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MENTAL HEALTH ILLNESS  
EMPLOYER TOOLKIT

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Principal HR Partner  
Limited





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## Mental Health

The World Health Organisation (WHO) defines health as: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

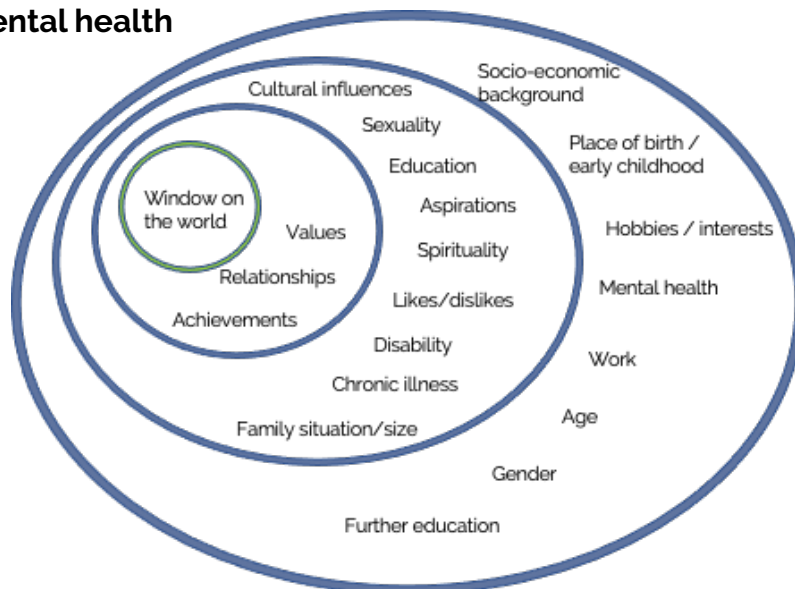
Mental health is a state of well-being whereby individuals can identify their own abilities, cope with normal stresses of life, work productively and actively contribute to their community.

A mental health illness is a condition which affects an individual's thinking, emotions and behaviour, and disrupts an individual's ability to work, or to carry out other daily activities, as well as engaging in relationships.

The majority of mental health illnesses are short lived, but for some they can be long-term. However, that does not mean that the individual cannot live a fulfilled life, but they may need to make adjustments in order to allow for the effects of the mental health illness.

Individuals can recover from mental health illnesses, but recovery is a journey and not a destination. There are a variety of factors which may impact on recovery, such as having a support network, the individual's role within society, the quality and availability of treatments and the individual's willingness and ability to accept the opportunities available to them.

## Influences on mental health



*Frame of Reference Model by Jacqui and Aaron Schiff*

There are a number of factors which influence the way in which individuals see the world, such as family situation, education, culture and life experiences. These factors come together to create the individual's 'Window on the World'.

## **Types of mental health illness**

There are a number of different types of mental health illnesses which are:

- Depression
- Anxiety disorders
- Eating disorders
- Psychosis
- Substance misuse

### **Depression**

Clinical depression lasts for at least two weeks and will affect an individual's behaviour with physical and psychological symptoms.

The WHO state that an individual who is depressed will have at least two of the following symptoms:

- An unusually sad mood that does not go away
- Loss of enjoyment and interest in activities
- Lack of energy and tiredness

There are a range of other symptoms that an individual can also experience and warnings signs of depression include an effect on the individual's emotions, thinking, and behaviour, as well as a physical effect, such as chronic fatigue, weight loss or gain, unexplained aches and pains.

Bipolar disorder is a type of depression, as it results in episodes of low mood, depression and abnormal high mood (mania). Mania can lead to the individual placing themselves at risk due to having grandiose ideas, or other psychotic symptoms. Bipolar is less common than ordinary depression and can take longer to diagnose.

### **Anxiety disorders**

Anxiety is a natural emotion that helps us to avoid danger and provides motivation to solve problems. However an anxiety disorder is separated from everyday anxiety by three factors, which are the intensity of the anxiety, how long the anxiety lasts for and how much the anxiety interferes with an individual's life, work and/or relationships.

