Institution of Occupational Safety and Health

Mental health in the workplace: benchmarking questions

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One of the founding principles of occupational safety and health is to put in place preventative controls to avoid harm being caused. Organisational arrangements will usually include a number of elements if mental wellness is to be preserved and promoted in the workplace. Figure 1 presents a typical model.

Figure 1: Elements for ensuring mental wellness

Leadership and commitment drive and maintain positive change in the workplace. Accountability, set through good policy, will help to ensure the right actions are taken. Competent workers – especially line management – implement effective controls, particularly those that educate, develop skills and prevent harm. Management commitment is demonstrated by measuring performance and supporting promotional activity to improve the standards achieved. Productive collaborative relationships are formed, especially when implementing recovery controls, including managing rehabilitation in the workplace.

The aim of this simple tool is to assist organisations with benchmarking the design of their mental wellness system against this model. By evaluating the design and identifying areas for further development, organisations can devise an action plan for improvement.

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Question	Application notes
Organisational approach	
Is there a clear aim and commitment from the leadership of the organisation to take action on mental health in the workplace? Can the communication of positive messages about wellbeing and mental health in the workplace be evidenced?	The generation of a positive culture starts with leadership messages from senior management that are reinforced throughout the management chain. This is particularly important for mental wellness if stigma is to be eradicated.
Has a business case been recorded for investing in wellbeing, promoting mental wellness and supporting the rehabilitation of workers in the workplace?	Many organisations are clearly demonstrating that investment in the mental wellness of their workers reduces costs and improves productivity. Any initiative needs to have appropriate performance indicators to show the value of this effort and can support the momentum to change organisational culture positively.
Does the organisation's approach to mental health in the workplace discriminate between work-related and non-work-related causes?	Organisationally, it makes no sense to discriminate between mental health issues that are work-related and those that are domestically triggered. They both result in sick leave, diminished productivity and potential loss of talent. If the mental health condition is a pre-existing one that an individual has irrespective of their job role (for example schizophrenia, which is not caused by work-related issues), there can be additional responsibilities relating to reasonable adjustments under legislation such as, in the UK, the Equality Act.
Does the organisation have access to competent advice to assist with the development of good mental wellness practice?	The development of a mental health-conscious culture takes a substantial amount of time. The identification of incremental changes designed to engage and motivate workers and managers is better augmented by skilled and experienced advice.
Does the organisation place the same kind of emphasis on occupational mental health risk as it does on risk resulting in physical harm? Does this include appropriate focus of resources on preventing work-related harm to mental health?	The organisation must be honest with itself and question whether there is a proportionate effort afforded to preventing health risks: whether they are psychologically or physically harming.

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Policy	
Does the organisation have a policy that covers the preservation and promotion of positive mental wellbeing?	Many organisations focus on reacting to poor mental health cases. A preventative approach demands that effort is made to build and promote mental wellness. The intent set in the policy must reflect prevention as well as reaction. Ideally effort should be greater on prevention than on reactive methods: morally organisations should not allow the generation of conditions that could cause mental ill-health.
Does the organisation have more than one policy document in this area, and is that creating confusion? Can the number of policies be reduced by merging some together?	Mental ill-health can be triggered by many things in the workplace. Undue pressures, ill-treatment (bullying, harassment etc), diversity and inclusion issues, poor grievance procedures, weak conflict management and change introduction can all have their own policies, but all these issues and more can affect a worker's wellbeing. Having too many policies means that it is difficult for managers to know what must be done. It becomes a challenge to keep all policies current and accurate and avoid contradictions or gaps.
Are arrangements in place that clearly state responsibilities throughout the organisation, and are workers and managers held accountable for delivering them? If the answers are 'yes', how sure are you that the arrangements are being implemented effectively in reality?	In any busy environment where achieving operational goals is often the overriding priority, unless line managers and workers are held to account, responsibilities may not be consistently fulfilled. Confusion created by too many policies and action demands will compound a feeling of complexity, unhelpful bureaucracy and even overwork: they generate stressors.
Prevention controls	
Does the organisation have assessments of the stressors present in the workplace? Can these be used to produce localised assessments of risk? Are these owned by relevant managers tasked with ensuring that they are kept current with changes in operational demand, organisational structure, or changes in competency levels brought by new or temporary workers, role responsibility modifications and so on?	Changes in roles and responsibilities, organisational structure, cycles of customer demand, the appointment and leaving of personnel and new materials or ways of working are commonplace. We live in a world where daily incremental change is almost inevitable. Conflict, rejection, perceived ill-treatment and unsupportive working methods will all exacerbate the effects of potential stressors on individuals. Organisations must ensure that they adopt feedback mechanisms to prompt the routine and regular review of stressors. They must repeatedly reflect what is currently being experienced by workers and managers on the ground during the ebbs and flows of work commitments.
Is the mental wellness of workers monitored during intense working periods? Do the organisation's assessments of workplace stressors inform a list of contingency plans and actions to ensure that they are managed positively? Can it be demonstrated that listed controls are utilised and drive the right behaviours in the workplace? If not, could the assessment be judged unsuitable and insufficient?	The fluid nature of stressors in the workplace means that organisations need to develop a suite of controls (decisions and arrangements) that can be applied as needed. These controls must be implemented effectively and drive the right behaviours. Controls can include re-prioritising workloads, hiring temporary workers, managing client expectations and implementing more efficient methods of working. Authority to implement such controls may require sanction by the leadership and will be a key aspect of delivering a culture of wellbeing.

