

Staff Stress & Emotional Wellbeing Policy

This document may be made available in alternative formats and other languages, on request, as is reasonably practicable to do so.

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required

Policy Owner:	Director of Workforce and OD
Approved by:	Health Board Partnership Forum
Issue date:	October 2016
Revised:	December 2020
Review date:	December 2023
Policy ID:	HB107

Revised December 2020:

To include section 3.4 on Preventing and Responding to Suicide in Staff

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1. Introduction

Swansea Bay University Health Board (SBU) has a legal obligation for the general health, safety and emotional well-being of its employees and is therefore committed to promoting a healthy and supportive working environment because it believes its staff is its most important asset and that their well-being is essential to effective work performance and the provision of high quality services.

This policy deals with work-related stress and is intended to give guidance to managers about the actions they need to take to diminish staff exposure to excessive workplace stress and how to support staff who may be experiencing difficulties. This policy will also be of use to individual staff members by informing them of the supports that are available within SBU.

The Stress Management Standards approach was developed by the Health & Safety Executive (HSE) to reduce the levels of work-related stress. The Management Standards represent a set of conditions that, if present, reflect a high level of health well-being and organisational performance. The Standards provide guidance on good practice through risk assessment, measurement of the current situation using surveys and other techniques, and promote active discussions with employees to help decide upon practical improvements. The Management Standards approach to work-related stress is encapsulated within this policy.

2. Policy Statement

It is the policy of SBU to promote the importance of employee well-being for a healthy working environment. The Health Board's aim is to maximise attendance and improve productivity through the process of risk management, and by the identification of stressors for staff and the introduction of control measures to reduce these stressors.

The promotion of an effective employee well-being culture will be communicated to staff via the intranet, SBU social media, Wellbeing Champions and Wellbeing notice boards, through awareness raising activities such as National Stress Awareness Day and preventative programmes/workshops, as well as educative activities such as Staff Induction and Manager Development programmes. The Health Board's Employee Stress & Emotional Well-being Policy will be continually monitored and updated, particularly when changes in the scale and nature of our operations occur.

2.1 Scope of Policy

This policy applies to all staff employed within the SBU Health Board, and SBU Volunteers

2.2. Policy Aims

The aims of this policy are:

- to raise awareness of stress and the overlap with common mental health problems
- to promote emotional well-being
- to take steps to reasonably control stress associated with work
- to assist managers to support staff
- to support individuals suffering from stress
- to communicate that all staff have a role in ensuring that work does not adversely affect well-being.

3. Workplace Stress

With regard to workplace stress this means:

- SBU Health Board will ensure that the potential for work related stress is assessed and that suitable and practical control measures are introduced.
- The Health Board will take seriously any concerns from any employee regarding work related

stress and enable managers to explore the reasons for this stress.

- Employees who suffer from work related stress will be treated sympathetically and confidentially.
- The Health Board will acknowledge that any employee could suffer work related stress and as such will provide the resources necessary, where reasonably practicable, to manage workplace stress.

3.1. Definition of Stress

Stress is the adverse reaction people have to excessive pressure or other types of demand placed on them. It is important to distinguish between pressure which can be a positive state if managed correctly and stress which if excessive and prolonged can be detrimental to health.

What triggers stress and the capacity to deal with stress varies from person to person and even within the same person at a different time. Stress is modulated by a variety of factors including support systems at home and work, personality and coping mechanisms. Stress at work is a reaction to events or experiences at work. It can occur when people perceive they cannot cope with what is being asked of them at work, or alternatively when too few demands are made of them. People can feel stressed when they are bored, under-valued or under-stimulated. No one is immune from work related stress.

Stress is not an illness but, if experienced for a prolonged period can result in psychological illness such as anxiety, depression or physical symptoms such as headaches, and if particularly high, is thought to be able to contribute to physical illnesses such as high blood pressure or heart disease and susceptibility to frequent minor illness. Signs of stress may include; emotional symptoms like mood swings and loss of confidence, mental symptoms like poor concentration, changes from normal behaviour like nervousness and changes in group behaviour like increased sickness absence. For further indicators of possible stress in an individual or within a group, please refer to [Appendix 1](#).

At an organisational level stress can result in deterioration of morale, performance and increased staff turnover. Sickness absence due to stress can cause a domino effect where increased workload due to sickness absence of a colleague can in turn lead to increased workload pressures and stress in other members of the team.

3.2. Common Mental Health Problems

Work related stress and mental health often go together. The symptoms of stress and common mental health problems are similar, for example, loss of appetite, fatigue and tearfulness can be symptoms of both. Work related stress may trigger an existing mental health problem that the person may otherwise have successfully managed without letting it affect their work. For people with existing mental health issues, work related stress may worsen their problem. If work related stress reaches a point where it has triggered an existing mental health problem, it becomes hard to separate one from the other.

Whilst the Health Board has no control over external or personal factors, it is committed wherever possible to manage risks which are within its control. The Health Board recognises that there can be an overlap between external and work related stressors which can affect a staff member's ability to function in work. In such cases, the Health Board remains committed to trying to manage the work related issues and to being as supportive of the employee as is possible whilst they access support from one of the organisational well-being interventions or other appropriate external agency they may have been directed onto. The Health Board also recognises the potential for increased incidence of mental health problems in staff with musculoskeletal disorders and the increased incidence of stress in females as compared to males (often due to female staff having dual work and caring responsibilities). The potential impact and interplay between stress and the menopause (on women and their partners) is also recognised in the NHS Wales Menopause Policy. All staff need to acknowledge they have mental health (just as all staff experience physical health) and pay attention to their mental health state and that of their colleagues.

