1. Being aware of mental health problems

It is important to be aware of the types of mental health problems that may be experienced within the workplace. This awareness is not about having an expertise of each condition, it is about recognising signs of more common mental health problems such as anxiety and depression. As part of this awareness, it is also beneficial to understand that the way in which a mental health problem affects an individual’s ability to cope at work will depend on that individual’s level of susceptibility, resilience and breadth of coping skills. This guidance document aims to equip managers with some basic skills and information to assist them in supporting the mental health of the individuals in their team.

Further guidance on understanding mental health problems can be found at: Mind Mental Health A-Z

2. Recognising early signs of distress

Whilst managers are not expected to diagnose mental health problems within their staff, it may be helpful to be able to recognise early signs of potential concern or distress.

The table below is not exhaustive but the presence of one or more of these could be a sign of a possible mental health problem.

However, it is important to note that if one or more of the signs below are observed, this does not automatically mean the employee has a mental health problem – it could be a sign of another health issue or something else entirely. Always take care not to make assumptions, nor listen to third party gossip, but talk to staff directly.
### Potential indicators of a mental health problem

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Behavioural</th>
</tr>
</thead>
</table>
| • fatigue  
  • appetite and weight changes  
  • changes in sleep patterns  
  • visible tension or trembling  
  • nervous trembling speech  
  • sweating | • anxiety or distress  
  • tearfulness or feeling low  
  • mood changes  
  • indecision  
  • loss of motivation  
  • loss of humour  
  • increased sensitivity  
  • distraction or confusion | • increased smoking and drinking  
  • using recreational drugs  
  • withdrawal  
  • irritability, anger or aggression  
  • restlessness  
  • intense or obsessive activity  
  • repetitive speech or activity  
  • impaired or inconsistent performance |

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Behavioural</th>
</tr>
</thead>
</table>
| • difficulty relaxing  
  • lapses in memory  
  • illogical/irrational thought processes  
  • difficulty taking information in  
  • increased suicidal thoughts | • uncharacteristic errors  
  • increased sickness absence  
  • uncharacteristic problems with colleagues  
  • apparent over-reaction to problems  
  • disruptive or anti-social behaviour | |

### 3. Create time to talk and encourage staff to talk openly

Creating regular opportunities to talk with staff members is important for all staff but particularly those who are experiencing or have experienced mental health difficulties. Such individuals may be anxious about discussing their mental health, so it is important to let the staff member know that the meeting is confidential and to ensure that any information shared within the meeting is handled sensitively. Discussions should focus on how the symptoms of a condition affect the individual’s ability to perform well at work and/or how the work affects the condition.

A personal [Wellness Action Plan (WAP)](link) is a useful tool available to both staff and managers to help identify triggers that may exacerbate mental health or other wellbeing difficulties (link).

Staff who maybe experiencing difficulties can be encouraged to complete a WAP whilst they are feeling well. A WAP can facilitate and encourage discussion and help achieve an effective balance between gaining necessary information to help support an individual and identifying strategies to avoid triggers.

Discussions about mental health may form part of an existing regular one-to-one meeting,
where you can use some time to ask about the individuals wellbeing. If these discussions can become a consistent and normal part of regular line management one-to-one conversations, this will enable timely intervention, particularly if managers also recognise the early signs of potential mental health problems.

Try to put assumptions about mental health problems aside, particularly those relating to stereotypes. It is unhelpful to speculate about what symptoms the staff member may or may not have and how these may or may not affect their ability to do their job, before the individual has had the opportunity to share information relating to their mental health. It will be easier for the staff member to talk openly about their problem, if assumptions are avoided.

