SUPPORTING MENTAL WELLBEING IN THE WORKPLACE

Title	Supporting Mental Wellbeing in the workplace
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Author	SAC
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1	Removal of reference to Flexible Retirement. Update of support contact details.	
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1. INTRODUCTION

1.1 Within this policy Ayrshire Valuation Joint Board is referred to as "The Board." The Nominated Senior Officer and Personal Assistants are referred to as "The Board's Personnel Representatives". South Ayrshire Council's Human Resources and South Ayrshire's Financial Services are referred to as Human Resources and Financial Services respectively

1.2 The Board is committed to promoting a culture and environment in which mental wellbeing and resilience are encouraged and supported and to providing a safe and productive working environment which encourages the health, safety and well-being of its employees.

1.3 This policy supports the Board's Framework for Maximising Attendance at Work and provides managers with knowledge, confidence and sources of information to enable them to support employees who are have a mental health condition.

1.4 The overall aim of this guidance document is to enable the Board to support managers and employees in effectively managing mental ill health and ultimately benefit the employer and employee. Effective practice can reduce sickness absence, improve productivity and decrease recovery time. By supporting all employees the Board will retain skills, knowledge and experience, which can be difficult to replace.

1.5 Employees who have a mental health condition are encouraged to seek support at the earliest stage possible. However, it is recognised that there may be other related support (outwith their employment) which the employee chooses to access to assist in managing or in the recovery of their mental wellbeing.

1.6 The Board will ensure positive equal opportunity practice underpins the operation of this policy. The policy applies to all Board employees.

1.7 This policy has been developed jointly with Trade Union side in line with the principles of partnership working.

2. MENTAL HEALTH

2.1 Mental health conditions are widespread and most of us will either experience one, or know someone who has experienced one. One in four adults in the UK experience at least one diagnosable mental health condition in any one year, and one in six experience this at any given time. Mental health conditions are the second largest category of occupational ill health.

2.2 Mental health difficulties may present in a number of different ways. They may range from mild to severe, may be acute or chronic, short-term or long-term. Some conditions arise as a reaction to specific circumstances or may be related solely to the workplace. Life experiences may have an impact on employee wellbeing.

2.3 The term 'mental health' covers many different conditions. Mood conditions are common involving both low mood (depression) and less commonly over excitable mood (or mania). Anxiety is another common condition as are more long standing personality disorder conditions.

2.4 In recent years it has become increasingly common for people in the public eye to speak openly and honestly about their ill-health and how it has affected their personal and professional lives. Such individuals as Ruby Wax, Stephen Fry, Bill Oddie and Alistair Campbell have all made their mental ill health known publicly. This has made progress in lessening the stigma around mental ill health, much of which remains today.

3. LEGISLATION

3.1 Employers have a legal obligation towards their employees. The main areas of legislation that relate to mental well-being in the workplace are:

- Equality Act 2010
- The Health and Safety at Work Act 1974 (HASWA)
- Human Rights Act 1998 (HRA)
- Management of Health and Safety at Work Regulations (1999)

3.2 Disability is defined as "*a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".* If a person is being treated with medication to control or alleviate their impairment then this is disregarded and the person is still treated as being disabled.

3.3 The Equality Act 2010 introduced '*protected characteristics'*, one of which is disability. The term "*mental impairment"* is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning difficulties.

3.4 The Equality Act also outlines the following prohibited conduct:

3.4.1 DIRECT DISCRIMINATION

This occurs when a person treats another less favourably than they treat, or would treat, another because of a protected characteristic (disability).

The Equality Act extends this protection to people who are discriminated against because they are perceived to have a disability or associate with someone who has a disability. This means that employees who care for a family member with a mental health condition may be protected if the condition meets the legal definition of disability.

Direct discrimination is unlawful. Someone who is not disabled cannot bring a claim that they have been treated less favourably than a disabled person.

3.4.2 INDIRECT DISABILITY DISCRIMINATION

The Equality Act extended protection against indirect discrimination to disability. Indirect discrimination occurs when a policy or practice which appears to be neutral and does not intend to discriminate puts a disabled person at a particular disadvantage. Indirect discrimination can be justified only if an employer / service provider can show it is a proportionate means of achieving a legitimate aim.

3.4.3 **FAILURE TO COMPLY WITH DUTY TO MAKE REASONABLE ADJUSTMENTS**

3.4.4 **DISCRIMINATION ARISING FROM A DISABILITY**

The Equality Act introduced this category which makes it unlawful for an employer or service provider to treat another person unfavourably because of something arising as a consequence of that person's disability. Discrimination arising from a disability can be justified only if an employer / service provider can show it is a proportionate means of achieving a legitimate aim.

3.4.5 **HARASSMENT**

A disabled person can bring a claim of harassment if they have been a target of actions which violated their dignity, or which created a degrading, intimidating or humiliating environment.

3.4.6 **VICTIMISATION**

Victimisation occurs when a person is placed at a disadvantage because they have made or supported an allegation of discrimination under the Equality Act.

3.5 Only a person who meets the Equality Act's definition of disability has the protected characteristic of disability. In most circumstances a person who no longer has a disability will retain the protected characteristic of disability. There is no need for a person to establish a medically diagnosed cause for their impairment.

3.6 **EXCLUSION FROM THE DEFINITION**

The following conditions are **not** regarded as impairments under the Act:

- Addiction to or dependence on alcohol, nicotine or any other substance (other than in consequence of being medically prescribed);
- Tendency to set fires;
- Tendency to steal;
- Tendency to physical or sexually abuse other persons;
- Exhibitionism;
- Voyeurism.

The above exclusions apply where they constitute impairment in themselves. The exclusions also apply where these tendencies arise as a consequence of, or manifestation of, an impairment that constitutes a disability under the Act.

3.7 No one is classified as being disabled. Only MS, cancer and HIV receive automatic protection at point of diagnosis. The test is whether the legal definition as specified at 3.2 above is met.

4. RESPONSIBILITIES

4.1 Ayrshire Valuation Joint Board is committed to ensuring managers (and colleagues) have the appropriate skills to recognise the signs of mental ill-health and are equipped with sufficient information to support employees and colleagues. Managers should be aware that mental ill health can influence the self confidence of people who may be unable to confide in others or seek help and they are encouraged to have a sympathetic, empathetic, non-judgemental and confident manner.

4.2 MANAGERS

4.2.1 The Assessor and Nominated Senior Officer are responsible for ensuring that they are aware of this Policy and the Framework for Maximising Attendance at Work, to facilitate the overall approach of promoting mental well-being and proactively supporting employees who experience mental-health conditions.

4.2.2 All managers have a duty of care to their employees whilst ensuring minimised disruption to service delivery. Managers, as part of their individual development and learning, will be trained to:

- Understand the issues involved;
- Recognise the signs and behavioural patterns associated with mental health conditions;
- Have the skills and knowledge to manage and support employees at the earliest opportunity.

4.2.3 Managers are not expected to have specialist knowledge of mental health conditions but should be well placed to help employees by providing information on how they can look after their mental well-being and where to access services and support. Appendix 1 provides information in relation to a range of mental health conditions.

4.2.4 Managers should develop a culture where open and honest communication is encouraged and support and mutual respect are the norm. Employees should know that it is okay to talk about mental health and feel confident in disclosing their own mental health condition.

4.2.5 Managers should give employees control over their work and ensure they have the right level of skills for the job. Lack of control is known to increase stress.

4.2.6 Managers should take cognisance of other Board policies which will enable them to support employees appropriately, for example, Flexible Working, Special Leave, etc. Such policies can allow employees to balance the demands of home life with work.

4.2.7 Identifying early signs of distress are important to allow a manager to support an employee. Usually the key is a 'change' in typical behaviour therefore managers should know their employees and be aware of what is happening at work on a day-to-day basis, particularly with regard to the interaction between the employee and their immediate line manager and/or colleagues. Changes in behaviour can often be evident by observing these relationships.

Early signs may include, but are not restricted to, the following:

- Tearfulness, headaches, loss of humour and changes in emotional mood;
- Reduced or poor performance;
- Tiredness, increased sickness absence, poor punctuality;
- Relationship difficulties with other colleagues;
- Increased use of alcohol, drugs or smoking;
- Changes in physical presentation e.g. dress, personal hygiene.

4.2.8 Managers should be aware of wider issues that may have an impact on employees e.g. changes occurring in the Board or situations a manager may be aware of in an employee's personal life such as loss or bereavement. This may not automatically result in a mental-health condition however it can have a varying level of impact on different employees.

4.2.9 Managers will ensure that individual cases are treated with confidentially, as far as is legitimately and legally possible. However, in certain cases, it may be necessary in order to provide effective support, for information to be shared with others, for example, SAC Occupational Health and/or other support agencies. The manager should discuss this with the employee prior to any disclosure being made.

4.2.10 Managers are responsible for ensuring consistent application of guidance, as outlined in the Framework for Maximising Attendance at Work is applied where an employee is absent from work, or returning to work, as a result of a mental health condition.

4.3 EMPLOYEES

4.3.1 As part of the Framework for Maximising Attendance at Work employees should be aware of the provisions within this guidance.

