Sustaining Work-Relevant Mental Health Post COVID-19 Toolkit

This toolkit presents a range of information and guidance which aims to assist organisations and staff in managing work-relevant mental health. It is not a definitive document, but rather endeavours to be a useful and comprehensive resource providing an evidenced-based approach to supporting mental health in the workplace. The toolkit’s objective is to offer focused and practical solutions to reduce, or eliminate, problems which contribute to work-relevant mental ill health. In doing so, the toolkit’s purpose is to both help protect the workforce and the organisation during the post COVID-19 period.

Outlining good practice

• What is work-relevant mental health?
  o Mental health considers the overall well-being of individuals, i.e. positive health, including coping well with life stressors, being able to work productively and engaging with their community. At work, protecting staff’s mental health is not just morally justified, but is also required legally as part of occupational safety and health legislation. Protecting staff’s mental health will minimise the likelihood of them experiencing work-related stress which places staff at risk of suffering mental health conditions such as depression, substance misuse or a number of anxiety disorders. Work-related stress can also be associated with job-related syndromes, such as burnout or compassion fatigue. In some trauma-exposed professions, staff will also be at increased risk of suffering post-traumatic stress disorder (PTSD), and complex post-traumatic stress disorder (CPTSD).

• How can the mental health of staff be supported?
  o This is a joint responsibility between organisations and workers as occupational safety and health is best achieved when everyone who will be affected can contribute to the solution by helping to formulate effective policies and practices.

• Why should things be different once the lockdown comes to an end?
  o The effects of the pressures that workers will have experienced during COVID-19 are likely to continue over the short- to medium-term. They are not likely to simply end because the lockdown is no longer in place.
Whatever the ‘new normal’ is, it is likely to include a degree of fear, uncertainty and loss of control. For some loneliness will continue as the situation remains fluid.

Individuals are more likely to experience mental ill health after the trauma of COVID-19 if they:
1) do not have access to effective social support (including colleagues, supervisors, family and friends) and
2) have to cope with various experiences directly related to COVID-19 e.g. moral injury (the guilt, shame, disgust or anger to arise when the situation strongly clashes with someone’s moral or ethical code), ill health, bereavement, or experience secondary stressors e.g. financial difficulties, relationship problems, altered working conditions etc. Different types of work are likely to have different effects such as the risk of trauma-related ill health for some key workers, or fears about coming back to a work environment for workers who have been working completely remotely or who have previously been furloughed.

The work or job strain may change due to the different challenges to emerge: these may include job security, moving to different types of work, and ‘blended’ working (the flexibility to work when one chooses, such as traditional hours or weekends; how long one chooses, such as short or long hours; and where one chooses, such as on-site or off-site).

- You have a legal duty
  - Organisations have a legal duty in respect of the occupational safety and health of its workforce, and this is the same for workers who have a duty to comply with reasonable rules and regulations. As this lies with both groups, they should work together to sustain the workforce’s mental health.

- You can enhance the functionality of the workforce, which should
  - Reduce sickness absence without increasing the damaging effects of presenteeism, i.e. working when ill.
  - Aim to ensure that performance and productivity are not adversely affected in the short- and medium-term by overwork, unhelpful work practices, poor relationships at work or similar challenges.

- There may be higher risk groups who need specific support
  - Those with pre-existing health conditions
  - Those who are clinically extremely vulnerable, i.e. those who have a severe disease or require intense treatments
  - Those who are shielding
  - Those workers who are acting as carers for any person who falls into one of the groups above.
You must take account of those groups whose vulnerability may increase because:

- They have a disability
- They fear discrimination
- They have a long term mental illness
  - These groups of workers are protected against unfair treatment under the 2010 Equality Act.

**Why should you continue to support workers when work returns to ‘normal’?**

- Many staff will find transitioning into new roles and/or new ways of working to be challenging. Also, you need to have policies and practices in place to tackle major crises in the future.
- If a second lockdown occurs, rapid change will again be required.
- Furloughed workers will be returning as ‘new’ workers who will need to re-adapt to the workplace and a workplace culture that might have shifted in the ‘new normal’.

