



Northern Ireland
Assembly

Line Managers Guide – Supporting Staff with Mental Ill Health

Supporting Line Managers

1. This document offers line managers' guidance on supporting a member of staff with mental ill health within the workplace.
2. It is helpful to make a distinction between 'pressure', 'stress' and 'mental ill health'. Everyone may feel under pressure but not everybody suffers the adverse reaction of stress or mental ill health. Also, everyone reacts differently – one person's spur to action is another's nightmare and causes of paralysis at work.

General Information

What is Mental Ill Health?

3. Mental Ill Health is a recognised psychological condition that influences the way a person thinks, feels and/or relates to others and their surroundings.
4. Mental Ill Health conditions are common and most of us will either experience one, or know someone who has experienced one. 1 in 4 adults in the UK will experience at least one diagnosable mental health condition in any one year, and 1 in 6 experience at any given time.

Treatment

5. With a diagnosis, many people will have a treatment plan in place that may include medication and / or talking therapies. With such treatment, many people can live full, successful lives, where their condition does not impact upon their job or their job does not exacerbate their condition. However, there may be occasions where they will need the support of their line manager and employer to reduce the potential impact that work may have on their condition.
6. The most common forms of clinically diagnosed mental health illness are depression and anxiety. The severity and duration of the symptoms within individuals differ and can impact differently on an individual's everyday life.

Identifying early signs of mental ill health

7. An effective line manager is best placed to identify changes in a staff member behaviour which might be indicative of an emerging problem.

8. A line manager may be the first to notice change in behaviour or attitude indicating that a staff member is unwell. Early intervention is critical in ensuring that the appropriate supports are put in place to assist an individual who is in difficulty. Similarly, colleagues may notice changes in behaviour and can talk to the individual or raise their concerns with the line manager if they feel the individual requires support.
9. Some of the key things managers should look out for include:
 - Changes in peoples' behaviour/mood or how they interact with colleagues;
 - Increased sickness absence;
 - Changes in their work – output, motivation levels and focus;
 - Struggling to make decisions, get organised and find solutions to problems;
 - Appearing tired, anxious or withdrawn and losing interest in activities and tasks previously enjoyed; and
 - Changes in eating habits, appetite and increased smoking/drinking (if applicable).
10. If an individual is already off sick, early involvement, and reassurance by line management at an early stage, will minimise risks of the individual not returning to work and any associated problems being difficult to solve.
11. These issues can be addressed early. Line managers should not wait until the next formal review meeting i.e. in-year review or performance review report.

What Line Managers can do

12. Where line managers suspect that mental ill health has become an issue for a staff member, they should discuss this with the individual immediately. A simple way for staff to understand that their health matters is to communicate and explain mental health will be treated in the same way as physical health.
13. People often do not feel able to ask for help when they are struggling. This silence feeds misunderstanding and prejudice which can make it harder for people to be open. This is why it is vital that managers routinely ask staff how they are doing and discuss their mental health – it helps build up confidence to speak up earlier on and get the help they need sooner.
14. Sometimes line managers' can worry about how to approach a conversation about a staff member's mental health but there are no special skills needed – just the ones used every day as a line manager like common sense, empathy, being approachable and listening. If you do nothing, problems can spiral, with a negative impact for individuals and the organisation.
15. If you think a member of your staff may be experiencing a mental health problem, you may need to take the lead and raise this with them, as people often do not feel able to bring it up themselves. Sometimes, when managers lack confidence about mental health, they may make this conversation overly formal or escalate it to the
16. Human Resources Office. However, as their manager, you will know your staff member best and it is important to take the lead and talk with them yourself. Human Resources Office is happy to provide you with advice and talk through any concerns you may have before you initiate a conversation.
17. As a manager, the relationship you have with your member of staff is key in shaping how they respond when experiencing poor mental health. Therefore, it is vital that you start this process in a positive and supportive way. It need not be awkward or difficult – just as you would with physical health, a good place to start is simply ask your staff how they are doing.

18. The first step is to establish open communication (which should be maintained if staff take time off for sickness absence) leading to understanding and appropriate support.
19. Mental ill health may manifest itself in a variety of ways and the table below provides examples of how a common mental health illness, depression, feels to the individual but looks different to colleagues.

