

Sickness Absence Policy CNTW (HR) 10 Practice Guidance Note Supporting Mental Health in the Workplace (Stress at Work) V02		
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1 Introduction

This PGN acknowledges that any member of staff, at any level within the Trust, can experience stress at work. It sets out the guidance for staff and managers to implement when stress has been identified. It aims to reduce and tackle sources of stress and promote the well-being of all staff by incorporating the HSE Management Standards, identifying workplace stressors through the use of risk assessment, resulting in the elimination / control of factors causing workplace stress. The guidance complies with the Health and Safety at Work Act 1974, the Management of Health and Safety at Work regulations 1999 and is based on the NHS Litigation Authority template requirements.

The HSE define stress as ‘the adverse reaction people have to excessive pressures or other types of demands placed on them.’ The effects of stress are shown in physical and mental conditions such as anxiety and depression and physical health problems such as heart disease. However, it is recognised that stress may be influenced by a variety of factors and no one cause may necessarily be identifiable.

Some pressure can be stimulating and motivating in the workplace but a negative experience can occur when this pressure becomes excessive and the individual perceives they are unable to cope. Work-related stress can be triggered by a number of factors which include; work overload/ underload, organisational/workplace change, culture, work environment, poor communication, relationships with colleagues and conflict. Personal stress can be caused by issues such as bereavement, financial worries, an illness, a change of job role or marital problems.

This PGN aims to improve workplace culture by encouraging managers and staff to talk about mental health. To raise awareness of available support and to alleviate the stigma often associated with mental health issues.

2 The importance of Good Mental Health

Mental Health is the mental and emotional state in which we feel able to cope with the normal stresses of everyday life.

It follows therefore that when staff feel good about themselves they work productively, interact well with colleagues and make a valuable contribution to their team and to their workplace.

Some examples of mental health conditions include:

- Depression
- Stress
- Schizophrenia

- Bipolar Disorder
- Anxiety
- Psychosis
- Eating Disorders
- Obsessive Compulsive Disorders
- Personality disorder
- Post-Traumatic Stress Disorder

The Department of Health estimates that one in four of us will suffer from a mental health problem at some point in our lives.

3 Promoting Wellbeing

There is consistent evidence that management support is a key protector of mental health at work and promotion of staff wellbeing. The role of line managers is key in promoting the wellbeing of employees through supportive leadership style and management policies. We therefore actively encourage these discussions.

This will involve:

- Promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching
- Ensuring that policies for the recruitment, selection, training and development of managers recognise and promote these skills
- Ensuring that managers are able to motivate employees and provide them with the training and support they need to develop their performance and job satisfaction
- Increasing understanding of how management style and practices can help to promote the mental wellbeing of employees and keep their stress to a minimum
- Ensuring that managers are able to identify and respond with sensitivity to employees' emotional concerns and symptoms of mental health problems
- Ensuring that managers understand when it is necessary to refer an employee to Occupational Health services or other sources of help and support even when the employee isn't on sick leave
- Valuing Mental Health Lived experience.

Open and honest communication should be encouraged. Staff should feel able to talk about their wellbeing and feel that it is safe to discuss. This will allow staff to be open about any adjustments they may require, a referral to Occupational Health and/or what support they will require to enable them to carry out their job. See Appendix 1 for more detail.

4 Looking for Early signs of difficulties

Common signs to look for that might suggest someone's health and wellbeing is suffering:

- An increase in unexplained absence or sick leave
- Poor performance
- Poor decision making
- Lack of energy
- Uncommunicative or moody behaviour
- Irritability

If you spot any of these signs:

- Start by having an informal chat
- Find a private place where you won't be interrupted – perhaps a neutral place outside of work
- Switch off your mobile
- Ask open questions, “You’ve not seemed yourself lately, is there anything I can help with”?
- Give time to answer, listen to what they say, don't make assumptions
- Give advice and support where appropriate
- Ensure confidentiality
- Reflect on what you know about the person, is their mental health generally good, do they need to seek specialist help, are there any personal circumstances which could be affecting them. Encourage them to talk to their GP or to Occupational Health.
- Agree a plan of action and schedule a follow up meeting