**How can you support your work colleagues – at work and at home?**

- You can enhance the support for colleagues who are working remotely, especially in terms of their physical and emotional risks.
  - Guidance could include:
    - Information on how to manage their remote working
    - Information on how to look after their work-life balance, when their workplace is also their home
    - Ensuring the appropriate risk assessments have been done
    - Providing display screen equipment (DSE) training, if using relevant equipment, e.g. PCs, laptops, tablets and smartphones
    - Effective communication, such as updates from the organisation, which are frequent, but not excessive
    - Taking a listening + empathy-focused approach (keeping in touch with their line manager and other colleagues; Health and Safety Executive’s (HSE’s) talking toolkit; employee assistance programmes (EAPs); volunteer support services, such as the Samaritans etc.)
    - How to work with confidential issues, as well as complying with data security and privacy.
- You can enhance managers’ skills in supporting remote workers and those experiencing transitions.
- You can enhance how leaders and managers have challenging conversations (including about staff’s mental health) and gain insight into people’s personal circumstances, and how these might constrain the ability to work.

**Is this an investment that will be expensive?**

- It does not have to be expensive. Two of the zero-cost, but effective, approaches which organisations can use are: 1. **listening to workers**,
i.e. giving them a voice and 2. **involving workers in what needs to be done** to support mental health. Depending on your financial situation, you can decide when to introduce other approaches that have a cost attached to them.

- **Would the same practices and types of support provided during the lockdown not be sufficient?**
  - Some of these might be useful, but the lockdown was fairly instant, compounded by constantly changing workplaces and work environments; this resulted in organisations taking a reactive approach to managing the mental health of its workforce. It is better to take a more proactive approach in assessing what are the key concerns and stressors within the continually changing or soon to be changed workplace to see what is most feasible.

- **I do not have the time to do this, how long will it take?**
  - As with any situation, this will depend on the resources that exist in the organisation. You may wish to invest in one action, assess how that works, and when you complete that, move to another that is within your control, in terms of time, finances, and implementation.

- **How long would I need to do this?**
  - The risk assessment of any workplace issue, in terms of the safety or health of workers, is a continuous process. Any change or new intervention should be assessed to determine if it is working, if it needs adjusting, or if it requires an alternative approach. COVID-19 has added uncertainty in how workplaces can function at their best, with an added challenge of the fluid nature of the situation. The regular assessment of risks to mental health is a best practice, but you should work within your resources in ensuring that this occurs.

**Guidance to provide support and reduce stressors in the workplace**

Whilst many organisations will have made substantial and rapid changes in the ways that they operate due to the COVID-19 pandemic, in the main these will not be sustainable in the longer-term and patterns of working will have to be adjusted as staff return to the workplace. Future changes will have to take account of the transition period before the possible development of a vaccine, i.e. when the ‘test, track and trace’ strategy is in place, and when workers are able to assume their normal working patterns. Of course, it is also quite possible that some workers may not resume ‘normal’ working patterns for a long while, if ever. For example, post COVID-19 it is quite possible that more people are likely to work remotely, than return to a physical workspace. Those returning to, or having been functioning within buildings will have to cope with new ways of interacting with others to support the physical distancing requirements of reducing the infection rate of the virus. The following are some of the ways that organisations can support their workers’ mental health.
The three-stage approach is one of the best ways to ensure you eliminate or mitigate those stressors that contribute to mental ill health at work. These stages aim: to **prevent** mental ill health (i.e. at an organisational or primary level), to **detect** mental ill health (i.e. at a team/group or secondary level), and to **treat** mental ill health (i.e. at the individual or tertiary level). They provide a **structured and systematic approach** to ensure that stressors are addressed at their respective source. Some examples are provided for each of these levels in Table 1.

### Table 1: The three stage approach

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<th>Organisation</th>
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<th>Individual</th>
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<td>Job (re)design</td>
<td>Train supervisors</td>
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<td>Assess work stressors</td>
<td>Enhance the support between team members</td>
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<td>Assess leadership</td>
<td>Foster a ‘we’ve got each other’s back’ climate</td>
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<td><strong>Detect (secondary)</strong></td>
<td>Assess work stressors</td>
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<td>Provide training</td>
<td>Assess psychological safety</td>
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<td></td>
<td>Adopt a ‘nip it in the bud approach’</td>
<td>Assess support systems</td>
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<td>Assess work stressors</td>
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<td>Provide training</td>
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<td></td>
<td>Adopt a ‘nip it in the bud approach’</td>
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<td>Provide and support occupational health services</td>
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<td>Provide and support employee assistance programmes (EAPs)</td>
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<td>Provide and support a graded return to work</td>
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**Prevent mental ill health at the organisational or primary level**

The prevent-focused level seeks to minimise the risk of workers succumbing to work-related stress. Organisations should consider exploring the following recommended actions as outlined. There are resource implications for all of these, whether time, finance, people, or perhaps systems such as information technology systems. It would be useful therefore to explore which you can carry forward and when, but
taking into account the prediction of an increase in mental ill health due to the impact
of the coronavirus.