4.3.2 Employees are encouraged to seek support at the earliest stage possible to allow appropriate support and action to prevent, reduce, minimise and/or eliminate any negative impact on their well-being.

4.3.3 Employees are obligated to inform the Board of any prescription medication which may affect their ability to fully undertake their work duties. This includes any impact on driving related duties (including commuting to and from work).

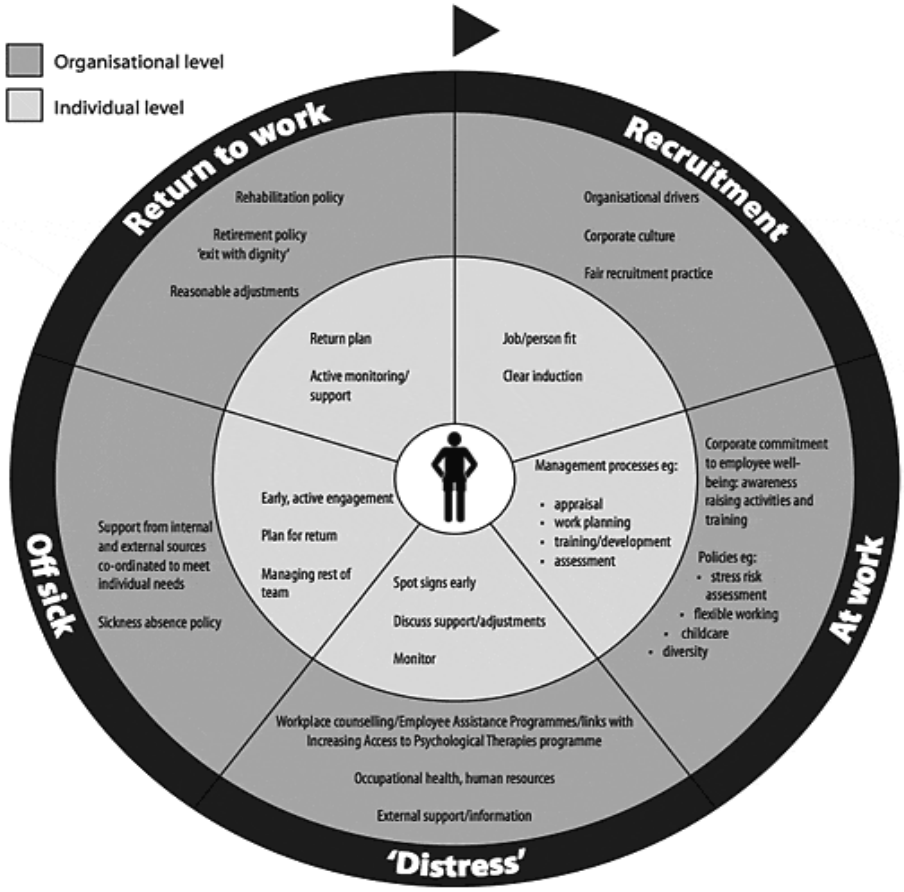
4.3.4 Employees can use Appendix 2 which provides '5 steps to improving your mental well-being'.

5. SUPPORTING EMPLOYEES

5.1 By presenting any issue in terms of well-being rather than mental ill-health employers are more likely to overcome barriers around stigma and to achieve buy-in from employees. If employees are more aware of what well-being means they will be better able to help themselves and more sensitive to the needs of others.

5.2 Employees will be offered support in line with this Policy and all offers of support are made on the basis that employees will be granted time off to attend counselling and other related support to encourage recovery or ongoing management of a mental health condition.

5.3 The chart below presents ideas for a holistic approach to well-being and is based on the employment cycle while recognising that each employee's experience will differ. An employee's experience can be positively shaped by their line manager and at Board level from initial recruitment, through a mental health condition and back into work. Therefore the support provided will operate at different levels depending on the needs of the employee at a specific time.



5.4 There are various resources available to encourage health and mental well-being. Appendix 1 provides tailored information in relation to specific mental-health conditions. Appendix 3 provides useful contacts for additional non-specific support agencies.

5.5 **RECOGNISING WHEN PROFESSIONAL/CLINICAL HELP IS NEEDED**

5.5.1 Although an employee can continue to be at work while not being 100% fit e.g. through the use of reasonable adjustments, in some instances it may be evident that an employee may not be mentally well enough to work. If an employee shows signs of distress despite reasonable adjustments and support provided then advice should be sought from the Board's Personnel Representatives and/or SAC Occupational Health.

If the employee has not been referred to SAC Occupational Health or their GP then they should be referred to SAC OHU via the Board's Personnel Representatives in the first instance or encouraged to contact their GP.

6. REASONABLE ADJUSTMENTS

6.1 Adjustments for physical disability are often relatively straightforward as they are often changes to physical equipment. Employees with serious mental health problems can also be affected by their health condition to the extent that they become eligible for adjustments at work. There are no definite rules about what is a 'reasonable adjustment'. The most effective way to identify adjustments is to ask the employee how their health impacts on them in terms of the type of work they do or

work arrangements they would require and discuss what could be adjusted to accommodate this.

It will be easier to make some alterations than others based of the nature of the employee's own work place. Reasonable adjustments should always be discussed with the employee and it is important to remember that one adjustment may not be suitable for another employee who experiences a similar mental health condition.

6.2 REASONABLE ADJUSTMENTS IN RECRUITMENT

Applicants will not be asked questions about health and disability before a conditional offer of employment is made, except where this is necessary to:

- Establish whether the candidate can comply with a requirement necessary to the selection process;
- Establish whether any reasonable adjustments are required for the selection process;
- Establish whether the candidate will be able to carry out a function that is intrinsic to the work concerned;
- Monitor diversity;
- Take positive action;
- Ascertain whether a candidate has a disability where this is an occupational requirement of the job.

Questions on disability can only be asked if they are related to a function which is intrinsic to the role.

6.3 REASONABLE ADJUSTMENTS DURING EMPLOYMENT

It is not appropriate for reasonable adjustments to be decided alone, it is important that the employee is fully involved in all discussions. Reasonable adjustments can be temporary or long term but they should be reviewed regularly to ensure they are still effective.

Examples of adjustments may include:

- Flexible working to accommodate an employee's medication i.e. does it make them sleepy in the morning so perhaps a later start time would assist;

- Can some tasks be delegated to other colleagues for the short, medium or long term;

- Is a colleague available to help or be a 'buddy' – someone who the employee can talk confidentially to when things feel difficult;

- Is there an adequate place for someone to take a break away from work, always ensuring they inform a colleague if they are going away from their desk;

- Review meetings – regular catch up or review meetings can increase much needed communication and allows an employee dedicated time to raise any issues or concerns and to talk about any difficulties they may be experiencing at work;

- If an employee is absent consider a phased return to work until the employee is confident working full time.

6.4 **REASONABLE ADJUSTMENT - REDEPLOYMENT**

6.4.1 If there are no adjustments which will enable the employee to continue in their original role it may be that they are unfit for that particular job. Whilst it is not normally possible to create a job specifically for someone an employee may be redeployed to a vacant post which is better suited for them. Redeployment is considered a reasonable adjustment and should not be decided without input from the employee, the Board's Personnel Representatives and SAC Occupational Health.

6.4.2 In considering redeployment opportunities a Skills Profile, must be completed in conjunction with the employee and considered in line with the Board's Managing Workforce Change Policy and Section 8 of the Framework for Maximising Attendance at Work.

6.5 If an employee requests an adjustment that is not deemed to be reasonable then this should be clearly explained to them why it has been deemed unreasonable. It is important to focus on how an employee's health affects their ability to work and discuss alternative arrangements which would be reasonable for the Board to provide.

7. COMMUNICATION

7.1 For anyone experiencing a mental health related condition action should be taken as soon as possible as the earlier signs are spotted the sooner support mechanisms can be implemented.

7.2 Ordinary management procedures can be used to identify problems and needs such as regular work planning sessions, appraisals or informal chats. These are all ordinary processes which provide neutral and non-stigmatising opportunities to talk through any problems an employee may be having.

7.3 It is helpful to use open questions that allow the employee maximum opportunity to express concerns in their own way. If someone listens and is empathetic the employee will feel more able to open up and be honest therefore making it easier to offer the appropriate support. If there are specific concerns, or 'triggers', such as impaired / reduced performance or timekeeping, it is important to talk about these at an early stage. Questions should be asked in an open, exploratory and non-judgemental way, for example, *"I've noticed that you've been arriving late recently and wondered if there was a problem".*

7.4 Employees need to be reassured that any initial discussion is confidential; should managers have concerns in relation to employee's health, safety and wellbeing you may need to share this information or encourage the employee to do so e.g. by contacting SAC Occupational Health.

7.5 If the employee is reluctant to talk then the reasons for this should be taken into account. Are they fearful about being judged or feel they will not be supported. It may be worth considering who would be the most appropriate person to talk to the employee as they may feel more comfortable opening up to a close colleague, The Board's Personnel Representatives or SAC Occupational Health rather than their line manager. Regardless of who the employee speaks to the objective is to listen and support them.

7.6 Appendix 4 provides some useful information about raising issues with an employee who has a mental-health condition.

7.7 COMMUNICATION WITH COLLEAGUES

7.7.1 Managers should agree with the employee whether they wish colleagues to be informed of their condition and how much information they wish shared.