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Prevention controls	
Does the organisation's training programme include educating workers and managers in emotional hygiene techniques that will help to develop personal resilience?	If people are not taught emotional hygiene by their parents as children, they will not necessarily bring those skills into the workplace. They may not know how to deal with negative emotions caused by a perceived negative stimulus. Rejection, conflict, perceived ill-treatment or undue pressure can all be emotionally strenuous and can be made worse by rumination. Workers need to be able to recognise negative stimuli and apply techniques to put their emotions back into a positive perspective. Personal ownership is essential. It is difficult for line managers to know if a stressor is motivational or has the opposite effect on an individual. Managers must be trained to identify the signs that an individual is not coping. Any training provided to managers or workers will help to de-stigmatise mental ill-health and encourage more open discussions between workers and managers.
Does the organisation have an active programme of health promotion ideas and interventions? Does the organisation advise on good lifestyle choices and support workers to take them?	It is generally accepted that when people are physically fit and healthy then they are usually more mentally resilient. A feeling of wellness creates positive emotions and makes workers and managers more effective and productive.
Execution controls	
Can the organisation demonstrate that managers in all localities actively and routinely consult with their workers on the content of local stress assessments and the effectiveness of current controls?	Consultation with workers can motivate and engage. Assessment of stressors and their effects must be routinely and regularly checked, and processes implemented for extraordinary consultations when changing circumstances demand it.
Are managers able to spot the early signs of mental ill-health issues? Do they know how to address the issue with the worker? Are adequate procedures in place to ensure that managers can obtain specialist help and advice?	All managers must be trained to identify signs and symptoms of stress- related mental ill-health. They must develop the necessary communication skills to approach this with their staff and engage in active listening and constructive feedback. The procedures for addressing mental ill-health must be open, transparent and understood by all. Preferably, workers will have contributed to its design. Expert help must be made available to the line manager in serious cases to help to inform the best course of action for the individual and the organisation.
Do managers have the skills and knowledge to support workers with pre-existing mental health conditions? Is there a policy for supporting such individuals, including things like discussions about reasonable adjustments? Do arrangements exist that support the manager, including guidance on the condition, advice on recognising when an episode may be imminent and what can or should be done to support the individual?	Managers should be made aware of members of their team who have pre-existing medical conditions. Ideally the worker will have been involved in drawing up an action plan, detailing what immediate action may be needed and recording the basics, like contact numbers for relevant people.
Despite any limitations because of the need to maintain the confidentiality of an individual's medical history, does the organisation nonetheless undertake an investigation into the direct and root causes of a case of mental ill-health?	Learning organisations rely on thorough investigation into direct and root causes of incidents causing physical or physiological harm. Equally, lessons must be learned from the causes of a case of mental ill-health. Organisations must consider who should be involved in the investigation and how it is to be conducted, taking advice from an occupational health professional so that medical-in-confidence can be preserved, but lessons still uncovered.