**Job (re)design**
The rapid development of infection rates of COVID-19 had a considerable impact on
the workplace, with significant changes for workers in how, when and where they
work. Some have taken on new roles with limited or no training, and may not wish to
return to previous roles. Others might be experiencing role stress, particularly work
overload, where their job roles have expanded. Some may have experienced ‘role
creep’ where they have been obliged to take on work from colleagues whose
personal circumstances mean that they have been unable to fulfil some aspects of
their job. These changes in respect of the tasks and responsibilities within a job role
have the potential to cause feelings of unfairness and injustice and lead to
psychological contract violations.

You may wish to explore if the jobs in the organisation should be re-designed to
better meet the organisation’s ‘new’ objectives, so it would be useful to consider:

- What needs to change?
- What can be changed?
- How can the change be best managed?

You should:

- Ensure that you involve the workers in any changes to their respective job
  roles.
  - Be aware that people who may have been able to craft their job roles
during lockdown may be reluctant to relinquish these tasks.
  - Ensure equity between workloads, bearing in mind that some people
will have to accommodate caring responsibilities.
- Discuss any changes with teams, especially if tasks have been reallocated, to
  minimise perceptions of unfairness and enhance control.
  - Due to the frequent changes and needing to adapt quickly in the past,
there may be resistance to some of the new changes. Workers may be
fragile, fatigued by the many changes, or uncertain still about the future
and their job security. You can reduce or eliminate this by having and
maintaining an active dialogue about any changes.

**Explore how best to reduce or eliminate stressors in the workplace**
Work-relevant mental ill health occurs when workers’ ability to manage the stressors
they encounter are reduced due to the lack of resources. These resources could be
in the form of not having the required equipment to do the job and do it well, result
from low control or autonomy in making a decision, lack of clarity about their work
role, or a lack of skills or information needed to do the job. Work-relevant mental ill
health tends to focus initially on work-related stress, which can then progress to
work-related anxiety, work-related depression, or even PTSD as discussed above.
The HSE’s Management Standards for work-related stress approach is a free tool
that organisations could use to assess and address those work characteristics that
lead to work-related stress. These work characteristics are: Demands, Control,
Support, Relationships, Role, Change, and have been shown to be the main
indicators of work-related stress. Depending on the issues you anticipate may exist
in your organisation, you may wish to add additional questions to assess for
example, perceptions of job security, motivation, presenteeism, job satisfaction, organisational climate and intention to leave. In some industries, there are likely to be more job specific hazards that could be experienced, e.g. related to roles such as teaching, nursing, risky work etc., and these should be explored.

The HSE provides numerous resources in respect of the Management Standards approach to assess those characteristics that can increase the mental ill health of workers. This includes a talking toolkit that supports a structured discussion on work-related stress. These are free to use, are available on the HSE’s website, with specific resources for small and medium enterprises (SMEs) to assess work-related stress, and most importantly do not require any particular expertise. Some of the respective webpages are provided.

What are the Management Standards?
https://www.hse.gov.uk/stress/standards/
Tackling work-related stress using the Management Standards approach
https://www.hse.gov.uk/pubns/wbk01.htm
Talking Toolkit: Preventing Work-Related Stress
Stress risk assessment
Tackling work-related stress using the Management Standards approach. A step-by-step workbook
https://www.hse.gov.uk/pubns/wbk01.pdf
How to tackle work-related stress: A guide for employers on making the Management Standards work
https://www.hse.gov.uk/pubns/indg430.pdf
Working together to reduce stress at work: A guide for employees

**Leadership**

Effective leadership at senior levels, as well as what is provided by supervisors and line managers, are core factors in supporting the mental health of workers. Teams, even when operating in the most arduous of environments, are more likely to function well and avoid the onset of serious mental health difficulties, if their supervisors create the right team spirit. Good supervisors have a range of important skills and attributes including looking out for team members’ safety, awareness of the individual circumstances of each employee, communicating with team members regularly, not taking on extra work to make themselves look good at the expense of their team members, and not criticising team members in front of others.

Good leadership traits have been essential during the lockdown and will be required as workers return to the workplace or adjust to new work patterns.

- You may consider training leaders, managers and supervisors to ensure they have the required skills, inclusive of how best to promote mental health practices, and to feel confident speaking to team members about mental health.
- You may wish to assess the competencies that managers need to support staff who are working remotely or who are changing their working patterns (e.g. alternating working in the ‘office’ with working remotely).
Managers should also role model healthy self-care practices, e.g. not work excessively long hours and prioritise their own well-being.

There are various tools that are freely available to support you in understanding those competencies that will assist leaders in their roles. These are as detailed.