7.7.2 It is important to remember that an employee's mental health condition may not only affect them but it may also impact their colleagues or team. In addition, if the triggers for a mental health condition are suggested as being work related then it is possible that other colleagues may be feeling a similar impact.

7.7.3 Colleagues should be supported where they may experience the impact of their colleagues mental health condition, e.g. where any reasonable adjustments impacts on their workload or where they may need to increase their flexibility to accommodate amended hours or a phased return.

7.8 KEEPING IN TOUCH DURING SICKNESS ABSENCE

7.8.1 It is often feared that contact with an employee while they are off sick can be seen as harassment. However, lack of contact or involvement can actually make an employee feel less able to return to work.

7.8.2 Managers and employees should consider the requirements of the Framework for Maximising Attendance at Work], particularly in relation to keeping in touch. Early, regular and sensitive contact with employees during sickness absence can be a key factor in enabling an early return to work. Employees should be informed that they too have a responsibility to keep in contact.

7.8.3 Keeping in touch does not necessarily need to be via the employees Manager. It may be appropriate in certain situations to allocate a colleague or 'buddy' to maintain contact. It may also be appropriate to communicate via SAC Occupational Health or the Board's Personnel Representatives however it is important to remember that while the employee might not wish to be 'out of sight, out of mind' that too much uncoordinated contact from different people can be overwhelming.

7.8.4 If the employee does not make contact in the agreed way contact should be made by an appropriate person e.g. line manager. At an early stage the fact of being in contact may be more important than what is actually said.

7.8.5 In all instances of managing mental wellbeing in the workplace, the process of conducting Return to Work Meetings and Absence Review meetings in line with the Framework for Maximising Attendance at Work must be carried out.

7.8.6 Appendix 5 provides some useful hints about supporting an employee who is absent due to a mental health condition.

8. SOUTH AYRSHIRE COUNCIL OCCUPATIONAL HEALTH

8.1 SAC Occupational Health provisions will be offered to all employees to utilise assistance available in sustaining wellbeing and to minimise any absence from work. This provision is key in assisting managers to facilitate employees remaining in or returning to work. This support will be promoted through various mechanisms.

8.2 Employees have the opportunity to self refer or to request to be referred to SAC Occupational Health as a way of managing their mental ill-health condition. If the employee is referred by management, via the Board's Personnel Representatives the employee will be made aware of this referral. SAC Occupational Health will write to the employee for an initial appointment and appropriate support mechanisms implemented for each employee thereafter.

8.3 SAC Occupational Health will discuss disclosure of information with the employee and then will write to the Board's Personnel Representatives with guidance/recommendations on how best to support the employee based on the confidentially held knowledge of their medical background.

8.4 It may be appropriate for SAC Occupational Health to write to an employee's GP and the employee would need to give their written consent for this.

APPENDIX 1

MENTAL HEALTH CONDITIONS

The following information provides **basic** information in relation to a number of mental health conditions which employees may experience, either personally or as a result of a colleague who has a mental health condition.

The following conditions are included:

1. Anxiety
2. Stress Reaction
3. Bipolar Disorder
4. Depression
5. Eating Disorders
6. Obsessive Compulsive Disorder [OCD]
7. Panic Attacks
8. Personality Disorders
9. Post Natal Depression
10. Post Traumatic Stress Disorder
11. Schizophrenia
12. Self Harm
13. Suicide

This is not a detailed or exhaustive guide to all mental health conditions and if further advice or guidance is required contact should be made with SAC Occupational Health as appropriate.

For each condition information is provided in relation to:

1. Background/Facts
2. Signs and Symptoms
3. Recovery
4. Additional Sources of Information and Advice

1. ANXIETY

1.1 BACKGROUND/FACTS

Anxiety is a feeling that everyone will experience at some point. We will all experience it when faced with situations we find threatening or difficult. People may often use the term 'stress' but this not the same as anxiety. Anxiety may affect somebody both mentally and physically and carry a range of symptoms (see below at 1.2). Anxiety may be caused by an ongoing worry or as a sudden response to something that may make us feel scared or threatened (fear).

Normally both fear and anxiety can be helpful, helping us to avoid dangerous situations and making us alert and giving the motivation to deal with problems. However if feelings become too strong or go on for too long they can stop us from doing the things we want to and can make our lives miserable.

About 1 in every 10 people will experience anxiety or a phobia at some point in their lives.

A surge of anxiety may cause panic and cause the person to quickly get out of whatever situation they happen to be in. Anxiety and panic are often accompanied by feelings of depression, low mood, loss of appetite and seeing the future as bleak and hopeless.

Research suggests that anxiety can be due to genes, however someone can also become anxious due to external factors e.g. pressure or ongoing worry. Using drugs like amphetamines, LSD or ecstasy can sometimes cause anxiety. A simple effect like the caffeine in coffee can often be enough to cause mild anxiety.

1.2 SIGNS AND SYMPTOMS

- Mind:
  - Feeling worried all the time
  - Feeling tired
  - Unable to concentrate
  - Feeling irritable
  - Sleeping badly
- Body:
  - Irregular heartbeats (palpitations)
  - Sweating
  - Muscle tension and pains
  - Breathing heavily
  - Dizziness
  - Faintness
  - Indigestion
  - Diarrhoea

1.3 RECOVERY

A range of options are available to deal with anxiety:

- Talking about the problem to family or friends can be beneficial.

- Finding ways of learning to relax can help control anxiety and tension. Everything from books and DVD's to seeking professional advice can offer an insight on how to relax.

- Self-help groups and psychotherapy are other options that may help people come to terms with reasons for anxiety.

- Medication can have a role to play if the other options are not appropriate and this would be sought via a GP. These are very effective at relieving anxiety but can have side effects. Withdrawal symptoms may be experienced when they are stopped. Such medication should only be used for short periods as they can be addictive after only four weeks usage. These should not be used for longer-term treatment of anxiety.

1.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- Anxiety UK www.anxietyuk.org.uk
- Royal College of Psychiatrists www.rcpsych.org.uk

2. STRESS REACTION

2.1 BACKGROUND/FACTS

Stress can be unnoticed and a gradual build up of the many pressures experienced at work, at home and in everyday life. Most people are able to cope with the big issues in life and can find them exciting but for some they are too demanding or combined with everything else going on, they can become overwhelming, resulting in stress.

A useful definition of work-related stress is provided by the Health and Safety Executive (HSE) as the "*adverse reaction people have to excessive pressures or other types of demand placed on them at work".* A certain level of pressure in a business environment is desirable as it helps to motivate people and boost their energy and productivity levels.

Stress is not an illness but if it becomes excessive and/or prolonged, mental and physical illness may develop.

2.2 SIGNS AND SYMPTOMS

Stress effects people in different ways that can either be dealt with or if not spotted or understood, or adequately tackled lead to more problems both physical and mental.

Stress produces a range of signs and symptoms. The following is not an exhaustive list of the symptoms of stress but if you feel that your attitudes or behaviour is changing due to a situation at work or at home, these may indicate stress and a need to seek further advice from your GP.

- **Behaviour**:
  - Finding it hard to sleep
  - A change in your eating habits
  - Smoking or drinking more
  - Avoiding friends or family
  - Have sexual problems

- **Physical Symptoms:**
  - Tiredness
  - Indigestion and Nausea
  - Headaches
  - Aching muscles
  - Palpitations

- **Mentally**:
  - You may be more indecisive
  - Find it hard to concentrate
  - Suffer loss of memory
  - Feeling of inadequacy
  - Low self esteem

- **Emotionally**:
  - Get irritable or angry
  - Be anxious
  - Feel numb
  - Be hypersensitive
  - Feel drained or listless

2.3 RECOVERY

There are a wide range of options available to help with stress reaction:

- **Learn to manage your time more effectively:**
  We waste a lot of time doing unimportant tasks, especially when stressed, so prioritise your day and do the important jobs first. The unimportant ones can wait and often they will disappear completely leaving you time to do other things. Also, don't put off the unpleasant tasks – avoidance causes a great deal of stress. Give unpleasant tasks a high priority and do them first.

- **Adopt a Healthy Lifestyle:**
  If we eat a healthy diet, exercise regularly and ensure we get adequate sleep and rest our body is better able to cope with stress should it occur. If any of these areas are not happening for you it is usually a warning sign, don't ignore it and ask for some help.

- **Know your limitations and do not take on too much:**
  We cause ourselves a great deal of stress because we like people to like us and don't want to let people down. We then end up doing more than we should. Learn to delegate effectively and be assertive so that you can say no without upsetting or offending.

- **Find out what causes you stress:**
  Take time to discover what is worrying you and try to change your thoughts and behaviour to reduce it. A stress assessment can help you to fully understand the causes, implications to your health and how to manage, cope and make any necessary changes.

- **Avoid unnecessary conflict:**
  Do not be too argumentative. Is it really worth the stress? Look for win-win situations and a resolution to a dispute where both parties can achieve a positive outcome. Find out what the real cause of the problem is and deal with it.

- **Accept the things you cannot change:**
  Changing a difficult situation is not always possible. If this proves to be the case, recognise and accept things as they are & concentrate on all that you do have control over. Managing change effectively is essential or else performance will be reduced.

