.

Mental health crisis

If someone's mental health deteriorates very quickly, where they may feel they are no longer able to cope or be in control of their present situation (NHS, 2019)¹³, and/or they may feel they are at breaking point.

They need urgent help and support with their mental health (Mind, 2018).

This is referred to as a mental health crisis.

Examples of the signs (something you can see) and symptoms (what the person describes) of a mental health crisis:

- Severe emotional distress
- Thinking about taking their own life
- Self-harming e.g. taking too many tablets, cutting their body with sharp objects (see mental health emergency)
- Hallucinating
- Losing touch with reality
- Hearing voices
- Panic attacks
- Going missing
- Not acting like themselves.

This is not an exhaustive list.

¹² https://www.mentalhealth.org.uk/sites/default/files/CR00233_Ebook_dualbranded_interactive.pdf

¹³ <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/dealing-with-a-mental-health-crisis-or-emergency/>

1.5 Personal and environmental factors which have an impact on mental health

There are many contributing factors to a person's mental health (Mind, 2017)¹⁴ and they can be split into personal and environmental factors.

Personal factors

Inside everyone is a unique story of what has made someone who they are. Everyone is different. There are some common personal factors which research has shown influences a person's mental health.

Examples of these include:

- **Age** - Mental health in older people is just as common with younger people (NHS England, 2017)¹⁵ and the World Health Organisation (2017)¹⁶ refer to 15% of adults over 60 having a mental health condition. Evidence has also shown that 1 in 8 children have at least one mental health condition (Mental Health Foundation, 2019)¹⁷.
- **Identity** - our identity is ultimately who we are and if someone is struggling to find their identity in a challenging world, it can lead to the development of mental health problems, especially with social isolation (Children's Society, 2019)¹⁸.
- **Sexuality** - LGBT+ means lesbian, gay, bisexual and trans with the '+' being an inclusive term for people who do not feel they identify into a traditional category of sexuality and/or gender. Mental health conditions such as depression and anxiety have been shown to be more common in the LGBT+ community (Rethink Mental Illness, 2019)¹⁹.
- **Gender** - Evidence shows that women are more likely to be treated for a mental health condition compared to men perhaps as females are more likely to report their symptoms. Depression is found to be more common in women than men; statistically, one in four women will be treated for depression compared to one in ten men. Women have also found to be twice as likely to experience anxiety compared to men. Men have been found to be more likely to have a drug and alcohol problem compared to women (Recovery across Mental health, 2019)²⁰. Men are three times more likely to take their own life than women. Men aged 45-49 have been found to have the highest rate for taking their own life in the UK (Samaritans, 2019)²¹
- **Genetics** - We do not understand why but there is a link between mental health and genetics. Rethink Mental Illness have reviewed different studies and concluded

that mental health conditions can run in families such as schizoaffective disorder and major depression (2019)²². There is less evidence currently to show how other mental health conditions run in families. They found that even if you have a relative with a mental health condition, the chances of **not developing the condition** is much greater than the chances of developing it.

The table below shows the chances of schizophrenia or bipolar disorder being passed down through family members (Rethink, 2019):

| | Schizophrenia | Bipolar |
|--|----------------------|----------------|
| Lifetime chance (the chance of someone in the general population developing the condition during their lifetime) | 1 in 100 | Bipolar |
| If one of your biological parents has the condition | 13 in 100 | 2-30 in 100 |
| If both of your biological parents have the condition | 45 in 100 | 15 in 100 |
| If your brother or sister has the condition | 9 in 100 | 50 in 100 |
| If your identical twin has the condition | 40-50 in 100 | 40-70 in 100 |
| If your non-identical twin has the condition | 10-15 in 100 | 20 in 100 |
| If a second degree relative has the condition (for example, your aunt, uncle or grandparent) | 3 in 100 | 5 in 100 |

¹⁴ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/causes/#.XebRPXd2vD4>

¹⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/09/practice-primer.pdf>

¹⁶ <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

¹⁷ <https://www.mentalhealth.org.uk/blog/what-new-statistics-show-about-childrens-mental-health>

¹⁸ <https://www.childrenssociety.org.uk/mental-health-advice-for-children-and-young-people/identity>

¹⁹ <https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/lgbtplus-mental-health/>

²⁰ <https://ramh.org/guide/gender-differences-in-mental-health/>

²¹ <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/>

²² <https://www.rethink.org/advice-and-information/carers-hub/does-mental-illness-run-in-families/>

- **Health** - Our health involves many features and our overall health is proven to be affected by many factors such as our diet, our water intake, our exercise levels, if we have an illness, if we smoke, if we consume illegal drugs and our alcohol intake. This is not an exhaustive list but just some examples. It has been proven that mental health and our physical health have a lot in common. The Mental Health Foundation (2018) state "poor physical health can lead to an increased risk of developing mental health problems"²³ in addition to poor mental health causing poor physical health.

Facts

- Depression has been found to increase the chances of developing coronary heart disease (The Mental Health Foundation 2018)²⁴
- Mental health conditions can reduce life expectancy by up to 20 years (Transforming Mental health through Research 2017)²⁵
- It is estimated by the Nuffield Trust (2015)²⁶ that 46% of people with a mental health condition will have a physical health condition such as diabetes, obesity, coronary heart disease and respiratory disease
- "Depression increases mortality rates after a heart attack by 3.5 times" Centre for Mental health (2019)²⁷
- Mental and physical health is a result of factors including the environment we live and work in addition to the social and economic features of our lives (Psychology Today, 2019)²⁸
- Smokers are more likely to develop depression over time (NHS, 2018)²⁹.

Environmental factors

We have covered the different personal factors which can impact upon mental health. In addition to these personal factors, there are environmental factors which can also contribute.

- **Job loss** - can impact our mental health because of the uncertainty, worry and stress that it can cause and how it impacts such as paying bills, buying food, paying for rent/mortgage etc. According to Greenberg (2011)³⁰ research has shown that job loss can lead to depression, anxiety and higher levels of medical illnesses, in addition to suicidal attempts.
- **Traumatic events** - witnessing traumatic events such as crimes and accidents can impact our mental health. If someone is reliving the traumatic event through having restless nights, nightmares and flashbacks then, they

might be experiencing the Post Traumatic Stress Disorder (PTSD) (NHS)³¹. PTSD is as a result of witnessing or experiencing events which are frightening, stressful and distressing. PTSD does not discriminate and can affect any age and can develop throughout a person's life.

- **Upbringing and family life** - Baracz and Buisman-Pijlman (2018)³² state that "exposure to traumatic experiences in childhood can have a negative impact on the development of the brain when it's most vulnerable". These experiences during someone's childhood can have a negative effect on how they may respond to life challenges during their adulthood. This factor can have a significant effect on someone's mental health. It has been recognised from research that children brought up in families with parents who have a mental illness, abuse drugs and alcohol are most at risk of developing a mental illness (Faculty of Public Health, 2019)³³.
- **Isolation** - being alone and isolated is not a mental health problem but it is strongly linked to having a mental health problem (Mind, 2019)³⁴. Mental health issues can increase the chances of being isolated from society, friends and family and therefore make mental health worse. People can experience isolation following a bereavement, having a relationship break down, changing jobs, moving away and even retirement. Isolation is another environmental factor which can impact our mental health.
- **Abuse** - Women's Aid (2019) state that "domestic abuse can have enormous effects upon our mental health"³⁵ and it is well accepted that any form of abuse in childhood and in adulthood can act as a catalyst for the development of mental health conditions such as depression, anxiety, self-harm, eating disorders and substance misuse. Research shows that women who have been abused by their partners are three times more likely to suffer mental health problems (The Guardian, 2017)³⁶.

²³ <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

²⁴ <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

²⁵ <https://www.mqmentalhealth.org/posts/4-ways-our-physical-health-could-be-impacted-by-our-mental-health>

²⁶ <https://www.nuffieldtrust.org.uk/news-item/physical-health-or-mental-health-should-we-need-to-choose>

²⁷ <https://www.centreformentalhealth.org.uk/co-morbidities-physical-health-and-mental-health-problems-together>

²⁸ <https://www.psychologytoday.com/gb/blog/talking-about-health/201903/mental-health-should-matter-much-physical-health>

²⁹ <https://www.nhs.uk/live-well/quit-smoking/stopping-smoking-mental-health-benefits/>

³⁰ <https://www.psychologytoday.com/gb/blog/the-mindful-self-express/201110/preserving-mental-health-during-unemployment>

³¹ <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/>

³² <https://psychlopaedia.org/health/republished/how-childhood-trauma-changes-our-hormones-and-thus-our-mental-health-into-adulthood/>

³³ <https://www.fph.org.uk/policy-campaigns/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/a-good-start-in-life/>

³⁴ <https://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/#.Xe7DIXd2vD4>

³⁵ <https://www.womensaid.org.uk/the-survivors-handbook/domestic-abuse-and-your-mental-health/>

³⁶ <https://www.theguardian.com/society/2019/jun/07/domestic-abuse-victims-more-likely-to-suffer-mental-illness-study>

Chapter 2

Current issues impacting on mental health



MENTAL HEALTH FIRST AID SAVES LIVES

Introduction

In the last few years, the topic of mental health has been mentioned daily on social media, in the news, in newspapers, books, discussed by celebrities and debated by politicians in Parliament.

It has finally been accepted that mental health is just as important as physical health and there is much to do to create a greater awareness around the topic of mental health to ensure everyone is treated according to their physical and mental health needs.

2.1 Sources of information on current mental health issues

There are a number of credible organisations in society who are committed to being responders for mental health and providing useful information.

Examples of these include:

| Name of organisation | Website |
|---|--|
| News outlets | |
| The Guardian The Times The Lancet | https://www.theguardian.com/uk https://www.thetimes.co.uk/ https://www.thelancet.com/ |
| Charities | |
| Heads Together Re Think Mental Illness Mind Mental Health UK SANE The Mental Health Foundation Turning Point Samaritans The Princes Trust British Heart Foundation | https://www.headstogether.org.uk/ https://www.rethink.org/ https://www.mind.org.uk/ https://mentalhealth-uk.org/ http://www.sane.org.uk/ https://www.mentalhealth.org.uk/ https://www.turning-point.co.uk/ https://www.samaritans.org/ https://www.princes-trust.org.uk https://www.bhf.org.uk |
| Government | |
| Health and Safety Executive National Health Service ACAS Skills for Care | https://www.hse.gov.uk/ https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/ https://www.acas.org.uk https://www.skillsforcare.org.uk/ |
| Other | |
| The Royal Society for Public Health World Health Organisation | https://www.rspph.org.uk https://www.who.int/ |

2.2 Current trends impacting upon mental health of individuals

Current trends in mental health are (these may change from time to time):

- Under reporting of mental health episodes
- Social media
- Unpredictable working patterns
- Physical body appearance
- Fears of reporting mental health problems to employers.

Under reporting of mental health episodes

One in four adults and one in ten children experience mental health problems (NHS, 2019)³⁷ which emphasises the need to prioritise helping people with mental health problems.

Stigma associated with the term mental health is reported as a reason for the under reporting of mental health and the reluctance to access help (Kings College London, 2014)³⁸. As well as stigma other reasons include the fear of asking for help, concerns over confidentiality, people wanting to deal with their problem alone and their belief that they do not need any help.

Social Media

Social media has many advantages in keeping people connected, engaged and up to date with world events. However, social media has been in the news for many years due to its impact on our mental health. The Centre for Mental Health (2019)³⁹ report that social media addiction has become widespread and research indicates 5% of young people are 'addicted'. It has been described as more addictive than drugs and alcohol due to an increase in dopamine (a chemical associated with reward and performance) that the body releases after each 'like' response to a post. 'Likes' on social media allow instant gratification and make us feel good but evidence is showing that if gratification is not received (e.g. receiving fewer 'likes' than expected), it can leave us feeling negative about ourselves, 'unpopular' 'not interesting' etc. Social media has been shown to cause loneliness and anxiety. The Centre for Mental Health also refer to a recent study which shows that those who use social media frequently have a lower life satisfaction.

Unpredictable working patterns

Another current trend is unpredictable working patterns such as zero-hour contracts. A study by University College London (2017)⁴⁰ has found that young people employed on zero-hour contracts are less likely to be in good health and are at

a much higher risk of developing mental health problems. In addition to health, research has recognised that these types of contracts can take a toll on our mental health leading to anxiety, stress and depression because of the financial and insecurity pressures they can cause (The Conversation, 2019)⁴¹.

Physical body appearance

Every time we read a magazine, watch TV or scroll through social media, we are inundated by examples of "the perfect or ideal body" and advertisements are targeted at how to help us achieve it including quick fix fad diets.

The Mental Health Foundation (2019)⁴² refer to body image as a term used to describe how we think and feel about our body, with one in five adults saying that images they have seen on social media have made them worry about their own image.

Having concerns about our body appearance is not a specific mental health problem but is a common experience amongst adults and children alike.

Research has shown however that mental health problems and poor lifestyle choices such as smoking, unhealthy eating and lack of exercise can cause us to feel more anxious about our appearance.

It is interesting to note that a coping mechanism for people is comfort eating but this can be counterproductive in terms of how we think about our appearance.

Comfort eating is associated with stress, overwhelming emotions, childhood habits and social influences (Help Guide. org, 2019)⁴³.

In extreme circumstances, problems with food can lead to specific mental health problems with specific conditions such as anorexia, binge eating disorder and bulimia. These conditions according to Beat Eating Disorders (2019)⁴⁴ are mental illnesses which are caused by a disordered behaviour towards food. This can lead to unhelpful thinking and actions such as not eating, using laxatives, vomiting after eating, extreme fasting and over exercising all in order to achieve what an individual might perceive as a better physical appearance.

Physical appearance is a current trend which is having a significant impact on people from all ages and social media does have a huge impact upon this (The Mix, 2019)⁴⁵.

³⁷ <https://www.england.nhs.uk/mental-health/>

³⁸ <https://www.slam.nhs.uk/media/news/stigma-key-deterrent-in-accessing-mental-health-care>

³⁹ <https://www.centreformentalhealth.org.uk/blog/centre-mental-health-blog/anxiety-loneliness-fear-missing-out-social-media>

⁴⁰ <https://www.ucl.ac.uk/news/2017/jul/being-zero-hours-contract-bad-your-health>

⁴¹ <http://theconversation.com/zero-hour-contracts-take-a-huge-mental-and-physical-toll-poor-eating-habits-lack-of-sleep-and-relationship-problems-119703>

⁴² <https://www.mentalhealth.org.uk/publications/body-image-report/exec-summary>

⁴³ <https://www.helpguide.org/articles/diets/emotional-eating.htm>

⁴⁴ <https://www.beateatingdisorders.org.uk/types>

⁴⁵ https://www.themix.org.uk/mental-health/body-image-and-self-esteem/social-media-makes-me-feel-bad-about-my-body-32056.html?gclid=CjwKCAiAIuLvBRASEiwAAbX3GSR-th9q_ujN40VsarTHZ0EEUliy2tEVPYF-VuS6wX5qFl9_Oe3quBoCHAsQAvD_BwE

Constant exposure to the 'ideal body' can impact negatively our self-esteem and affect our physical and mental health.

Fear of reporting mental health problems to employers

Recent research carried out by the CIPD indicates that the numbers of employees raising mental health issues with their employers is rising (The Guardian, 2015)⁴⁶. However, employees still fear reporting about their mental health with 50% of employees in one survey feeling "too embarrassed" to tell their employers (Weston, 2019)⁴⁷.

An early sign that someone is not coping well with their mental health is increased tiredness which leads to sleeping more (Bupa, 2019)⁴⁸. For example, some employees have slept in multiple times and/or not attended work and have given different excuses in order for the employer to not know their mental health is affecting them.

In the last few years there has been increased publicity about mental health in the workplace and successive governments have been committed to parity between physical and mental health. In 2010 the Equality Act was enshrined into law and this requires employers to ensure that staff are not discriminated against because of their mental health (defined as a disability if it has a long-term impact) and other protected characteristics.

ACAS (2019)⁴⁹ are clear that it is important that an employer takes it seriously when an employee declares they have a mental health problem. ACAS also remind employers of their 'duty of care' towards their employees' health, safety and welfare and therefore they must ensure their working environment is safe, staff have protection from discrimination and risk assessments are carried out.

Mental Health First Aiders and Responders are therefore important in the workplace to provide the support to colleagues at their time of need.