What depression feels like	How it looks to colleagues
Deep feelings of sadness	Withdrawal from team, isolates oneself
Loss of interest in work and social activities	Indifference
Difficulty in concentrating, slowed thoughts	Putting things off, missed deadlines, accidents
Forgetfulness and trouble remembering	Seems distracted or absentminded
Trouble making decisions	Procrastination, indecisiveness, slowed productivity
Trouble sleeping or sleeping too much	Late to work, afternoon fatigue, accidents
Feelings of worthlessness or inappropriate guilt	Unsure of abilities, lack of confidence
Energy loss or increased fatigue	Low motivation, detached
Irritability, anger or tearfulness	Inappropriate reactions, strained relationships
Weight or appetite changes	Change in appearance

How to have a conversation with someone about mental ill health

20. Being able to talk about mental health is something that is important for us all but these are difficult conversations. Human Resources Office are available to provide you with support and advice before and after you have a conversation with a staff member about mental ill health.

Here are some suggestions:

- Assure your staff member that anything discussed will be treated with the utmost confidentiality;
- Have the conversation at an appropriate time e.g. before lunch or before home time;
- Have the conversation at an appropriate place (private and relaxed – where your member of staff feels comfortable and equal, possibly a neutral space outside of the workplace);
- Encourage your staff member to talk – ask simple, open and non-judgemental questions and allow them to explain in their own words how their mental health problem manifests, the triggers, how it impacts on their work and what support they need;
- Try to be sensitive to the level of information and support your member of staff can cope with at a given time;

- Don't make assumptions – don't try to guess what symptoms your staff member may have and how these might affect their ability to their job;
- Be honest and clear e.g. if the individual has breached review points due to absence, it's best to address these at an early stage;
- Be aware that your staff member may get upset;
- Encourage your staff member to seek advice and/or help e.g. remind staff of the sources of available help such as the Employee Assistance Programme provided by Inspire Workplace Services as well as Welfare Support Services;
- Offer the services of Mental Health First Aiders as a support mechanism;
- Agree what will happen next and who will take that action; and
- Reassure your staff member– people may not always be ready to talk straight away so it is important you outline what support is available, tell them your door is always open and let them know you will make sure they get the support they need.

Questions could include:

- How are you doing at the moment?
- You seem to be a bit down/upset/under pressure/frustrated/angry. Is everything ok?
- I've noticed that the reports are late when they usually are not. Is everything ok?
- I've noticed that you have been arriving late recently and I wondered if you are ok?
- How long have you felt like this? Is this an on-going issue or something that an immediate action could put right?
- Are there any problems outside of work that you would like to talk about / or that would be helpful for me to know about?
- Are you aware of support available from Inspire Workplace or Welfare Support Services?
- Have you spoken to your GP or looked for help elsewhere?
- Do you have ideas about adjustments to your work that may be helpful?

What to do if someone becomes tearful and upset

21. This can happen for any number of reasons and can be connected to something at work or outside of work.
 - Reassure your member of staff that you are listening. In fact, the process of listening may provide an important space for both you and the individual to gain insight into the problem and possible actions.
 - Ask if they would like someone of their choice with them, such as a trusted work colleague, or a Trade Union representative.
 - Postpone the meeting if this is what your staff member would prefer. If the session is not proving helpful for them, you can rearrange another time in the near future to discuss the issues when they are less upset.
22. If the staff member indicates that they do not wish to discuss their mental health with you as they feel that their relationship with you may be contributing to the problem, please encourage them to discuss with another member from your management chain or with a manager from Human Resources Office. Let them know that you are happy to discuss any issues when they feel ready to do so.
23. You may also need support in managing this kind of situation. Do not be afraid or embarrassed to seek help if you feel you need it.

Ongoing conversations

24. Regular work planning sessions, team meetings or informal conversations about progress are all ordinary management processes which provide neutral and non-stigmatising opportunities to find out about any problems an individual may be having.
25. If you have specific grounds for concern, such as impaired performance, it is important to talk about these at an early stage and not wait to discuss these at a formal review meeting e.g. in-year review or Performance Review meeting. Ask questions in an open, exploratory and non-judgemental way.

When talking to your staff member:

- Do not assume that mental ill health affects everyone equally;
 - consider adjustments which may support the individual; and
 - Be positive and supportive – exploring the issues and how you can help.
26. A person's ability to work under pressure may vary depending on what is happening in the rest of their life. Remember that, in law, it is an employer's duty of care to ensure that staff are not made ill by their work; this duty of care is delivered by the line manager, Human Resources Office and if required, Occupational Health Service (OHS). If you have concerns, talk to the individual and seek advice from Human Resources Office.
 27. Please remember that where a member of staff has confided in you as line manager, you must respect that confidence and not divulge any information without the staff member's knowledge. There may be exceptional circumstances when you will have to share information confided in you for example, if a member of staff indicates that they are considering suicide, if they advise you of a breach of the law or organisational rules or a Dignity at Work issue. You should still make the staff member aware that you will share the information with the appropriate people but will not be seeking their consent to do so.