3.3 Coping with Traumatic Workplace Events

Health service work may involve exposure to a range of serious incidents such as a traumatic death or accident on a ward, a disaster or major incident in the local community or an assault by a patient. This may be experienced by an individual employee or by a group of staff. Less dramatic events can have a similar effect if they exceed a person's capacity to cope, or if they are perceived by the person as a threat to their personal integrity. In addition to managing the practical aspects of dealing with a traumatic incident at work, managers need to support their staff in an understanding manner. Guidance regarding how managers can best respond can be found at [Appendix 2](#). The use of debriefing as a routine response to a traumatic event is **not** advocated as best practice.

3.4. Preventing & Responding to Suicide in Staff

Occasionally managers or colleagues may find themselves concerned about potential suicide risk or risk of serious self-harm in a colleague. This may be through a staff member voicing this outright or a suspicion through observing a deterioration in their mental health or a worrying change in their behaviour. This applies to staff seen on site as well as remote interactions that may take place with staff (e.g. including conversations with staff on sickness absence or other types of leave such as suspensions or those working remotely). Under SBU HB's values, we have a duty of care to each another. As such, whilst the management of such concerns should come to manager's attention to be dealt with, initial conversations may fall to any member of staff depending on the circumstances and then escalated to the manager. [See Appendix 3](#) for further specific advice and relevant crisis team contact numbers.

4. RESPONSIBILITIES

Responsibility for the effective management of stress rests at all levels of the organisation:

4.1. Staff

All staff are responsible for taking care of themselves and have a duty of care to their colleagues. If staff believe they are suffering from stress or are struggling with work-based duties, then they should contact their line manager to discuss the situation. In cases where a staff member feels that their line manager is part of the difficulty, they should endeavour to go the next level of management and explain the situation. Whilst the Health Board will make every effort to help employees, often the first step must come from the individual. Similarly, where identified to be appropriate, employees also have a responsibility to accept opportunities for well-being interventions.

4.2. Managers & Senior Managers

Operational line managers are responsible for monitoring and acting in relation to staff in the services they are responsible for. Managers have a responsibility to be aware of their legal duty as an employer and also to be aware of how to recognise early signs of stress in staff. It is important for the success of this policy that managers play an active role in its implementation. Senior Managers are responsible for taking action to reduce workplace stressors identified by operational managers wherever possible.

4.3. Health and Safety Department

The Health and Safety Department have a responsibility to offer support and advice to line and senior managers to assist them in the management of health and safety risks that may impact on the health and well-being of staff. Within the department are a number of advisers with particular skills including Case Managers who can advise on violence and aggression matters.

4.4. Occupational Health

Occupational Health are responsible for conducting health checks at recruitment and this includes the identification of previous or ongoing mental health problems to enable appropriate advice about fitness for employment to be provided both to the recruit and their appointing Officer. Within employment, Occupational Health has a responsibility to both support referred individuals who are experiencing work

related stress or who have been off sick with stress and also advise them and their Managers/Workforce Advisor about general fitness for work including, where appropriate, measures to enable a return to work such as temporary, or longer term / tailored adjustments. Occupational Health will promote self-referral to well-being interventions or can refer onto the Clinical Psychologist those individuals with distinct workplace trauma issues. The Clinical Psychologist has responsibility for conducting or providing consultation on how to conduct psychologically informed organisational health interventions to identify and address the causes of work related stress.

4.5. Workforce and Organisational Development

Workforce and OD are responsible for promoting positive cultural change within the organisation, ensuring the organisational policies, procedures and codes of conduct are accessible and facilitating discussions within areas of conflict, including allegations of bullying. They also have a responsibility to work with managers to identify adjustments within the workplace to support individuals with mental ill health and to support managers in monitoring the sickness/absence of individuals.

4.6. Staff Wellbeing Service

The aim of the Staff Wellbeing Advice and Support Service is to provide faster access to staff health and wellbeing support to ensure that staff members receive timely support by the appropriate healthcare professional. The service offers an initial telephone contact with a Wellbeing Advisor (Occupational Therapist, Staff Counsellor or Assistant Psychologist) for mild to moderate mental health (such as stress, anxiety and low mood). The service is also able to provide advice (signposting to appropriate policies and departments) in relation to human resources queries from the team's Workforce Programme Manager. Following self-referral, a confidential telephone appointment will be arranged in order to understand the employee's needs and to provide advice and, ongoing support, if necessary, with an Occupational Therapist, Staff Counsellor or Assistant Psychologist. Additionally, the service is also to signpost staff to relevant services that support staff health and wellbeing, and/or appropriate policies and departments. The service operates **9.00am – 5.00pm, Monday to Friday, excluding Bank Holidays. To access support staff can self-refer by telephone 01639 684568 or internal extension 44568, or email SBU.StaffWellbeing@wales.nhs.uk**

4.7. Staff Counselling & Clinical Psychology

Evidenced based brief psychological therapy is provided by the Staff Counsellors, assistant Psychologist and the Consultant Clinical Psychologist to staff with presenting problems which may include stress, anxiety, low mood and workplace traumatic incidents. Staff may access Staff Counselling following initial contact with the Staff Wellbeing Advice and Support Service. The Clinical Psychologist is also responsible for advising others on how to conduct psychologically informed organisational health interventions to identify and address the causes of work related stress. Access to the Consultant Clinical Psychologist is via triage from within the Occupational Health Service.

4.8. Executive

The Director of Workforce and Organisational Development is the nominated Executive Lead and shall be responsible for monitoring the implementation and compliance with this policy. The Executive Lead will also be instrumental in securing appropriate resources for the effective implementation of this policy and for bringing to the attention of the Health Board any progress or shortfalls.

4.9. The Board

Under the terms of The Health & Safety at Work Act 1974 the Health Board has a general duty of care to ensure the health and safety of its employees as far as is reasonably practicable. As such, the Health Board is responsible for monitoring problems identified and actions taken.