⁴⁶ <https://www.theguardian.com/money/2015/sep/16/rising-number-employees-reporting-mental-health-issues>

⁴⁷ <https://www.mypossiblself.com/blog/50-of-workers-with-mental-health-problems-are-too-embarrassed-to-tell-their-employer/>

⁴⁸ <https://www.bupa.co.uk/health-information/workplace-mental-health/understanding-mental-health-problems/signs-poor-mental-health>

⁴⁹ <https://www.acas.org.uk/supporting-mental-health-workplace>

2.3 The relationship between mental health, stigma and public awareness

Haddad and Haddad (2015)⁵⁰ state that stigma in society labels someone "as tainted or less desirable".

Stigma has three elements:

1. Ignorance due to a lack of knowledge
2. Prejudice due to negative attitudes
3. Discrimination by behaving in such a way that disadvantages another.

There is a long history of stigma about mental health problems and this has resulted in people being avoided by family, friends and colleagues, finding it harder to gain employment and housing and even accessing healthcare. Haddad and Haddad also refer to people feeling they were less likely to be believed if they reported a crime to the police and shockingly, a 2011 study refers to "nine out of ten mental health users had experienced discrimination in England".

The consequence of this are people with mental health problems becoming isolated, unemployed, experiencing the feeling of shame and hopelessness and has led to people not asking for help and therefore this has led to a delay in receiving the necessary help and treatment.

It is also believed (Mind 2017)⁵¹ that people who experience a mental health illness are dangerous and this is not helped by how mental illness is portrayed in the media. Mind are clear that "the most common mental health conditions have no significant link to violent behaviour".

A recent study (Deconstructing Stigma, 2019)⁵² also found the following:

- 38% of people do not want to move next door to someone who lives with mental illness
- 56% do not want to spend an evening socializing with someone with mental illness
- 33% do not want to make friends with someone who lives with mental illness
- 58% do not want to work closely with someone with mental illness
- 68% do not want someone with mental illness to marry into their family.

This stigma can be overcome by increasing awareness of mental health in the workplace and society as well as challenging any stigma as it occurs.

The relationship between mental health and public awareness is an important one and by tackling stigma through greater awareness we can help create a positive change in people's attitudes to mental health.

Change your Mind (2015)⁵³ give the following recommendations:

- Get informed about the mental health facts
- Start positive conversations in the workplace and with family and friends about mental health and challenge stereotypes/stigma
- Learn to recognise signs of stigma and challenge it
- "See the person, not the illness"- think about how you would want to be treated if you were ill
- Support someone with a mental health problem and treat them with dignity and respect.

In addition to the above, remember that everything you may see on social media is not always fact and your words have an impact.

⁵⁰ <https://www.bap.org.uk/articles/mental-health-stigma/>

⁵¹ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/stigma-misconceptions/#.XfoCz3d2vD4>

⁵² <https://deconstructingstigma.org/about-stigma>

⁵³ <https://www.changeyourmindni.org/challenging-stigma/tackling-stigma>

2.4 The risk factors associated with poor mental health

The risks of poor mental health can be increased by a number of factors such as:

- Use of drugs and alcohol
- Work practices
- Time of life
- Personal circumstances.

Drug and alcohol abuse

Drugs and alcohol are used by some people as a coping mechanism at difficult times of their lives whereas for others it is more of a social habit. If someone cannot cope without drugs and alcohol they are considered to be 'dependant' on drugs or alcohol. Drug and alcohol use is an unhealthy approach to managing difficult times and drugs are also illegal.

If someone has a mental illness and is dependent upon drugs and/ or alcohol, then they can be given a 'dual diagnosis' or sometimes referred to as 'co-occurring' for example depression and alcohol dependence.

- People misusing drugs or misusing alcohol can experience: Changes in their mood Problems developing and maintaining healthy positive relationships
- Withdrawal symptoms such as feeling sick, cold and shaking when not drinking or using drugs
- Increased levels of tiredness or not able to sleep
- Decline in their physical health
- Needing more and more drugs and alcohol (dependence)
- Lack of motivation
- Sudden mood changes
- A higher risk of self-harm including overdose's.

This list is not exhaustive.

Drugs and alcohol can impact our physical and mental health by increasing certain risks. For example:

- **Cocaine:** Overheating, paranoia, psychosis-like experiences, heart failure, nasal damage, dependence.
- **Ecstasy/MDMA:** Dehydration, overheating, panic attacks, heart attack, stroke, psychosis-like experiences, low mood in days after use.
- **Ketamine:** Accidents, psychosis-like experiences, severe bladder problems, nasal damage, dependence
- **Amphetamines:** Heart problems, overheating, anxiety, high blood pressure, psychosis-like experiences, dependence
- **Cannabis:** Paranoia, psychosis-like experiences, anxiety, lung damage, nausea, dependence.
- **Alcohol:** Accidents, nausea, high blood pressure, strokes, liver damage, cancer, dependence.

Source: The Loop, Talk to Frank, NHS Choices

The effects of drugs and alcohol cannot be underestimated and it can be devastating. Drugs and alcohol are a risk factor for causing mental health problems whereas for those with a diagnosed mental health condition it can make their symptoms worse.

Work practices

The Health and Safety Executive (2019)⁵⁴ specify that work-related stress and mental health will often go together and have similar symptoms. However, existing mental health conditions can be made worse by work related stress if it is not managed appropriately.

The impact of the workplace:

- Targets and deadlines put us under pressure
- Poor work-life balance
- Poor communication
- Organisational change
- Unclear job descriptions
- Lack of job security
- Harassment and/or discrimination by colleagues and customers
- Lack of training
- Unrealistic expectations
- Weak policy and procedures
- Exclusion from the decision-making process
- Poor equipment/unsafe working environment.

Some people thrive on stress but for some it can make our lives difficult. Most people develop coping mechanisms to manage the impact of the workplace however when it gets too much, it can lead to stress which can impact on our ability to cope.

The HSE recognise that stress is a risk factor that can lead to physical and mental health conditions and that it can make existing conditions worse.

Time of life

Many times, in our lives bring us a mix of feelings, and we might need some additional help and support.

Examples of these include:

Pregnancy - The NHS (2018)⁵⁵ say it is common for women to experience mental illness during their first pregnancy, with many women saying they feel vulnerable and some women develop depression. Women who have had a mental health problem in the past, are also more likely to become unwell with their mental health during their pregnancy.

Post-natal depression - The NHS (2018)⁵⁶ say that post-natal depression is also common after giving birth, affecting

⁵⁴ <https://www.hse.gov.uk/stress/mental-health.htm>

⁵⁵ <https://www.nhs.uk/conditions/pregnancy-and-baby/mental-health-problems/pregnant/>

⁵⁶ <https://www.nhs.uk/conditions/post-natal-depression/>

up to one in ten females. There is a misconception that it only effects females, but it can affect males and partners too. Many women complain of feeling emotional and anxious in the first few weeks after the birth and is often called the 'baby blues'. It is considered normal but should not last more than 2 weeks. If it lasts longer then it could be post-natal depression which could also develop up to 12 months after the birth.

Menopause - the NHS recognises that the menopause has been associated with a higher risk of depression in females (2018)⁵⁷. The menopause occurs when a female stops having her period. This process is normal and usually occurs at the ages of 45-55 as the hormone oestrogen declines. Relevant symptoms are low mood or anxiety.

Career changes - Career changes can also impact our mental health. A promotion can boost our confidence and self-esteem, but it also comes with additional demands and expectations. Other changes such as unemployment, redundancy and retirement can also leave people feeling less able to cope and stressed out.

Age - it is recognised that with advances in health care that we are growing older, but it is also recognised that older people are more vulnerable to developing mental health conditions (The Mental Health Foundation, 2019)⁵⁸.

Personal circumstances

Examples include:

- Bereavement
- Divorce
- Traumatic experiences
- Financial difficulties
- Childcare
- Loneliness
- Moving house
- Medical conditions
- Effects of taking prescribed medications.

The above examples have been shown to increase the challenges towards our mental health.

⁵⁷ <https://www.rcog.org.uk/en/patients/menopause/mood-changes-and-depression/>

⁵⁸ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-older-people>

Chapter 3

The roles and responsibilities of Mental Health Responders and Mental Health First Aiders



MENTAL HEALTH FIRST AID SAVES LIVES

3.1 The roles and responsibilities of the Mental health responder

The term 'responder' means someone who is one of the first people to arrive to deal with an emergency (Cambridge Dictionary, 2021)⁵⁹.

We spend a third of our time at work and if affected employees are not supported, then they can spend one third

of their time feeling helpless, stressed and unsupported Poindexter's (2018)⁶⁰.

Mental Health Responders have an essential role and a number of responsibilities to ensure that employees know how to access the support they need in the workplace.

| Role |
|---|
| To promote the role of the Mental Health Responders in supporting colleagues in a non-judgemental manner and promoting awareness of mental health in the workplace. |

| Responsibility | Examples |
|--|---|
| 1. Making staff aware of the Mental health Responders | <ul style="list-style-type: none"> ➢ Using identity badges ➢ Changing email signatures to include Mental Health Responder ➢ Listing Mental Health Responders just like First Aiders and Fire Marshals |
| 2. Creating awareness of mental health in the workplace | <ul style="list-style-type: none"> ➢ Displaying posters ➢ Email campaigns ➢ Social media ➢ Staff meetings ➢ Inclusion within workplace policies ➢ Staff training and inductions |
| 3. Use active listening skills | <ul style="list-style-type: none"> ➢ Observing body language and behaviour and responding appropriately ➢ Listening to what is being said |
| 4. Being non-judgemental | <ul style="list-style-type: none"> ➢ Not making judgements about someone ➢ Treating everyone with respect ➢ Treating everyone with courtesy |
| 5. Being a point of contact for employees in need | <ul style="list-style-type: none"> ➢ Being available for colleagues |
| 6. Respond to whistleblowing | <ul style="list-style-type: none"> ➢ Follow the policy and procedures of the workplace if whistleblowing is disclosed |
| 7. Advise colleagues on the type of support available | <ul style="list-style-type: none"> ➢ Advising appropriately of the support available within the organisation and through appropriate referrals to other professionals |
| 8. Liaise with the Mental Health First Aider | <ul style="list-style-type: none"> ➢ Develop a professional relationship with the Mental Health First Aider ➢ Seek advice where appropriate |

⁵⁹ <https://dictionary.cambridge.org/dictionary/english/first-responder?q=responder>

⁶⁰ <https://www.govloop.com/3-ways-mental-health-advocate-work/>

3.2 The roles and responsibilities of the Mental health first aider

| Role |
|---|
| <ul style="list-style-type: none"> ➢ The same role as the Mental Health Responder ➢ To promote the role of the mental health responder in supporting colleagues in a non-judgemental manner and promoting awareness of mental health in the workplace. <p>Additional role as the Mental Health First Aider:</p> <ul style="list-style-type: none"> ➢ To support and respond to a colleague having a mental health episode. |

In addition to the responsibilities of the Mental health Responders, the Mental Health First Aider has the following additional responsibilities:

| Responsibility | Examples |
|---|---|
| 1. Spotting the signs/symptoms of mental health conditions | <ul style="list-style-type: none"> ➢ Using the Mental Health First Aider training to spot the signs/symptoms ➢ Following policy and procedures ➢ Mental Health First Aiders DO NOT diagnose a mental health condition |
| 2. Conducting risk assessments e.g. the risk of self-harm | <ul style="list-style-type: none"> ➢ Completing risk assessments as per the organisational policy and procedures ➢ Using risk assessments to provide the level of support required in order to minimise risks |
| 3. Early intervention at the initial stages of a mental health problem | <ul style="list-style-type: none"> ➢ Providing early support once the signs/symptoms have been spotted |
| 4. Respond to a mental health crisis | <ul style="list-style-type: none"> ➢ Using the Mental Health First Aider training and organisational policy and procedures to respond appropriately to a crisis |
| 5. Ensure safety | <ul style="list-style-type: none"> ➢ Safety is paramount and must ensure the safety of the colleague, self and others |
| 6. Maintaining confidentiality | <ul style="list-style-type: none"> ➢ All information is confidential and MUST be respected and held in confidence and not shared with others ➢ Policy and procedures must be followed |
| 7. Complete appropriate documentation | <ul style="list-style-type: none"> ➢ Examples include incident reports, accident reports, recommendations etc. |

3.3 The advice to be provided to an individual who is suspected to be having a mental health episode/crisis

Advice to support someone having a mental health episode/crisis:

- Follow the mental health clinical protocol DR EFG
DO NOT diagnose a mental health condition (only a mental health care professional can)
- Provide advice in accordance to your training as a Mental Health Responder and Mental Health First Aider
- Follow organisational policy and procedures to sign post to others for their specific needs
- Encourage self-help using suitable resources
- Encourage use of internal/external counselling services
- Advise accessing NHS services if appropriate (e.g. their GP, attending the nearest accident and emergency department or calling NHS 111).

Self-help

Examples of some self-help strategies include:

- Write the feelings down in a diary (a mood diary)
- Avoiding any alcohol
- Eating healthy foods
- Get out into fresh air
- Take some exercise such as walking, yoga, swimming.
- Listening to music
- Read a book
- Listening to a podcast
- Speak to a friend/family member
- Get some sleep
- Speak to a professional for advice (see below)
- Relaxation such as walking the dog, taking a bath, gardening.

3.4 Mental health situations which require the emergency services to be contacted

If the following situations occur, it is important that the emergency services are contacted:

- An individual and/or other are at immediate risk of harm
- When the situation is beyond the knowledge and skill set of the Mental Health First Aider
- The individual has self-harmed e.g. bleeding, taking an overdose or thinking about self-harming and/or others
- The individual has an injury.

If the individual is having thoughts about taking their own life, they can access help from 3.3 or attend their nearest accident and emergency department or call professional support lines like the Samaritans.

If you need advice, call NHS 111- 24 hours a day.

NHS and other professional support available for a mental health episode/crisis:

- **NHS 111** - a telephone advice line, which will direct you to the appropriate service and offers advice and support by trained clinicians. They can also arrange emergency appointments with the patient's own GP (General Practitioner).
- **Samaritans** - a telephone support line www.samaritans.org for personal support
- **The Mental Health Foundation** - a charity with a website and telephone line providing general advice www.mentalhealth.org.uk
- **Mind** - a charity with a website and telephone line providing general advice: www.mind.org.uk
- **Rethink Mental Illness** - a charity with a website and telephone line providing general advice: www.rethink.org
- **Have I got a problem** - a support website: www.haveigotaproblem.com
- **Turning Point** - a support website: www.turning-point.co.uk/

Chapter 4

Policy, law and best practice for mental health in the workplace



MENTAL HEALTH FIRST AID SAVES LIVES

4.1 Relevant legislation to manage mental health in the workplace

Legislation has led to specific requirements upon employers in the way they treat their employees. History has shown a vast number of injustices where people have been discriminated against.

The following is relevant to the roles of the Mental Health Responder and First Aider.

| Law/best practice | Description |
|--|--|
| The Equality Act 2010 (Law) | <p>It is unlawful to discriminate against anyone with a protected characteristic:</p> <ul style="list-style-type: none"> ➢ Age ➢ Disability* ➢ Gender ➢ Gender reassignment ➢ Marriage and civil partnership ➢ Pregnancy and maternity ➢ Race ➢ Religion and belief ➢ Sexual orientation <p>*Mental health falls within a disability and someone cannot be unfairly treated because of their mental health. Employers are required to make reasonable adjustments for their employees with mental health and other protected characteristics.</p> |
| The Health and Safety at Work Act 1974 etc (Law) | <p>The Act requires employers to:</p> <ul style="list-style-type: none"> ➢ Ensure the Health and safety at work of their employees ➢ Provide information, training and supervision in their health and safety at work ➢ Maintain a safe working environment ➢ Ensure staff adhere to policies and procedures ➢ Report/record all accidents and incidents. |
| Management of Health and Safety at Work Regulations 1999 (Law) | <p>This regulation requires employers to undertake risk assessments that effect employee health and safety and identify the risks and take appropriate steps to reduce the risk as reasonably practicable.</p> <p>The employer must also have a health and safety policy and provide employees with training.</p> |
| Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013 (Law) | <p>Employers are required to report any death, specific injuries such as fractures, illnesses and injuries which require immediate hospital care and work-related injuries which require the employee to be off from work for more than seven days (Work Smart, 2019)⁶¹</p> |
| The Working Time Regulations 1998 (Law) | <p>This requires employers to ensure all employees receive adequate rest breaks, annual leave and do not work more than 48 hours in a week (unless the employee opts out).</p> |
| The Workplace (Health, Safety and Welfare) Regulations 1992 (Law) | <p>This requires employers to ensure the workplace:</p> <ul style="list-style-type: none"> ➢ Is clean ➢ Has adequate lighting ➢ Has adequate heating and ventilation ➢ Staff facilities including toilets, able to prepare meals and make hot drinks. |
| Health and Safety Executive Management Standards (Best Practice) | <p>A set of standards that an employer can follow based on six areas in the workplace which is proven to minimise stress. Evidence shows if these areas are not addressed then it can lead to poor health, reduced productivity and increased levels of absence and accidents (Health and Safety Executive, 2019)⁶².</p> |

⁶¹ <https://worksmart.org.uk/health-advice/health-and-safety/employer-duties/what-are-main-health-and-safety-regulations>

⁶² <https://www.hse.gov.uk/stress/standards/index.htm>

*Mental health/disability

The term disability has a wide meaning under the Equality Act 2010. Specifically, disability is defined as any:

"physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities"

Rethink Mental Illness (2019)⁶³

The guidance to the Equality Act states that the term disability should be given its ordinary meaning. This

includes the effects or symptoms of the illness, as well as the diagnosis. Most mental illnesses may be thought of as an impairment based on the effects it has on you (Rethink Mental Illness, 2019).