- **Take time out to relax and recharge your batteries**.
  Alongside holidays, with at least one break of 10-14 continuous days recommended, you will perform more effectively during work after even a short 10/15 minute break, easily making up the time you used relaxing.

- **Find time to meet friends:**
  Friends can ease work troubles and help us see things in a different way. The activities we engage in with friends help us relax and we will often have a good laugh. It boosts the immune system that is often depleted during stress. If you do become stressed, engage in some form of physical activity. It works off the biochemical and physical changes that occur within your body due to stress. Relaxation also helps your body return to its normal healthy state. Good relaxation techniques include breathing exercises, massage and a variety of complimentary therapies.

- **Try to see things differently, develop a positive thinking style:**
  If something is concerning you, try to see it differently. Talk over your problem with somebody before it gets out of proportion. Often, talking to a friend/colleague/family member will help you see things from a different and less stressful perspective. You may also need to consider professional help in order to achieve the desired outcome and prevent ill health and /or burnout.

- **Avoid alcohol, nicotine and caffeine as coping mechanisms:**
  Long term, these faulty coping mechanisms will just add to the problem. For example, caffeine and nicotine are stimulants, too much and the body reacts to this with the stress response increasing or even causing anxiety symptoms. Alcohol is a known depressant.

2.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- Health & Safety Executive www.hse.gov.uk/stress
- International Stress Management Association www.isma.org.uk/about-stress

3. BIPOLAR DISORDER

3.1 BACKGROUND/FACTS

- The terms Manic Depression and Bipolar Disorder refer to the same mental health condition which involves extreme mood swings (highs and lows).

- Approximately 1.3% of the population will develop bipolar disorder over a lifetime and both male and females of any age and from any social background can develop the condition.

- The first episode of being unwell is often between mid teens and mid twenties and often occurs when work, studies, family or emotional pressures are at their greatest. For women this can be triggered by pregnancy or the menopause.

- Diagnosis can be difficult as symptoms are complex. This can sometimes delay proper treatment.

- More than 10% of teenagers with recurring depression will go onto develop bipolar disorder. Often behavioural problems will develop before clear manic symptoms show.

- Between 10 and 20% of people with bipolar disorder will take their own life. Up to a third will make a suicide attempt.

- There is some evidence pointing to a genetic link however science has yet to find any clear evidence of what genes might be responsible and how this can affect future development of treatment.

- Actor Stephen Fry, comedian Paul Merton and astronaut Buzz Aldrin all have experience of bipolar disorder.

- People often experience sigma as a result.

3.2 SIGNS AND SYMPTOMS

- Bipolar disorder occurs in phases and often has long periods with no problems.

- Some people may only have one serious period of being unwell in a lifetime.

- Diagnosis is given when somebody has experienced significant periods of depression and at least one significant period of mania or hypomania.

- Mania is periods of great elation, a person's mind will race, and they may talk very quickly and seem full of energy. They will experience sleeplessness and to the extreme may believe they have special powers or abilities. People can then be prone to extreme behaviour and be prone to excesses i.e. spending a lot of money, have extreme religious beliefs or have risk-taking behaviour.

- The depression experienced in bipolar disorder is very similar to that experienced in other kinds of depression. People are likely to feel extreme sadness with very low energy. They may feel guilty, feel down about themselves and life in general and may begin to neglect themselves. People may then feel suicidal or take their own live.

3.3 RECOVERY

- No two individual journeys of recovery will be the same and recovery means different things to different people.

- Regardless of symptoms or experiences people with mental health conditions should be given the opportunity to, and can, lead fulfilling and satisfying lives.

- Key to recovery is a quick diagnosis and appropriate treatment.

- Self awareness of one's own symptoms is key and can help people get the right support at the right time i.e. by keeping a mood diary.

- Treatment may include medication (including mood stabilisers or antidepressants) and a range of talking treatments.

- By monitoring one's moods and taking care to avoid known trigger situations are increasingly being used by the health service and agencies to help people build good relationships with care teams and assist recovery.

- It is important to find a combination of treatment and approach that suits an individual, preferably utilising the services of a mental health professional.

- Severe or untreated episodes can be very damaging for the person and their relationships which can severely impact employment, family and social relationships.

3.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- Bipolar Fellowship Scotland 0141 560 2050/www.bipolarscotland.org.uk
- Bipolar UK www.mdf.org.uk
- Royal College of Psychiatrists www.rcpsych.ac.uk
- SAMH Information Service www.samh.org.uk

4. DEPRESSION

4.1 BACKGROUND/FACTS

- An estimated 1 in 5 of the population in Scotland will experience depression at some time in their lives.

- The World Health Organisation (WHO) predicts that depression will soon be the second biggest cause of illness worldwide.

- Most people with depression can get on with their lives. Many people learn a great deal about themselves having lived through an episode of depression.

- People with depression are often asked what they have to be depressed about. Young people are told that "they have their lives ahead of them", even though their feelings tell them that their life is over. That can prevent them from seeking help, by reinforcing their feelings of guilt and making recovery harder.

4.2 SIGNS AND SYMPTOMS

Everyone feels 'down in the dumps', sad or low at some time. This is a normal part of life. People often mistake feeling down as being depressed however depression is where these feelings are severe, or long lasting. When symptoms go on for more than two weeks, or if a person has suicidal thoughts or feels suicidal then medical help should be sought urgently.

Depression is increasingly common and significant life events such as exam or work stress, family turmoil or hormonal changes can trigger periods of depression.

Signs and symptoms can be any of the following:

- Feelings of overwhelming sadness which may be compounded by feeling guilty, worthless or hopeless. People can also feel anxious, tense, irrationally worried and irritable.

- Losing interest and pleasure in things they would normally enjoy.

- Difficulty concentrating, making decisions or remembering things.

- Difficulty sleeping, waking early or not being able to fall asleep. Feeling tired or no energy to get out of bed. A change of appetite and lose or gain weight.

- In severe cases of depression the person can see or hear things that are not there. These hallucinations or delusions usually reinforce feelings of guilt and worthlessness, or encourage suicidal thoughts.

- Recurrent thoughts of death or suicide, self harm or suicide attempts.

4.3 RECOVERY

There are many treatments for depression, from medication to complementary therapies to talking treatments. Often a combination of things works at different times.

The key to recovery is finding what works, with the support of professionals. Often talking treatments like counselling or therapies, that help focus on positive achievements, are the first step to recovery.

Recovery means different things to different people and no two individual journeys of recovery will be the same. Regardless of symptoms or past experiences people with mental health problems should be given every opportunity to lead fulfilling and satisfying lives.

4.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- Breathing Space — www.breathingspace.scot
- Action on Depression — 0131 226 8152/ www.actionondepression.org

5. EATING DISORDERS

5.1 BACKGROUND/FACTS

Eating is often affected if people are under pressure. People may crave a particular food, lose their appetite or eat more for comfort. Some people become unable to eat at all, feeling ill if they do. As a rule, they get back to their normal eating habits once the difficulties have passed.

However, if an individual goes on eating too much or too little over a period of time they may be in danger of developing eating distress. Food may then become the centre of their lives. They may deny themselves anything to eat, even when they are very hungry, or they may eat constantly, or binge. The subject of food and how much they weight can be on their mind all the time. Food can become a sort of addiction, affecting life in a very negative way. Being 'addicted' to food presents huge problems, because we need to eat to live, so if we have an eating problem, we have no choice but to wrestle with this problem every day.

It is important to understand that eating distress isn't just about food and eating. Its about difficult problems and painful feelings, which people can't express, face or resolve. Focusing on food as a way of disguising this, even from themselves.

5.2 SIGNS AND SYMPTOMS

- **Compulsive Eating:**
  Someone who eats compulsively has come to rely on food for emotional support. They may pick at food all day and feel they can't stop. As a result they may be overweight and in danger of developing health problems because of it. Compulsive eating is a way of masking problems, often connected with close relationships. People may feel very worthless, lonely and empty and have a deep sense of loss. People often deal with problems in life by denying anything is wrong.

- **Binge Eating:**
  When people eat very large quantities of (often) high-calorie food, all in one go. This is known as binge eating and can often by triggered by some serious upset. It may take place in secret and during these binges someone may feel out of control. If the person is bulimic, they may follow up these episodes by making themselves sick or purging with laxatives. Others, inevitably, put on a lot of weight. Excessive binge eating may be life threatening.

- **Anorexia Nervosa:**
  Someone who has anorexia nervosa may be torn between not being able to bear putting on weight, and yet not wanting to die of starvation. To them putting on weight means losing control. What they eat, and if and when they eat it, may feel like the only part of life that they have under control. The act of eating can come to represent everything bad including the feelings that aren't allowed to come to the surface. Not eating, and losing weight, can therefore become that person's only way of feeling safe.