5. OUTLINE OF KEY MANAGER ACTIONS

There are a number of actions that managers need to consider with regards to their legal duty as an

employer:

5.1. Be preventative

Managers need to be aware of the following key aspects of the work environment, to reduce workplace stressors where possible and ensure that appropriate supports are in place. Specifically, managers should examine the following factors

- The quality of workplace relationships
- The implementation of organisational policies known to support well-being
- The way in which jobs are designed
- The quality of team working
- The availability of social support
- The availability of information about workplace stress
- Access to specialist supports (e.g. Occupational Health, Staff Counselling, Trade Unions, Staff Experience, The Guardian Service).
- Support to undertake physical activity.

Refer to [Appendix 4](#) for further information on preventative approaches.

5.2. Monitor staff wellbeing

Managers need to collect information about employee well-being on a regular basis to ensure that staff are not exposed to unnecessary risk of workplace stress. This may involve:

- Encouraging staff to raise concerns at the earliest opportunity e.g. In PADRs, Return to Work Interviews and team meetings. This may also include staff raising concerns about behaviour they may have witnessed which they perceive to be unacceptable or offensive as this can cause stress and anxiety to both the recipient and the witness. Managers need to record these concerns in order to consider whether there is a need to conduct a full risk assessment and/or decide upon a course of action at the individual or team/service level. The specific course of action will depend upon the issues identified (see under risk assessment). Any information collected from individuals should be regarded and treated as confidential.
- Collating information on performance indicators such as sickness absence, accidents, incidents, complaints and grievances. Managers should review collated data at regular intervals (e.g. monthly, quarterly, annually) in order to identify trends or emerging issues.

5.3. Conduct a work related stress risk assessment

If a manager suspects that there is a well-being issue (e.g. this could be on the basis of high sickness absence, staff retention issues, or through staff self-report), they are advised to conduct a risk assessment.

The SBU HB Work Related Stress Risk Assessment Tool ([Appendix 5](#)) can be used by managers with an individual staff member (e.g. as part of a return to work interview when work stress has been the reason for absence or more preventatively as part of their annual PADR process), with a whole team as a review, or it can be used by an individual themselves with a view to knowing their own risk factors and then discussing this with their manager. This questionnaire is based on the HSE Management Standards approach and examines factors relating to demands, control, support, relationships, role and change and thus is not a diagnostic tool. The tool follows a process of detection (of the specific stress risk/s), identification (of potential control measures), implementation (of said control measures) and review (of the effectiveness of the control measures).

Managers should ensure that best practice is followed in relation to the management and support of staff with mental health and stress related problems. Managers are directed to i) the [Line Manager's Resource: A practical guide to managing and supporting people with mental health problems in the workplace](#) and; ii) [Caring For Staff: The NHS Wales Staff psychological Health & Wellbeing Resource](#) – both of which can be downloaded from the Well-being section on the Intranet.

Consider specialist supports:

If the member of staff appears unwell then suggest that they seek specialist help:

- Encourage them to go and see their GP
- Consider a referral to the Occupational Health Department
- Make them aware of self-help resources and those supports available to them within the Health Board (see [Appendix 6](#) & [Appendix 7](#) for more details)

6. Organisational Health Check

Various sources of data such as risk assessments, identification of hotspots, activity figures (e.g. from Occupational Health, Staff Wellbeing, as well as departmental sickness absence rates will be used to provide an overview of the general health of the organisation and be provided on an annual basis to the Health Board. Should multiple hotspots be identified within SBUHB these will need to be prioritised accordingly, with guidance for priority of intervention being at the discretion of the Executive Team.

7. Investigation of Work Related Stress Absence

There is a legal requirement to examine all incidences of injury or illness caused or exacerbated by work. Within the sickness review process, it is necessary to establish the following:

- Was the absence genuinely related to stress generated in the workplace?
- What is the nature of the stressors involved?
- Have existing procedures (e.g. Grievance procedures, Dignity at Work Process) been utilised where appropriate?
- Are other people affected or likely to be affected by the absence or the situation causing the absence?
- Are the stressors still at a level where they are likely to cause further injury?
- Have steps been put in place to eliminate, or reduce the stressors to an acceptable level? Where this is not practicable has the individual's task been redesigned to remove them from the stressors? Alternatively, has the individual received training to enable them to deal with the stressors?

8. Training

The Health Board will ensure that information to assist all staff in managing personal stress is integrated within existing learning and development programmes including Corporate Induction and Management Development Programmes. Particular emphasis will be placed on:

- Awareness of the effects of unhealthy stress.
- Learning how to recognise stress in yourself and others and the strategies needed for managing stress.
- Recognising the impact of management style and individual behaviour upon stress in others.
- Manager training in mental health awareness and work related stress risk assessment.

9. Monitoring Compliance and Effectiveness

The Health Board has responsibility for monitoring data and taking an overview of compliance with the policy. A number of methods will be applied to ensure consistent compliance and effectiveness of this Policy including:

- Monitoring completion of risk assessments.
- Monitoring completion and outcomes of Return to Work interviews.
- Sickness absence data.
- Staff turnover rates.
- Exit interviews
- Complaints and grievances.

- Number of stress-related referrals to Occupational Health.
- Information from existing staff forums
- Feedback from any stress surveys/audits

Workforce will be responsible for collating this information to provide an overview to the Health Board. The Director of Workforce and Organisational Development is the nominated Executive Lead and shall be responsible for monitoring the implementation and compliance with this policy.

10. Policy Review Period

This policy will be subject to review as necessary, but no later than three years after implementation. Review of the policy will be taken to the Health and Safety Committee and the Workforce Policy Development Group for approval and will be submitted to the Risk Management Committee for ratification in line with the Health Board's procedures.

11. Associated Policies / Documents

This policy should be read in conjunction with the following policies which are available on the intranet:

- Managing Attendance at Work Policy
- Dignity at Work Process Policy
- Grievance Policy
- Redeployment Policy
- Health & Safety Policy
- Procedure of NHS Staff to Raise Concerns
- Home Working Policy

and information relating to

- Flexible Working Framework

The main areas of legislation that relate to mental well-being in the workplace are:

- The Health & Safety at Work Act 1974
- Equality Act 2010
- Human Rights Act 1998
- Management of Health & Safety at Work Regulations 1999.