The Equality Act is an important piece of legislation that enshrines the importance of treating everyone in accordance to their needs.

4.2 Key features of best practice for managing mental health in the workplace

Why is mental health important in the workplace?

Mind (2019)⁶⁴ undertook research with employees and employers and found the following:

- One in five called in sick to avoid work they had been asked to complete (they were asked about the impact of stress)
- 14% had resigned due to stress
- 42% had considered resigning due to workplace stress
- 30% disagreed that they were able to openly speak to their manager if they were feeling stressed
- 56% of employers said they would do more to improve staff wellbeing, but they did not have the information and training to do so.

The key features of best practice for managing mental health in the workplace

Mind (2019)⁶⁵ show the benefits of managing mental health in the workplace as:

- Increased employee efficiency and productivity
- Increased levels of innovation
- Increased profits
- Reduced business costs
- Improved staff morale
- Reduced levels of sickness
- An enhanced reputation as an employer who cares for their staff
- Demonstrates their lawful duty of care towards their staff.

The best practice guidance

- Mental health risks should be treated equally to health and safety risks
Mental health should be treated like any other physical medical condition. This is referred to as the "parity of esteem".
✓ "Parity of esteem means tackling mental health issues with the same energy and priority as we have tackled physical illness (NHS England, 2014)⁶⁶.
- Include employees in the decision-making processes
- Promote mental health awareness
 - ✓ Offer staff training
 - ✓ Run awareness days
 - ✓ Promote the roles of the Mental Health Responder and First Aiders
 - ✓ Place posters in the staff room
 - ✓ Promote workplace policies and procedures.
- Effective people management- help employees to feel valued and supported:
 - ✓ Show appreciation
 - ✓ Offer clarity if appropriate
 - ✓ Treating employees as individuals who as humans have feelings
 - ✓ Ensure that work is organised efficiently and effectively
 - ✓ Know how you respond to an employee in their time of need can define your organisations values
 - ✓ Support staff to develop an action that suits their circumstances.
- Provide training for management
 - ✓ To recognise mental health problems
 - ✓ To take proactive steps to prevent a poor working environment
 - ✓ Not give unrealistic expectations and targets to employees
 - ✓ Be aware of the impact of long hours and no breaks on staff well-being.

⁶³ <https://www.rethink.org/advice-and-information/rights-restrictions/mental-health-laws/discrimination-and-mental-health/#:-text=It%20says%20you%20have%20a>This%20definition%20is%20quite%20technical.>

⁶⁴ <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/>

⁶⁵ https://www.mind.org.uk/media/43247/Resource1_Mentally_Healthy_workplacesFINAL_pdf.pdf

⁶⁶ <https://www.england.nhs.uk/blog/martin-mcshane-8/>

4.3 The relationship between organisational policies and the management of mental health in the workplace

In order to provide effective support to employees experiencing mental health difficulties, there must be an adequate organisational policy to support them in the workplace.

If an employee is having a mental health problem, then the employer must take it seriously (ACAS, 2019)⁶⁷ and having a policy for managers, employees, Mental Health Responders and Mental Health First Aiders is an important way to demonstrate this.

ACAS are clear that employers have a lawful duty of care for their employees and they must do everything they can that is reasonable to support their employees' health, safety and well-being.

A policy is a commitment from the organisations' management and provides guidance and support for the key people involved to instigate the policy when employees require it.

The Advisory, Conciliation and Arbitration Service (ACAS)

ACAS work with employers and employees to improve workplace relationships. Further reading is available on their website: www.acas.org.uk/

⁶⁷ <https://www.acas.org.uk/supporting-mental-health-workplace>

Chapter 5

How to recognise and respond to different mental health conditions



MENTAL HEALTH FIRST AID SAVES LIVES

5.1 Identify the signs and symptoms of stress and anxiety

What is stress?

The HSE (2018)⁶⁸ defines stress as 'the adverse reaction people have to excessive pressures or other types of demand placed on them'.

Stress effects everyone differently but the common causes of stress according to the HSE in the workplace include:

- Not being able to cope with the demands of the job
- Employees not in control of the way to do their job
- Not enough support and information to do the job
- Difficult relationships in the workplace
- Not understand the job role and responsibilities
- Not engaged through changes in the organisation .

This is not an exhaustive list.

Signs and symptoms of stress

The NHS (2019)⁶⁹ identify the following as some of the common signs (meaning something you can see) and symptoms (meaning how the person feels) of stress:

| Physical | Emotional | Behavioural |
|-----------------------------------|------------------------------|---------------------------------|
| Headaches | Difficulty concentrating | Irritable |
| Dizziness | Struggling to make decisions | Sleeping too little or too much |
| Stomach problems e.g. indigestion | Feeling overwhelmed | Eating too much or too little |
| Chest pain | Constantly worrying | Drinking alcohol more often |
| Fast heartbeat | Being forgetful | Smoking more often |
| Sexual problems | | Avoiding people |
| High blood pressure | | Avoiding places |
| | | Tearful |

⁶⁸ <https://www.hse.gov.uk/stress/what-to-do.htm>

⁶⁹ <https://www.nhs.uk/conditions/stress-anxiety-depression/understanding-stress/>

Anxiety

Feelings of anxiety are common as we all worry and have fears from time to time, for example when attending a job interview or meeting a work deadline. However, for some people, anxiety can impact their daily life and cause a chain of stress hormones which makes the body believe it's in a constant state of fight or flight. This makes the body alert, and it believes it is in actual danger (Rethink Mental Illness, 2018)⁷⁰.

These hormones (adrenaline and cortisol) cause a number of physical and mental manifestations and can be identified as signs and symptoms.

It is estimated that 5.9% of adults in England have anxiety (The Mental Health Foundation, 2018)⁷¹.

Signs and symptoms of anxiety:

Effects on the body

Some common effects on the body may include:

- A churning feeling in your stomach
- A fast, thumping or irregular heartbeat
- Changes in your sex drive
- Faster breathing
- Feeling light-headed or dizzy
- Feeling restless or unable to sit still
- Grinding your teeth, especially at night
- Having panic attacks.
- Headaches, backache or other aches and pains
- Nausea (feeling sick)
- Needing the toilet more or less often
- Pins and needles
- Problems sleeping
- Sweating or hot flushes

(Mind, 2019)⁷²

Effects on the mind

Some common effects on the mind may include:

- Feeling tense, nervous or unable to relax
- Having a sense of dread, or fearing the worst
- Feeling like the world is speeding up or slowing down
- Feeling like other people can see you're anxious and are looking at you
- Feeling like you can't stop worrying, or that bad things will happen if you stop worrying
- Worrying about anxiety itself, for example worrying about when panic attacks might happen
- Wanting lots of reassurance from other people or worrying that people are angry or upset with you
- Worrying that you're losing touch with reality
- Rumination - thinking a lot about bad experiences, or thinking over a situation again and again
- Depersonalisation - feeling disconnected from your mind or body, or like you're watching someone else (this is a type of dissociation)
- Derealisation - feeling disconnected from the world around you, or like the world isn't real (this is a type of dissociation)
- Worrying a lot about things that might happen in the future.

(Mind, 2019)⁷²

⁷⁰ https://www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/anxiety-disorders/?gclid=CjwKCAiA__HvBRACEiwAbViuUw0m4MFAofWO5z-NfpJZ_aSM-BMKMkD62sEdz-eDuPIApHen9aw8ZRoCCr0QAvD_BwE

⁷¹ <https://www.mentalhealth.org.uk/a-to-z/a/anxiety>

⁷² <https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/anxiety-symptoms/#.Xf1Chnd2vD4>

5.2 Signs and symptoms associated with different mental health conditions

This section will look at the different types of common mental health conditions and some of the typical signs and symptoms the person may experience.

As a Mental Health Responder and/or First Aider you may be able to recognise the early warning signs that someone is not being their normal self and therefore be able to provide appropriate support.

| Mental health condition | Behavioural sign/symptom | Physical sign/symptom |
|--|---|---|
| Depression stage | | |
| Bipolar disorder (NHS, 2019)⁷³ | <ul style="list-style-type: none"> ➢ Feeling sad, hopeless & irritable ➢ Lacking energy ➢ Difficulty concentrating ➢ Difficulty remembering things Loss of interest in day to day life ➢ Feelings of guilt and despair ➢ Self-doubt ➢ Suicidal thoughts. | <ul style="list-style-type: none"> ➢ Delusional ➢ Having hallucinations ➢ Illogical thinking ➢ Lack of appetite ➢ Difficulty in sleeping ➢ Waking up early. |
| Mania stage | | |
| | <ul style="list-style-type: none"> ➢ Feeling really happy ➢ Feeling full of energy ➢ Feeling self-important ➢ Feeling full of ideas ➢ Disturbed/illogical thinking ➢ Not feeling like sleeping. | <ul style="list-style-type: none"> ➢ Talking very quickly ➢ Easily distracted ➢ Easily irritated ➢ Easily agitated ➢ Being delusional ➢ Having hallucinations ➢ Not eating ➢ Making large financial purchases ➢ Risky behaviour. |
| "Bipolar disorder is characterised by extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression)". (NHS, 2019)⁷⁴ | | |
| Eating disorders (NHS, 2018)⁷⁵ | <ul style="list-style-type: none"> ➢ Feeling tired ➢ Feeling cold ➢ Worrying about food ➢ Worrying about weight and body shape ➢ Having very strict habits or routines around food. | <ul style="list-style-type: none"> ➢ Problems with digestion ➢ Fluctuations in weight ➢ No menstrual cycle ➢ Eating little food ➢ Forcing self to vomit after eating ➢ Exercising too much ➢ Mood changes ➢ Taking laxatives after food. |
| "An eating disorder is when you have an unhealthy attitude to food, which can take over your life and make you ill". (NHS, 2018)⁷⁶ | | |

⁷³ <https://www.nhs.uk/conditions/bipolar-disorder/>

⁷⁴ <https://www.nhs.uk/conditions/bipolar-disorder/symptoms/>

⁷⁵ <https://www.nhs.uk/conditions/eating-disorders/>

⁷⁶ <https://www.nhs.uk/conditions/eating-disorders/>

| Mental health condition | | |
|---|--|--|
| Trauma related disorders e.g. PTSD (NHS, 2019)⁷⁷ | <ul style="list-style-type: none"> ➢ Flashbacks ➢ Nightmares ➢ Thinking about distressing images ➢ Negative thoughts ➢ Avoiding certain people ➢ Isolated ➢ Avoiding talking about the experience ➢ Withdrawn. | <ul style="list-style-type: none"> ➢ Pain ➢ Trembling ➢ Feeling sick ➢ Sweating ➢ Not sleeping ➢ Irritable ➢ Angry outbursts ➢ Difficulty concentrating ➢ Self-harm ➢ Drug misuse ➢ Alcohol misuse ➢ Headaches ➢ Chest pains. |
| Substance abuse disorders | <p>Behaviours seen with substance abuse disorder:</p> <ul style="list-style-type: none"> ➢ Having to use the drug regularly ➢ Compulsive drug seeking ➢ Failing in attempts to stop using the drug ➢ Making certain that a supply of the drug is maintained ➢ Spending more money on the drug than can be afforded ➢ Doing things to obtain the drug that are out of character (such as stealing) ➢ Needing the drug to deal with problems ➢ Driving or taking risks when under the influence of the drug ➢ Spending more and more time and energy on getting and using the drug. <p>(South London and Maudsley NHS Trust, 2018)⁷⁸</p> | |
| Depression (NHS, 2018)⁷⁹ | <ul style="list-style-type: none"> ➢ Feeling sad ➢ Anxious ➢ Feel angry ➢ Feel frustrated ➢ Low self-esteem ➢ Not getting enjoyment from life ➢ Feeling hopeless ➢ Difficulty making decisions ➢ Suicidal thoughts. | <ul style="list-style-type: none"> ➢ Unable to sleep ➢ More tired than normal ➢ Not able to concentrate ➢ Self-harm. |
| Psychosis | <p>The two main symptoms of psychosis according to the NHS (2018)⁸⁰ are:</p> <ul style="list-style-type: none"> ➢ Hallucinations - where a person hears, sees and, in some cases, feels, smells or tastes things that do not exist outside their mind but can feel very real to the person affected by them; a common hallucination is hearing voices ➢ Delusions - where a person has strong beliefs that are not shared by others; a common delusion is someone believing there's a conspiracy to harm them. <p>The combination of hallucinations and delusional thinking can cause severe distress and a change in behaviour.</p> | |
| "Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions." (NHS, 2019)⁸¹ | | |

⁷⁷ <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/symptoms/>

⁷⁸ <https://www.slam.nhs.uk/patients-and-carers/mental-health-conditions/addiction/drug-addiction>

⁷⁹ <https://www.nhs.uk/conditions/stress-anxiety-depression/low-mood-and-depression/>

⁸⁰ <https://www.nhs.uk/conditions/psychosis/>

⁸¹ <https://www.nhs.uk/conditions/psychosis/>

| Mental health condition | |
|--|--|
| Self-harm (NHS, 2018)⁸² | <p>Types of self-harm include:</p> <ul style="list-style-type: none"> ➢ Cutting their skin ➢ Burning their skin ➢ Injuring themselves e.g., punching ➢ Taking an overdose e.g., drugs. <p>Signs of self-harm:</p> <ul style="list-style-type: none"> ➢ Unexplained injuries to the wrists, arms, chest and thighs e.g., cuts, bruises and burn marks ➢ Keeping covered at all times especially in the summer ➢ Signs of depression ➢ Expressing an intent to injure themselves ➢ Becoming withdrawn ➢ Thin hair- including pulling out their hair ➢ Not speaking to others. |
| "Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress." (NHS, 2018)⁸³ | |
| Obsessive compulsive disorder (OCD) | <p>Obsessive thoughts</p> <p>Examples:</p> <ul style="list-style-type: none"> ➢ The fear of deliberately harming self and others ➢ The fear of harming self or others by mistake ➢ The fear of contaminating self and others with diseases and infections ➢ The need for order and cleanliness. <p>Compulsive behaviour</p> <p>Examples:</p> <ul style="list-style-type: none"> ➢ Regularly cleaning and hand washing ➢ Regularly checking doors, taps, the gas etc are all secure/off ➢ Hoarding ➢ Seeking reassurance from others ➢ Avoiding places and situations that could trigger obsessive thoughts. |

The NHS (2018)⁸⁴ state that "obsessive compulsive disorder (OCD) affects people differently, but usually causes a particular pattern of thoughts and behaviours.

OCD has 3 main elements:

- Obsessions - where an unwanted, intrusive and often distressing thought, image or urge repeatedly enters your mind
- Emotions - the obsession causes a feeling of intense anxiety or distress
- Compulsions - repetitive behaviours or mental acts that a person with OCD feels driven to perform as a result of the anxiety and distress caused by the obsession.

The compulsive behaviour temporarily relieves the anxiety, but the obsession and anxiety soon return, causing the cycle to begin again."

⁸² <https://www.nhs.uk/conditions/self-harm/>

⁸³ <https://www.nhs.uk/conditions/self-harm/>

⁸⁴ <https://www.nhs.uk/conditions/obsessive-compulsive-disorder-ocd/symptoms/>

5.3 Treatment and types of support available for different mental health conditions

The support and management of different mental health conditions will vary according to the severity of the disorder. Some people get better without receiving any support whereas for others getting further support and professional help will be important.