It is important to engage with the employee, see Appendix 1 for tips on how to do this. Do this in a timely manner

5 Stress in the Workplace

- 5.1 Pressure can be part of all work and helps us to keep motivated, but when that pressure becomes excessive it can lead to stress. In recent years there has been a significant increase in the reporting of work related stress and the Health and Safety Executive (HSE) estimates that approximately 11.7 million working days have been lost annually to stress with one in five workers in the UK reporting work-related stress. This is a total of 500,000 workers suffering from work-related stress, anxiety and depression (new and long standing cases).
- 5.2 It is acknowledged that there may be occasions when a member of staff encounters stress in their personal life, which can affect their working life, and the Trust will provide support wherever possible. The Trust is committed to providing a culture in which stress is not seen as a weakness or a reflection of capability and encourages staff to speak freely about stress and seek help where necessary without fear of stigma or negative repercussions. All staff are encouraged to inform their manager, without delay, that they may be feeling stressed.

5.3 There is consistent evidence that management support is a key protector of health at work. . The role of line managers is key in promoting the mental wellbeing of employees through supportive leadership style.

5.4 It is expected that managers:

- Will ensure good communication between managers and staff team, especially at times of organisational or service change.
- Will ensure staff have received training to carry out their role and that new staff are inducted both Trust-wide and locally into the workplace.
- Will ensure that staff attend all applicable statutory and mandatory training to promote health and safety within the workplace.
- Will ensure staff undergo regular appraisals to promote value and identify development within the role.
- Will monitor workloads and staffing levels to ensure staff are not overloaded and that work is shared equally amongst staff members.
- Will ensure staff are taking annual leave and monitor working hours and overtime/bank work.
- Will ensure that bullying and harassment is not tolerated within the workplace.
- Will offer additional support where possible, to staff members who may be experiencing personal stress outside the workplace e.g. bereavement or illness of a close family member, carer issues or marital problems.
- Will implement individual/team Wellness Action Plan (WAP) as appropriate. A WAP is a personal plan designed to help individuals take control of their own life and assist them of their journey to recovery. It is evidence based system, developed by people with experience of mental ill-health and is used around the world.

5.5 Employees have a personal responsibility for their own health and fitness within the workplace and ensure their behaviours and conduct are in line with the standards set out in Trust Policies. They should also:

- Set a positive example by treating others with dignity and respect at all times and will be aware of how their behaviour can affect other people.

- Challenge inappropriate behaviour when it occurs and take positive action to ensure that it is challenged and / or reported.
- Familiarise themselves with the contents of this and other relevant policies, ensuring they adhere to the principles outlined in the policies, and attend training / awareness sessions, when required.
- Be supportive of colleagues who may be subject to stress at work.
- Listen if someone tells them they feel bullied and take action to address their concerns.
- Co-operate with measures to address and support stress at work in a positive way, be willing to listen and to be receptive to other peoples' concerns/reflections, be aware of how they are feeling and pursue self-referral to Occupational Health / Counselling Service as appropriate.
- Inform their Line Manager of a situation which has arisen within the workplace which they perceive as stressful. Where possible, they should discuss further with their manager to enable appropriate support to be identified;
- Undertake any training which is offered and participate in regular appraisals PDP.
- Participate in a Stress Risk Assessment.
- Will not undertake any overtime or bank work on another ward/unit when suffering from stress, or any other work without firstly discussing with their Line Manager via a Stress Risk Assessment.

5.5 Risk Assessment Process

5.5.1 The Trust is obliged under the Management of Health and Safety at Work Regulations 1999, to undertake a Risk Assessment for health hazards at work, which include stress and to take appropriate action to control/ minimise the risk.

