



Institution of Occupational  
Safety and Health

# Mental Health First Aiders: Workplace considerations



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## Introduction

Recent global figures<sup>1</sup> provide clear evidence that most people experience poor mental health at some stage in their working lives. This can be caused by the pace and nature of work, interpersonal relationships, domestic difficulties and traumatic events, or a combination of these.

Factors influencing the management of mental wellbeing at work include:

- the culture in the workplace relating to mental wellbeing. Understanding is still lacking in how to manage mental health issues and support both workers with pre-existing mental health conditions and those with mental ill-health complaints which have developed partly or wholly from work-related psychosocial factors;
- the inability of some workers to use techniques in the workplace for rationalising and controlling negative emotions in the face of challenges like rejection, ill-treatment and perceived adverse change and pressure. This may stem from not being taught 'emotional hygiene' as a child; and
- compliance with the legal duty for employers to ensure the health, safety and welfare of the people they employ and where an employee has a mental health condition defined as a disability under legislation such as, in the UK, the Equality Act.

Mental ill-health is one of the primary reasons for work absenteeism, creating a burden on social security and public health systems. It is one reason why the governments of countries with ageing populations are placing increasing pressure on organisations to keep workers well and working for longer. However, an increasing weight of evidence<sup>2</sup> also shows clear business benefits for organisations who promote positive mental wellbeing and implement holistic management systems that tackle the causes of mental ill-health and are thereby preventative.

In light of these various points, many organisations see Mental Health First Aiders (MHFAs) as one important aspect of their full arrangements for managing and promoting mental wellbeing.

Appointing MHFAs in the workplace may be additional to providing Employee Assistance Programmes (EAPs), where confidential telephone helplines provide advice and counselling services. Careful consideration should be given to the relevance of each mental health and wellbeing intervention and how it can effectively support the promotion of positive mental wellness in an organisation.

This document considers the adoption and implementation of this intervention and summarises some of its limitations, as revealed in research funded by IOSH.

<sup>1</sup> WHO (2017). Mental health in the workplace [www.who.int/mental\\_health/in\\_the\\_workplace/en/](http://www.who.int/mental_health/in_the_workplace/en/)

<sup>2</sup> S. Johnson, I. Robertson and C.L. Cooper (2018), *Well-being: Productivity and happiness at work*, 2<sup>nd</sup> edition, Palgrave Macmillan.

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## Fit

Appointing MHFAs must not be the primary control for mitigating poor mental health risk in the workplace. MHFAs are a recovery control, as the worker must have developed and be affected by feelings such as anxiety and depression before they ask for help.

A founding principle of good occupational safety and health (OSH) practice is prevention. Taking preventative measures is a legal duty in many countries. Management systems and controls must be effective against workplace stressors and ill-treatment. Action must also be taken routinely to de-stigmatise mental ill-health throughout the organisation.

All workers and managers would benefit from knowing how to identify the early symptoms of common mental disorders, whether caused domestically or at work. Early referral to an MHFA, before the onset of a chronic condition, may mean subsequent medical assistance is applied earlier and has a better chance of being effective more quickly.

## Professional limitation

MHFAs, and those in similar positions, do not provide any form of treatment. The MHFA focuses on encouraging the person experiencing mental health issues to talk, to accept what they are feeling and then to seek professional medical help.

MHFA training does not include counselling. The MHFA merely listens and helps the person experiencing mental or emotional distress to take personal ownership. The MHFA will then point to where that person can obtain specialist help and advice in their area. But it is the person experiencing mental health issues who must take ownership and act.

Mental health is complex, and it takes skilled treatment by qualified medical practitioners to heal the mind. This does not form part of the MHFA training or remit.

When defining and publicising the MHFA role within the organisation, management must make these limitations clear to workers and management teams

## Choosing the right volunteers

The meeting between a MHFA and a worker reporting mental health issues can be highly emotionally charged. Not all willing volunteers will be suited to the role. An application and interview process should be used to select volunteers who are mentally resilient and do not have similar personal issues.

The MHFA selection process must consider what job roles they are in and whether they could be excused from their work duties at short notice to help someone.