It cannot be emphasized enough that Mental Health Responder and First Aiders are there to support colleagues and **MUST NOT** diagnose a mental health problem or imply what specific treatment the person needs from healthcare professionals.

Self-help

Self-help is an important part of managing mental health as it can help people manage their symptoms and prevent them from getting worse (Mind, 2018)⁸⁵.

Exercise

According to the NHS (2018)⁸⁶, people who do 150 minutes per week of regular physical activity have:

- Up to a 35% lower risk of coronary heart disease and stroke
- Up to a 50% lower risk of type 2 diabetes
- Up to a 50% lower risk of colon cancer
- Up to a 20% lower risk of breast cancer
- A 30% lower risk of early death
- Up to an 83% lower risk of osteoarthritis
- Up to a 30% lower risk of depression
- Up to a 30% lower risk of dementia
- It improves your overall mental health.

Different types of exercise include:

- Walking
- Running
- Jogging
- Using stairs instead of lifts/escalators
- Cricket
- Mountaineering
- Walking the dog
- Cleaning
- Kayaking/Canoeing
- Martial arts
- Cycling
- Football
- Rugby
- Swimming
- Netball
- Hockey
- Weight training

- Circuit training
- Yoga
- Pilates
- High Intensity Interval Training
- Gardening.

The benefits of sleep

The benefits of sleeping well include:

- It reduces the risks of developing serious medical conditions such as obesity, heart disease and diabetes
- It boosts your immune system
- It boosts mental health
- It helps to reduce stress
- It helps to improve your memory
- It helps keep your mood stable.

(BUPA, 2018)⁸⁷

Signs of sleep problems include:

- Finding it hard to fall asleep
- Lying in bed with thoughts racing around the mind
- Waking up multiple times throughout the night
- Waking up and not able to get back to sleep
- Having a low mood
- Finding it difficult to concentrate
- Being irritable
- Feeling like you have not slept well and it impacts on your day.

(Every Mind Matters, 2019)⁸⁸

Tips on how to get to sleep:

- Set up and stick to a consistent sleeping pattern, it is important to try and wake up the same time every day.
- Aim for 6-9 hours' sleep per night.
- Create a bedtime routine to help relax before going to bed such as having a warm bath, listening to relaxing music, reading a book, writing a to do list to help clear the mind of tasks and avoiding using any electronic devices before bed (they can impact on sleep).
- Set up the bedroom so its sleep friendly- ensure its cool (ideally between 18C and 24C), dark (invest in thick curtains or black out screens), quiet and tidy
- Have regular exercise such as swimming, walking and running (not before bed)
- Cut down on the amount of caffeine. Decaffeinated herbal teas are a good alternative.
- Be careful not to overindulge with food and alcohol late at night as it can affect sleep
- Not smoking- it is widely reported that smoking disturbs sleeping patterns and take people longer to fall asleep.

(NHS, 2019)⁸⁹

⁸⁵ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/self-care/>

⁸⁶ <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

⁸⁷ <https://www.bupa.co.uk/newsroom/ourviews/nine-benefits-good-night-sleep>

⁸⁸ <https://www.nhs.uk/oneyou/every-mind-matters/sleep/>

⁸⁹ How to get to sleep - NHS (www.nhs.uk)

Healthy eating

In order for our body to receive the vital benefits from the food we eat, the following are great examples of ways to eat a healthy balanced diet:

- Plenty of fruit and vegetables
- Plenty of starchy foods such as bread, rice, potatoes and pasta (wholegrain if possible as its good dietary fibre)
- Some milk and dairy products (give vital calcium and minerals for strong bones)
- Some meat, fish, eggs, beans and other non-dairy sources of protein (important for the body to build and repair itself)
- Only a small amount of foods and drinks high in fats and/or sugar (this is because it can turn into fat and lead to obesity if too much is consumed) examples include chocolate, crisps, sugary drinks etc.

(British Heart Foundation, 2019)⁹⁰

Time management

Tips for managing your time:

- Know your goals (career and life) and develop short term, medium term and long-term goals. This enables you to work towards key things that mean something to you.
- Use to do lists; prioritise your workload and use lists help you keep track of what you need to do (especially high and low priority tasks). You can make lists on your phone or on paper.
- Use breaks productively; go for a walk, sit down and eat a meal, do some exercise, catch up with friends/colleagues. Time away from the office/work environment is important. The NHS (2018)⁹¹ recommend taking at least 30 minutes away from your desk will help to be more effective in the afternoon.
- Prioritise your workload; The NHS recommend splitting tasks into the following categories:
 1. Urgent and important
 2. Not urgent but important
 3. Urgent but not important
 4. Neither urgent nor important

Manage your emails

Emails cause 1 in 3 office workers stress.

The NHS recommends using the 4 D's:

- **Delete** - you can probably delete half the emails you get immediately
- **Do** - if the email is urgent or can be completed quickly
- **Delegate** - if the email can be better dealt with by someone else
- **Defer** - set aside time later to spend on emails that will take longer to deal with.

Professional help

The General Practitioner (GP) can assess a person with mental health problems and agree a plan with them any care and support they need.

The GP is a point of information and is able to recommend different services depending on each person's needs. They can look at the person's treatment options.

They can prescribe medication and they can refer the person to a mental health service if necessary. Remember than mental health problems can be short or long term. With the right support they can be managed and supported.

In a mental health crisis, an emergency appointment can be arranged with the GP, 111 or 999 can be called for immediate support and the nearest A&E department can be attended.

Examples of treatment options include:

- **Medication** - a patient's symptoms are assessed by a doctor and if appropriate, medication is prescribed to help them manage their condition.
- **Talking therapies** - these include counselling, cognitive behaviour therapy (CBT), mindfulness based cognitive therapy, psychodynamic psychotherapy and creative therapy. A patient is assessed, and the appropriate treatment is recommended.
- **Electroconvulsive therapy** - this is where a doctor uses electrical currents to pass through the brain. It is thought that this type of therapy works on the chemical messengers in the brain. It is used for specific mental health conditions.
- **Complementary therapy** - using treatments from a qualified therapist such as acupuncture, aromatherapy, herbal medicine, homeopathy, massage, meditation, yoga, spiritual healing and mindfulness. This is not provided on the NHS but can be used alongside the treatment provided by the general practitioner.

(Mind, 2018)⁹².

⁹⁰ <https://www.bhf.org.uk/informationsupport/support/healthy-living/healthy-eating>

⁹¹ <https://www.nhs.uk/conditions/stress-anxiety-depression/time-management-tips/>

⁹² <https://www.mind.org.uk/information-support/drugs-and-treatments/complementary-and-alternative-therapies/about-complementary-alternative-therapies/>

Chapter 6

The importance of promoting positive attitudes towards mental health in the workplace



6.1 The relationship between mental health conditions and occupational health

Occupational health is a branch of medicine which is concerned with the physical, mental health and well-being of employees (Fit for Work, 2015)⁹³.

It supports employees by encouraging safe working practices and monitoring levels of sickness and the health of all employees. It aims to be proactive in preventing conditions from causing future problems.

Examples of its work includes:

- Undertaking pre- employment health checks
- Running awareness campaigns (health promotion) such as quitting smoking, health eating, looking after your mental health
- Assessing the workplace for hazards and risks and proactively advising the employers to make changes
- Providing the employers with advice on making reasonable adjustments for employees (under the Equality Act 2010)
- Providing advice and support to employees.

The Health and Safety Executive (HSE) recognise for example that work-related stress can lead to physical and mental health deterioration and even aggravate existing conditions and make them worse (2019)⁹⁴.

The HSE are clear that the employer has a legal responsibility to help their employees by reducing the risks of physical, mental health and well-being as far as is reasonably practicable, whether work is "causing the health issue or aggravating it". The Mental Health Foundation are clear in their view that "a toxic work environment can be corrosive to our health" (2019)⁹⁵.

What the evidence shows is that problems at work can make employees physically and mentally unwell and even aggravate existing problems. For a workplace to thrive and do well it requires employees to be at their best and therefore occupational health seeks to ensure that risks are identified, minimised and employees' health and well-being is taken seriously by the employer.

6.2 The impact of mental health conditions on employment, workplace performance and career prospects of individuals

- **Increased absenteeism** - the Mental Health Foundation state 12.7% of all sickness absence each year can be attributed to mental health conditions (2019)⁹⁶.
- **Lower productivity** - the Centre for Mental Health states the UK economy loses £15.1 billion each year due to reduced productivity (2007)⁹⁷.
- **Increased risk of accidents** - Mental health Today state that people with mental health conditions are six times more likely to die from an accident compared to the general population (2013)⁹⁸.
- **Poor planning and decision making** - when we experience mental health difficulties, we may not be able to think clearly and/or not be able to make good decisions.
- **Poor time keeping** - one of the early signs of a decline in mental health is poor time keeping, often due to not being able to sleep and this impacts upon performance.
- **Burnout** - is caused when we become physically and mentally exhausted. Often due to prolonged periods of stress. This results in burn out.
- **Reduced motivation** - The Mental Health Foundation (2016)⁹⁹ state mental health conditions can alter our motivation from even going in the shower through to managing our work. A lack of motivation is often noticed quickly by colleagues and managers.

- **Workplace conflict with colleagues and/or managers**
 - 8 in 10 reported cases of workplace conflict has been linked to affecting our mental health (HR Magazine, 2019)¹⁰⁰.
- **Lack of patience with customers** - when our mental health is affecting us, we cannot always think clearly and can become irritated and lose patience quickly which can result in our behaviour being different and this is often noticed by those around us.
- **Increased risk of disciplinary action, demotion and dismissal from the workplace** - The CIPD research shows that 50% of people with mental health problems are potentially impatient with customers and clients, 80% less likely to concentrate and 37% are more likely to get into conflict with colleagues, managers and customers (Croner, 2018)¹⁰¹. These problems have led to employers taking disciplinary action, demotions and even dismissals.

⁹³ <https://fitforwork.org/blog/the-role-of-occupational-health/>

⁹⁴ <https://www.hse.gov.uk/stress/mental-health.htm>

⁹⁵ <https://www.mentalhealth.org.uk/publications/how-support-mental-health-work>

⁹⁶ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-mental-health-work>

⁹⁷ https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/mental_health_at_work.pdf

⁹⁸ <https://www.mentalhealthtoday.co.uk/people-with-mental-illness-at-greater-risk-of-accidental-death>

⁹⁹ <https://www.mentalhealth.org.uk/blog/what-advice-would-you-give-someone-lacking-motivation>

¹⁰⁰ <https://www.hrmagazine.co.uk/article-details/conflict-at-work-linked-to-mental-health-issues>

¹⁰¹ <https://app.croner.co.uk/feature-articles/mental-health-discipline-and-dismissal>

6.3 Techniques used to promote positive attitudes towards mental health conditions

Promoting positive attitudes in the workplace towards mental health requires a proactive approach from the senior management/leadership team of the organisation to all employees.

Positive attitudes will benefit the organisation with research showing that "60 per cent of employees say they'd feel more motivated and more likely to recommend their organisation as a good place to work if their employer took action to support mental wellbeing" (Mind, 2019)¹⁰².

Evidence from ACAS, The Mental Health Foundation and Mind has shown the following techniques as positive ways to promote mental health:

- **Education** - Nelson Mandela famously said that "education is the most powerful weapon we can use to change the world" (2018)¹⁰³. However, there are still misconceptions around mental health. Education through formal training, posters, awareness days, toolbox talks etc all can contribute to creating a more positive workplace environment.
- **Encouraging openness to discuss mental health** - Research by the CIPD found that "What made a huge difference was being asked if I was okay – simple as that" and it was echoed how crucial it was for line managers to facilitate an early discussion with the employee to discuss what support can be given. If managers are empathetic and offer support, this will cascade throughout the organisation and encourage openness. This is linked with education (2018)¹⁰⁴.
- **Offer advice/ tools to help staff with stress** - the HSE advise managers to identify mental health problems at the earliest opportunity, to talk to the staff member and to support them to prevent their condition deteriorating (2019)¹⁰⁵. Mental Health Responders and First Aiders could identify issues and also be asked for advice on support available. Self-help tools are invaluable such as eating well, drinking plenty of water, exercise, regular sleep, reading, meeting up with friends etc.
- **Policy and procedures** - The World Health Organisation view a mental health policy and procedures as a vision for the future and the commitment from the organisation to help prevent, and support employees whilst promoting good principles for mental health across the organisation (2019)¹⁰⁶. Promoting positive mental health requires everyone in the organisation to know their role and their responsibilities and for employees to know they will receive the support they need.

➤ **Have a zero-tolerance approach to bullying** - bullying does not occur just amongst children but also occurs in the workplace. It is not limited to the face-to-face interactions in the office but also occurs through digital mediums such as social media, texts and emails. Evidence indicates that bullying can cause mental health problems such as anxiety and depression (Anxiety Centre, 2019)¹⁰⁷. Bullying must not be tolerated by anyone in the workplace.

➤ **Comply with legal obligations** - the Equality Act 2010 requires the employer to make reasonable adjustments to support people with mental health disorders. Examples of reasonable adjustments according to ACAS include flexible working or changing the start and finish times of work duties, provide extra training/coaching/mentoring, help and support from line manager, changing the place of work e.g. homeworking and changing their role (permanent or temporary) (2019)¹⁰⁸.

¹⁰² https://www.mind.org.uk/media/428496/Resource3_HowToPromoteWellBeingFINAL.pdf

¹⁰³ http://db.nelsonmandela.org/speeches/pub_view.asp?pg=item&ItemID=NMS909

¹⁰⁴ https://www.cipd.co.uk/Images/mental-health-at-work-1_tcm18-10567.pdf

¹⁰⁵ <https://www.hse.gov.uk/stress/mental-health-line-managers.htm>

¹⁰⁶ https://www.who.int/mental_health/media/en/440.pdf

¹⁰⁷ <https://www.anxietycentre.com/anxiety/research/bullying-causes-mental-health-issues-such-as-anxiety-and-depression.shtml>

¹⁰⁸ https://archive.acas.org.uk/media/3384/Promoting-positive-mental-health-in-the-workplace/pdf/Promoting_positive_mental_health_in_the_workplace.pdf

6.4 Challenges associated with promoting attitudes towards mental health conditions

Recent research has shown some shocking facts about the views of mental health which certainly increase the challenges and attitudes towards mental health in the workplace.

In a recent survey, the Mental Health Foundation (2017)¹⁰⁹ found the following:

- 40% of interviewees fear telling their employer about their mental health as it would jeopardise their job
- 40% of interviewees wouldn't talk openly about their health in fear it would affect their career
- 42% of interviewees admitted they would make up excuses e.g. a back problem or stomach pain in order to take time off work for their mental health
- 19% of interviewees admitted that the label of mental health was used against employees.

The following are examples of challenges which impact upon promoting positive attitudes towards mental health in the workplace:

- Having no mental health policy
- Lack of training for employees and managers
- Managers not committed
- Business objectives being the sole priority
- Employees resistant to learning
- Lack of understanding about the impact of mental health in comparison to physical medical conditions
- Discriminatory language being used
- The employer not complying with their legal obligations.

TUC Education (2015)¹¹⁰ also provide useful information on mental health related language:

| Avoid using | Instead try |
|---|--|
| 'a psycho' or 'a schizo' | 'a person who has experienced psychosis' or 'a person who has schizophrenia' |
| 'a schizophrenic' or 'a depressive' | 'someone who has a diagnosis of/ is currently experiencing/ is being treated for schizophrenia/depression' |
| 'lunatic', 'nutter', 'unhinged', 'maniac' or 'mad' | 'a person with a mental health problem' |
| 'the mentally ill', 'a person suffering 'from', 'a sufferer', 'a victim' or 'the afflicted' | 'mental health patients' or 'people with mental health problems' |
| 'prisoners' or 'inmates' (about people in a psychiatric hospital) | 'patients', 'service users' or 'clients' |
| 'released' (from a hospital) | 'discharged' |
| 'happy pills' | 'antidepressants', 'medication' or 'prescription drugs' |

¹⁰⁹ <https://www.mentalhealth.org.uk/news/shocking-new-poll-reveals-mental-health-stigma-workplace>

¹¹⁰ https://www.tuc.org.uk/sites/default/files/TUC-MENTAL_HEALTH_WORKPLACE.pdf

Chapter 7

How to support line managers to aid an individual returning to work following a mental health episode



MENTAL HEALTH FIRST AID SAVES LIVES

7.1 The relationship between mental health conditions and occupational health

A mental health episode is an upsetting and emotional time for the individual experiencing it.