APPENDICES

Appendix. 1: Signs of stress

There are some clear signs that people are experiencing stress at work. If they are detected early, action can be taken before the pressure becomes a problem, and it will be easier to reduce and eliminate the causes. It is important that everyone looks out for changes in a person's or a group's behaviour. Stress can show itself in many different ways – see below. Some of the items in this list may not be signs of stress if people always behave this way. Managers may need to manage them differently. Managers are particularly looking for changes in the way people behave that could be linked with excessive pressures.

Signs of stress in individuals

Individuals suffering from some of the following symptoms may be feeling the effects of stress. If a member of staff finds that work or aspects of their work bring on or make these symptoms worse, they need to speak to their line manager, trade union representative, Guardian Service or HR department. It may be that some action taken at an early stage will ease the stress and reduce or stop the symptoms.

Emotional Symptoms

- Negative or depressive feeling
- Disappointment with yourself
- Increased emotional reactions – more tearful or sensitive or aggressive
- Loneliness, withdrawn
- Loss of motivation, commitment and confidence
- Mood swings (not behavioural)

Mental symptoms

- Confusion, indecision
- Unable to concentrate
- Poor memory

Changes from normal behaviour

- Changes in eating habits
- Increased smoking, drinking or drug taking to cope
- Mood swings effecting behaviour
- Changes in sleep patterns
- Twitchy, nervous behaviour
- Changes in attendance such as arriving later or taking more time off.

Please note these are indicators of those experiencing stress. They may also be indicative of other conditions. If you are concerned about yourself please seek advice from your GP. If you are concerned about a colleague or member of staff encourage them to see their GP.

Signs of stress in a group

- Disputes and disaffection within the group
- Increase in staff turnover
- Increase in complaints and grievances
- Increased sickness absence
- Increased reports of stress
- Difficulty in attracting new staff
- Poor performance

- Customer dissatisfaction or complaints

It is not up to staff members or managers to diagnose stress. If there are worries about a person, recommend they see their GP. It is up to staff members and managers to recognise that behaviours have changed, to be aware that something is wrong and to take prompt action. Take care not to over-react to small changes in behaviour. Staff members need to act when these behavioural changes continue. Use these symptoms (both individual and group) as clues.

Appendix.2: Supporting Staff Members Following a Traumatic Event: Guidance for Managers

Traumatic events affecting people in the workplace occur fairly infrequently. When they do occur they are usually initially accompanied by a sense of shock. However, for some people there can be a more lasting effect. Managers want to support their staff through a difficult period at these times, but are often unsure of how best to provide this support.

Initial Reactions

Initial reactions to a traumatic event vary markedly depending upon the individuals involved and the circumstances of the event. It is likely that any immediate response might include a sense of shock and disbelief, which gradually subsides over the following hours and days. This sense of shock may be replaced by a range of feelings and reactions in the subsequent days. Emotional responses might include: fear, helplessness, anger, guilt, sadness, relief, shame and embarrassment. Other reactions might include: poor sleep and tiredness, nightmares, poor concentration or memory, difficulty in thinking clearly, loss of motivation, lack of interest, apparent indifference to other people, irritability, aches and pains, headaches, physical symptoms of anxiety and restlessness. These kinds of reactions might occur over the next few days but for most people are likely to gradually return to normal.

What can a manager do to help?

Expect some difficulties with coping initially

Some staff will appear to be coping well, others may appear to be finding things more difficult. It is to be expected that some people will be distressed by what has happened. Acknowledging possible difficulties for those involved or exposed to a traumatic incident at an early stage will help to reassure members of staff that their reactions are normal. For most, these feelings and reactions will gradually subside by themselves without the need of any formal help.

Offer information

There are a number of information leaflets available for people who have been exposed to a traumatic incident. These leaflets describe some of the feelings commonly experienced by trauma victims and give basic advice and contact numbers for those seeking help. They can help people to be prepared for what to expect and to help them understand that their reaction is normal and understandable. They also usually explain how help can be requested when difficulties don't improve. Copies of these are available from Occupational Health on request.

Talking about the incident

The response of a manager in these circumstances needs to be flexible and sensitive but not overly intrusive or smothering. In many workplace environments the most useful source of help for employees is the natural support of family, friends and work colleagues. Allowing employees space and time to talk about what has occurred, at their own pace in an informal way will be sufficient for many people. Managers can set an example to others by discussing their reaction to the event in an informal way. However it is important to equally respect any individual's preference not to talk.

Accept that the normal routine of the work place may be disrupted for a while

This is to be expected in many circumstances. Managers will usually want to gradually re-establish workplace routines, although obviously in some settings it will be essential to maintain many or most routine practices.

Should I be arranging group debriefing or formal counselling?

At one time it was routine in many settings to offer staff individual or group debriefing after a traumatic incident. However, over the past few years, researchers in the field have increasingly questioned the usefulness of debriefing and many have stopped using this form of intervention. Given the state of our knowledge at the present time the Staff Health & Well-being Service would not advocate the use of debriefing as a routine response to a traumatic event. Likewise, there is often an expectation that counselling should be offered to everyone as a routine form of practice. Again, there is no evidence that this is beneficial. Most people adjust to a traumatic incident through their own support.

When should further help be sought?

Many people will display some of the symptoms described above after a traumatic incident. Most will recover after a few weeks with support from colleagues, family and friends. However, some people may go on to develop longer term psychological problems. It would usually make sense for an individual to seek help if they feel that their symptoms are not improving after about four weeks or if they feel that their symptoms are getting worse. A manager might be alerted to possible continuing difficulties by a number of signs including the increased use of sick leave, changes in performance at work, low mood, increased irritability or reduced involvement with others. It is important that managers remain vigilant for such signs for several months after a traumatic incident.