Anxiety has an effect on an individual physically, psychologically and behaviourally and the main types of anxiety disorder are:

- Generalised anxiety disorder (GAD) - overwhelming anxiety and worry. Worries are commonly related to things that may go wrong or the inability to cope. Symptoms are typically experienced for more days than not, for at least six months
- Panic disorder - panic attacks and fear of a panic attack occurring.
- Phobias - avoiding or restricting an activity because of a specific fear.
- Acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) - develop after a distressing or catastrophic event. ASD symptoms/reactions will fade, but PTSD symptoms will continue for longer.
- Obsessive compulsive disorder (OCD) - least common anxiety disorder but is very disabling. Obsessive thoughts are often about fear of contamination or harm

- Mixed anxiety and depression - more than one anxiety disorder and high levels of anxiety can lead to depression and long period of depression can lead to symptoms of anxiety.

Anxiety is mostly caused by perceived threats and some individuals are more likely than others to react with anxiety when threatened.

## **Eating disorders**

Eating disorders are a control measure for dealing with underlying emotional distress. Changes in the body and brain chemistry can contribute to cycles of self-destructive behaviour.

There are three main types of eating disorders:

- Anorexia nervosa is where an individual will starve, restrict food intake, exercise excessively or have purging behaviours through the use of diuretics, laxatives, and vomiting. Anorexia can be life-threatening and may cause serious long term health complications, including organ failure.
- Bulimia nervosa is where an individual will have episodes of eating large quantities of food (binging) followed by attempts to prevent weight gain (purging). The individual's weight may be normal, but there is an underlying fear of weight gain and the bulimic behaviour can pose a threat to their health and life.

Individuals can move between anorexia and bulimia.

- Binge eating disorder is similar to bulimia, but the binge eating does not then lead to purging. Binges will occur at least once a week and many individuals with the disorder will become obese. The motivation for binge eating is deep emotional distress and often shame and there are physical health risks due to obesity.

## **Psychosis**

Psychosis is the term for a mental health illness where an individual's sense of reality becomes distorted. It affects their thinking, perception, mood and behaviour.

There are many types of psychotic conditions, but the main two are:

- Schizophrenia means to have a 'split mind' and results in a change in mental function whereby the thoughts and perceptions become distorted. Symptoms can be variable, from mild to severe, they may appear in different combinations and may change over time.

Symptoms include:

- Delusions
- Hallucinations
- Thinking difficulties or thought disorder
- Loss of drive
- Blunted or inappropriate emotions
- Social withdrawal

Bipolar disorder can be both a mood and psychotic disorder and symptoms of manic episodes include, hyperactivity, elated mood, more talkative, rapid thinking and speech, overconfidence, grandiose delusions, hallucinations, irritability and increased risk-taking.

Psychotic symptoms such as hallucinations and delusions are not always part of bipolar disorder and some may experience milder manic symptoms (hypomania), which is bipolar II disorder.

### **Substance misuse**

Substance misuse is the use of alcohol or drugs to a level that will cause short or long term harm to the individual. Substance misuse is more common amongst individuals who have a mental health illness and is referred to as a 'dual diagnosis'.

Substance misuse involves an interplay between genetic/biological, psychological and social factors.

The WHO states that there are two main types of substance misuse:

- Dependence syndrome - an individual grows to need a substance physically and/or psychologically.
- Harmful use - individuals are not full dependent upon the substance so they may not crave it or develop tolerance, but will show a clear pattern of use that damages their health.

### **Providing support to employees**

You can take steps to support an employee who is displaying signs of mental health illness and the first of these is to approach the employee, assess the situation and assist.

Listen to them and communicate non-judgmentally by listening and understanding what is being said. Enable the employee to talk freely and comfortably.

Give support through offering consistent emotional support and understanding, giving the employee hope for recovery and provide practical help. Offer information about the mental health issue and provide accurate resources that are appropriate to their needs.

Encourage the employee to seek the appropriate professional help, but they need to make their own decisions as much as possible about help, as different treatments work for different people and choice is important for the recovery. Also, support where possible with reasonable adjustments within the workplace, to enable the employee to attend work when well enough.