  People can deny themselves food, although they may actually feel very hungry. There are a number of signs that someone with anorexia may show:

  - Losing a great deal of weight
  - Denying they feel hungry
  - Taking drastic measures to avoid putting on weight, such as: avoiding foods high in calories; making themselves sick; exercising excessively; using drugs that quell

the appetite or speed up digestion; counting calories meticulously, and wearing baggy clothing to cover up any weight loss, or to keep warm
- Weighing much less than they should (at least 15 per cent less than the expected weight for their age and height)
- Believing that they look fat, although they are considered underweight
- Being physically underdeveloped (this may happen if the problem occurs before puberty)
- Missing three, or more, menstrual periods in a row (although this may not occur if they are taking a contraceptive pill)
- Losing interest in sex or become impotent
- Hiding food, or throwing it away
- Changes in their personality.

- **Bulimia Nervosa:**
Bulimia means eating large amounts of food and then trying to undo the effects by starving themselves, or by vomiting or, less usually, by using laxatives (both known as purging). In extreme cases someone can be making themselves sick as often as 30 to 40 times a day. Bulimia is more common than anorexia but because people keep their weight roughly the same it is not so visible.

  People are often at great pains to keep bulimia outwardly hidden. Inwardly they will be thinking constantly about eating, and having irresistible cravings for particular foods. They dread being overweight and believe they should be much thinner than a normal weight.

  Contrary to what people believe taking laxatives doesn't actually help with weight loss. It removes essential minerals such as potassium and sodium which keep the muscles working. Being sick gets rid of less than half the calories consumed. A flat stomach may be a temporary benefit but it soon returns to normal when fluid levels rise again.

  Media attention has glamorised, and so trivialised, bulimia nervosa. But the effects are not trivial. They include having poor skin, because of being dehydrated, bad teeth caused by stomach acids eroding the tooth enamel, bad breath, a sore throat and mouth ulcers. Periods may also become irregular or stop altogether. Frequent vomiting can cause epileptic fits, muscular weakness and heart problems, while taking a lot of laxatives can also cause permanent damage.

5.3 RECOVERY

What can be done to help:

- Talking Treatments
- Admission to a Clinic
- Self-Help Groups
- Alternative Therapies

5.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- **Beat** Adult Helpline: 0345 634 1414 / Youth Helpline: 0345 634 7650
  www.b-eat.co.uk

6. OBSESSIVE COMPULSIVE DISORDER

6.1 BACKGROUND

Obsessive Compulsive Disorder (OCD) is the name given to an anxiety disorder in which people experience repetitive and upsetting thoughts and/or behaviours – usually both. OCD has two main features: *obsessions* and *compulsions.*

Obsessions are involuntary thoughts, images or impulses. An example would be a fear of germs or an irrational concern with order, such as putting things away in a specific order.

The main features of ***compulsions*** are repetitive and stereotyped actions that the person feels forced to perform. This may be in order to deal with the effect of an obsession, such as repeatedly checking locks to ensure the house is safe before bed or washing one's hands repeatedly because of a fear of germs.

People are aware that their obsessions and compulsions are irrational and excessive but nonetheless still feel unable to control them.

OCD can be very debilitating and if left untreated obsessions and the need to perform rituals can take over a person's life. OCD is often a long-term relapsing problem that can take years of treatment to overcome.

OCD is thought to affect around 1-2% of the population and it affects men and women equally. It can typically begin to affect people in adolescence or in their early 20's, however at least half of adults who get help for OCD already had it as a child.

It takes an average of 10 years for someone to seek professional help for OCD and OCD is listed amongst the top 10 most debilitating illnesses by the World Health Organisation.

The prevalence of OCD may have been underestimated in the past because people are often afraid to seek help and can appear to function perfectly normal despite great distress.

6.2 SIGNS AND SYMPTOMS

Having some obsessive habits is not the same as having OCD and it is unhelpful to draw these parallels. Most of us have some "OC" behaviours when anxious – it only becomes a disorder when this interferes with activities of daily living.

Common obsessions include irrational fears around contamination, fear of causing harm to self or others, hypochondria, 'unlucky' numbers and inordinate concerns with order, arrangements or symmetry.

Common compulsions can be repetitious, purposeless actions that the individual feels compelled to engage in, according to their own strict rules or in a stereotyped manner. Typically the individual feels a sense of resistance to the act but this is overridden by the strong, subjective drive to perform the action. Most often the principle aim behind the compulsive act is to generate temporary relief from the anxiety that comes from a preceding obsession.

Compulsions can be ***overt*** or ***covert:***

Overt compulsions typically include checking, washing, hoarding and symmetrical organisation of personal belongings.

Covert compulsions or 'cognitive compulsions' are mental actions performed as opposed to physical ones e.g. mental counting, compulsive visualisation or substitution of mental images or ideas with neutralising alternatives e.g. silently repeating a string of words over and over on experiencing a negative thought.

6.3 RECOVERY

OCD often goes undiagnosed because of the patients reluctance to reveal their symptoms. It is also sometimes misdiagnosed as depression, which is often an outcome of OCD.

Effective treatments include Cognitive Behaviour Therapy (CBT) and anti-depressants, used alone or in a combination with each other.

Recovering from OCD can sometimes be a long and difficult process. However, most people do recover and many people with OCD mange their obsessions and compulsions and are successful in personal, family and professional lives.

6.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- OCD – UK www.ocduk.org
- OCD Action www.ocdaction.org.uk
- OCD Youth www.ocdyouth.org

7. PANIC ATTACKS

7.1 BACKGROUND/FACTS

- Panic attacks are very frightening and can seem to happen for no reason. But, they are actually a fear of fear. The panic is an exaggerated reaction to physical sensations in the body that occur when you are afraid, stressed or excited.

- One in three people can expect to have a panic attack at some stage. It is common for healthy, young adults to have occasional panic attacks.

- Attacks may be unpredictable and frightening, but they are not harmful or dangerous.

- At attack can come on quickly and last for between 5 and 20 minutes, although this may vary.

- You may be more prone to panic attacks if you have depression or anxiety, asthma or diabetes, are taking stimulants (such as amphetamine or caffeine) or withdrawing from tranquilisers.

7.2 SIGNS AND SYMPTOMS

- **Your body may react by experiencing:**
  - Breathlessness or breathing fast
  - A very rapid heartbeat
  - Pains in the chest
  - Irregular heartbeat
  - Ringing in the ears
  - Feeling faint or dizzy
  - Tingling or numbness
  - Hot or cold flushes
  - Feeling sick
  - Needing to use the toilet
  - Perspiring
  - A choking feeling

- **You may feel**:
  - Absolutely terrified
  - That the world is going to end
  - That you are going to die
  - 'Unreal' or cut off from the world
  - That you are going mad
  - A sense of impending doom

7.3 RECOVERY

Ten tips to prevent panic:

1. Reduce your exposure to unnecessary stress. Find ways to express your needs and assert yourself more successfully.

2. Change your lifestyle. Take regular exercise. Avoid stimulants, such as cigarettes and alcohol. Eat regular meals and avoid processed foods and drinks, keep blood sugar levels stable.

3. Don't bottle up your emotions. Find someone to confide in such as a family member, friend or counsellor.

4. Develop coping strategies. Look into cognitive behaviour therapy or other talking treatments; consult self-help books; ask about anxiety management courses.

5. Join a support group. This allows you to share feelings and discuss coping strategies.

6. Learn to breathe from your diaphragm. With hands on stomach, slowly breathe in through your nose while counting to four. Your stomach should rise (not your chest). Breathe out to a count of four and your stomach should collapse. Repeat four times.

7. Learn a relaxation technique. First close your eyes and breathe slowly and deeply. Locate any areas of tension and imagine tension disappearing. Then, relax each part of the body, bit by bit, from the feet upwards. Think of warm and heaviness. After 20 minutes take some deep breaths and stretch.

8. Focus on the positive aspects of your life. If you feel an attack coming on, try to distract yourself with a pleasurable task.

9. Don't depend on others for reassurance. Tell yourself you're not dying or going mad. It's better to rely on yourself and your own coping strategies.

10. Accept and face your feelings during an attack. They will become less intense.

7.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- Anxiety UK 0844 775 774 / www.anxietyuk.org.uk
- No Panic 0844 967 4848 / www.nopanic.org.uk
  - Youth 01753 840393

8. PERSONALITY DISORDERS

8.1 BACKGROUND/FACTS

- The word 'personality' refers to the pattern of thoughts, feelings and behaviour that makes each person the individual that they are. People don't always think, feel and behave in exactly the same way. It depends on the situation they are in, the people with them and many other things. But people do tend to behave in fairly predictable ways. Each person has a set of 'patterns' that make up their personality.

- People are usually flexible enough to learn from past experiences and to change their 'patterns' of thinking, feeling and behaving to cope with life more effectively. If you have a personality disorder you are more likely to find this difficult. Your 'patterns' will be much more stubborn and you will have a much more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

- Personality disorders usually become noticeable in adolescence or early adulthood, but sometimes start in childhood. This can make it difficult for you to start and keep friendships or other relationships, and you will find it hard to work effectively with others. You may feel alienated and alone. The risk of suicide in someone with a personality disorder is about 3 times higher than average.

8.2 SIGNS AND SYMPTOMS

Personality disorder can show itself in different ways. The American Psychiatric Associations manual of mental disorders lists ten types and each one is linked with a different set of attitudes, emotions and behaviours. While some people will have only one type, other people may have elements of two or more.