5.6.2 The HSE has identified six main causes of stress or 'stressors' in the work environment, known as the Management Standards for Work Related Stress (MSWRS). Details of these 'stressors' can be found in the appendices to this PGN and should be taken into account when identifying hazards within the work environment.

5.6 Decide who may be harmed and how

Managers should regularly check the reasons for sickness absence as it may indicate a potential problem in relation to work place stress. In addition, employee turnover should be monitored and investigated by managers as high turnover could indicate high stress levels. Results of staff surveys, Friends and Family Tests and increased disciplinary/grievance cases should also be considered.

5.7 Evaluate the Risk and take Action

- 5.7.1 Where a manager identifies possible work related stress amongst staff they should consult with the member of staff to discuss the problem. It may be that this is carried out via the Trust's Policy, CNTW(HR)10, Sickness Absence, whilst the member of staff is absent from work. Where work related stress has been identified a Stress Risk Assessment (appendix 2 and appendix 7) must be carried out. If the member of staff is absent from work, the assessment may be carried out prior to the member of staff returning to work.
- 5.7.2 Where there is an indication that stress levels are high within a ward/ department, the manager, as part of a proactive approach to team wellbeing, should consider utilising the HSE Indicator Tool listed within, (appendix 3 and appendix 9) and take forward actions in line with the findings.
- 5.7.3 Where potential stress 'hot spots' are identified within a Business Unit/ Directorate, the Associate Director /Head of Department should consider implementing the HSE Indicator Tool via an independent manager from outside the Business Unit / Directorate and implementing a series of focus groups in the first instance. Consideration may be given to an external risk management agency carrying out and evaluating stress assessments, should the HSE tool and focus group not provide sufficient findings. However, this should be discussed with locality Workforce Representatives in the first instance. Findings will be reported to the Board of Directors, and Executive Directors.

5.8 Recording Findings

- 5.8.1 The Trust has devised a Stress Risk Assessment document (appendix 7) which takes into account stressors and should be completed by the manager in conjunction with the member of staff when potential stress is identified.
- 5.8.2 Where it is not appropriate for the Line Manager to complete the assessment, an appropriate member of staff will be nominated to carry this out. The Stress Risk Assessment identifies factors which may be causing stress to the member of staff and from this, actions which the manager will need to take, in order to reduce or control the stressor. This will also assist managers in prioritising areas which need to be addressed.
- 5.8.3 The findings and actions within the Stress Assessment must be shared with the member of staff. Where it has been identified that a group of staff within a

ward/department are suffering from stress, then the HSE Tool may be used in the first instance. Associate Director(s) / Directorate Senior Managers should also be made aware of any actions which affect a ward/ department so they can ensure implementation of such actions.

- 5.8.4 When a Stress Risk Assessment is carried out it should ideally be reviewed within the first three months and quarterly within a twelve month period. However, there may be occasions when this may need to be reviewed more frequently.

6 Health and Wellbeing Support

It is important to acknowledge when individuals are experiencing mental health problems and the impact this may have on everyday life. If ignored these problems can become overwhelming and can lead to despair.

The Trust is committed to supporting individuals to remain at work wherever possible with appropriate adjustments (refer to NTW (HR) 10 for more information and examples of adjustments).

The Trust regularly promotes and undertakes activities and sessions associated with physical, financial, emotional and psychological wellbeing. Line managers should encourage staff to access support which is available and should promote this within their teams as part of the overall leadership approach to wellbeing.