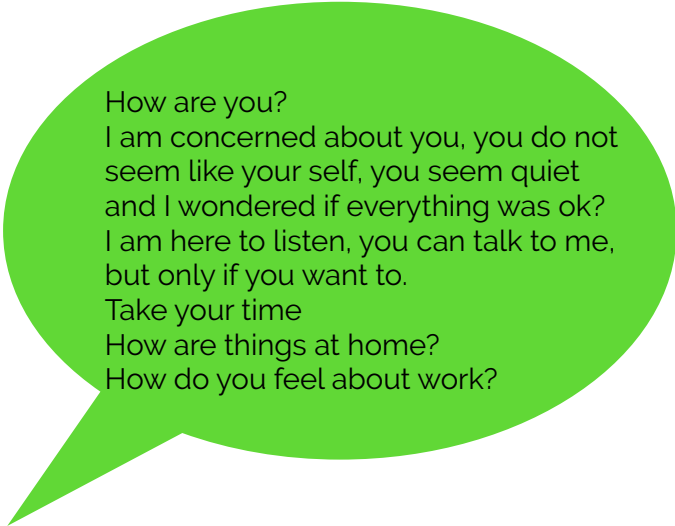
Continue to advise the employee to access other available support, such as family and friends, support groups, medical professionals and potential self-help strategies.



## Case study






### Précis of events

- Jenny, Teacher employed for 4 years
- Suffered bereavement (mother), and had a period of time off but has been back in work for over a year since loss.
- Changes - over the last few months Jenny's behaviour has changed, social interactions have decreased, Jenny is not as 'bubbly' as she was, sits on her own at lunch, keeping herself to herself and her work is not quite to the 'usual' standard'



How are you?  
I am concerned about you, you do not seem like your self, you seem quiet and I wondered if everything was ok?  
I am here to listen, you can talk to me, but only if you want to.  
Take your time  
How are things at home?  
How do you feel about work?

### Introduction to steps

	Step	Considerations
Step 1	Approach, assess and action	Contact emergency services 
Step 2	Listen and communicate non-judgementally	Contact emergency services 
Step 3	Provide support and information	Contact emergency services 
Step 4	Encourage appropriate professional help	Contact emergency services 
Step 5	Encourage other support	Contact emergency services 

### Step 1

#### Approach -

Find a time when it is suitable for both of you and in a comfortable space, then begin the dialogue

#### Assess -

While talking to Jenny look at her body language.

Is Jenny:

- able to look you in the eyes and maintain eye contact?
- showing signs of feeling uncomfortable?
- displaying any nervous or repetitive behaviours, such as rubbing her hands together which may suggest a level of distress?



Whilst assessing Jenny do you consider her to be at immediate or serious risk of harm?

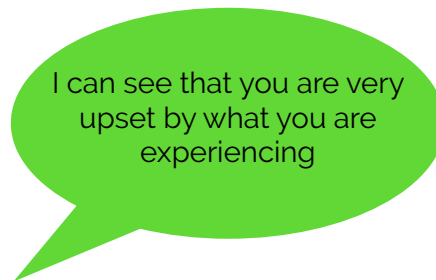
### **Assist -**

Ensure own safety first, if the risk is immediate or at serious risk of harm than call the emergency services. If the risk is low, then continue to talk with Jenny.

Create a calm, non-threatening environment by talking slowly, quietly, firmly and simply. Keep a reasonable distance to Jenny to reduce any feelings of threat and avoid direct continuous eye contact, as this may make Jenny feel uncomfortable.

Do not argue with, shout or criticise Jenny or display behaviours with which Jenny may feel a sense of irritation or negativity in relation to how she is feeling in relation to the loss of her moth.

Express empathy and use language that is expecting of how Jenny is feeling, such as:

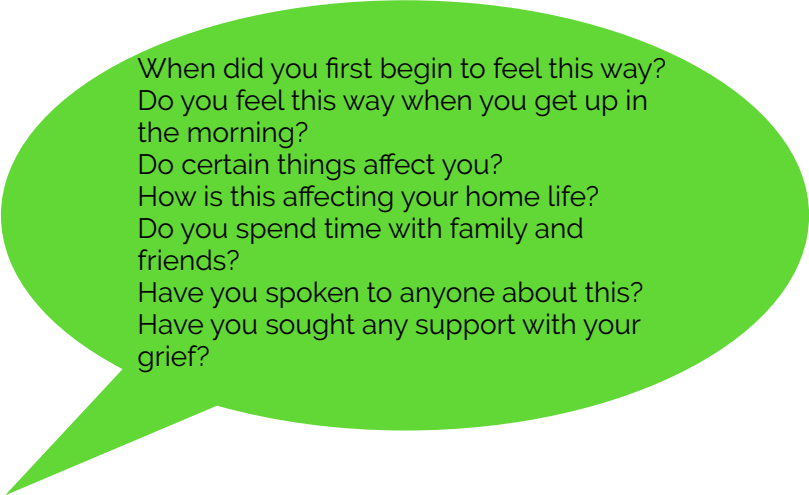


Where possible comply with reasonable requests so that Jenny will feel a sense of control over the situation, but do not make promises that cannot be kept.