Question	Application notes
Execution controls	
Does the organisation conduct regular audits of the wellbeing management system and implement action plans to make improvements when necessary? Can the organisation provide evidence of improvements made over time?	A wellbeing management system has similar elements to any other safety management system. Intent must be set through policy; roles and responsibilities must be assigned; arrangements must be put in place to develop competency; performance needs to be reported and managed; incidents must be investigated and learnt from; and controls must be designed to manage operational stressors. A management system requires periodic testing through audit to make sure it is still functioning effectively and meeting the organisation's needs.
Recovery controls	
Does the organisation's arrangements include procedures for helping workers to rehabilitate in the workplace, where this may be appropriate?	One of the most effective places for individuals to recover mental wellness is in the workplace, as stated in other research published by IOSH – *Return to work after common mental disorders*. Often organisations do not know how to achieve this. They leave the individual at home, they become isolated and eventually may feel unable to return to work and decide to leave. Organisations therefore lose talent and introduce sickness, replacement and training costs. To have a person back in the workplace at least preserves some productivity, provides purpose that aids their recovery and often builds future loyalty. This needs line managers to have the skill to manage such a process, an important aspect of their training.
Does the organisation's return-to-work procedures include stakeholder analysis and prompts for collaboration with both internal stakeholders and external agencies?	Internal collaboration to organise a back-to-work plan and address any work-related reasons for the illness will be needed. The list of stakeholders will include line management, health and safety professionals, occupational health practitioners, human resources and probably others from other business functions too. External collaboration may be needed with the worker's family, doctor, mental health case worker and others. It is a complex picture, and managers will need to know how to make connections with all of these in developing an effective return-to-work plan for the worker.
Does the organisation have a rationale for introducing training or any other type of mental wellness intervention? Is the organisation clear about its expectations from the intervention(s)? How can it provide evidence of cost-effectiveness?	Training course content can vary. Risk assessments will drive the selection of the right course by informing consideration of the syllabus, duration, format, cost and expected behavioural change. Ways to monitor, evaluate and record whether the programme is effectively delivering expectations will need to be thought through.

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Does the organisation have trained volunteers (e.g. mental health first aiders – MHFAs) available throughout the workplace to support and promote mental wellness? Do workers get a choice about which individual they can go to for support? How will they identify and access this help and when (during working hours or at other times)? How does the organisation support a volunteer to be emotionally resilient in the role? What are the implications for their own workload if a volunteer responds to a call for help?	Volunteer MHFAs are mainly a recovery control: they can provide assistance when all the preventative and execution controls have not been effective. They do not provide treatment of any kind, but work to empathise with the individual, encourage them to take greater control of their circumstances, and point to opportunities to obtain specialist help. Approaching an MHFA for help may lead to a highly personal and emotionally charged meeting, so the individual needs to know they have a choice of who they can go to for this help. MHFAs are not trained in counselling. They must not be expected to provide any sort of treatment. Not all volunteers for the role of MHFA may be suitable: some form of assessment criteria should be applied and there should be an interview procedure. An MHFA coordinator who can balance their role with existing duties should be appointed to oversee the programme.
Does the organisation's arrangements include ongoing support for trained volunteers working to support the mental wellness of colleagues? Do arrangements ensure that their knowledge and skills are kept up to date? Do they enable mutual support among the volunteer community? Do managers and workers understand the boundaries of the role and responsibilities of mental wellbeing volunteers?	If a skill is not used, ability can degrade. Systems incorporating any trained worker as a control option must consider how they can practise their skills and remain refreshed with the latest thinking and techniques. Since this work can be emotionally charged, all workers must understand the boundaries of the mental health support role and related responsibilities. Workers and managers must understand that volunteers cannot deliver treatment. Some cases may be harrowing, so it is recommended that a network be created to assist those trained to provide mental health and wellbeing support. This will also provide opportunity to improve their service and enable full contribution to the wellbeing agenda for the organisation.
Does the organisation have an Employee Assistance Programme (EAP) in place? Does it include confidential helplines and access to counselling? Does the organisation demand a regular report from the EAP and is it analysed to reveal where further internal action is needed?	External helplines providing access to impartial counselling and advice are an important element of any system. Once again, they are usually needed when things have grown too difficult for the individual to handle alone and are therefore regarded as a recovery control. Analysis of data provided by the EAP provider will give valuable insight into where areas of weakness can be addressed by the wellbeing programme.
Does the organisation's EAP include support such as financial advice and bereavement counselling?	One of the most common causes of mental ill-health for workers is financial worry and dealing with traumatic experiences such as bereavement or divorce. Any arrangements should include ways to advise and help workers in difficult circumstances.

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