1. Paranoid personality disorder
2. Schizoid personality disorder
3. Schizotypal personality disorder
4. Borderline personality disorder (BPD)
5. Histrionic personality disorder
6. Narcissistic personality disorder
7. Antisocial personality disorder (APD)
8. Avoidant (or anxious) personality disorder
9. Dependent personality disorder
10. Obsessive-compulsive personality disorder (OCPD)

Due to the complexities of these personality disorders further information should be researched and is available at www.mind.org.uk and www.personalitydisorder.org.uk

8.3 RECOVERY

How much the problems disrupt someone's life, and how well they can be treated, will vary. You may have other difficulties at the same time such as depression or phobia. Even if a phobia is treated, stressful events can still trigger problems linked with the personality disorder.

Personality disorders are difficult to treat because they can involve deeply rooted patterns of thoughts, feelings and ways of relating. The type of treatment, and its success, may well depend on where you are (at home, in hospital or in prison) and what is available. Many people are able to change the way they think and behave, to control their emotions and eventually lead more fulfilling lives.

Psychological treatments can be helpful, especially for less severe personality disorders. There are certain keys to its success. If you place responsibility for your difficulties on others and on outside circumstances individuals are unlikely to benefit. You are more likely to benefit from treatment if you can:

- Think about and monitor your own thoughts, feelings and behaviour
- Be honest about yourself, your problems and imperfections
- Accept responsibility for solving your problems, even if you did not cause them
- Be open to change and stay motivated

8.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- www.personalitydisorder.org.uk

9. POST NATAL DEPRESSION

9.1 BACKGROUND/FACTS

- Postnatal depression is very common. Yet far too often new mothers are left alone to suffer in silence, struggling on alone, because their problem is not recognised.
- People expect that having a baby is going to be a source of happiness, and of course it is, and should be. But as a new mother, you may be very far from feeling this straight away and this can bring with it huge anxiety.
- You may go through a short period of feeling emotional and tearful, which may be brief and manageable (the 'baby blues'), or you may develop deeper longer-term depression (postnatal depression). Very rarely, a new mother may experience an extremely severe form of depression, known as puerperal psychosis (a serious, but quite rare, psychiatric illness occurring in about 1 in 1,000 births).

What about the Father:

- In recent years it has increasingly been recognised that new fathers also become depressed and it is suggested that as many as 1 in 25 new fathers are affected. This includes the pressures of fatherhood, increased responsibility, the expense of having children and the change in lifestyle that it brings, the changed relationship with their partners, as well as lack of sleep and increased workload at home.
- Few services exist for men although awareness and understanding of this problem is improving. www.fatherhoodinstitute.org

9.2 SIGNS AND SYMPTOMS

- **The 'Baby Blues':**
  New mothers usually get the baby blues two to four days after birth and this is so common that it is regarded as normal. Women can feel very emotional and liable to burst into tears for no apparent reason, or for reasons that may seem quite trivial to others. Doctors suggest that the baby blues may be down to changes in hormone levels that happen after the birth, but others say it can be brought on by the experience of being in hospital. Although it is distressing it is important to know that it doesn't last long, usually only a few days. Medical professionals don't usually take it very seriously however if the depression goes on for longer, or gets worse, it may be developing into post natal depression.

- **Postnatal Depression (PND):**
  At least 1 new mother in 10 goes through PND. This is often when the baby is between 4 and 6 months old, although it can emerge at any time in the first year. It can come on gradually or all of a sudden and can range from being relatively mild to very hard-hitting.

  PND can happen whatever your family circumstances and whether or not your baby is your first. There is no one cause for PND but a number of different possibilities have been put forward to explain why new mothers may become depressed in this way:

  - The shock of becoming a mother
  - Changed relationships
  - Help with adjusting
  - Lack of support
  - Other stresses to cope with

- Difficult labour
- Changes to your body
- Hormonal upheaval
- Diet
- Your own childhood experiences

There is some evidence that about half of these women are afraid to tell health visitors about how they are feeling because they are afraid or that they will be seen as bad mothers.

You may go through one or more of the following experiences, although it's extremely unlikely that you will go through all of them:

- Feeling very low, or despondent, thinking that nothing is any good, that life is a long, grey tunnel, and that there is no hope
- Feeling tired and very lethargic, or even quite numb. Not wanting to do anything or take an interest in the outside world
- A sense of inadequacy; feeling unable to cope
- Feeling guilty about not coping, or about not loving the baby enough
- Being unusually irritable, which makes the guilt worse
- Wanting to cry
- Losing your appetite, which may go with feeling hungry all the time, but being unable to eat
- Difficulty sleeping: either not getting to sleep, waking early, or having vivid nightmares
- Being hostile or indifferent to your husband or partner
- Being hostile or indifferent to your baby
- Losing interest in sex
- Having panic attacks, which strike at any time, causing rapid heartbeat, sweaty palms and feelings of sickness or faintness
- An overpowering anxiety, often about things that wouldn't normally bother you, such as being alone in the house
- Difficulty in concentrating or making decisions
- Physical symptoms, such as stomach pains, headaches and blurred vision
- Obsessive fears about the baby's health or wellbeing, or about yourself and other members of the family
- Thoughts about death.

9.3 RECOVERY

PND usually gets better in time, although it may take up to a year. Love, support and nurture from family, friends and community can be vital in helping new mothers cope.

- **Have someone to talk to:**
  It is important to feel understood and supported. A sympathetic listener who can hear about your feelings and worries without judging, can bring enormous relief. This could be a health visitor, nurse, counsellor of a volunteer from a self help organisation.

- **Meeting other parents:**
  One of the most helpful things is to talk to other mothers and fathers – it can be very reassuring to find that all new parents share the same anxieties and frustrations. Meeting others in the same position as you will give you a chance to share skills and experiences, to realise you are not alone and above all to get some emotional and practical support.

- **Take care of yourself:**
  This is easier said than done but accept help from relatives and friends. Difficulty in concentrating and lack of appetite are part of the depression. Lack of food makes the condition worse. You may be anaemic which will make you feel tired and harder to relate to your baby. You could be lacking in important vitamins so consider taking a suitable vitamin and mineral supplement. Physical activity is an antidepressant, especially if it is enjoyable. Try swimming, dance or yoga and consider using a facility which has a crèche available. Lack of sleep, anxiety and poor concentration may make you less able to concentrate and therefore reduce your reaction times. Don't try to do too much around the house; you and the baby are much more important. Have people help you out with daily responsibilities so that you can rest during the day.

- **Learn to relax:**
  There are various techniques you can learn to help you become more relaxed and deal with anxious feelings. These may be simple breathing or relaxation techniques such as those taught at antenatal classes. Give yourself a relaxing bath with candles while the baby is being entertained by someone else. Do something that relaxes you and give you pleasure; this recharges your batters and reminds you, and others, that you deserve good things.

9.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- **The Association for Post Natal Illness** 020 7386 0868 / www.apni.org
- **Fatherhood Institute** www.fatherhoodinstitute.org

10. POST TRAUMATIC STRESS DISORDER

10.1 BACKGROUND/FACTS

The term post-traumatic stress disorder (PTSD) is used to name a range of symptoms you may develop in response to experiencing a traumatic event, which is outside of your normal human experience. It is often a delayed response.

Hearing news of events, being present during a disaster or being involved in, witness or experience events can cause deep emotional injury and there is no doubt that the reactions that may follow can seriously hamper and interfere with your life.

A diagnosis recognises that there are events and experiences that are beyond our control, and which may fill us with fear or horror, and can cause extremely disturbing psychological symptoms.

It is estimated that up to 3% of the general population is likely to be affected by PTSD at some point. Not everyone who experiences a traumatic situation will develop PTSD, nor does everyone develop it to the same degree.

10.2 SIGNS AND SYMPTOMS

If you have faced a traumatic experience you may simply feel emotionally numb to begin with, and feelings of distress may not emerge straight away. But sooner or later, you are likely to develop emotional and physical reactions, and changes in behaviour, which may include some of the following:

- **Reliving the trauma:**
  - Vivid flashbacks (feeling that the trauma is happening all over again)
  - Intrusive thoughts and images
  - Nightmares
  - Intense distress at real or symbolic reminders of the trauma

- **Avoiding memories:**
  - Keeping busy
  - Avoiding situations that remind you of the trauma
  - Repressing memories (being unable to remember aspects of the event)
  - Feeling detached, cut off and emotionally numb
  - Being unable to express affection
  - Feeling there's no point in planning for the future

- **Being easily upset or angry:**
  - Disturbed sleep
  - Irritability and aggressive behaviour
  - Lack of concentration
  - Extreme alertness
  - Panic response to anything to do with the trauma
  - Being easily startled

10.3 RECOVERY

If you have been suffering from distressing symptoms for over a month after a traumatic event you are encouraged to see your GP who can refer you for specialist help. Effective treatment does exist and you can recover from PTSD. Experts agree that an effective approach may be a series of sessions with a psychologist or other therapist using one of the specialist therapies, as follows:

- Cognitive behavioural therapy (CBT)
- Rewind technique
- Medication

10.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- **ASSIST (Assistance Support and Self Help in Surviving Trauma)** 01788 560 800 www.assisttraumacare.org.uk

- **Post Traumatic Stress Disorder** www.ptsd.org.uk

11. SCHIZOPHRENIA

11.1 BACKGROUND/FACTS

- Schizophrenia is a complex mental health problem which can manifest itself in a number of ways. Each individual will experience a range of symptoms, not everyone will have them all. Schizophrenia affects thinking, feeling and behaviour.