If a manager feels that a member of staff might be experiencing continuing difficulties or if things seem to be getting worse they should attempt to discuss this with the individual in a supportive and sensitive way. Discussion of this kind will obviously be less difficult in a climate where people have been able to talk about how they have been coping. Any such discussions should obviously be carried out with the individual in private. There are a number of possible sources of help these are listed below.

Continuing Supportive Contact

If a staff member has to take time off work as a result of a traumatic incident they will usually feel more supported by the service if they have continuing occasional contact from their manager. When this does not occur some staff might feel that their colleagues are not concerned about their welfare and this can make it harder to make a successful return to work at a later date

Further Help

- General Practitioner (including possible referral on for mental health service input).
- Staff Health & Well-being Service including:
 - Occupational Health – via self or manager referral for an urgent screening assessment, advice on fitness to work and guidance about staff support. There is a limited priority service for psychological assessment following employment related trauma, through manager referral.
 - Staff Wellbeing Advice and Support Service

Appendix 3: Preventing & Responding to Suicide in Staff

The following advice covers scenarios where managers or staff are concerned about **potential suicide risk or risk of serious self-harm in a colleague**. This may be through a staff member voicing this outright or a suspicion through observing a deterioration in their mental health or a worrying change in their behaviour*. This applies to staff seen on site as well as remote interactions that may take place with staff (e.g. conversations with staff on sickness absence or other types of leave such as suspensions or those working remotely due to Covid workplace restrictions).

Under SBU HB's values, we have a duty of care to each another. As such, whilst the management of such concerns should come to manager's attention to be dealt with, initial conversations may fall to any member of staff depending on the circumstances and then escalated to the manager.

Explaining suicide & non-suicidal self-harm

Suicide: Suicide is death from an intentional self-inflicted act. In order for an act to be called a suicide attempt, it has to be done with clear intent to cause death.

Non-suicidal self-harm: Self-harm is usually defined as intentional self-poisoning or self-injury. This covers a wide range of behaviours, including isolated and repeated events (e.g. self-cutting, poisoning, scratching, burning, banging, hitting, hair pulling and interfering with wound healing). (*Talk to Me2" - The National Suicide and Self Harm Prevention Strategy for Wales 2015-2020*).

It can be difficult to distinguish between non-suicidal self-harm and suicide-related behaviour. However, the majority of individuals who engage in self-harm do not wish to die. Rather, they use self-harm as a coping mechanism that provides temporary relief from psychological distress. Although seemingly extreme in nature, these methods represent an effective form of coping for some individuals.

What leads to a person feeling suicidal?

Suicidal feelings are often the result of a complex combination of several significant factors. Suicidal feelings can affect anyone, of any age, gender or background, at any time. Typically, there is a factor or situation that negatively affects a person, destabilising their mental health, causing them to experience a growing sense of hopelessness and worthlessness. Examples of destabilising situations could include; bullying or discrimination, domestic abuse, bereavement, the end of a relationship, long-term physical pain or illness, adjusting to a big change, money problems or homelessness, isolation or loneliness, feeling inadequate or a failure, losing a loved one to suicide, addiction or substance abuse, pregnancy, childbirth or postnatal depression, cultural pressure, such as forced marriage, doubts about your sexual or gender identity, sexual or physical abuse) (Mind – How to Cope with Suicidal Feelings).

*Indicators of possible suicidal thoughts and/or intent

There is no definitive list of indicators that someone is contemplating suicide. However, the following behaviours and feelings can indicate that someone is considering this:



Are some people more at risk of suicide?

Research shows that individuals from particular sections of the population are at greater risk. Examples of these groups include men in mid-life (between 30 and 49), older people over 65 with depression and co-morbid physical illness, adult prisoners, children and young people with a background of vulnerability, people in the care of mental health services including inpatients, people with a history of self-harm, black and minority ethnic communities and people who identify as lesbian, gay, bisexual or trans (Suicide Prevention Guidance for Practitioners, C&V HB, 2017).

Discussing suicide with a staff member

Enquiring about a staff member's mental health (including the topic of suicide) requires empathy, compassion and understanding. Ideally, such conversations should take place in a safe, private and confidential space. It is important to be non-judgmental and non-reactive to enable the individual to feel able to share their thoughts. **It is important to remember that talking about thoughts, ideas or beliefs around suicide does NOT make people more suicidal.** Some individuals will raise the topic without prompting, whilst others may be too ashamed or embarrassed to admit they have been having thoughts to end their life. As such, if you are concerned about this risk with any member of staff;

- Talk openly about suicide with the individual & ask direct questions ("**are you having thoughts of suicide?**") and "**do you ever hurt yourself as a way of coping?**" as opposed to "you're not thinking of doing anything silly are you?" or "are you having dark thoughts?")

- It is not your role as a colleague to do a mental health risk assessment but getting some basic information on what thoughts they are having will enable access to the right support (e.g. “**What thoughts of suicide are you having?**”, “**How often are you thinking this?**”, “**Do you have a plan in mind to act on your thoughts?**”, “**Have you put any steps in place to carry out the plan?**”) If the individual is not physically with you (e.g. if you are speaking to them over the phone), it is important to ascertain their current whereabouts “**Where are you now?**” and if possible - “**Which GP practice are you registered with?**”
- Do not be sworn to confidentiality – explain you have a duty of care to report this, you want to keep them safe and will try to get them help.

Safety Plan

As their manager/colleague, your task is to help keep the individual safe for now and to help link them with the correct service for full assessment and support/treatment. Depending on the content of your conversation, you may advise the individual to contact their GP; you may offer to assist them in making the call and help inform their spouse/next of kin/family member of their current difficulties to ensure they are supported.