**Line Manager Competency Indicator Tool**
https://www.hse.gov.uk/stress/mcit.htm
https://www.hse.gov.uk/stress/mcit.xls

**A practical guide to managing and supporting people with mental health problems in the workplace**

**Assess the risks**

_**Working from home**_
Organisations may not have had the time to undertake robust risk assessments for all the employees who were asked to work from home. Some workers may be asked to continue to work from home over the medium- to long-term. It is essential to undertake a full risk assessment at this stage, as this request would no longer be considered as working from home on a temporary basis, and organisations will need to comply with their duty of care. You should ensure that an assessment of risk should include psychosocial risks and competencies, as well as physical hazards, and those other hazards that may occur due to poorly set up DSE workstations.

The following resources should assist you when assessing and acting on the risks.

**Protect home workers**
https://www.hse.gov.uk/toolbox/workers/home.htm

**Homeworking questionnaire**
https://www.cipd.co.uk/Images/staff-survey-preparing-for-homeworking-flexible-working_tcm18-73114.xlsx

**Worker involvement**
Worker involvement is an inexpensive action that allows workers to contribute to any change process in an organisation, and could assist also in improving on their relationships within the organisation, while helping them understand their role. This could involve having one or two workers on any workplace committees, or asking the workforce to let you know their opinion on any proposed change.

**Communication**
Effective and frequent communication, between managers, human resource professionals and the workforce, is a resource that provides workers with information on what is happening within the organisation. It supports workers in understanding their roles and the change that is happening. Communication is relatively inexpensive, but is a strong support system for reducing the uncertainty and fear that arose due to COVID-19, and thereby supports workers' mental health.
Communication should also be two-way, as employees are expected to share information about their circumstances and any area with which they are struggling. Staff who are away from work because of ill-health should be helped to remain in touch with their team as much as their illness allows.

**Detect mental ill health at the team/group or secondary level**

*Assess how groups function in the workplace*
This could be achieved by exploring the following questions as part of an organisational-wide assessment, as well as exploring with the respective groups or teams.

- Will teamwork be done remotely?
  - You need to communicate and provide support in how this would work, especially if some workers are in the office and some at working from home (i.e. ‘blended’ teams).
  - You may wish to gain insight into workers’ individual circumstances, as these will differ.
    - Have conversations
    - Use risk assessments (related to the job and personal life)
- How best should physical distancing work?
- How will team members support each other?
- What are the resources that they need to function more effectively?

*Assess the work ability of groups and teams*
The Work Ability Index (WAI) is a self-report questionnaire that assesses how well workers have the capacity to function, taking into account the workplace characteristics and the individual worker’s resources. Research has shown strong links with individuals’ scores from the WAI and understanding the potential for sickness absence from work, work disability and early retirement from the workplace. It is a tool that can be used to assess the functionality of groups and individual workers within the workplace, and thereby understand how workers can be most productive. It is freely available to use and the questionnaire is available on the shown link.

Work Ability Index (WAI)
http://www.ageingatwork.eu/?i=ageingatwork.en.tools.4

*Assess the support that is available for workers*
Support within organisations is one of the factors that boost workers’ mental health. It would be useful to consider the following when taking account of how best to support teams within the workplace.

- Introduce a buddy-buddy approach to encourage team members to pair up in order to check on each other’s welfare.
- Line managers should ensure that staff are buddied up and buddies will be asked to make active efforts to keep an eye on each other for potential indicators of distress.
  - Where possible, buddies should take their breaks together (whether they work online or face to face).
• Workers should be encouraged to take an active, but not intrusive, interest in each other’s mental health.
• All workers should be provided with a brief outline of ‘what to look out for’ indicators which show when someone may be having trouble coping and instructed to not be reticent in either speaking to the potentially distressed colleague, or raising their concerns to a supervisor.
• A keen awareness is needed of the barriers to seeking support, including stigma, for mental health difficulties (particularly if jobs are insecure), so staff may need to be encouraged to do so.
• Explore if formal support services, over and above those available on the NHS, are likely to be needed too, and how this can be obtained.
• Explore if anyone on the team has caring responsibilities, inclusive of those who are required to home school their children, and how best they can adjust their work patterns.

Provide any required training
It may be necessary to provide training to support teams/groups in gaining the skill sets to support their coping strategies, as well as the support they can provide to others. These could include:

• Active listening (especially for supervisors)
• Effective coping styles
• Peer support
• Personal and interpersonal skills
• Acceptance and commitment therapy
• Coaching
• Conflict management

Assess the psychological safety of the team
Psychological safety exists when team members feel safe to take risks and as well feel comfortable with their team members. In this coronavirus era, psychological safety allows workers to be open about any concerns and issues that they have around their mental health.