### **Step 2 - Listen and communicate non-judgementally**

- ✓ Engage with Jenny - use small nods and sounds to show your agreement to what she says.
- ✓ Be silent where appropriate and just listen, as being silent can be just as supportive
- ✓ Be empathetic and try to place yourself into Jenny's shoes
- ✓ Listen without interrupting
- ✗ Do not associate Jenny's feelings with your own thoughts and responses and become distracted by your feelings.
- ✗ Avoid negative judgement or reactions - don't compare Jenny's situation to other employees and their responses
- ✗ Do not interrupt Jenny whilst she is talking, just listen to what she is saying
- ✗ Do not become distracted, pay attention to what Jenny is saying as well as how she is saying it.

Ask questions such as:



When did you first begin to feel this way?  
Do you feel this way when you get up in the morning?  
Do certain things affect you?  
How is this affecting your home life?  
Do you spend time with family and friends?  
Have you spoken to anyone about this?  
Have you sought any support with your grief?

Check you have understood what Jenny has said be re-phrasing -

- *Jenny - "I get up and feel ok but I then feel so consumed with sadness"*
- *Line manager - "when you first get up in the morning you feel ok, but then the feelings come over you and you feel that you are consumed by grief for your mother"*

Summarise facts and feelings

- You have felt this way since the anniversary of your mother's passing,
- You feel lost and sad all of the time
- You do not socialise outside of work as you don't want to see people
- You just can't see past this

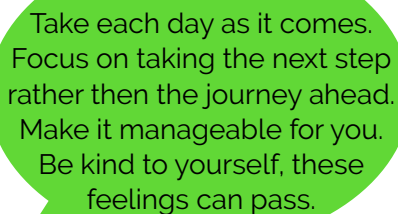
Use prompts to keep the conversation going such as: 'ah', 'I see', 'mmm'



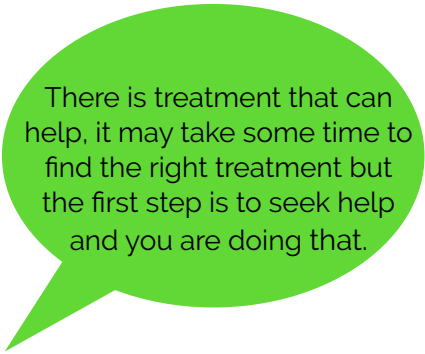
Reassess the risk of harm and if the risk is immediate or at serious risk of harm then contact emergency services.

### **Step 3 - Provide support and information**

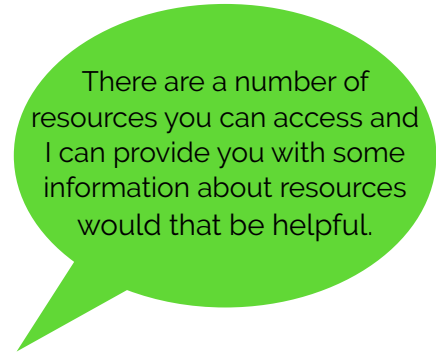
Begin to discuss options, but respect Jenny's right to choice, privacy and confidentiality.



Take each day as it comes.  
Focus on taking the next step rather than the journey ahead.  
Make it manageable for you.  
Be kind to yourself, these feelings can pass.



There is treatment that can help, it may take some time to find the right treatment but the first step is to seek help and you are doing that.



There are a number of resources you can access and I can provide you with some information about resources would that be helpful.

Provide only appropriate resources such as NHS, MIND, Samaritans.

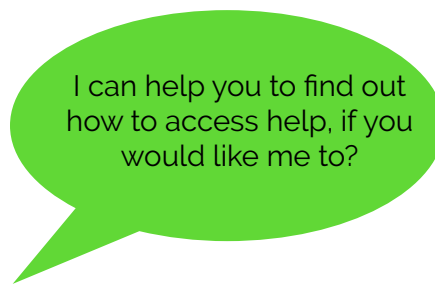
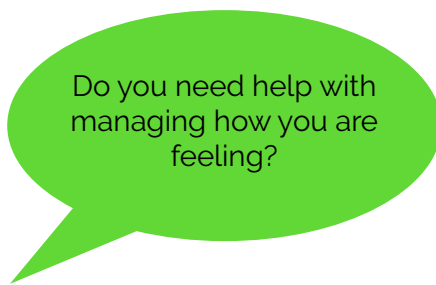
Do not over commit to a level of support you can not provide or that you are not in a position to provide and do not feel guilty or responsible for someone else's behaviour. You can only control your own behaviour.