If you perceive a need to make direct contact with a medical or emergency service, the specific Crisis Team to be contacted will depend on where the individual lives (see the amber Crisis Teams contact box below). When making contact with any of the following services, you will likely be asked for:

- **Staff member's name**
- **DOB**
- **Address**
- **Current whereabouts (if there is an immediate threat to life)**
- **Current concerns**
- **If they are known to MH services**

If the individual is expressing suicidal ideas but is not demonstrating active traits (e.g. having thoughts but no plan), encourage them to see their GP.

If you are concerned out of hours - contact GP Out of Hours via NHS Direct 111.

If the individual is expressing suicidal thoughts, has a plan or is showing other possible indicator signs (e.g. is giving possessions away, gathering items to enact the plan), try to determine if they are under a Crisis Team or Mental Health services. **The following crisis teams can be contacted for advice** (dependent on the individual's address):

Swansea Crisis team : 01792 517030 – 517032 9 am – 9pm; 01792 561155 after 9 pm (CC Hospital)

Neath Port Talbot crisis team: 01639 683212. 9 am – 9pm; Out of Hours: 07968 475217

Cwm Taf Teams:

Bridgend Crisis Team: 01656 752449

CRHT North (Covering Aberdare, Merthyr): Tel: 01685 726955 / 726952

CRHT South (Covering Taff, Pontypridd, Rhondda) Tel: 01443 443443 Ext: 6388 (OOH), 4388

Cardiff & Vale Crisis Teams: North: (029) 2182 4950 (24/7), South: (029) 2182 4930 (24/7)

Aneurin Bevan Crisis Team: (01443) 802424

Hywel Dda Crisis Teams:

Carmarthen & South Ceredigion: (01267) 236017 Out of hours: 07789 712 447

North Ceredigion: (01970) 628964 (24/7)

Llanelli: (01554) 772768 Out of hours: 07787 895 178

Pembrokeshire: North (01437) 773157 South: (01437) 774042 Out of hours: 07775 581 008

Powys Crisis Teams: Ystradgynlais – access NPT Crisis Team, Bronllys: (01874) 712658

If you are concerned out of hours – contact GP Out of Hours via NHS Direct 111.

Alternatively, ask the individual to attend* their nearest Emergency Department where they will be assessed by the Liaison Psychiatry Service.

If there is an immediate threat to life (i.e. poised to enact their plan) and the individual will not engage, contact the police on 999 to attend immediately.

If there is a serious injury (e.g. bleeding that will not stop, taken an overdose), tell* the individual to go straight to Emergency Department or call an ambulance.

*If in work with the individual, you have a duty of care to ensure your colleague gets to the appropriate place for assessment, wherever possible. This may necessitate liaising with family / significant others to help with this (with the staff member's consent) or physically assisting them from the workplace to the agreed place of assessment (e.g. to their GP, the Crisis Team or the Emergency Dept).

Please note, neither the Staff Health & Wellbeing Service or any of the Occupational Health Departments provide input to staff who are in crisis and do not offer a drop-in service. Enquiries to either service will be directed as per the above signposting advice.

- **Seek support yourself after having helped your colleague** (e.g. with your own manager, the Staff Health & Wellbeing Service).

Discussing the topic of suicide and self-harm as colleagues

As a **Time to Change Wales** pledged employer, SBU staff are expected to challenge mental health stigma and demonstrate empathy and compassion towards colleagues experiencing such difficulties. Whilst discussing suicide does NOT make people suicidal, there are some words and phrases that are unhelpful to use when considering why some individuals engage in suicidal behaviours and self-harm. Phrases to be avoided include; suicide gestures, a cry for help, being manipulative or attention seeking. Perpetuating such ideas only serves to minimise the seriousness of the behaviour, the emotional pain of the individual involved and reduce colleague's empathy towards each other.

How to support staff members after a suicide

- For every person who ends their life by suicide a minimum of six people will suffer a severe impact. In the immediate aftermath, provide opportunities for staff to come together to process what has happened and to provide mutual support. Support between managers and peers is essential at this time. Some staff may need to go home, others may benefit from remaining in work and supporting one another.
- Accept that work performance will be effected for some time. Provide space, resources (e.g. tea, coffee, food) and actively encourage staff to support one another. For further advice refer to: [Appendix 2](#): (as above)
- Contact the Staff Health & Wellbeing Service Advice & Support line for additional advice. Staff may require individual and / or group emotional and psychological support in the medium-term following the death.
- Actively encourage opportunities for colleagues to promote closure and healing. For example, being involved in bereavement rituals such as attending funerals or memorials if appropriate.

- Apply sensitivity to the clearing of the workspace/desk of the deceased colleague and the subsequent appointment of new personnel to the post.
- Managers also to refer to death in service doc.
- All persons bereaved by suicide should receive a copy of [‘help is at hand’](#):
- An additional resource is the document: [Responding to the death by suicide of a colleague in Primary Care: A postvention framework](#):

Additional External supports:

[Samaritans Website](#): Telephone: 116123 (free 24 hour helpline).

Appendix.4: Preventative Approaches

<i>Quality of Relationships</i>	<i>Policy Implementation</i>
• Promote a culture of participation, equality and fairness • Ensure consistency and fairness in decision making • Increase understanding of the impact of management style • Promote participation, delegation, constructive feedback, mentoring and coaching. • Act to reduce the stigma associated with mental health problems	• Promote well-being in all policies and practices • Offer flexible working where practical • Ensure annual leave is taken • Sickness absence policy implemented well • Good practice relating to accident and incident reporting • Monitor work-life balance • Monitor working of unpaid extra hours • Ensure appraisals are well-structured • Promote equality of opportunity for well-being interventions (e.g. shift workers & PT staff).
<i>Job design</i>	<i>Team Working</i>
• Skill variety • Task identity • Task significance • Autonomy • Feedback • Work overload/under load • Shift patterns	• Clarity and commitment to team objectives • Decision making and communication • Focus on quality • Support for innovation
<i>Information Giving</i>	<i>Social Support</i>
• Stress management training • Managers able to identify symptoms of mental health problems • Mechanisms in place for providing advice • Access to information and support regarding workplace bullying	• Promote opportunities for relationship building • Early stage conflict resolution • Interventions for workplace bullying
<i>Personal Support</i>	<i>Physical Activity</i>
Access to Staff Health & Wellbeing, which includes: • Relevant programmes and workshops • Occupational Health • Staff Wellbeing Advice & Support Service which may be followed with further support from a Staff Counsellor, Occupational Therapist or Assistant Psychologist	Consult with staff • Disseminate information • Identify dedicated resources • Offer advice and support • Offer independent health checks