Treat mental ill health at the individual or tertiary level
During this time, it is essential to support workers returning to work after experiencing COVID-19. This would include those who were working from home, those who were working different patterns or had taken on different roles, or those who were doing intense tasks and have to adjust to pre-COVID-19 task levels.

Assess the work ability of individual workers
This is an option to establish what workers can do in their job, and would reduce the likelihood of removing themselves from the workplace to manage their mental health. The Work Ability Index (WAI) is a self-report questionnaire that assesses how well workers have the capacity to function, taking into account the workplace characteristics and the individual worker’s resources. It is freely available to use and the questionnaire is available on the shown link.
Support for workers
Research has established that workers benefit when they can access support within the workplace. This can be from peers, colleagues, line managers, senior managers or senior leaders. This could take various forms, inclusive of a solely listening service, to give the worker a voice. Workers will find these useful, and they provide a support system that should be used with other resources.

- Organisations can choose to use one or more of the listed options, depending on what is feasible for the organisation in supporting its workforce. These are support systems and should not be viewed as definitive in addressing the resources that workers receive:
  - Access to occupational health (OH)
  - Access to employee assistance programmes (EAPs)
  - Formal peer support training

- Rapid adjustments may be needed again, especially if workers are still coming to terms with the events of the past year, i.e. 2020 and into 2021. It is important to note that 'peer led' initiatives can be useful in raising awareness of mental health issues and developing a more open culture, but staff need to be given the time and support needed to fulfil this role effectively and to be supervised as they do so. Organisations have a duty to ensure that peer supporters’ mental health is protected too.
- Assess if workers have access to a physical space within the workplace that they can use if they need a quiet place to sit and reflect.
- Organisations may wish to offer other initiatives, such as mindfulness, yoga, meditation or resilience, which may help at an individual level, but they should not be seen as initiatives to address mental ill health.

Contact with workers
It is essential to keep in touch with workers frequently, so they feel connected with the organisation and with colleagues. This contact should be frequent, but not excessive. Frequent contact will make workers feel supported and support their mental health. Excessive contact may make workers feel that they are not trusted, raising their anxiety levels and could increase the risk of mental ill health.

Coping behaviours
Workers may use different coping behaviours to cope with their present stressors, as well as those they experienced during COVID-19. There are benefits of using any form of coping, e.g. active-oriented, avoidance-oriented, task-oriented, emotion-oriented, but please note that avoidance-oriented and emotion-oriented are more suitable as short-term measures. There is evidence that alcohol consumption and unhealthy eating has increased during the lockdown and some employees may also

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1 There are a number of formal peer support training packages available; different approaches may suit different workplaces
cope with stress by engaging in risky health behaviours. In turn, this can impact on their well-being and job performance, and in time their mental health.

You may wish to let the workers know of the support systems that are in place, such as:

− Occupational health
− EAPs
− Voluntary helplines
− General Practitioner

**Acknowledge individual differences**

It is essential to acknowledge that one support system will not meet the needs of all workers and it may be necessary to provide different resources for some workers. Awareness of the individual needs of each employee and the potential that they may change over time is required in order to provide the appropriate support. This should be handled as sensitively as possible.

**Free to Access Resources:**

**Caught in the Middle: 10 Tips for Managers Leading From Home**

**Finding Balance: Evidence-Based Strategies for Employers**
https://www.siop.org/Research-Publications/Items-of-Interest/ArtMID/19366/ArticleID/3153/Finding-Balance-Evidence-Based-Strategies-for-Employers

**For Work-Family Balance, Give Policy a Personal Touch**
https://www.psychologicalscience.org/observer/for-work-family-balance-give-policy-a-personal-touch

**Managing our well-being in the context of the COVID-19 pandemic**
https://media-exp1.licdn.com/dms/document/C561FAQG_NmQwvNpsGA/feedshare-document-pdf-analyzed/0?e=1590141600&v=beta&t=XnGk3yr_36yG1kOzKH7nRtbqvl1w2O9p5FzjODPy4A4

**Mental health and psychosocial considerations during the COVID-19 outbreak**
https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

**Returning to the workplace after the COVID-19 lockdown. A toolkit**
https://www.som.org.uk/Returning_to_the_workplace_COVID-19_toolkit_FINAL.pdf

**Supporting employee mental health when reopening the workplace**
https://www.apa.org/topics/covid-19/employee-mental-health
Supporting mental health in the workplace
https://www.acas.org.uk/supporting-mental-health-workplace

Workplace well-being tool

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