Mindfulness

“Mindfulness is paying attention in a particular way: on purpose, in the present moment and non-judgementally” Jon Kabat – Zinn

This process can help individuals manage their emotions and can help in reducing stress and anxiety. The Trust has a Mindfulness Group and training in this process will be available across the Trust. Line managers will be expected to support staff who would benefit from mindfulness to attend these sessions.

a) Stress Risk Assessments

A Stress Risk Assessment will be completed in conjunction with the member of staff and where applicable their staff side representative if they wish. Actions arising from the assessment and methods of addressing these should then be agreed and updated if necessary; managers can seek support from the Locality Workforce and OD Team who will be able to signpost for assistance with risk assessments.

b) Wellbeing Action Plans

Managers may also consider completing a WAP (Wellness Action Plan) for individuals with mental health conditions which may be relapsing, to help them remain at work and support rehabilitation – the attached is a template and guidance developed by MIND (appendix 4).

c) Occupational Health

A referral for the member of staff can be made to Occupational Health where appropriate, providing Occupational Health with a detailed explanation of their role, the area they work into and their current condition/illness. The reason for the referral and the contents of it should be explained to the member of staff.

d) Resilience Training

Resilience is the ability to recover and bounce back from adversity and hardships. Training can help to build and develop resilience in order to respond effectively to the challenges of job roles.

e) Critical Incident Support

A critical incident is “any event or circumstance arising during NHS care that could have or did lead to unintended or unexpected harm, loss or damage” (NPSA 2001)

A critical incident can also be defined as an incident which leads to a high emotional reaction examples of this are:

- Serious injury or death of service user or colleague
- Sexual assault or abuse
- Physical or non-physical assault
- Event involving weapons/firearms
(non-exhaustive)

Post-traumatic stress disorder (PTSD) is a condition characterised by recurring distressing memories, flashbacks and other symptoms after suffering or witnessing a traumatic event. It can develop after being involved in, or witnessing, a serious trauma.

People with certain risk factors may be more likely to develop PTSD, including those who:

- have suffered from mental health issues in the past or have mental illness in their family;
- have experienced other trauma earlier in life;
- lack a good support system of friends and family.

Managers should consider arranging critical incident support if there may be a risk of staff experiencing distress following the incident and should refer all staff who report distress, symptoms or sickness absence following an incident at work to the Trust's Occupational Health service or Employee Assistance Programme.

The Trust's Occupational Health Service will provide the initial response and psychological interventions as recommended by the NICE clinical guideline 26 – Post Traumatic Stress Disorder:

- Brief screening if high risk.
- Watchful waiting: closely monitoring symptoms to assess whether they improve or get worse.
- Psychological treatment such as trauma-focused cognitive behavioural therapy (CBT), Psychotherapy or eye movement desensitization and reprocessing (EMDR)
- Signpost to Specialist Services if necessary.

f) Workplace Adjustments

This list is not exhaustive and managers and staff should explore these together (see NTW (HR) 10).

- Changes to hours/start/finish time, splitting up days not working together
- Change of workspace e.g. quieter/busier
- Working from home if possible, dependant on job role.
- Changes in break time
- Agreements such as leave at short notice
- Reallocation of tasks
- Change of role
- Additional training
- Recognising the importance of work/life balance

g) Extra Support

- Increased support via supervision
- Coaching
- mentoring
- positive and constructive feedback
- Debriefing sessions
- Buddy systems
- Provision of self-help information

h) Chaplaincy

Involvement of chaplaincy services and the importance of spirituality e.g. mediation. The chaplaincy service can support on a range of issues e.g. bereavement

i) Marginal Community Groups

Groups for example for members who identify as LGBT

This PGN should be read in conjunction with:

NTW (HR) 10 Managing Sickness Absence Policy

Other useful documents are:

ACAS Promoting positive mental health in the workplace
http://www.acas.org.uk/media/pdf/s/j/Promoting_Mental_Health_Nov.pdf (accessed 24.5.18).

Guide for line managers Wellness Action Plans (WAPS)
<http://www.mind.org.uk/media/1593680/guide-to-waps.pdf> (accessed 24.5.18).

How to support staff who are experiencing a mental health problem
www.mind.org.uk (accessed 24.5.18).

Mental health toolkit for employers Public Health England
http://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf (accessed 24.5.18).