If the individual needs to leave work, there are a number of important work-related factors which need to be identified when appropriate

If an employee has been off work due to their mental health, they may worry about going back as well as worry about what their employer and colleagues may think (NHS, 2018)¹¹¹.

Many employees find that going back to work is a positive step, and their employer can support them by taking reasonable steps to help ease their way back in.

It is important that work-related factors such as pressures because of targets, bullying, workplace disagreements etc are discussed with the employee so that he/she feels adequately supported when back to work.

7.2 The types of reasonable adjustments to implement when an individual returns to work after a mental health episode

Mind say that reasonable adjustments are changes the organisation makes if the disability is disadvantaging someone (2018)¹¹². Reasonable adjustments are a legal requirement on the employers under the Equality Act 2010.

ACAS (2019)¹¹³ states “an employer must consider making reasonable adjustments, involving the disabled worker or successful job applicant in the discussion about what can be done to support them and the decision, if:

- It becomes aware of their disability
- It could reasonably be expected to know they have a disability
- The person asks for adjustments to be made
- The worker is having difficulty with any part of their job
- Either the worker's sickness record, or their delay in returning to work, is linked to their disability.”

Rethink Mental Illness (2017)¹¹⁴ state “you may not think of yourself as a ‘disabled person’. However, if you have a mental illness, you may be affected by it in such a way as to be considered disabled in the eyes of the law (Equality Act 2010)”. They also add that you may not be diagnosed as ‘disabled’ but if your mental health is impacting you on a ‘substantial and long term’ basis on your day to day activities then you are entitled to support under the Act.

Substantial means that the effect mental illness has on the person must be more than small or minor.

Mental illness is considered long term if its lasted at least 12 months, is likely to last at least 12 months or likely for the rest of their life. (Rethink Mental Illness, 2021)

Examples of reasonable adjustments include:

- Time off for appointments and therapy in relation to mental health (sometimes referred to as disability leave)
- Changing the working days and hours
- Arranging for someone to support the employee
- Allocating a permanent desk instead of hot desking
- Allocating a different line manager
- Phased return to work e.g. home working, part time, reduced hours
- Developing a wellness action plan
- Providing specialist support services e.g. counselling
- Adjusting the workload
- Encourage conversations about their support and needs
- Modifying performance targets
- Modifying sickness absence targets.

This is not an exhaustive list. The employer should discuss with the employee what would help them return to work and help them with their mental health condition.

¹¹¹ <https://www.nhs.uk/conditions/stress-anxiety-depression/returning-to-work-after-mental-health-issues/>

¹¹² https://www.mind.org.uk/information-support/legal-rights/discrimination-in-everyday-life/reasonable-adjustments/#.Xf_eW3d2vD4

¹¹³ <https://archive.acas.org.uk/index.aspx?articleid=6074>

¹¹⁴ <https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/reasonable-adjustments-at-work/>

7.3 How to monitor progress and respond to any concerns arising following an individual's return to work

When an employee returns to work, it is important their progress is monitored, and they have the necessary support they need to readjust. It is all about being proactive and not reactive.

Mind (2014)¹¹⁵ suggest the following:

- **Have the conversation** - have an open and supportive conversation about the employee's needs and the impact of their mental health to aid their return to work. This conversation must be confidential and managed sensitively. The employee may whistle blow and this must be handled sensitively whilst giving reassurance the organisation's policy will be followed.
- **Help with work related stress** - engage with the employee to find out the impact of their work on their mental health. Offer appropriate support measures such as reasonable adjustments and agree progress monitoring that is best for the employee. Reassure the employee they did the right thing seeking help and the organisation is committed to do all it can.

- **Stay in touch** - if the employee goes off work again it is important to stay in touch and find out how the employee is and if there is anything the employer can do to help. It is important that no pressure is put on the employee, just the reassurance that you care for their needs.
- **Focus on encouragement and empowerment** - the employee should be helped to return to work, so they are healthy, not micromanaged and wrapped in cotton wool. Provide encouragement, empower the employee by giving constructive feedback and encouraging them to achieve their goals. Employees must never feel they are not capable but that they can do their job and your support will help ease them back into work and help them manage their mental health.

7.4 Potential benefits experienced by individuals who return to work after a mental health episode

Out of the 137 million sick days in 2016, 5.8% were for mental health issues (Go Thinking Big, 2018)¹¹⁶.

The NHS (2018)¹¹⁷ suggest that people returning to work after a mental health episode often find it a positive experience.

Returning to work provides a number of potential benefits including:

- A new sense of purpose
- Financial security
- A sense of identity
- Being surrounded by friends/colleagues and the opportunity to socialise.
- Structure to the day
- Accessing emotional support from colleagues
- Improved self-esteem
- Feeling of involvement in society.

¹¹⁵ https://www.mind.org.uk/information-support-your-stories/4-key-things-about-returning-to-work-when-having-mental-health-problems/#.Xf_IUXd2vD4

¹¹⁶ <https://gothinkbig.co.uk/features/the-reality-of-returning-to-work-after-taking-time-off-for-your-mental-health>

¹¹⁷ <https://www.nhs.uk/conditions/stress-anxiety-depression/returning-to-work-after-mental-health-issues/>

Chapter 8

How to provide advice and practical aid for an individual presenting with a mental health problem



MENTAL HEALTH FIRST AID SAVES LIVES

8.1 The behaviours to apply when acting as a point of contact for individuals experiencing or concerned about mental health

When acting as the point of contact for individuals seeking advice and support it is important to apply the following behaviours:

Not making judgements - Mental health conditions are often associated with guilt, self-judgement and feelings of unworthiness and are made worse by the stigma and silence they are often met with from society (Time to Change, 2017)¹¹⁸. When you are contacted for advice and support, it is imperative that you do not judge how someone is feeling and/or behaving.

Time to Change (2016)¹¹⁹ in their campaign to end the stigma over mental health refer to someone's experience of mental health difficulties where she reports feeling "so tired of being judged by people who know nothing about mental health" and quotes the things she heard from others including being called a "drama queen, crazy, not normal, unsocial, you hate people". She also refers to advice she received which includes "get over it, nothing is wrong, everyone has a bad day, stop playing the victim, you're horrible and you're mental".

When offering support as the point of contact, do not make assumptions or judgements and think carefully about your choice of words. The person you are supporting will remember what you said and also how you made them feel.

Whistleblowing - someone may disclose information which relates to the wrongdoing of managers and colleagues including potential dangers in the workplace (IBB Solicitors, 2019)¹²⁰. It is important that whistleblowing is responded to appropriately in accordance to the organisation policy and procedures whilst also treating the information as confidential and showing the individual respect for disclosing it. As above, it's also important not to be judgemental.

Maintaining confidentiality - being a point of contact requires you to think about confidentiality. The individual may be concerned about disclosing information and asking for help in fear it may be relayed to senior management and others in the organisation. Reassure them the information will be treated in confidence and you will only share it with the individual's permission (Bupa, 2019)¹²¹. If the individual is at risk of serious harm or at risk of harming others, then seeking help from professionals and from others in the organisation can be appropriate (see your policy and procedures).

Listen and offer reassurance - listening can be very helpful and it is important to give someone space to talk so you can understand how they may be feeling and advise them if appropriate. Someone asking for help is a big step and they can feel lonely and scared. Reassure them that they are not alone and you are there to help (Mind, 2019)¹²².

¹¹⁸ <https://www.time-to-change.org.uk/blog/mental-illness-hard-enough-without-all-judgement>

¹¹⁹ <https://www.time-to-change.org.uk/blog/no-one-chooses-mental-illness-so-stop-judging>

¹²⁰ <https://www.ibblaw.co.uk/insights/blog/5-things-you-need-know-about-whistleblowing-workplace>

¹²¹ <https://www.bupa.co.uk/health-information/workplace-mental-health/supporting-employees-mental-health/talking-about-mental-health-problems>

¹²² <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/helping-someone-else-seek-help/#.XhCaEXd2vD5>

Every mental health condition is different. People can have more than one disorder and the symptoms sometimes overlap. The following are signs (something you can see/observe) and symptoms (what the person describes) commonly associated with different mental health disorders.

| Mental health condition | Behavioural sign/symptom | Physical sign/symptom |
|---|---|---|
| Depression stage | | |
| Bipolar disorder (NHS, 2019)¹²³ | <ul style="list-style-type: none"> ➤ Feeling sad, hopeless & irritable ➤ Lacking energy ➤ Difficulty concentrating ➤ Difficulty remembering things Loss of interest in day to day life ➤ Feelings of guilt and despair ➤ Self-doubt ➤ Suicidal thoughts. | <ul style="list-style-type: none"> ➤ Delusional ➤ Having hallucinations ➤ Illogical thinking ➤ Lack of appetite ➤ Difficulty in sleeping ➤ Waking up early. |
| Mania stage | | |
| | <ul style="list-style-type: none"> ➤ Feeling really happy ➤ Feeling full of energy ➤ Feeling self-important ➤ Feeling full of ideas ➤ Disturbed/illogical thinking ➤ Not feeling like sleeping. | <ul style="list-style-type: none"> ➤ Talking very quickly ➤ Easily distracted ➤ Easily irritated ➤ Easily agitated ➤ Being delusional ➤ Having hallucinations ➤ Not eating ➤ Making large financial purchases ➤ Risky behaviour. |
| "Bipolar disorder is characterised by extreme mood swings. These can range from extreme highs (mania) to extreme lows (depression)". (NHS, 2019)¹²⁴ | | |
| Eating disorders (NHS, 2018)¹²⁵ | <ul style="list-style-type: none"> ➤ Feeling tired ➤ Feeling cold ➤ Worrying about food ➤ Worrying about weight and body shape ➤ Having very strict habits or routines around food. | <ul style="list-style-type: none"> ➤ Problems with digestion ➤ Fluctuations in weight ➤ No menstrual cycle ➤ Eating little food ➤ Forcing self to vomit after eating ➤ Exercising too much ➤ Mood changes ➤ Taking laxatives after food. |
| "An eating disorder is when you have an unhealthy attitude to food, which can take over your life and make you ill". (NHS, 2018)¹²⁶ | | |

¹²³ <https://www.nhs.uk/conditions/bipolar-disorder/>

¹²⁴ <https://www.nhs.uk/conditions/bipolar-disorder/symptoms/>

¹²⁵ <https://www.nhs.uk/conditions/eating-disorders/>

¹²⁶ <https://www.nhs.uk/conditions/eating-disorders/>

| Mental health condition | | |
|--|---|--|
| Trauma related disorders e.g. PTSD (NHS, 2019)¹²⁷ | <ul style="list-style-type: none"> ➤ Flashbacks ➤ Nightmares ➤ Thinking about distressing images ➤ Negative thoughts ➤ Avoiding certain people ➤ Isolated ➤ Avoiding talking about the experience ➤ Withdrawn. | <ul style="list-style-type: none"> ➤ Pain ➤ Trembling ➤ Feeling sick ➤ Sweating ➤ Not sleeping ➤ Irritable ➤ Angry outbursts ➤ Difficulty concentrating ➤ Self-harm ➤ Drug misuse ➤ Alcohol misuse ➤ Headaches ➤ Chest pains. |
| Substance abuse disorders | <p>Behaviours seen with substance abuse disorder:</p> <ul style="list-style-type: none"> ➤ Having to use the drug regularly ➤ Compulsive drug seeking ➤ Failing in attempts to stop using the drug ➤ Making certain that a supply of the drug is maintained ➤ Spending more money on the drug than can be afforded ➤ Doing things to obtain the drug that are out of character (such as stealing) ➤ Needing the drug to deal with problems ➤ Driving or taking risks when under the influence of the drug ➤ Spending more and more time and energy on getting and using the drug. <p>(South London and Maudsley NHS Trust, 2018)¹²⁸</p> | |
| Depression (NHS, 2018)¹²⁹ | <ul style="list-style-type: none"> ➤ Feeling sad ➤ Anxious ➤ Feel angry ➤ Feel frustrated ➤ Low self-esteem ➤ Not getting enjoyment from life ➤ Feeling hopeless ➤ Difficulty making decisions ➤ Suicidal thoughts. | <ul style="list-style-type: none"> ➤ Unable to sleep ➤ More tired than normal ➤ Not able to concentrate ➤ Self-harm. |
| Psychosis | <p>The two main symptoms of psychosis according to the NHS (2018)¹³⁰ are:</p> <ul style="list-style-type: none"> ➤ Hallucinations - where a person hears, sees and, in some cases, feels, smells or tastes things that do not exist outside their mind but can feel very real to the person affected by them; a common hallucination is hearing voices ➤ Delusions - where a person has strong beliefs that are not shared by others; a common delusion is someone believing there's a conspiracy to harm them. <p>The combination of hallucinations and delusional thinking can cause severe distress and a change in behaviour.</p> | |
| "Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions." (NHS, 2019)¹³¹ | | |

¹²⁷ <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/symptoms/>

¹²⁸ <https://www.slam.nhs.uk/patients-and-carers/mental-health-conditions/addiction/drug-addiction>

¹²⁹ <https://www.nhs.uk/conditions/stress-anxiety-depression/low-mood-and-depression/>

¹³⁰ <https://www.nhs.uk/conditions/psychosis/>

¹³¹ <https://www.nhs.uk/conditions/psychosis/>

| Mental health condition | |
|---|--|
| Self-harm (NHS, 2018)¹³² | <p>Types of self-harm include:</p> <ul style="list-style-type: none"> ➢ Cutting their skin ➢ Burning their skin ➢ Injuring themselves e.g., punching ➢ Taking an overdose e.g., drugs. <p>Signs of self-harm:</p> <ul style="list-style-type: none"> ➢ Unexplained injuries to the wrists, arms, chest and thighs e.g., cuts, bruises and burn marks ➢ Keeping covered at all times especially in the summer ➢ Signs of depression ➢ Expressing an intent to injure themselves ➢ Becoming withdrawn ➢ Thin hair- including pulling out their hair ➢ Not speaking to others. |
| "Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress." (NHS, 2018)¹³³ | |
| Obsessive compulsive disorder (OCD) | <p>Obsessive thoughts</p> <p>Examples:</p> <ul style="list-style-type: none"> ➢ The fear of deliberately harming self and others ➢ The fear of harming self or others by mistake ➢ The fear of contaminating self and others with diseases and infections ➢ The need for order and cleanliness. <p>Compulsive behaviour</p> <p>Examples:</p> <ul style="list-style-type: none"> ➢ Regularly cleaning and hand washing ➢ Regularly checking doors, taps, the gas etc are all secure/off ➢ Hoarding ➢ Seeking reassurance from others ➢ Avoiding places and situations that could trigger obsessive thoughts. |

The NHS (2018)¹³⁴ state that "obsessive compulsive disorder (OCD) affects people differently, but usually causes a particular pattern of thoughts and behaviours.

OCD has 3 main elements:

- Obsessions - where an unwanted, intrusive and often distressing thought, image or urge repeatedly enters your mind
- Emotions - the obsession causes a feeling of intense anxiety or distress
- Compulsions - repetitive behaviours or mental acts that a person with OCD feels driven to perform as a result of the anxiety and distress caused by the obsession.

The compulsive behaviour temporarily relieves the anxiety, but the obsession and anxiety soon return, causing the cycle to begin again."