Appendix.5: Work Related Stress Risk Assessment tool

Appendix.6:Self-Help Resources

Book Prescription Scheme

Self-help books are a popular and effective way to learn about and find ways to manage a wide range of emotional / mental health problems. As part of the [Book Prescription Wales Scheme](#), an individual receives an extended library loan for a range of titles for problems including Anxiety, Depression and Low Self Esteem. Book prescriptions can be obtained from your GP. Further information is available via the Living Life Well tab under Employee Well-being

SilverCloud

[SilverCloud](#) is an online course which offers support for anxiety, depression and other difficulties based on Cognitive Behavioural Therapy (CBT). Anyone over 16 can sign up through this link.

Mind Active Monitoring

Provides six weeks guided self-help for, anxiety, depression, self-esteem, and more. To get started, talk to your GP, any other health professional, or sign up directly at: www.mind.org.uk/AMWales

Activate Your Life

The [“ACTivate Your Life”](#) online video course shares practical ways to cope with thoughts and feelings causing distress and help live life with more confidence.

CALL Mental Health Listening Line

CALL provides a confidential mental health listening and emotional support line which is open 24/7. CALL can also signpost to support in local communities and a range of online information. Call 0800132737, text “help” to 81066 or visit the [callhelpline](#).

Go to the [Staff Health & Wellbeing web page](#) for many other resources and supports:

Appendix 7: Supports available within SBU include:

Please note these contact numbers may change before the policy is updated so staff are advised to double check these on the intranet (via the Well-being tab).

Occupational Health Department: Can be contacted via internal extension 33610, or 01792 703610 or email Sbu.Occhealth@wales.nhs.uk

Taking Care, Giving Care Rounds

‘Taking Care, Giving Care’ mini rounds promote compassion by inviting staff to spend time thinking about how they can take better care of themselves and care for others. Speak to your wellbeing champion, or email SBU.TCGC@wales.nhs.uk for more information about taking care giving care rounds and how to join a local round.

Mindful and Meaningful Living Course

This is a skills training course based on the principles of Acceptance and Commitment Therapy. It aims to equip staff with tools and strategies to manage stress and worry and thus build personal resilience and an improved ability to live in the present moment. Courses are advertised on the Wellbeing page of the intranet or contact the Staff Advice & Support line: **01639 684568; #44568, or email SBU.StaffWellbeing@wales.nhs.uk** for further details.

Other useful contacts:

Health & Safety Department	Email: SBU.SwanseaBayHealthandSafety@wales.nhs.uk
Workforce and OD	01639 507341 or int. extension 47341

	Or email: sbu.hrhub@wales.nhs.uk
Staff Experience Team	SBU.StaffExperienceTeam@wales.nhs.uk
The Guardian Service	0333 5773132
UNISON	01639 862810 or int. extension 48210
Royal College of Nursing (RCN)	01792 516508 Jackie Davies: 07825 924 683
Society of Radiographers (SoR)	David Arnold (NPTH Rep): David.Arnold@wales.nhs.uk Caroline Hurley (Morrison Rep): Caroline.Hurley@wales.nhs.uk
UNITE	Gary John (Senior Rep); 07789114768 or int. extension 37951
Royal College of Midwifery (NCM)	Ann Saunders: Ann.Saunders@wales.nhs.uk Kate Evans : Kate.Evans5@wales.nhs.uk
Chartered Society of Physiotherapy Union (CSP)	SBU.CSPstewards@wales.nhs.uk
British Medical Association (BMA)	Simon Hodder: simon.hodder@wales.nhs.uk
CALON (LGBT+ & Allies Network)	Email: Calon.LGBTStaffNetwork@Wales.nhs.uk
Black, Asian & Minority Ethnic Network (BAME Network)	Amol Pandit: amol.pandit@wales.nhs.uk

From: SBU Inquiries

Sent: 05 January 2021 12:55

To: Adel Davies (Swansea Bay UHB - Trauma, Orthopaedics and Spinal)