### Questions to ask vs. Questions to avoid

<table>
<thead>
<tr>
<th>Questions to ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How are you doing?</td>
</tr>
<tr>
<td>• You seem to be a bit down/upset/ frustrated/angry, is everything okay?</td>
</tr>
<tr>
<td>• I’ve noticed you’ve been arriving late recently and I wondered if you’re okay?</td>
</tr>
<tr>
<td>• I’ve noticed the reports are late when they usually are not, is everything okay?</td>
</tr>
<tr>
<td>• Is there anything I can do to help?</td>
</tr>
<tr>
<td>• What support do you think might help?</td>
</tr>
<tr>
<td>• Have you spoken to your GP or looked for help anywhere else?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Questions to avoid</td>
</tr>
<tr>
<td>• You’re clearly struggling. What’s up?</td>
</tr>
<tr>
<td>• Why can’t you just get your act together?</td>
</tr>
<tr>
<td>• What do you expect me to do about it?</td>
</tr>
<tr>
<td>• Your performance is unacceptable right now – what’s going on?</td>
</tr>
<tr>
<td>• Everyone else is in the same boat and they’re okay. Why aren’t you?</td>
</tr>
<tr>
<td>• Who do you expect to pick up all the work that you can’t manage?</td>
</tr>
</tbody>
</table>

Talking about mental health problems may not be easy for the manager or the staff member particularly if external factors may be playing a part. A manager may be afraid of saying the wrong thing but it is important to understand that saying nothing may be more detrimental. By speaking to the member of staff when there are early signs of distress, a manager may be able to prevent problems from escalating. A completed personal Wellness Action Plan can help these conversations and it is vital to focus on the person, for example how they feel and the contributing factors. Some external factors may be completely outside the influence of the manager however in such cases the individual may be able to gain help and support from other sources such as staff counselling (see Section 5, below).

Being sensitive and supportive of a member of staff with mental health problems is essential. It is also important to recognise that every person has a unique experience which will affect them in diverse and unique ways.

### 4. Workplace Triggers

A key part of spotting the signs of poor mental health is for managers to be alert to potential workplace triggers.
A local school or service work related stress risk assessment should be in place (https://www.bristol.ac.uk/safety/media/gn/stress-ra-gn.pdf). In addition, Managers are encouraged to consider completing an individual work related stress risk assessment. Further guidance can be found here: https://www.bristol.ac.uk/safety/media/gn/stress-gn.pdf This should be discussed with the HR Manager/Officer.

5. Staff Counselling Service

The University of Bristol provides a Counselling Service available to all staff, and managers should make their own staff aware of this at any stage of difficulty where they think it is appropriate.

Staff can make contact with the University of Bristol Staff Counselling Service on (0117) 9300261 or by emailing staff-counselling@bristol.ac.uk

The University also offers an Employee Assistance Programme (EAP) which is run by Care First and offers, among other things, a helpline with confidential, 24-hour personal assistance from experienced counsellors. The helpline number is 0800 015 5630.

Depending on the circumstances, the EAP may offer a series of counselling sessions, either remotely (by phone or online) or face-to-face. More complex cases might be referred back to the University’s in-house Staff Counselling Service.
For further information about the EAP, please refer to: https://www.bristol.ac.uk/hr/wellbeing/

6. Staff in extreme crisis

If a member of staff is in extreme crisis and managers are concerned that they are a risk either to themselves or to others, the manager is advised to take one or more of the following actions, depending on the circumstances:

   a. Refer the issue to Security Services.
   b. Refer the issue to your HR Business Partner
   c. Refer to the wellness action plan if there is one where there may be instructions on how to support the staff member in the event of a crisis
   d. If you are unable to access any of the above for support then you should refer to the Bristol Mental Health Crisis Service following the link below:

   https://www.awp.nhs.uk/our-services/urgent-care/control-room-triage

There is no expectation for managers to engage in work outside of working hours. However, in the event a manager becomes aware of an individual in a crisis situation during non-working hours, the manager has a few options available to them:

1) Attempt to contact the individual directly

2) Contact an emergency contact / next of kin (if applicable), if contact with the individual cannot be made.

   It is worth recognising that you will not necessarily know the exact nature of the relationship between the individual and next of kin / emergency contact. Contacting a next of kin / emergency contact could be considered in this situation where there is a clear need for support from such an individual and it is in the vital interests of the employee. This is where their wellbeing, or that of others, is deemed to be at high risk (usually taken to be life or death scenarios where support from the nok/emergency contact could potentially prove beneficial).

3) In the event you are sufficiently concerned and believe there is an immediate danger, it would be appropriate to call 999.

If contact is made with a next of kin, emergency contact or emergency services, only necessary and proportionate information should be shared. This is deemed to be any information that is required to explain the situation and facilitate the provision of support.