¹³² <https://www.nhs.uk/conditions/self-harm/>

¹³³ <https://www.nhs.uk/conditions/self-harm/>

¹³⁴ <https://www.nhs.uk/conditions/obsessive-compulsive-disorder-ocd/symptoms/>

| Mental health condition | |
|-------------------------|---|
| Anxiety | <p>It is estimated that 5.9% of adults in England have anxiety (The Mental Health Foundation, 2018)¹³⁵.</p> <p>Signs and symptoms of anxiety:</p> <p>Effects on the body</p> <p>Some common effects on the body may include:</p> <ul style="list-style-type: none"> ➢ A churning feeling in your stomach ➢ A fast, thumping or irregular heartbeat ➢ Changes in your sex drive ➢ Faster breathing ➢ Feeling light-headed or dizzy ➢ Feeling restless or unable to sit still ➢ Grinding your teeth, especially at night ➢ Having panic attacks. ➢ Headaches, backache or other aches and pains ➢ Nausea (feeling sick) ➢ Needing the toilet more or less often ➢ Pins and needles ➢ Problems sleeping ➢ Sweating or hot flushes. <p>(Mind, 2019)¹³⁶</p> <p>Effects on the mind</p> <p>Some common effects on the mind may include:</p> <ul style="list-style-type: none"> ➢ Feeling tense, nervous or unable to relax ➢ Having a sense of dread, or fearing the worst ➢ Feeling like the world is speeding up or slowing down ➢ Feeling like other people can see you're anxious and are looking at you ➢ Feeling like you can't stop worrying, or that bad things will happen if you stop worrying ➢ Worrying about anxiety itself, for example worrying about when panic attacks might happen ➢ Wanting lots of reassurance from other people or worrying that people are angry or upset with you ➢ Worrying that you're losing touch with reality ➢ Rumination - thinking a lot about bad experiences, or thinking over a situation again and again ➢ Depersonalisation - feeling disconnected from your mind or body, or like you're watching someone else (this is a type of dissociation) ➢ Derealisation - feeling disconnected from the world around you, or like the world isn't real (this is a type of dissociation) ➢ Worrying a lot about things that might happen in the future. <p>(Mind, 2019)</p> |

¹³⁵ <https://www.mentalhealth.org.uk/a-to-z/a/anxiety>

¹³⁶ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/anxiety-symptoms/#.Xf1Chnd2vD4>

8.3 How to conduct a risk assessment prior to offering advice or support to an individual presenting with a mental health problem

Assessing for danger (risk) is an important role of the Mental Health First Aider. This is to ensure the safety of the First Aider, the individual and others.

Firstly, the First Aider must undertake a quick dynamic (on the spot) risk assessment based on the information that they have heard and/or seen.

They need to balance the following:

| Hazard | Risks |
|---|--|
| A hazard is anything that can cause harm. | A risk is the likelihood of the hazard causing harm. |
| Examples include: <ul style="list-style-type: none"> ➢ Threatening to take their own life ➢ Threatening to take an overdose ➢ Threatening to self-harm with a knife ➢ Using violence towards staff and/or the public ➢ Driving under the influence of drugs and/or alcohol ➢ Thinking about taking their own life. | Risks are typically categorised as low, medium and high. Low - unlikely anything will happen Medium - there is a possibility harm could happen High - very likely harm will happen |

Examples of hazards and their risks:

| Hazard | Low | Medium | High |
|---|-----|--------|------|
| Self-harming with a knife | | | Yes |
| Talking about taking their own life | | Yes | |
| Asking for help with suicidal thought's | | Yes | |
| Using pain killers for headaches | Yes | | |

Every hazard and risk must be assessed on its own merits. It is important that the Mental Health First Aider know the limits of their role. If the hazard and the risk is high or if the Mental Health First Aider is unsure or unclear, professional

help must always be sought e.g. the Police, A&E, GP, Ambulance Service, NHS 111 etc.

8.4/5 The different sources of advice and practical aid available for an individual presenting with a mental health episode

It is human nature for us to help someone but with mental health it is important that we keep to the limits of our knowledge and training. It is important not to offer a diagnosis (only a health professional can do this).

When someone presents with a mental health episode, there is a number of different sources of advice and guidance they can access.

Self-help advice you could advise includes:

- Write the feelings down in a diary (a mood diary)
- Avoiding any alcohol Eating healthy foods Get out into fresh air
- Take some exercise such as walking, yoga, swimming

- Listening to music
- Reading a book
- Listening to a podcast
- Speak to a friend/family member
- Get some sleep
- Speaking to a professional for advice
- Relaxation such as walking the dog, taking a bath, gardening.

Sometimes self-help advice is not appropriate or enough. Accessing professional help may be important and helpful. These could include:

| Internal (employer) | External |
|--|--|
| <ul style="list-style-type: none"> ➤ Counselling - through an employee assistance programme ➤ Occupational Health ➤ Employee Assistance Programme ➤ Senior Managers. | <ul style="list-style-type: none"> ➤ Counselling ➤ Own Doctor (GP) ➤ The Samaritans (24 hours) ➤ NHS 111 (24 hours) ➤ NHS Every Mind Matters ➤ Mind ➤ The Mental Health Foundation ➤ Community mental health team (if under their care) ➤ The Ambulance Service ➤ Accident and Emergency Department. |

Further information on mental health advice charities:

- **Samaritans** - a telephone support line
www.samaritans.org for personal support
- **The Mental Health Foundation** - a charity with a website and telephone line providing general advice:
www.mentalhealth.org.uk
- **Mind** - a charity with a website and telephone line providing general advice www.mind.org.uk
- **Rethink Mental Illness** - a charity with a website and telephone line providing general advice www.rethink.org
- **Turning Point** - www.turning-point.co.uk/
- **Have I got a problem** - a support website:
www.haveigotaproblem.com
- **NHS Every Mind Matters** -
www.nhs.uk/oneyou/every-mind-matters/

Chapter 9

How to provide advice and support for someone with stress



MENTAL HEALTH FIRST AID SAVES LIVES

9.1 How to encourage an individual to talk about their stress

Good stress management is important in the workplace (Mind, 2016)¹³⁷. There are 11 million sick days lost each year because of work-related stress and nearly 500,000 people report that stress makes them feel ill (Bupa, 2018)¹³⁸.

The impact of stress is summarised below (Stress Management Society, 2019)¹³⁹.

| Cognitive | Emotional | Physical | Behavioural |
|--|---|--|--|
| <ul style="list-style-type: none"> ➢ Memory problems ➢ Poor Judgement ➢ Inability to Concentrate 'Brain Fog' ➢ Indecision ➢ Starting many tasks but achieving little ➢ Self-doubt. | <ul style="list-style-type: none"> ➢ Depression ➢ Moodiness ➢ Irritability ➢ Fatalistic thinking ➢ Panic ➢ Cynicism ➢ Anxiety ➢ Feeling Overwhelmed ➢ Frustration. | <ul style="list-style-type: none"> ➢ Chest Pain ➢ Rapid Heartbeat ➢ Aches and Pains ➢ Frequent Colds ➢ Skin Complaints ➢ Indigestion ➢ High Blood Pressure. | <ul style="list-style-type: none"> ➢ Increase in alcohol, cigarettes and caffeine ➢ Isolating self from others ➢ Sleeping too little or too much ➢ Demotivated ➢ Loss of sense of humour. |

Talking about stress in the workplace

It has been recognised that talking about stress is important to enable it to be effectively managed (HSE, 2019)¹⁴⁰.

The following are useful tips to encourage the conversation about stress in the workplace:

➢ **Challenges at work and the impact of their stress** - The Mental Health Foundation view stress as a contributor to burn out and serious mental health problems if it is not addressed earlier enough (2018). The workplace is challenging with deadlines, customer expectations, supplier issues, staff holidays/absences, the financial climate, manager expectations etc. Challenges at work can manifest and cause stress at such a level than it can overpower staff. Managers must recognise the pressures the workplaces place on its employees and be understanding and supportive when they are asked for help.

➢ **Allow them to be open about their personal difficulties** - life is not perfect and everyone has their own difficulties. Pressures at home and within families can often be difficult to cope with and this can impact the levels of stress we can tolerate. The HSE advise employees to tell their employers about their problems so early action can be taken which in the long term can prevent them becoming unwell (2018)¹⁴¹.

Encourage the individual to recognise the signs and

symptoms of their stress - provide awareness sessions to staff on recognising the signs and symptoms of stress and provide self-help tools to assist them with these. Encourage the staff member if they are not coping to see their manager for support. Evidence widely suggests that pressures from a demanding working culture is the biggest contributor of stress (Mental Health Foundation, 2018)¹⁴².

➢ **Make time for discussion and create an open dialogue** - the earlier a problem is identified the better. Ask the staff member "Are you OK?" Encourage staff to speak to their managers if they are having stress problems (HSE, 2019)¹⁴³. Encourage managers to spot the signs of stress and proactively encourage the conversation about what the organisation can do.

ACAS (2018)¹⁴⁴ advise that if approached by a staff member about the impact of stress that the manager should do the following as good practice:

- Move the conversation to a private space, where they will not be disturbed (if not already somewhere appropriate)
- Thank the team member for coming to them and letting them know
- Be patient and allow them as much time as they need to talk about it
- Remain focused on what they say
- Be open minded
- Try to identify what the cause is
- Think about potential solutions.

¹³⁷ https://www.mind.org.uk/information-support/tips-for-everyday-living/workplace-mental-health/work-and-stress/#.XhC_and2vD4

¹³⁸ <https://www.bupa.co.uk/health-information/mental-health/stress-workplace>

¹³⁹ <https://www.stress.org.uk/how-it-affects-us/>

¹⁴⁰ <https://www.hse.gov.uk/stress/what-to-do.htm>

¹⁴¹ <https://www.hseni.gov.uk/articles/stress-and-mental-health-work-and-home-good-practice>

¹⁴² <https://www.hseni.gov.uk/articles/stress-and-mental-health-work-and-home-good-practice>

¹⁴³ <https://www.hse.gov.uk/stress/what-to-do.htm>

¹⁴⁴ <https://archive.acas.org.uk/index.aspx?articleid=6062#Whyshouldemployerstrytoreducethecausesofstressatwork>

9.2 How to identify the triggers of an individual's stress

As a whole, **stress within an organisation** can be identified by management through the following signs:

- Having a high turnover of staff
- Increased levels of staff absence through sickness
- Employees working long hours
- Employees not taking their full holiday entitlement
- Reduced productivity.

(Stress Management Society, 2019)¹⁴⁵

Identifying **stress in individual** employees requires proactive management and a culture of openness. If employees feel they can approach their management this can provide useful information for proactive steps to be taken to reduce the effects of stress for the individual and potentially across the organisation.

Employers are required by Health and Safety Legislation to assess the risks of stress in their workplace and take reasonable steps to reduce it in order to protect their employees (HSE, 2018)¹⁴⁶.

The HSE also suggest the following are signs of stress within teams:

- Frequent arguments
- High levels of staff turnover
- Frequent reports of stress from staff
- Increased complaints and grievances
- Decreased levels of performance.

Whereas these signs indicate that there is stress within the organisation and/or team, the cause of stress for an individual can vary due to a multitude of factors.

The University of Cambridge (2018)¹⁴⁷ indicate the stressors for individuals can be the following:

- **Overload** - factors such as unrealistic targets, insufficient staff, technology overload.
- **Control** - lack of control over the work they do, lack of involvement in making decisions, ideas not being listened to, lack of time.
- **Working relationships** - managers with an aggressive style, lack of support from their colleagues, bullying and harassment, others in the team taking credit for work completed, poor relationships with colleagues, lack of understanding.
- **Job security** - lack of job security e.g. threat of redundancy, temporary contract, zero hours contract etc

- **Work-life balance** - frequent unsocial hours, excessive travel time, long working hours, inflexible working conditions.
- **Resources and communication** - inadequate training to do the job, lack of information about what is going on at the organisation, lack of feedback on job performance, insufficient equipment to do the job.

These stressors can overwhelm employees and therefore cause them to develop stress which can affect their lives. The HSE (2018)¹⁴⁸ indicate that recognising stress in an employee usually starts with a change in how they behave (signs of stress). As a result, the following may be noticed:

- The employee taking more time off work
- Frequent lateness
- Being nervous at work
- Having mood swings
- Becoming withdrawn
- Loss of confidence and/or motivation
- Changes in emotions e.g. tearful, angry, aggressive.

If stress has been recognised (it is not always identifiable), it is important to identify any triggers of the stressors through a conversation with the employee and gather information for the organisation to use to reduce the levels of stress.

¹⁴² <https://www.hseni.gov.uk/articles/stress-and-mental-health-work-and-home-good-practice>

¹⁴³ <https://www.hse.gov.uk/stress/what-to-do.htm>

¹⁴⁴ <https://archive.acas.org.uk/index.aspx?articleid=6062#Whyshouldemployerstrytoreducethecausesofstressatwork>

¹⁴⁵ <https://www.stress.org.uk/recognising-workplace-stress/>

¹⁴⁶ <https://www.hse.gov.uk/stress/signs.htm>

¹⁴⁷ <https://www.hr.admin.cam.ac.uk/policies-procedures/managing-stress-and-promoting-wellbeing-work-policy/policy-statement/causes-work>

¹⁴⁸ <https://www.hse.gov.uk/stress/signs.htm>

9.3 How to provide support to an individual to alleviate their stress

In the workplace employees should feel they are able to cope with the demands and pressures of the role, the workload should be manageable within the working hours allocated, the employee should have the knowledge and skills to do what is asked and any concerns about the work environment should be addressed by managers (HSE, 2019)¹⁴⁹.

The following suggestions by the Health and Safety Executive are ways an individual could be supported to alleviate stress in the workplace:

- Allow regular breaks- especially when the work is emotionally demanding and/or complex in nature
- Consider changes to the start and finish of the working day to allow employees to cater for their family life
- Hold regular team meetings to assess progress and identify any needs
- Provide employees with training to identify stress
- Communicate early about changes to workload and deadlines
- Consider the introduction of a work/life balance policy
- Undertake a risk assessment of the working environment to identify stress issues and take proactive steps to reduce it from impacting employees
- Allow employees to have control over projects and how they work
- Talk about the way decisions are made in the organisation
- Actively encourage employees to be involved in the decision-making processes of the organisation
- Allocate responsibility to teams rather than individuals
- Talk with employees about how they would like to use their skills
- Develop personal development plans with employees. Ask them to think about the skills they would like to develop.
- Hold one to one meetings with employees to talk about any work-related pressures
- Consider teaming up employees as 'buddies' or offer work shadowing schemes to allow a better understanding of other roles
- Talk about the ways the organisation can support employees with problems at home
- Offer access to counsellors
- Offer an employee assistance programme (allows the employee 24/7 access to advice and support for their emotional and welfare needs both inside and outside of work)
- Provide training for employees to deal with conflict
- Share information about the support available for employees
- Communicate with employees about policies and procedures
- Find ways to celebrate success
- Encourage employees to socialise together
- Give all new employees a thorough induction
- Display any departmental targets
- Introduce and revise job descriptions
- Consult employees early about change
- Use different types of communication and don't rely on just one e.g. email, intranet, newsletters, social media etc.
- Provide self-help strategies such as reading, listening to music, exercise, healthy eating, using relaxation apps etc.
- Promoting mindfulness - paying attention to the present to your own thoughts and feelings and the world around you. Mindfulness is about living in the moment (NHS, 2019)¹⁵⁰.

¹⁴⁹ <https://www.hse.gov.uk/go/home/healthy/assets/docs/StressTalkingToolkit.pdf>

¹⁵⁰ <https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>

9.4 Different sources of support an individual can be signposted towards

The Mental Health First Aider can support an individual by signposting them towards other professionals for help.

The employee's own General Practitioner (GP) is the gatekeeper for accessing and referring on to a wide range of professionals who can help with their mental health and typically will be the place the Mental Health First Aider should signpost initially. If the employee has mental health support in place e.g. a crisis team then they would be more appropriate.

Counselling may be available usually through employee assistance programmes where a referral is made to a contracted organisation.

The employee can self-refer for talking therapies or can do so via a GP referral. Further details can be found on the NHS website:

www.nhs.uk/service-search/find-a-psychological-therapies-service/

Examples of the types of professionals and therapy include:

| Source of support | Description |
|--|---|
| General practitioner (GP) | <p>The GP is often a point of information and able to recommend different services depending on each person's needs.</p> <p>If appropriate, the GP can prescribe medication for some mental health conditions to help manage the condition.</p> <p>In a mental health crisis, an emergency appointment can be arranged with the GP.</p> |
| Counselling | Assistance by a trained therapist who guides and supports to deal with personal and/or mental health problems. |
| A psychologist | A psychologist is a trained professional specialising in mental health problems and their diagnosis, management and prevention. |
| Cognitive behaviour therapy (CBT) | CBT is a talking therapy that can help manage problems by changing the way we think and behave. It's most commonly used to treat anxiety and depression but can be useful for other mental and physical health problems. |
| Psychotherapy | Psychotherapists help people to overcome stress, emotional and relationship problems or troublesome habits. |
| Creative therapy | This is a type of therapy which encourages people to express their feelings through arts such as drawing and painting. Instead of talking about how they are feeling, they can express it through creative therapy. |
| Community mental health Team | <p>Community mental health teams can provide support during a mental health crisis for patients with more complex or long-term mental health problems and work with the patient to improve their condition at home.</p> <p>A patient is referred by the GP and given an emergency number to call in the event of a crisis.</p> |

Chapter 10

How to create a positive mental health culture



10.1 Methods to ensure colleagues are aware of current mental health issues and the role of the mental health first aider

Change within organisations starts from the top in the form of senior management. Mind (2017)¹⁵¹ say getting senior leaders on-board is key as they can progress the mental health agenda and colleagues take their cues from their leaders. Senior leaders are not solely responsible for raising mental health awareness but it's also a team effort including line managers, human resources staff and colleagues.