- Schizophrenia and similar illnesses can affect people from all walks of life. The first symptoms often develop in early adulthood and vary from person to person but may remain undiagnosed. For some, the illness starts suddenly: the (usually) young person becomes unwell very quickly and quite severely. His or her thoughts may become muddled or he or she may experience hallucinations.

- For others, the change is gradual and the person may show signs of withdrawal or neglecting themselves. These changes in behaviour can be very difficult to understand, especially when no-one has recognised that the person is ill.

- No-one really knows the causes of schizophrenia, but a combination of certain factors (such as stress, hereditary factors and drug abuse) have shown to affect the risk of developing it.

- Nearly 1 in 100 people will experience schizophrenia in the course of a lifetime.

- Schizophrenia is not a split personality, nor does the behaviour of people with this diagnosis swing dramatically between 'normal' and dangerous. Violence is not a symptom of schizophrenia.

- After a first episode, approximately 1 in 5 recover within 5 years, 65% will have fluctuating problems over decades and 10-15% experience severe long-term incapacity.

- The majority of people that are affected by schizophrenia will have long periods of good functioning with occasional problems.

11.2 SIGNS AND SYMPTOMS

Although schizophrenia affects people in different ways there are recognised signs and symptoms that people may experience, for example:

- The person may experience hallucinations (seeing, hearing, feeling, smelling or tasting something that does not exist as if it were real). Hearing voices is the most common hallucination experienced with schizophrenia.

- The person may hold false and often unusual beliefs with unshakeable conviction. For example, someone might fear that he or she is being watched or followed by another who wants to control or do them harm. These beliefs are called delusions.

- The person appears to show little emotion or if he or she does express any it may appear out of contest, for example crying at a joke. They may become withdrawn, avoiding the company of friends and family.

- The person may say very little and rarely initiate a conversation. They may speak in a way that will seem muddled and illogical, conveying little meaning. They may think or act in a way that cannot easily be understood. They may become uncharacteristically hostile to members of the family.

Not everyone will experience all of these symptoms and it can be difficult to recognise these as signs of a mental health problem. It is easy to perceive the person is disinterested in life and it is important to remember that this behaviour is not deliberate.

11.3 RECOVERY

Generally getting appropriate care and treatment for schizophrenia as soon as possible after symptoms appear results in a greater chance of a good recovery. Recovery means different things to different people and no two individual journeys of recovery will be the same.

Medication aimed at reducing the symptoms of schizophrenia is commonly used. These medications have varying levels of benefit and side effects. With careful use and a good relationship with support teams most people find some measure of help from medication, and many feel they have been "given their lives back".

Some people find that medication helps but acceptance and support from the community at large as well as good community care services are vital in promoting the wellbeing of people with schizophrenia.

At times people may require hospital care however most live in their own homes in the community.

11.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- **National Schizophrenia Fellowship (Scotland)** www.nsfscot.org.uk
- **Schizophrenia.com** www.schizophrenia.com

12. SELF HARM

12.1 BACKGROUND/FACTS

- In its broadest sense self-harm describes a "*wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging".*

- Self-harm is always a sign of emotional distress and that something is seriously wrong. For some it provides the means to cope with overwhelming emotions – a way to control feelings of helplessness and powerlessness. For others self-harm temporarily combats feelings of numbness to the world around them.

- No single factor has been shown to predict self-harm. A combination of pressures in home and school life, such as being bullied, not getting on with parents, parental divorce, abuse, bereavement, mental health problems such as depression can all lead to self-harm.

12.2 SIGNS AND SYMPTOMS

Self harm is a broad term. People may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose or swallowing or putting other things inside themselves.

It may also take less obvious forms, including unnecessary risks, staying in an abusive relationship, developing an eating problem, being addicted to alcohol or drugs, or someone simply not looking after their own emotional or physical needs.

12.3 RECOVERY

- **Knowledge is power:**
  Gather as much information as possible about your behaviour. Keep notes of what is going on when you feel the need to harm yourself: over a period of time you can identify specific thoughts which come up. Keep a daily diary of events and feelings and record how to cope with or channel powerful emotions of anger, pain or happiness.

- **Try to talk about your feelings with someone supportive**:
  Even though you may feel you are alone, there are others who can understand your pain and help to boost your strength and courage. Many people find that joining a support group of people with similar problems is an important step towards making themselves feel better and changing their lives. If there are no appropriate support groups in your area, your local Mind associations may be able to help start one (see 'Useful organisations' for more information).

- **Work on building up your self-esteem**:
  Remember you are not to blame for how you feel; your self-injury is an expression of powerful negative feelings. It's not your fault. Make lists of your feelings, and then write positive statements about yourself, or the world around you. If you can't think of any, ask friends to write things they like about you. Keep these in a place so that they are visible. Make a tape of your own voice saying something affirming or reading your favourite stories or poems. Hearing your own voice can be soothing, or you can ask someone you trust to record their voice reading to you.

- **Try to find ways to make your life less stressful**:
  Give yourself occasional treats, eat healthily, get plenty of sleep and build physical activity into your life – all of these are known to boost self-esteem and lift low moods.

- **Have the telephone numbers of friends, or local and national help lines:**
  Where you can find them easily, in case you need to talk to somebody in a crisis

- **Think about your anger and what you do with it**:
  If you weren't busy being angry with yourself, who would you really be angry with? Write a list of people who have caused you to feel like this. Remind yourself you deserve good things in life, not punishment for what others have done to you.

- **Line up a set of cushions to represent people who caused you pain**:
  Tell them how they hurt you and that you don't deserve punishment. Kicking or hitting cushions is good. Try to do this with someone else, if possible, so that the experience is shared and you do not hurt yourself.

- **Creativity is a powerful tool against despair:**
  This doesn't have to be about making something. Whatever lifts you out of your pain and makes you feel good is creative. If you feel like it, try drawing or painting how you feel. Some people draw on themselves, using bright body colours.

- **If you feel the need to self-harm, focus on staying within safe limits:**
  A supportive GP will give you good advice on minimising and caring for your injuries and help you to find further help.

12.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

- **National Self Harm Network** www.nshn.co.uk
- **Young Minds Self Harm Information** www.youngminds.co.uk

13. SUICIDE

13.1 BACKGROUND/FACTS

- Suicide is a rare event however in Scotland it is one of the main causes of death among young people.

- Around 2 people every day die from suicide in Scotland.

- Suicide and self-harm (see Section 12.) are often confused. Some people harm themselves as a coping mechanism, not because they want to kill themselves.

- Amongst people under 35 more people die from suicide than in road traffic accidents.

- Social factors also affect suicide risk. You are almost twice more likely than average to take your own life if you live in the most deprived areas of Scotland.

- People attempt suicide for a wide range of reasons. Some things, like a major life change, a lost or bereavement can trigger suicidal feelings. Long term factors such as abuse or illness can also lead to suicidal feelings.

13.2 SIGNS AND SYMPTOMS

- The only way to know for sure is to **ask.** The following list of warning sign is not definitive. For a more detailed list visit some of the sites listed at the end of this section. Some people may show none of these signs yet feel suicidal, while others may show several yet be coping okay.

- **Talking about death:**
  A person may talk about dying, disappearing or going away. They might talk about funerals, suicide methods or other types of self-harm. Often, the more detailed a person's plan for suicide is, the more at risk they may be.

- **Hopelessness:**
  A person might believe that things will never get better; that nothing will ever change, or might talk about things in the future being irrelevant.

- **Recent loss or trigger:**
  A person may be particularly vulnerable due to a significant time or event, anniversaries, a life change, a trauma or loss could all be a trigger.

- **Change in personality:**
  A person might not see themselves as distracted, sad, distant or lacking in concentration. They may suddenly become less down and more happy or peaceful. This is because once they have made the decision to end their life they feel that a solution has been found.

- **Putting things in order:**
  If somebody starts putting their affairs in order (like arranging wills, pet or childcare) or giving away their prized possessions they may be at risk.

13.3 RECOVERY AFTER A SUICIDE ATTEMPT

Many people who attempt suicide have previously tried to take their lives. Reducing the stigma of suicide will increase people's likelihood of seeking assistance.

In emergencies, this covers the immediate medical need following a suicidal act, where a person, particularly a young person might be afraid to call an ambulance or attend an A&E department. At other times reducing stigma enables people to reach out to their families, friends and professionals who can help people see alternatives to suicide for healing their pain.

After a suicide attempt the unconditional support of family and friends can help a person re-establish themselves, and develop a network of support that would help prevent similar crises developing in the future.

AFTER A SUICIDE

Different people respond in different ways to losing someone as a result of suicide. Circumstances surrounding a death may vary greatly and some people may appear to cope better than others. The Scottish Association for Mental Health has produced a booklet "After a Suicide" which provides advice, support and sources of referral for people who have recently been bereaved. See 13.4 for details.