Unlike first aid for physical injuries, helping someone with negative emotions may mean absence from work for hours rather than minutes. This may exclude workers from some roles in the organisation from applying, although having MHFAs from different functions could provide a better collective and understanding service.

## Designing a system

Asking the following questions will help with the design of a management system:

- How can we ensure that an MHFA, or someone in a similar role, is always available during working hours? This will perhaps need coordination to accommodate shifts, MHFA absence due to holidays, work tasks or training.
- Line managers must understand the need and be willing to back the commitment of MHFAs in their teams.
- How can we provide a choice of MHFAs to workers? There could be a good reason why an individual may not wish to see the most convenient and local MHFA.
- How do we ensure that individual MHFAs are not inundated by requests for help? Good MHFAs may generate a reputation. A process is needed to ensure that, where possible, demand is shared equally between all those appointed.
- Can workers easily identify who is trained, and can they approach them in confidence?
- Communications about mental wellness must include who is a MHFA and how they may be contacted.
- Communications must help to reduce an individual's natural fear of possible management repercussions to their request for help.
- How can you measure the quality of the MHFA service in the organisation? How can you review whether the actions MHFAs propose are appropriate? How do we support MHFAs if things go wrong or if they 'miss' the opportunity to help someone?

Monitoring and performance indicators are the key to the maintenance of any system. The information collected may provide signposts to further work that the organisation can do to improve mental wellness. Measuring outcomes will probably be covered by the business plan for generally improving wellbeing. The contribution of MHFA provision may also be seen in wider performance monitoring measurements, such as increased productivity and reduced sickness absence cost.

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## Supporting MHFAs

The role of MHFA can be emotionally demanding, so volunteers in the role can be better supported if:

- they are part of a 'buddy system' or MHFA community;
- they are enabled to talk about their cases with others who understand, thereby relieving some of the pressure. This helps to safeguard MHFAs' own mental wellbeing, i.e. by dealing with any vicarious stress/secondary traumatic stress. There are confidentiality aspects to consider when making these arrangements;
- opportunity is created for members of the MHFA community to learn from each other and perfect their skills and their approach;
- regular refresher training or practice in MHFA techniques is provided so that skills can be kept fresh and sharp.

## Using MHFAs more widely

One of the initial benefits of appointing MHFAs is the boost to mental health awareness it can provide throughout an organisation. MHFAs are advocates for mental wellbeing and can help to reduce the stigmatisation associated with experiencing mental ill-health.

MHFAs could also be included in delivering a programme to teach their colleagues techniques for improving personal emotional hygiene, thereby helping to develop individual mental resilience.

Using the MHFAs more widely may ensure that they are better integrated into the organisation's plans and activities that are designed to enhance wellbeing in the workforce.

## The co-ordinator

Some organisations appoint an MHFA co-ordinator. This is often the person who championed the training programme and played a part in introducing the training to staff. It is essential for that individual to be motivated and enthusiastic.

The co-ordinator should be someone who can balance this role with their existing duties and oversee the programme and how it fits within the organisation's wellbeing strategy. Their role could include:

- promoting training opportunities
- facilitating training
- providing guidance on using MHFA skills in the workplace
- facilitating additional post-training support
- leading the MHFA network
- keeping records of MHFA provision for monitoring and evaluation purposes.

## Promotion of training opportunities

Training opportunities should be proportionate to the size and geographical spread of the workforce, particularly in large and multi-site operations. There are several ways to raise awareness and offer opportunities for training initiatives.

Mental wellbeing staff briefings could include speakers from relevant mental health training providers or trained MHFAs within the organisation. This can raise awareness and even find new volunteers.

## Accessing trained MHFAs

Organisations should have effective strategies for communicating the identity and contact details of trained people to the workforce. This may be done through:

- a dedicated website or company intranet
- buddy systems
- line managers
- posters or notices displayed in both communal and discrete locations
- photo boards
- email signatures
- badges and lanyards
- company electronic screens
- newsletters
- MHFA certificates on display
- mental health awareness days.