Senior leaders can promote mental health by:

- Speaking about mental health and promoting its importance in the workplace
- Encourage employees to take their lunch breaks and to achieve a good work life balance
- Sign up to the Time to Change Employer pledge - a commitment to changing the way mental health is thought about in the workplace. This is based on the principles of the Thriving at Work 2017 project and is evidence based to make positive changes
- Listening and responding to employees concerns and feedback.

Suggestions to raise awareness include:

- Develop an action plan (Time to Change Employer pledge includes this)
- Within the employee inductions to the organisation include a session on mental health and introduce the Mental Health Responders and First Aiders (also provide their contact details)
- Promote the support available from the organisation including its policy and procedures
- Provide all employees with mental health awareness training
- Recruit Mental Health Responders and First Aiders and promote their roles and make them identifiable. Examples include listing alongside First Aiders on workplace signage, providing badges, updating email signatures.
- Run internal awareness campaigns e.g. mental health day
- Share and signpost reliable mental health information e.g. websites, booklets, articles, stories etc amongst the team.

Mind (2017) refer to mental health in workplace as the 'elephant in the room' where employees are often afraid to speak about it to their managers.

¹⁵¹ <https://www.mind.org.uk/media/25263166/how-to-implement-the-thriving-at-work-mental-health-standards-final-guide-online.pdf#>

10.2 The potential impact of mental health conditions on individuals and the organisation

If mental health conditions are not managed well, they can seriously impact the individual and the organisation they work or volunteer for.

The potential impact for individuals includes:

- **Difficulty in finding employment or maintaining employment** - people who experience serious mental illness have the lowest employment rates and more than double at risk of losing a job compared to someone without a mental health condition (Sainsbury Centre for Mental Health, 2009)¹⁵²
- **Experience lack of understanding of the mental health condition they have** - mental health conditions can destroy lives at an early age and have an impact on the individual, their family and employer for the rest of their lives (Mental Health Foundation, 2015)¹⁵³. The Nuffield Trust report that individuals with serious mental illnesses die on average 10-17 years earlier than the rest of the population (2015)¹⁵⁴.
- **Prejudice and discrimination** - No one should ever be made to feel ashamed or embarrassed in any way about their mental health (End Mental Health Discrimination, 2019)¹⁵⁵ but so many individuals are affected by society's strong stigma towards mental health illness (Mental Health Foundation, 2019)¹⁵⁶.
- **Lack of sleep** - sleep is so important and affects not only our physical but our mental health, yet mental health conditions disrupt our sleep and can therefore make them worse (National Sleep Foundation, 2019)¹⁵⁷.
- **Worry** - mental health problems can impact on the ability to live life fully and cause an overwhelming state of worry, feeling tense and even afraid. This makes the body respond as if it is under attack (sometimes referred to as a 'fight or flight' response). (Mind, 2017)¹⁵⁸. Lack of sleep can also heighten a state of worry.
- **Social isolation** - mental health conditions can cause social isolation due to lack of understanding from society and also the impact of the condition itself. Social isolation can be caused by having no friends, estranged from family, experienced discrimination and stigma are just a few examples. Anxiety and depression has been proved to cause some people to isolate themselves from their family, friends and colleagues and therefore socially cut them off from their lives (Mind, 2019)¹⁵⁹.

- **Long term physical medical conditions (such as diabetes, cardiovascular disease, chronic pain)** - The Royal College of Nursing (2019)¹⁶⁰ recognise that people with mental health conditions are more likely to have a medical condition and die earlier than the rest of the population. There is inequality around physical and mental health and the Government is striving to ensure that they are treated equally (referred to as the parity of esteem). Rethink Mental Illness refer to this as one of the biggest injustices of our time (2019)¹⁶¹.

The potential impact of mental health on organisations includes (The Mental Health Foundation, 2016)¹⁶²:

- One in six experience mental health problems in the workplace
- Nearly 13% of all sickness days per year are mental health related
- Women in full time employment are nearly twice as likely to have a common mental health problem compared to men
- Poor performance- lack of productivity, poor decision making, arguments with colleagues - impacts the organisation. The BBC (2017)¹⁶³ reports up to 300,000 people each year leave their job due to mental health problems. Performance is affected and this impacts the employer and the employee.
- Staff turnover, sickness and productivity cost employers 42 billion pounds in the UK according to the Thriving at Work review (2017)¹⁶⁴.

¹⁵² <http://www.ohrn.nhs.uk/resource/policy/TheFactsaboutMentalHealth.pdf>

¹⁵³ <https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2015>

¹⁵⁴ https://www.nuffieldtrust.org.uk/research/focus-on-people-with-mental-ill-health-and-hospital-use?gclid=Cj0KCQiAr8bwBRD4ARlsAHA4YyJuO-FQjA9FRmj76TTOz-r0RsrDrOlKIU87vzjYBfOWibNFQ8vCug8aAq_9EALw_wcB

¹⁵⁵ <https://www.seemescotland.org/stigma-discrimination/understanding-mental-health-stigma-and-discrimination/>

¹⁵⁶ <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination>

¹⁵⁷ <https://www.sleepfoundation.org/excessive-sleepiness/health-impact/complex-relationship-between-sleep-depression-anxiety>

¹⁵⁸ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/#.XhHWfHd2vD4>

¹⁵⁹ <https://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/#.XhHXond2vD4>

¹⁶⁰ <https://www.rcn.org.uk/clinical-topics/mental-health/physical-health-in-mental-illness>

¹⁶¹ <https://www.rethink.org/get-involved/campaign-with-us/influencing-the-nhs/physical-health-resources-for-healthcare-professionals/>

¹⁶² <https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016>

¹⁶³ <https://www.bbc.co.uk/news/health-41740666>

¹⁶⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

10.3 Suggestions for colleagues to discuss mental health in the workplace

Creating awareness of mental health is important and encouraging colleagues to discuss mental health is equally as important. Mind (2019)¹⁶⁵ advocate employee engagement as it benefits everyone including the financial bottom line of the organisation. If employees' mental health and well-being is cared for then it can be positive in reducing absenteeism, increasing staff morale, increasing loyalty, increasing productivity and even profits. It is important to note that employees are three times more likely to talk about their physical health than their mental health. A survey found that only 14% of 2000 people would feel comfortable to discuss their mental health (Personnel Today, 2019)¹⁶⁶.

There are different ways to discuss mental health in the workplace.

For example:

- Encourage the use of staff surveys on mental health and well-being to gauge the views of employees (the results can be used to meet the needs of employees)
- Encourage teams to discuss the mental health policy and help shape its design and redevelopment
- Encourage open conversations about mental health within teams
- Provide employees with information e.g., booklets, leaflets, links to websites
- Deliver mental health awareness sessions
- Encourage discussions with Mental Health Responders and First Aiders
- Bring in speakers on the topics of mental health and encourage discussion within the team and the organisation
- Promote mental health awareness days in the calendar (e.g. mental health week)
- Reinforce that mental health is protected in law and employees are entitled to reasonable adjustments to be made
- Encourage occupational health teams to provide talks on what they offer employees
- Provide self-help tools to manage stress and mental health
- Encourage healthy eating and health habits.

¹⁶⁵ https://www.mind.org.uk/media/43247/Resource1_Mentally_Healthy_workplacesFINAL_pdf.pdf

¹⁶⁶ <https://www.personneltoday.com/hr/mental-health-conversations-at-work/>

Chapter 11

Stages of an action plan which supports a mental health episode/crisis



MENTAL HEALTH FIRST AID SAVES LIVES

11.1 The stages of a mental health episode action plan

Below are stages to follow in the event of a mental health episode:

| | | |
|----------|-------------------------------------|---|
| | | STOP: ➤ Assess for any danger to yourself, the individual and others DO NOT put yourself in any danger Call 999 immediately for the Police if there is any danger |
| D | Danger | Dangers to consider (examples): ➤ Traffic ➤ Height e.g., building ➤ Electricity ➤ Weapons ➤ Body fluids e.g., blood Physical threats from the patient. |
| | | Is there an imminent risk to life? |
| | | ➤ Catastrophic bleeding ➤ Actively attempting to take their own life ➤ Active self-harming ➤ Unresponsive. If safe to do so, provide immediate first aid treatment and call 999. |
| R | Recognise an emergency | Is there a medical emergency? |
| | | ➤ Difficulty in breathing ➤ Hyperventilating/panic attack ➤ Poisoning/Overdose ➤ Shock ➤ Minor injuries ➤ Emotional distress. |
| E | Empathy | ➤ Introduce yourself Show empathy Try to understand how the individual may be feeling Be patient and calm. |
| F | Find out their symptoms | ➤ Be non-judgemental ➤ Find out the individual's symptoms if they consent ➤ Consider what to say/not to say. |
| G | Give reassurance and support | ➤ Reassure and support ➤ If the individual wants to access self-help ➤ If the patient wants access to professional help. |

11.2 The different types of danger to consider

When assessing for danger it is important to assess for dangers to self, the individual and colleagues/members of the public.

Use your senses - what can you see, what you can hear and what you can smell.

Some of the below are the types of possible dangers but it is to illustrate that dangers are different, and you must always make a thorough assessment of all potential dangers and take steps to minimise the risk.

If there is danger present that is highly likely to cause harm, call the emergency services on 999 immediately.

| Types of danger | Examples |
|-------------------------|---|
| Traffic | ➢ The individual running out in front of cars and other motor vehicles. |
| Heights | ➢ Threatening to jump off a building ➢ Threatening to jump out of a window ➢ Sitting on the edge of a window ➢ Sitting on the edge of a building. |
| Electricity | ➢ Any electrical cables/leads ➢ Electricity and water are also dangerous combinations. |
| Weapons | ➢ Anything being used as a weapon to injure themselves (self-harm) or others e.g., a knife, a blade, a razor, glass ➢ Anything being used as a weapon to threaten or injure self or others. Examples include a bladed weapon, metal bars, keys, fire extinguishers, workplace equipment. |
| Body fluids | ➢ Blood caused by an accident or self-harm injury e.g. cutting with a blade/knife ➢ Faeces caused by human excrement ➢ Urine ➢ Vomit ➢ Blood-borne viruses are carried by some people in their blood and can spread from person to person (HSE, 2019) ¹⁶⁷ . It's important when handling any bodily fluids to wear personal protective equipment such as gloves. |
| Physical threats | ➢ An individual threatening physical violence with their body and/or a weapon |
| Chemicals | ➢ Any chemical for example bleach, acid, petrol, paint and pesticides ➢ Chemicals pose a risk of allergic reactions, injury, explosion and fire. All can lead to death. |

¹⁶⁷ <https://www.hse.gov.uk/biosafety/blood-borne-viruses/what-are-bvv.htm>

11.3 Types of situations which pose an imminent risk to life

The following are examples of situations which pose an imminent risk to a person's life:

Catastrophic bleeding - this refers to the rapid loss of blood from the human body caused by an injury to the blood vessels. These injuries can be caused by knives, weapons, glass, machinery etc, whether intentional or not. If the blood is not controlled quickly, the individual can develop hypovolemic shock, lose consciousness and die.

Actively attempting to take their own life - if someone is trying to take their own life such as self-harming with blades, taking an overdose of medications, trying to jump off buildings or running into oncoming cars then they pose an imminent risk to their life.

Unresponsiveness - if the individual is not responding but breathing normally, their life might be at risk. There are various causes of unresponsiveness from heart problems, poisoning, strokes, diabetes, low blood pressure, dehydration, head injuries and breathing difficulties. It is difficult to establish the cause of unresponsiveness as a First Aider and early help is required.

If anyone is in danger and their life is at imminent risk, call the emergency services on 999 immediately.

11.4 Situations which are considered a medical emergency

If the individual is not responding People with mental health conditions can also have physical medical problems. Evidence from the Mental Health Foundation (2019)¹⁶⁸, shows that poor physical health can lead to mental health problems and vice versa. Some people think of the mind and the body as separate, but they are entwined.

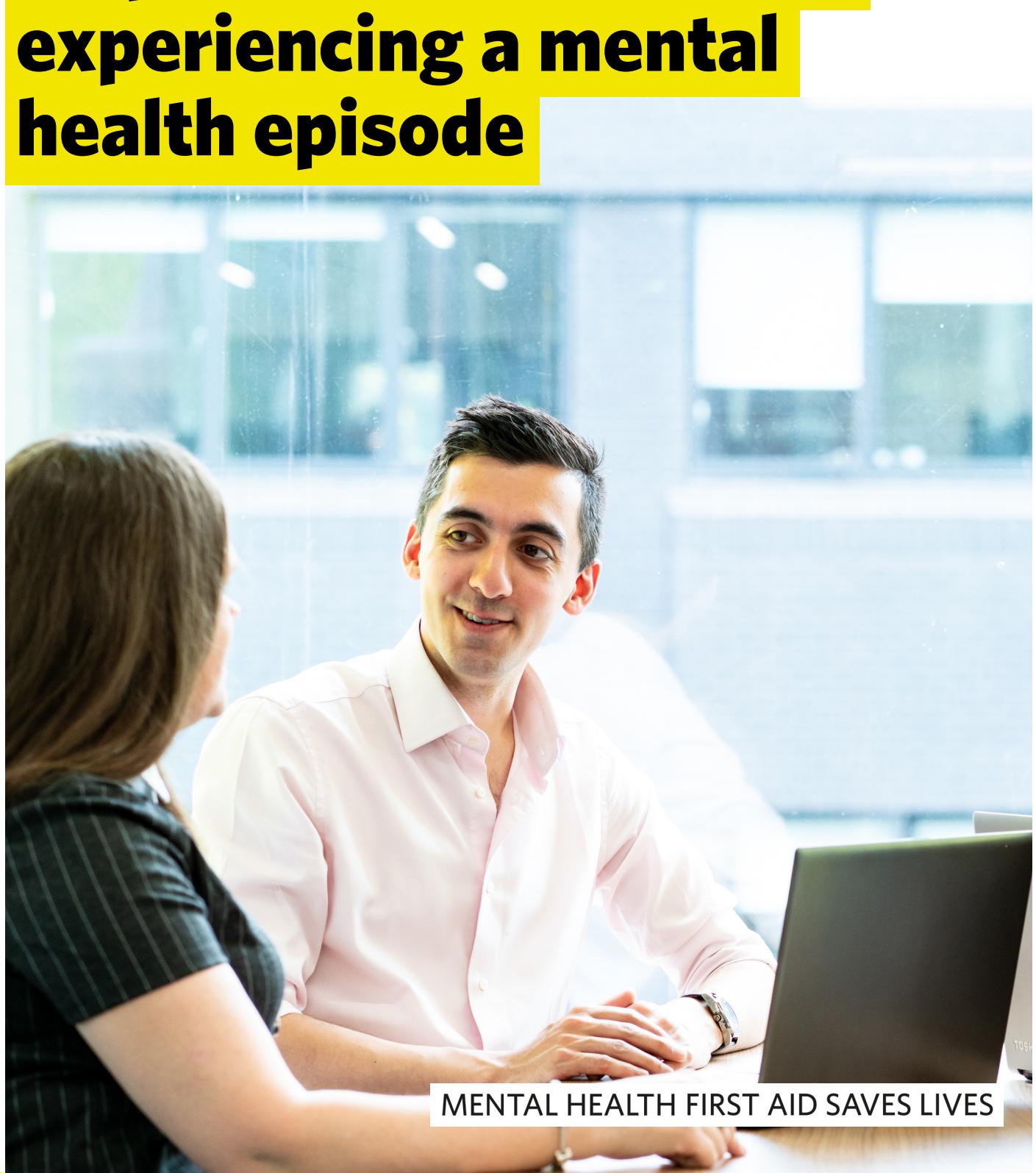
The following are examples of situations which are medical emergencies. Sometimes, medical emergencies can also be life threatening.

| Medical condition | Examples |
|--|---|
| Difficulty in breathing Can be life threatening - call 111 for advice or 999 for an ambulance | <ul style="list-style-type: none"> ➢ Hyperventilation ➢ Asthma ➢ Difficulty in getting breath ➢ Choking. |
| Poisoning/overdose Can be life threatening - call 111 for advice or 999 for an ambulance | <ul style="list-style-type: none"> ➢ Taken too many tablets e.g., paracetamol ➢ Intoxicated with alcohol and unable to self-care ➢ Swallowed corrosive chemicals e.g. bleach. |
| Shock Can be life threatening - call 111 for advice or 999 for an ambulance | <ul style="list-style-type: none"> ➢ Witnessing a traumatic incident ➢ Severe blood loss ➢ Having an allergic reaction ➢ Internal bleeding as a result of a fall or traumatic injury. |
| Minor injuries Can be life threatening - call 111 for advice or 999 for an ambulance | <ul style="list-style-type: none"> ➢ Self-harm cuts with blades and razors |

¹⁶⁸ <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

Chapter 12

Taking practical steps to respond to an individual experiencing a mental health episode



MENTAL HEALTH FIRST AID SAVES LIVES

12.1 Assessing the level of danger to the individual, self and others

If the scene is safe, approach with care and be vigilant that dangers are always present.