13.4 ADDITIONAL SOURCES OF INFORMATION AND GUIDANCE

For support in a crisis:

- Breathing Space — 0800 83 85 87 (6pm-2am)
- Samaritans — 08457 90 90 90 (24 hours)
- Child line — 0800 11 11
- NHS 24 — 111

Other useful contacts:

- Scottish Association for Mental Health — www.samh.org.uk
- Choose Life — www.chooselife.net
- Breathing Space Scotland — www.breathingspace.scot
- The Samaritans — www.samaritans.org

APPENDIX 2

5 STEPS TO IMPROVING YOUR MENTAL WELL-BEING

1. CONNECT

Connect with the people around you, with family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of this support network as the cornerstones of your life and invest time in them. Building and maintaining these connections will support and enrich you every day.

2. BE ACTIVE

Go for a walk or a run, enjoy the outdoors and consider taking up a new exercise or hobby such as cycling, gardening or yoga. Exercising can be of value in promotion mental well-being and can make you feel good about yourself. Exercise releases hormones, such as endorphins, that remain in your system for some time after exercising. Exercise can also help people sleep better allowing the body to rest and repair to allow it to function better.

3. TAKE NOTICE

Be aware of the world around you and what you are feeling, savour the moment whether you are walking to work, eating lunch or talking to friends. Reflecting on your experiences will help you to appreciate what matters.

4. KEEP LEARNING

Consider trying something new such as taking up a course or rediscovering an old interest or hobby. Set yourself a challenge that you will enjoy achieving. Learning new things will make you feel more confident.

5. GIVE...

Do something nice for a friend, thank someone, smile and volunteer your time. Join a community group or involve yourself in something different. Seeing yourself and your happiness as linked to a newer, wider circle can be incredibly rewarding and creates more connections with the people and environment around you.

For more information go to www.foresight.gov.uk

APPENDIX 3

GENERAL SUPPORTING AGENCIES

1. Breathing Space

Anyone can feel down or depressed from time to time. It helps to get some breathing space. You are not alone and talking about how you feel is a positive first step in getting help. Experienced advisers will listen and provide information and advice.

- Helpline: 0800 83 85 87
- Website: www.breathingspace.scot

2. Health at Work

Health at Work promotes employee health by working in partnership with organisations and they also support the Healthy Working Lives Award programme.

- Website: www.healthatwork.org.uk

3. See Me Scotland:

'see me' Scotland's national campaign to end the stigma and discrimination of mental-ill health.

- Website: www.seemescotland.org

4. Ayrshire Counselling & Therapy Centre:

Life often involves many challenges and dilemmas and at time we can feel overwhelmed or lost. You may have concerns that have troubled you for some time or which may be the result of a recent event, crisis or loss. Counselling takes place within the safety of a professional, therapeutic relationship based on confidentiality, trust and respect.

- Telephone: 01292 618 943 / 286 580
- Website: www.actc.co.uk

5. The Royal College of Psychiatrists:

- Website: www.rcpsych.ac.uk

6. Young Minds:

The voice for young people's mental health and well being, the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people and empowering their parents and carers.

- Helpline: 0808 802 5544
- Website: www.youngminds.org.uk

7. Mind – For Better Mental Health:

Mind helps people take control of their mental health. We provide high quality information and advice and campaign to promote and protect good mental health for everyone.

- Helpline: 0300 123 3393
- Website: www.mind.org.uk

8. British Association for Behavioural and Cognitive Psychotherapies (BABCP):

A multi-disciplinary interest group for people involved in the practice and theory of behavioural and cognitive psychotherapy.

- Telephone: 0161 705 4304
- Website: www.babcp.com

9. Re-Think – Information on Mental Illness:

- Website: www.rethink.org

Refer to Appendix 1 for Supporting Agencies tailored to specific Mental Health Conditions.

APPENDIX 4

RAISING ISSUES WITH AN EMPLOYEE WHO HAS A MENTAL-HEALTH CONDITION

- Ask open questions about what is happening, how they are feeling, what the impact of the mental health condition is. Ask what solutions they think there might be – but appreciate that they may not be able to think clearly about solutions when experiencing distress.

- How long has the employee felt unwell, is the condition an ongoing issue or something that immediate action could put right or improve their well-being?

- Discuss whether work has contributed to their condition, listen without passing judgement and make sure you address their concerns seriously.

- Are there any issues outside work that they may like to talk about and/or would be helpful for you to know about to allow you to support them. You should not put pressure on the employee to reveal any external/personal issues.

- Is the employee aware of available sources of support that can be arranged via SAC Occupational Health e.g. relationship, bereavement counselling, drugs/alcohol/addiction support or financial advice?

- Ask the employee if there is anything you can do to help and make sure that they are aware of support mechanisms the Board can provide.

- Assure the employee of the confidential nature of the discussion and that information will only be disclosed to allow appropriate support to be arranged e.g. to SAC Occupational Health / the Board's Personnel Representatives.

  Discuss any Board policies which may assist the employee in managing their situation such as Special Leave, Flexible Working and Supporting Employees in Managing Addiction.

- Ask if there is any aspect of the employee's medical care that it would be helpful for you to know about, for example, side effects of medication that might impact on their work / ability to undertake the full remit of their post e.g. driving restrictions. They have no obligation to advise you of this however you can explain that it will be easier for you to make any reasonable adjustments for a condition you know about. You cannot be expected to make reasonable adjustments if you are not informed about the problem.

- Ask the employee if they have any ideas about adjustments to their work that may be helpful, these could be long or short term.

- Ask if there are any ongoing health matters that would be helpful for you to know about (if not already disclosed). If so it is useful to discuss if they have already established coping strategies and how the Board can support them in continuing with these.

- Establish precisely what they wish colleagues to be told and who will advise them. Any inappropriate breach of confidentiality or misuse of information may constitute discrimination.

- Agree what will happen next and who will take what action e.g. set up of regular review meetings, referral to SAC OH etc.

If the employee has highlighted that their condition has been triggered by a work issue e.g. changes within the Board or to their work remit, then you should consider how this may affect the rest of their colleagues/your team. This can assist towards minimising the impact on other employees and allow a manager to arrange appropriate team or individual support mechanisms.

All conversations should be recorded accurately to ensure that actions have been carried out fully. Consideration should be given to where these records are retained whilst ensuring confidentiality. Once the conversation has been recorded it is best practice to provide a copy to the employee to obtain their agreement to its accuracy.

APPENDIX 5

SUPPORTING AN EMPLOYEE WHO IS ABSENT

- It is essential to keep in touch. If there is little or no communication, misunderstanding and barriers can quickly arise, the employee may feel that they are not missed or valued and this can exacerbate already low self-esteem. Inviting them to social events will show that you still think of them as one of the team.

- When the employee calls in sick you can suggest and agree a time you will call them next, or them call you. At the end of each exchange you can then agree when the next follow up call will be.

- You could explore different means of contact; it is keeping in touch that is important. This could involve telephone, face-to-face meetings – at work or in a neutral setting. If the employee requests it they could ask someone of their choice to accompany them to these meetings.

- Discuss with the employee who they would prefer to have as their main contact. This could be you, a colleague, SAC Occupational Health or the Board's Personnel Representatives. This may be particularly important if the employee's relationship with their primary contact is poor or if that person contributed to the individuals' absence in the first place.

- Early intervention is key. Sometimes the longer an employee is off work the more difficult they feel it is for them to return. It is therefore advisable to refer an employee to SAC OH as early as possible.

- Reassure the employee and keep them informed of important changes in the workplace. It may not be appropriate to talk through this when meeting with the employee so an alternative may be to forward Board wide emails / Bulletins to their home address/email.

- Give the employee the chance to explain their condition and ask open questions; ask if there is anything that you can do to help them.

- Ask if there are any work related issues that are contributing to their absence.

- Reassure them that you understand medical and personal boundaries and that you will respect them.

- Be prepared for the employee being distressed, hostile or remote when you communicate with them. These reactions may or may not be symptoms of their illness or medication. You must still ensure that any concerns raised by the employee are investigated and dealt with quickly.

- Review the employee's needs and wishes for support.

- If the employee is too unwell to be contacted directly explore whether there is someone else such as a family member or friend who can keep in touch on their behalf. As soon as the employee is well enough for direct contact then this should be arranged and followed up immediately.

- Depending on the severity of the illness it could be explored if it would be helpful to agree a 'halfway' between work and absence such as working from home for a couple of hours per day.

- Plan a phased return to work as the employee approaches fitness for work.
- You could ask the employee if they are receiving any treatment and what impact this may have on them – it is important to remember not to put pressure on the person to divulge personal or medical information – it is their choice what detail they wish to reveal
- If the employee is returning to work you may wish to arrange for them to pop in informally beforehand.
- Ask if the employee feels able to do some work despite their condition and at an appropriate time, when they will be able to return to work. It is important to remember however that when someone is in crisis it may be impossible for them to know how long recovery will take. The decision as to when it would be best for them to return to work, even on a phased return, would be assisted by their GP using the 'fit note'. Valuable information can also be provided via SAC Occupational Health.

In all instances of managing mental wellbeing in the workplace, the process of conducting Return to Work Meetings, Absence Review Meetings etc in line with the Framework for Maximising Attendance at Work must be carried out.