As workers may not want to seek help from a particular individual, a choice should be made available where possible. It must be clearly communicated that only work contact details of MHFAs will be given and no contact outside of working hours is allowed.

Appropriate provision also needs to be made available for remote workers – for example, phone or video conferencing.

Individuals need to know how to initiate contact and what happens next. Would MHFAs wait to be contacted by someone in need? Should contact be face-to-face or by phone, email and video conferencing platforms? It's important to communicate across the workforce how contact should be initiated and within what hours.

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## Monitoring MHFA and other training programmes in the workplace

The monitoring of workplace MHFA training programmes could include:

- debriefing sessions within a month of training to provide opportunities for evaluating the MHFA course and identifying next steps
- procedures to ensure anonymity, confidentiality and data protection
- anonymous recorded interactions. Outcomes can be included, if known and appropriate. Such a system may provide a way of gauging the effectiveness of the programme, e.g. how MHFA skills are being used, how frequently they are being used, what kind of mental ill-health problems are being addressed and what actions are being taken by the trained person
- secure storage of records of interactions, ideally by the MHFA coordinator, if one has been appointed
- wellbeing surveys, interviews and focus groups offered by the organisation to staff as an opportunity to allow them to share their perceptions around the use of MHFAs in the workplace
- MHFAs should be included in investigations into cases of work-related mental ill-health. Their insight would be invaluable to the investigation team.

MHFA and similar mental training courses are specific interventions that may be considered for managing mental health, but they don't tackle the root cause of the issue.

As well as IOSH's own resources, including *Three tables showing barriers, facilitators and roles in RTW*. 2018. [www.iosh.co.uk/rtwmentalhealth](http://www.iosh.co.uk/rtwmentalhealth), there are several tools and resources available from other organisations that will help to address mental wellness in your workplace, including:

- Affinity Health at Work. *Online toolkit for employees and employers to support the return to work process following mental health sickness absence*. 2018. <https://returntoworkmh.co.uk/>
- CIPD. *People managers' guide to mental health*. 2018. [www.cipd.co.uk/Images/mental-health-at-work-1\\_tcm18-10567.pdf](http://www.cipd.co.uk/Images/mental-health-at-work-1_tcm18-10567.pdf)
- Deloitte. *At a tipping point? Workplace mental health and wellbeing*. March 2017. [www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-workplace-mental-health-n-wellbeing.pdf](http://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-workplace-mental-health-n-wellbeing.pdf)
- Ernst & Young. *The plus side of mental health. The imperative of a proactive approach*. November 2017. [www.ey.com/Publication/vwLUAssets/ey-the-pulse-sideof-mental-health/\\$File/ey-the-pulse-sideof-mental-health.pdf](http://www.ey.com/Publication/vwLUAssets/ey-the-pulse-sideof-mental-health/$File/ey-the-pulse-sideof-mental-health.pdf)

- HSE. *Stress management standards*. 2017. [www.hse.gov.uk/stress/standards/downloads.htm](http://www.hse.gov.uk/stress/standards/downloads.htm)
- HSE. *Stress talking toolkit*. 2018. [www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf](http://www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf)
- Mental Health Commission Canada. CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2018) *Psychological health and safety in the workplace – prevention, promotion, and guidance to staged implementation*
- Mental Health Commission Canada. SPE Z1003 *Implementation handbook. Assembling the pieces: an implementation guide to the National Standard for Psychological Health and Safety in the Workplace*
- MIND. *How to implement the Thriving at Work mental health standards in your workplace*. 2018.
- Mind. *Mind's Workplace Wellbeing Index 2016/17: Key insights 2017*, <https://www.mind.org.uk/media/16188928/minds-workplace-wellbeing-index-201617-key-insights-final-report.pdf>
- OECD. *Sick on the job? Myths and realities about mental health and work*, Mental Health and Work, OECD Publishing, Paris, <https://doi.org/10.1787/9789264124523-en>. 2012.
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- WHO. *Mental health policies and programmes in the workplace*. (Mental Health Policy and Service Guidance Package). World Health Organization, Geneva. 2005.
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