Reassess the risk of harm and if the risk is immediate or at serious risk of harm then contact emergency services.

#### **Step 4 - Encourage appropriate professional help**

Discuss options and consider reasonable adjustments



Types of professional help includes:

- GP
- Occupational health
- Counselling
- Psychiatrist
- Mental health nurses
- Helplines
- Social workers
- Hospital

Consider any reasonable adjustments that may be beneficial. These may be temporary adjustments to support Jenny through a crisis, or they may become longer term in order to enable Jenny to continue with undertaking her duties.

Jenny may express that she does not want help, so explore her reasons for this as they may be based on mistaken beliefs. Stigmas and fear can create a barrier to seeking help, but by treating Jenny's mental health illness in a non-judgemental way, then the barrier may be broken down.

If Jenny continues to decline the option of professional help, then accept her wishes, but reaffirm the option is available should she change her mind.



Reassess the risk of harm and if the risk is immediate or at serious risk of harm then contact emergency services.

## **Step 5 - Encourage other support**

Talk about other support that is available, such as:

- Family
- Friends
- Support groups
- Self help strategies

Feeling supported by family and friends can enable Jenny to recover sooner.

Accessing support groups may enable Jenny to validate how she is feeling, to enable her to make sense of it and to feel less isolated and alone. Gaining useful insights from other individuals experiencing similar feelings and thoughts.

There are a range of self help strategies such as acupuncture, mindfulness, yoga, getting adequate sleep, regular exercise, creativity and ensuring good nutrition. These strategies can provide a purpose and a sense of regaining control.

Encourage Jenny to consider self help strategies, but have an awareness that the effectiveness of the strategy depends upon Jenny's interests and severity of her mental health illness. Be mindful to not be forceful when encouraging self-help and also that Jenny discusses any options with a professional to ensure that the strategy is supportive of any treatment being received.



Reassess the risk of harm and if the risk is immediate or at serious risk of harm then contact emergency services.

## Reducing the risk of suicide

Business in the Community in association with Public Health England and supported by Samaritans, have created a toolkit for employers to reduce the risk of suicide. This guide is based on that toolkit and the full toolkit can be access through the link below.

<https://www.bitc.org.uk/wp-content/uploads/2020/02/bitc-wellbeing-toolkit-PHESuicidePreventionToolkit-Feb2020.pdf>

### Strategy

An effective strategy for suicide prevention is based on open and honest conversations about mental health.

Suicide prevention initiatives should be embedded through an occupational health, safety and well-being policy. A safe and healthy workplace is one where employees feel valued, secure, where pressures from work and home life are recognised and measures are implemented in order to minimise pressures, and employees have a sense of reasonable control over the work they do.

A safe and healthy workplace can be achieved by:

- Promoting good mental health and de-stigmatising mental health problems
- Reducing stress at work
- Preventing and taking action against bullying and harassment
- Extending support and psychological health services
- Educating and training managers and other key employees

### The six management standards

Management standards are the primary sources of stress within the workplace and if they are not properly managed then this can result in poor health and well-being, reduced productivity and increased sickness absence. The six management standards are:

- Demands - workloads, work patterns and working environment
- Control - level of influence the employee has over the way in which they undertake their work
- Support - encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- Relationships - promoting positive working to avoid conflict and dealing with unacceptable behaviour
- Role - understanding of role within the organisation and whether the organisation ensures that there are no conflicting roles
- Change - how organisational change is managed and communicated

### Unexpected stressors and uncertainty

Employees will respond differently to different situations and an unexpected stressful event may result in feelings of worthlessness, hopelessness or shame.

It is vital to offer support to an employee, for example, an employee under investigation may feel isolated, particularly when advised that they can not discuss the matter with colleagues, so this should be taken into account.

In addition, the timing of communications and meetings may cause high levels of distress or feel traumatic for the employee, so they should be encouraged to seek support and assistance can be provided in order to access this support.