Safety is the number one concern. DO NOT put yourself in danger.

Assess the scene to determine if anyone is in a life-threatening situation with immediate danger, if yes then DO NOT approach but call the emergency services on 999.

Use your senses (what can you see, what can you hear and what can you smell).

Examples of the types of dangers your senses can identify:

| See | Hear | Smell |
|-------------|--------------------|-----------------------|
| Aggression | Threats being made | Smoke |
| Fire | Loud noises | Chemicals e.g. petrol |
| Weapons | Scared individuals | Cigarette smoke |
| Upset | Upset and crying | |
| Vehicles | | |
| Animals | | |
| Electricity | | |

12.2 Recognise and respond to the nature of the emergency

After assessing for danger, you need to identify if there is an emergency.

It is important to identify first if there is an emergency with is life threatening.

Life threatening emergencies include situations which pose an immediate risk to any individuals' life:

- Catastrophic bleeding
- Actively attempting to take their own life
- Actively self-harming
- Unresponsive

Help must be obtained from the emergency services by calling 999 and immediate first aid given until help arrives.

If there is no life-threatening emergency, it must then be determined if there is a medical emergency.

12.3 Empathy

Empathy is defined as “*the ability to share someone else’s feelings or experiences by imagining what it would be like to be in that person’s situation*” (Cambridge Dictionary, 2019)¹⁶⁹.

Empathy requires the Mental Health First Aider to introduce themselves and let the individual know they want to help. If the individual agrees, in order to show empathy, the Mental Health First Aider needs to be patient, ***to listen and to remain calm***.

Patience - Mind (2017)¹⁷⁰ advise to let the individual set the pace for the support they require rather than rushing to get as much information as possible about their thoughts and feelings. Don’t put pressure on them to open up as it can take a lot of courage and trust for someone to open up and you may be the first person they have talked to about their mental health (The Mental Health Foundation, 2019)¹⁷¹. Mind (2017) suggest that if the individual is finding it difficult, just let them know that you are there when they are ready.

Examples of medical emergencies include:

- Difficulty in breathing Hyperventilating/panic attack
- Poisoning/overdose
- Shock
- Minor injuries
- Emotional distress
- Burns
- Chest pain
- Stroke

If there is a medical emergency, immediate first aid should be given and if required call the ambulance service on 999.

If there is no medical or life-threatening emergency, then progress to the next stage.

Listen - Listening is an important part of empathy and the way you listen and respond may affect how much information you are told and how comfortable the individual may feel to open up (Bupa, 2019)¹⁷². It is advisable to ask simple open questions to enable the individual to answer in their own words. Silence is normal and it is also important not to interrupt when your question is being answered.

Bupa recommend the following open questions and responses:

- I’m really sorry to hear that things have been so hard.
- It sounds like you’ve been having a difficult time lately.
- I’m really pleased you’ve chosen to speak to me about this.
- How do you feel this has been affecting your work?
- Is there anything you do at the moment that helps you manage how you feel/your condition?
- Have you asked anyone for support or talked to anyone else about this?
- What kind of support do you think might help?
- What would you like to happen now?

¹⁶⁹ <https://dictionary.cambridge.org/dictionary/english/empathy>

¹⁷⁰ <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/helping-someone-else-seek-help/#.XhMz33d2vD7>

¹⁷¹ <https://www.mentalhealth.org.uk/publications/supporting-someone-mental-health-problem>

¹⁷² <https://www.bupa.co.uk/health-information/workplace-mental-health/supporting-employees-mental-health/talking-about-mental-health-problems>

The Samaritans (2019)¹⁷³ recommend the following listening tips using their SHUSH approach:

| | |
|--------------------|--|
| Show you care | Give your full attention, make good eye contact and be engaged |
| Have patience | Build trust, don't rush- if they pause, wait for their response. Patience helps create a healthy and safe environment. |
| Use open questions | Use open questions that encourage an answer rather than a simple yes/no. Follow up answers with the phrase 'tell me more'. Open questions encourage conversation and that's important to establish the individual's symptoms. |
| Say it back | Check that you have understood what you have been told but don't reply with a solution or interrupt whilst the individual is talking. Repeating back what you heard is reassuring for the individual that you get what they are saying, you are listening, and you are giving them your undivided attention. |
| Have courage | Don't feel you have to fill silence with more questions, be patient. Don't be put off by negative responses and emotions. |

Remain calm - It can be upsetting to hear another human being upset and even unable to cope with their mental health. It is important to remain calm so the individual can feel its ok to openly speak to you without causing you to become upset (Mind, 2017).

¹⁷³ <https://www.samaritans.org/how-we-can-help/support-and-information/worried-about-someone-else/difficult-conversations/>

12.4 Finding out the symptoms of the individual

Once empathy has been established it will enable you to start trying to find out the individuals' symptoms. Symptoms are what someone describes e.g. how they feel.

When trying to find out the symptoms, it is important to gain consent (you get permission from the individual to talk), to not be judgemental and consider what/not to say.

Consent - the individual must want to talk to you and do so from their own free will.

Not be judgemental - it's not helpful for the individual or for you to develop a rapport and trust if you make assumptions. Do not assume you know how they are feeling and what specifically will help. There are common symptoms with various mental health conditions however no two people behave exactly the same when they experience mental health difficulties (Mental Health Foundation, 2019)¹⁷⁴. By being non-judgemental you allow the individual to relax and open up in a conversation (Samaritans, 2019)¹⁷⁵.

Consider what/not to say - The use of language is important. It's important to think about your choice of words whilst also remembering that while you're happy to help by talking and offering support, a Mental Health First Aider is not a trained mental health professional. Try not to make assumptions or offer a diagnosis (Mental Health Foundation, 2019)¹⁷⁶.

Some mental health conditions can be frightening and distressing for the individual, do not dismiss this but remind them who you are, and you are there to help.

Helpful phrases to use would be: (Samaritans, 2019)¹⁷⁷

- Is there anyone I can call for you?
- What can I do to help?
- Have you talked to anyone else about this?
- Would you like to get some help?
- Would you like me to come with you?
- If it helps, you can talk to me
- Do you have someone you trust you can go to?

¹⁷⁴ <https://www.mentalhealth.org.uk/publications/supporting-someone-mental-health-problem>

¹⁷⁵ <https://www.samaritans.org/how-we-can-help/support-and-information/worried-about-someone-else/difficult-conversations/>

¹⁷⁶ <https://www.mentalhealth.org.uk/publications/supporting-someone-mental-health-problem#>

¹⁷⁷ <https://www.samaritans.org/how-we-can-help/support-and-information/worried-about-someone-else/difficult-conversations/>

12.5 Providing reassurance and support

Offering reassurance is important, as asking for help can sometimes be scary and often feel lonely. You can offer reassurance by saying they are not alone and that you are there to help (Mind, 2017).¹⁷⁸

If someone is in immediate danger or they have an injury which requires attention then you need to take action to ensure the individual is safe (Mental Health Foundation, 2019)¹⁷⁹. If help is accepted, there are an array of ways the individual can self-help and be sign posted to appropriate professionals.

Emergency

In emergencies- call 999 for the ambulance service and the police

Examples include:

- There is an immediate risk to life
- There is a medical emergency
- Active self-harming
- Actively trying to take their own life
- People are at serious risk of harm

Specialist organisations

- NHS 111- a telephone advice line, which will direct you to the appropriate service and also offers advice and support by trained clinicians
- Samaritans- a telephone support line
www.samaritans.org for personal support
- The Mental Health Foundation- a charity with a website and telephone line providing general mental health advice
www.mentalhealth.org.uk
- Mind- a charity with a website and telephone line providing general mental health advice www.mind.org.uk
- Rethink Mental Illness- a charity with a website and telephone line providing general mental health advice
www.rethink.org
- Have I got a problem- a support website.
www.haveigotaproblem.com
- NHS Every mind matters- <https://www.nhs.uk/oneyou/every-mind-matters/>

Self-help advice

Self-help advice you could advise includes:

- Write the feelings down in a diary (a mood diary)
- Avoiding any alcohol
- Eating healthy foods
- Get out into fresh air
- Take some exercise such as walking, yoga, swimming.
- Listening to music
- Reading a book
- Listening to a podcast
- Speak to a friend/family member
- Get some sleep
- Speaking to a professional for advice
- Relaxation such as walking the dog, taking a bath, gardening.

Practical support

- Help them look for information that might be useful
- Help them to write down questions they can ask for professionals
- Help them to make appointments with professionals
- Attend appointments with them
- Give them details of how to contact specialist organisations

If someone has thoughts about taking their own life

Mind (2017)¹⁸⁰ advise that if someone is at risk of taking their own life, the following are recommended:

- Ring their GP or out of hours service for an emergency appointment
- Contact their community mental health Team (CMHT) if they have one
- Encourage them to ring Samaritans on freephone 116 123 (24 hours a day)
- Go to the nearest Accident and Emergency (A&E) department
- Call 999 or NHS 111 (England) or 0845 46 47 (Wales)

¹⁷⁸ <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/helping-someone-else-seek-help/#.XhMz33d2vD7>

¹⁷⁹ <https://www.mentalhealth.org.uk/publications/supporting-someone-mental-health-problem>

¹⁸⁰ <https://www.mind.org.uk/information-support/helping-someone-else/supporting-someone-who-feels-suicidal/how-to-help/#.XhOBVXd2vD4>

Chapter 13

How to support line managers when helping an individual return to work including making reasonable adjustments after a mental health episode



MENTAL HEALTH FIRST AID SAVES LIVES

13.1 How to assist a line manager to identify factors which lead an individual to leave work

The following factors have been shown as triggers of workplace stress and mental health (Mind, 2017)¹⁸¹:

- Long hours and no breaks
- Unrealistic expectations or deadlines
- Overly pressurised working environments
- Unmanageable workloads or lack of control over work
- Inability to use annual leave
- A poor physical working environment
- High-risk roles
- Lone working
- Poor relationships with managers
- Poor relationships with colleagues
- Poor internal communication
- Poor managerial support
- Job insecurity or poorly managed change
- Bullying
- Financial worries.

It is estimated that up to 300,000 people each year lose their jobs due to their mental health condition (BBC, 2017)¹⁸². In a survey, 89% of people indicated that their mental health impacted on their work (CV Library, 2019)¹⁸³ and 53% of people aged between 35-44 have considered resigning due to their mental health.

Warning signs of employee mental health problems according to the Chartered Management Institute (2017)¹⁸⁴ include:

- Employees taking more sick days
- Change in behaviour e.g., erratic, mood swings
- High turnover of employees joining and leaving the organisation
- Employees not engaging with management
- Poor time keeping

Line managers can identify factors that cause employees to leave by:

- Having one to one conversations with employees to identify any issues
 - Having group/team conversations with employees to identify any issues
 - Using staff surveys to gauge how employees across the organisation are feeling
 - Maintain clear lines of communication
 - As part of appraisals and supervisions ensure that staff well-being and mental health is covered
- Mind (2017)¹⁸⁵.

¹⁸¹ <https://www.mind.org.uk/media/25263166/how-to-implement-the-thriving-at-work-mental-health-standards-final-guide-online.pdf>

¹⁸² <https://www.bbc.co.uk/news/health-41740666>

¹⁸³ https://www.cv-library.co.uk/recruitment-insight/wp-content/uploads/2017/11/CVL_MentalHealthWorkplace_Report.pdf

¹⁸⁴ <https://www.managers.org.uk/insights/news/2017/september/spotting-the-warning-signs-how-best-to-manage-mental-health-issues>

¹⁸⁵ <https://www.mind.org.uk/media/25263166/how-to-implement-the-thriving-at-work-mental-health-standards-final-guide-online.pdf>

13.2 Reasonable adjustments to be considered when an employee returns to work after a mental health episode

Under the Equality Act 2010, an employee is entitled to reasonable adjustments to allow them to work, without being disadvantaged because of a protected characteristic(s). ACAS (2019)¹⁸⁶ states “an employer must consider making reasonable adjustments, involving the disabled worker or successful job applicant in the discussion about what can be done to support them and the decision, if:

- It becomes aware of their disability
- It could reasonably be expected to know they have a disability
- The person asks for adjustments to be made
- The worker is having difficulty with any part of their job
- Either the worker's sickness record, or their delay in returning to work, is linked to their disability.”

Rethink Mental Illness (2017)¹⁸⁷ state “you may not think of yourself as a ‘disabled person’. But if you have a mental illness, you may be affected by it in such a way as to be considered disabled in the eyes of the law (Equality Act 2010)”. They also add that you may not be diagnosed as ‘disabled’ but if your mental health is impacting you in more than a ‘minor or trivial way’ on your day to day activities then you are entitled to support under the Act.

Reasonable adjustments are necessary to ensure that a person’s disability does not disadvantage them against someone without a disability.

Mind (2018)¹⁸⁸ suggest the following as examples of reasonable adjustments you could ask for:

- Changing the times when events happen
- Changing the places where services are to be delivered
- Arranging for an advocate to support you
- Allowing more time for a face-to-face interview
- Offering clear written information

In addition, Rethink Mental Illness also suggest offering a wellness and recovery plan (2019)¹⁸⁹. This is an agreed plan between the employee and their line manager which agrees the reasonable adjustments made and setting out how the line manager can identify if there are changes to the employee’s mental health that indicate they are becoming unwell and what steps would be appropriate to take to support them.

Other reasonable adjustments could include:

- Time off for appointments and therapy in relation to mental health (sometimes referred to as disability leave)
- Changing the working days hours
- Arranging for someone to support the employee
- Allocating a permanent desk instead of hot desking
- Phased return to work e.g., home working, part time, reduced hours
- Providing specialist support services e.g., counselling
- Adjusting the workload
- Encourage conversations about their support and needs
- Modifying performance targets
- Modifying sickness absence targets

¹⁸⁶ <https://archive.acas.org.uk/index.aspx?articleid=6074>

¹⁸⁷ <https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/reasonable-adjustments-at-work/>

¹⁸⁸ <https://www.mind.org.uk/information-support/legal-rights/discrimination-in-everyday-life/reasonable-adjustments/#.XhOtXnd2vD4>

¹⁸⁹ <https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/reasonable-adjustments-at-work/>

13.3 Techniques to monitor an individual's return to work following a mental health episode

When an employee returns to work, it is important their progress is monitored, and they have the necessary support they need to readjust. It is all about being proactive and not reactive.

Mind (2014)¹⁹⁰ suggest the following:

- **Have the conversation** - have an open and supportive conversation about the employee's needs and the impact of their mental health to aid their return to work. This conversation must be confidential and managed sensitively. The employee may whistle blow and this must be handled sensitively whilst giving reassurance the organisation's policy will be followed.
- **Help with work related stress** - engage with the employee to find out the impact of their work on their mental health. Offer appropriate support measures such as reasonable adjustments and agree progress monitoring that is best for the employee. Reassure the employee they did the right thing seeking help and the organisation's commitment to do all it can.

➤ **Stay in touch** - if the employee goes off work again it's important to stay in touch and find out how the employee is and if there is anything the employer can do to help. It is important that no pressure is put on the employee, just the reassurance that you care for their needs.

➤ **Focus on encouragement and empowerment** - the employee should be helped to return to work, so they are healthy, not micromanaged and wrapped in cotton wool. Provide encouragement, empower the employee by giving constructive feedback and encouraging them to achieve their goals. Employees must never feel they are not capable but that they can do their job and your support will help ease them back.

¹⁹⁰ https://www.mind.org.uk/information-support-your-stories/4-key-things-about-returning-to-work-when-having-mental-health-problems/#.Xf_IUXd2vD4
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