<Adel.Davies@wales.nhs.uk>; Alison Clarke (Swansea Bay UHB - Therapies And Health Sciences)
<Alison.Clarke@wales.nhs.uk>; Amanda Smith (Swansea Bay UHB - Postgraduate Centre)
<Amanda.Smith5@wales.nhs.uk>; Bellina Jenkins (Swansea Bay UHB - Children's Services)
<Bellina.Jenkins@wales.nhs.uk>; Brian Owens (Swansea Bay UHB - Primary, Community Services &
Therapies) <Brian.Owens@wales.nhs.uk>; Cathy Dowling (Swansea Bay UHB - Corporate Nursing)
<Cathy.Dowling2@wales.nhs.uk>; Ceri Matthews (Swansea Bay UHB - Clinical support services)
<Ceri.Matthews@wales.nhs.uk>; Chris White (Swansea Bay UHB - Execs)
<Chris.White2@wales.nhs.uk>; Christine Morrell (Swansea Bay UHB - Therapies And Health Sciences)
<Christine.Morrell@wales.nhs.uk>; Christine Williams (Swansea Bay UHB - Nursing Divison)
<christine.williams20@wales.nhs.uk>; Craige Wilson (Swansea Bay UHB - Corporate)
<Craige.Wilson@wales.nhs.uk>; Darren Griffiths (Swansea Bay UHB - Corporate)
<Darren.Griffiths@wales.nhs.uk>; David Murphy (CTM UHB - Deputy Head of Health and Safety)
<David.Murphy3@wales.nhs.uk>; David Roberts (Swansea Bay UHB - Mental Health & Learning
Disabilities) <David.Roberts2@wales.nhs.uk>; Deb Lewis (Swansea Bay UHB - Morriston Hospital)
<Deb.Lewis@wales.nhs.uk>; Debbie Bennion (CTM UHB - Deputy Executive Nurse Director)
<Debbie.Bennion@wales.nhs.uk>; Des Keighan (Swansea Bay UHB - Estates)
<Des.Keighan@wales.nhs.uk>; Dougie Russell (Swansea Bay UHB - Musculo Skeletal)
<Dougie.Russell@wales.nhs.uk>; Elizabeth Stauber (Swansea Bay UHB - Corporate Services)
<Elizabeth.Stauber@wales.nhs.uk>; Eve Jeffery (Swansea Bay UHB - Medicine & Unscheduled Care)
<Eve.Jeffery@wales.nhs.uk>; Gemma Otter (Swansea Bay UHB - Anaesthetic)
<Gemma.Otter@wales.nhs.uk>; Helenna Jarvis-Jones (Swansea Bay UHB - Medicine Directorate,
Morriston Hospital) <Helenna.Jarvis-Jones@wales.nhs.uk>; Hilary Dover (Swansea Bay UHB -
Primary and Community Services) <Hilary.Dover@wales.nhs.uk>; Jan Worthing (Swansea Bay UHB -
Singleton Hospital) <Jan.Worthing@wales.nhs.uk>; Janet Williams (Swansea Bay UHB - Mental Health
& Learning Disabilities) <Janet.Williams4@wales.nhs.uk>; Joanne Jones (Swansea Bay UHB -
Management) <Joanne.Jones12@wales.nhs.uk>; Kathryn Jones (Swansea Bay UHB - Workforce and
OD) <Kathryn.Jones25@wales.nhs.uk>; Keith Reid (Swansea Bay UHB - Deputy Executive Director
PHW) <Keith.Reid@wales.nhs.uk>; Kim Clee (Swansea Bay UHB - Workforce)
<Kim.Clee@wales.nhs.uk>; Lesley Jenkins (Swansea Bay UHB - Nursing)
<Lesley.Jenkins@wales.nhs.uk>; Linda Bevan (Swansea Bay UHB - Morriston Managed Unit)
<Linda.Bevan@wales.nhs.uk>; Malcolm Thomas (ABM ULHB - Women and Child Health)
<Malcolm.M.Thomas@wales.nhs.uk>; Martin Bevan (Swansea Bay UHB - Neath Port Talbot Locality)
<Martin.Bevan@wales.nhs.uk>; Matt John (Swansea Bay UHB - Digital)
<Matt.DMJ.John@wales.nhs.uk>; Neil Miles (Swansea Bay UHB - Specialist Surgical Services)
<Neil.Miles@wales.nhs.uk>; Pamela Wenger (Swansea Bay UHB - Corporate Governance)
<Pamela.Wenger@wales.nhs.uk>; Rhian Thomas (Swansea Bay UHB - Estates)
<rhian.thomas1@wales.nhs.uk>; Richard Evans (Swansea Bay UHB - Medicine)
<Richard.Evans9@wales.nhs.uk>; Sian Harrop-Griffiths (Swansea Bay UHB - Strategy) <Sian.Harrop-
Griffiths@wales.nhs.uk>; Silvana Gad (Swansea Bay UHB - Primary & community Services Delivery
Un) <Silvana.Gad@wales.nhs.uk>; Simon Davies (Swansea Bay UHB - Capital Planning)
<Simon.Davies4@wales.nhs.uk>; Susan Bailey (Swansea Bay UHB - Communications)
<Susan.Bailey@wales.nhs.uk>; Suzanne Holloway (Swansea Bay UHB - Morriston Unit)
<Suzanne.Holloway@wales.nhs.uk>; Tracy Myhill (Swansea Bay UHB - Corporate)
<Tracy.Myhill@wales.nhs.uk>; Victoria Gibbs (Swansea Bay UHB - Surgical Service Group)
<Victoria.Gibbs@wales.nhs.uk>

Cc: Catrin Evans (Swansea Bay UHB - Strategy) <Catrin.A.Evans@wales.nhs.uk>; Clare Dauncey
(Swansea Bay UHB - Human Resources) <Clare.Dauncey@wales.nhs.uk>; Ebony Smith (Swansea Bay
UHB - Corporate Services) <Ebony.Smith@wales.nhs.uk>; Francesca Proietti (Swansea Bay UHB -
Informatics Directorate) <Francesca.Proietti@wales.nhs.uk>; Jillian Rix (Swansea Bay UHB - Chair

Chief Execs Office) <Jillian.Rix@wales.nhs.uk>; Kirsty Joseph (Swansea Bay UHB - Corporate Services) <Kirsty.Joseph@wales.nhs.uk>; Linda Smith (Swansea Bay UHB - Nursing Division) <Linda.Smith@wales.nhs.uk>; Paula Picton (Swansea Bay UHB - Strategy) <Paula.Picton@wales.nhs.uk>; Sally Anne Jones (Swansea Bay UHB - Executive Medical Directors Dept) <Sallyanne.Jones@wales.nhs.uk>; Sonja Anderson (Swansea Bay UHB - Finance) <Sonja.Anderson@wales.nhs.uk>

Subject: Policies

I write to advise that the following policies have been updated and added to the Corporate Policies database:

- Special Leave Policy
- Staff Stress & Wellbeing Policy

The policies are available to view via the [corporate policy database](#)

Gwasanaethau Corfforaethol / Corporate Services

Bwrdd Iechyd Prifysgol Bae Abertawe/ Swansea Bay University Health Board

Pencadlys / Headquarters

Un Porthfa Talbot/ One Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe

Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board