## **Restricting access**

Individuals may have suicidal thoughts but the decision to take their life can be impulsive.

A risk assessment of the workplace is necessary and security measures should be implemented to restrict access to lethal means. Although the ability to control access to lethal means will be dependent upon the nature of the employee's work and the physical layout of the premises.

Steps that can be taken include:

- Restrict access to hazardous areas through locks, coded passes, or barriers/fences
- Conduct frequent audits of hazardous stock or equipment
- Carry out unannounced spot checks to ensure compliance with security measures
- Use formal or informal conversations with employees to inform the risk management
- Ensure line managers share information that may affect the risk assessment with other departments
- Use CCTV and surveillance to review high risk areas to increase the change of intervention.

## **Identifying employees at risk**

There are certain facts which may increase the risk that someone will commit suicide, these include:

- Gender - men are the most at risk group, but the suicide rate amongst women has been increasing
- Age - age group 45 to 69 has the highest suicide rate
- Bereavement - higher risk of suicide after the death of a family member or friend
- Sexual orientation and gender identity - the risk is significantly higher for the lesbian, gay, bisexual and transgender community
- Mental illness
- Socio-economic status
- Behavioural - patterns of behaviour such as alcohol, substance dependence and self-harm are indicators of a risk of suicide
- Psychological and attitudinal - perfectionism, over-thinking, feeling defeated, hopelessness, feelings of not-belonging and being a burden increase the risk.

## **Signs an employee may be struggling**

Not every employee who is considering suicide will display warning signs, but there are some signs of change which may identify that an employee is struggling and enable a level of intervention.

Signs of struggling include:

- Changes in productivity - deterioration, lethargy, new pattern of lateness/absence, recent inability to concentrate or complete work
- Changes in social functioning - deterioration, withdrawal, isolation
- Changes in personality or behaviour - extreme mood swings, acting anxious or agitated, showing rage, uncontrolled anger, behaving recklessly
- Increase alcohol or drug use
- Changes in eating and sleeping patterns
- Signs of self harm

## **Responding to warning signs**

If you have concerns that an employee is considering suicide, then seek advice from HR and occupational health. Other support services can help such as accessing support from the Samaritans, and always remember that it is important to manage your own wellbeing and that of other colleagues who are providing support.

## **Reaching out to the employee**

- Ask them how they are
- Listen to them without judging their responses
- Mention that you have noticed changes in their behaviour and express concern about their wellbeing
- Suggest occupational health, accessing professional health services, Samaritans and CALM (Campaign Against Living Miserably)
- Continue to provide support, making it clear that you will always be willing to listen
- Always follow up with other people where possible to ensure that action has been taken

## **Employees at immediate risk**

- If the danger for self-harm seems imminent, call 999
- Stay with the employee until professional help arrives
- Encourage the employee to talk but do not promise to keep the conversation confidential
- Ask if there is anyone they would like to call, including their GP, mental health professionals, or the Samaritans. Give them space to make that call or support them to make the call
- Contact appropriate personnel to advise of the situation within the organisation in accordance with any policy provisions
- Once under the care of a professional, agree as to whether the employee would like you to stay with them or not
- Get support for yourself as the situation can have a significant impact once the immediate risk has passed



## Suicide postvention

The suicide of an employee can have a profound and long lasting impact on employees.

'Postvention' refers to the use of activities to help individuals in the aftermath of a suicide. These activities are crucial to help reduce the risk of another suicide.

The response to a suicide will be dependent upon the nature of the organisation, size of the workforce and the circumstances of the death. Effective postvention can ensure appropriate care and support is provided to employees.

### Key steps

Be prepared

- have organisational support for suicide postvention as part of crisis management
- Include suicide postvention in mental health training for line managers
- List internal/external personnel who should be alerted in the event of a suicide at work
- Ensure key personnel accept and understand their role
- Know the legal obligations
- Develop a communications strategy for a suicide (internal and external, including social media)

When suicide happens

- Support and promote healthy grieving
- Avoid assumptions about how employees will respond
- Encourage mutual support
- Provide group support sessions where possible
- Provide counselling for employees who are significantly affected
- Allow employees time off work but encourage the employee to resume daily routines
- Seek professional health and support for employees experiencing long-term problems

Legacy phase

- Work with employees to find the best way to celebrate the life of the deceased
- Be prepared for dates or events that may be sensitive to those affected by the suicide
- Give thought and be sensitive to how to deal with workspaces previously used by the deceased
- Review the organisational response to the suicide and be prepared to share the learning points with other within the organisation



## Safety Plan

### Example:

<p>What I need to do to reduce the risk of me acting on the suicidal thoughts:</p> <p><i>Remove stockpile of medication – take them to pharmacy. Throw away blades.</i></p>
<p>What warning signs or triggers are there that make me feel more out of control?</p> <p><i>Staying home, alone, in bedroom, brooding.</i></p>
<p>What have I done in the past that helped? What ways of coping do I have?</p> <p><i>Phoning Jo and being honest with her. Keeping busy. Being with other people. Writing down my thoughts and feelings – and reminding myself of alternative ways of looking at things.</i></p>
<p>What I will do to help calm and soothe myself:</p> <p><i>Focus on my breathing. Do something else, anything, for at least 20 minutes. Then do something else if it still feels overwhelming. If I still have suicidal thoughts – I'll call Jo (or others in my plan) If that doesn't help, I'll go to A&amp;E.</i></p>
<p>What I will tell myself:</p> <p><i>I've got through this before, I can get through it now. These are horrible thoughts, but they are just thoughts, I don't have to act on them. I love Jo and my family, and I don't want to hurt them. This will pass.</i></p>
<p>What would I say to a close friend who was feeling this way?</p> <p><i>You will get through this. You will feel better tomorrow and be grateful that you didn't die. Just do what helps. You'll be okay.</i></p>
<p>What could others do that would help?</p> <p><i>Jo will remind me of my safety plan.</i></p>
<p>Who can I call:</p> <ul style="list-style-type: none"><li>• Friend or relative: <i>Jo xxxxxxxx</i>                      Another? <i>Denise xxxxxx</i></li><li>• Health professional: <i>Dr xxxxxxxx</i>                      Other? <i>CPN Tom xxxxx</i></li><li>• Telephone helpline: <i>Samaritans 116 123</i>                      Other? <i>xxxxx</i></li></ul>
<p>A safe place I can go to:</p> <p><i>Jo's place. The day centre.</i></p>
<p><b>If I still feel suicidal and out of control:</b></p> <ul style="list-style-type: none"><li>• <b>I will go to A&amp; E department</b></li><li>• <b>If I can't get there safely, I will call 999 (112, 911)</b></li></ul>

[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk) © Carol Vivyan & Chellie 2011. Permission to use for therapy purposes. [www.get.gg](http://www.get.gg)

## **Suicide Prevention**

### **Samaritans**

[www.samaritans.org](http://www.samaritans.org)

<https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/>

<https://www.getselfhelp.co.uk/docs/SafetyPlan.pdf>

### **International Association for Suicide Prevention (IASP)**

[http://www.iasp.info/suicide\\_and\\_the\\_workplace.php](http://www.iasp.info/suicide_and_the_workplace.php)

### **CALM (Campaign Against Living Miserably)**

[www.thecalmzone.net](http://www.thecalmzone.net)

### **National Suicide Prevention Alliance (NSPA)**

[www.nspa.org.uk](http://www.nspa.org.uk)

### **World Health Organisation's Preventing Suicide**

[http://apps.who.int/iris/bitstream/10665/43502/1/9241594381\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf)

## **Resources for good mental health**

### **Business in the Community's Mental Health Toolkit for Employers**

<https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/>

### **Mind resources to support workplace mental health**

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

### **HSE Management Standards for work related stress**

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

### **Business in the Community's crisis management in the event of suicide: a postvention toolkit for employers**

<https://www.bitc.org.uk/toolkit/crisis-management-in-the-event-of-a-suicide-a-postvention-toolkit-for-employers/>

## **Resources to assist with starting and having difficult conversations**

### **Samaritans**

<https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/how-support-someone-youre-worried-about/>

### **Mind**

<https://www.mind.org.uk/information-support/helping-someone-else/supporting-someone-who-feels-suicidal/about-suicidal-feelings/>

### **Harmless**

<https://harmless.org.uk/wp-content/uploads/2020/09/TP-Tri-fold-Supporting-Someone.pdf>

### **It's safe to talk about suicide leaflet**

[http://www.exeter.ac.uk/media/universityofexeter/ref2014/documents/UoA2\\_leaflet.pdf](http://www.exeter.ac.uk/media/universityofexeter/ref2014/documents/UoA2_leaflet.pdf)



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