Wellness Recovery Action Plan (WRAP)

28. Some people may find it useful to draw up a Wellness Recovery Action Plan (WRAP) which explains how they wish to be treated if they become unwell at work. The WRAP can include information on signs that indicate that the person is becoming unwell, who should be contacted or provided with information (perhaps a relative or GP), what sort of support would be helpful and what is not. If a WRAP is developed, it is important to put it into practice when a staff member becomes unwell. For assistance in creating a WRAP, please contact Human Resources Office.

Dealing with requests for temporary changes to work

29. If a staff member feels that they require some temporary changes at work due to mental ill health, you should arrange to meet with them to discuss this and if it is possible for you to accommodate their request locally without further advice, the temporary changes can be put in place. Examples of temporary changes may be a change to their start / finish time using the flexi time system or a review of workload to help them manage this. Human Resources Office are available to provide advice on any requests.
30. As a line manager, you should be alert to signs that a member of staff might have a disability and where you suspect this might be the case, it should be explored with the individual in a sensitive manner.

Dealing with requests for Reasonable Adjustments

31. Under the Disability Discrimination Act (DDA), the Northern Ireland Assembly Commission (the Commission) has a legal duty to take reasonable steps to prevent a disabled person being placed at substantial disadvantage compared with a person who is not disabled. This is usually called the “duty to make reasonable adjustments” and arises when an employment practice, or a physical feature of the workplace, creates a substantial disadvantage for a disabled person compared to a person who is not disabled. The kind of adjustment which must be made depends not only on the substantial disadvantage caused to the disabled person, but also on the steps which it is reasonable, in all the circumstances of the case, for the Commission to take to prevent the effect of that disadvantage. The type of adjustments which might be reasonable may include for example:

- Making physical adjustments to the workplace;
- Re-allocating some of the disabled person’s duties to another person;
- Altering the disabled person’s working hours through, for example, part time working, job sharing or other flexible hours arrangements; and / or
- Providing special equipment to assist the disabled person to perform his or her tasks and giving training in the use of the equipment

32. A staff member may request a minor adjustment which you can accommodate locally. If, however, a staff member considers that they have a disability and suggests the type of adjustments outlined above, which you are unable to accommodate without further medical information, you should contact the Human Resources Office. To decide on the adjustment necessary in the circumstances of each case may require (for example) input from OHS, the Human Resources Office as well as the staff member concerned.

Remember:

- Do not make promises that you are unable to keep. Be realistic and, where necessary, seek advice from Human Resources Office;
- If you are not sure what will help someone – just ask them; and
- Agree a date(s) for the adjustments to be reviewed.

33. In some cases, a reasonable adjustment will not work without the co-operation of other staff. In order to secure such co-operation, it may be necessary for the staff member’s colleagues to know about a disability which is not obvious. This will depend on the nature of the disability and the reason they need to know about it. In any event, you should not disclose confidential details to colleagues without the consent of the staff member. If the staff member refuses to give such consent, you should make them aware that it may impact upon the effectiveness of the adjustments which can be made.

Managing an on-going illness while at work

34. Most staff who have on-going mental ill health can continue to work successfully - without support or with only minimal support. Where a staff member needs support, the line manager and the individual can work together to ensure that it is flexible to suit varying health needs, taking advice

from Human Resources Office and OHS as necessary. More information can be found in the Managing Attendance Policy.

Supporting a staff member who is off sick

35. It is essential to keep in touch. Many line managers are hesitant about this in case they say the wrong thing or are perceived to be forcing a return to work. As part of the Assembly's Managing Attendance Policy (which should be read in conjunction with this guide), you are required to contact your member of staff to discuss and agree the regularity and form of contact (normally this should be every two weeks).
36. If there is little or no communication, misunderstanding and barriers can quickly arise, then your member of staff may feel that they are not missed or valued and this can, in some cases, exacerbate already low self-esteem.
37. It is good practice to take the following approach:
 - Give your member of staff the chance to explain the problem and what is happening by asking open questions. Ask if there is anything you can reasonably do to help as their line manager but acknowledge that what they would like, might not be possible;
 - Reassure the staff member that you understand medical and personal boundaries and will respect them;
 - Be prepared for the fact that the staff member may sometimes be distressed when you contact him/her;
 - Deal with any concerns that the staff member may raise in a thorough and efficient manner;
 - Review the individual's needs/wishes for support – remember, as per the Assembly's Managing Attendance policy, immediate referrals will be made to OHS if the staff member reports absent due to stress or anxiety related illness. Human Resources Office may also arrange referrals to OHS if staff are not absent from work but medical advice is required; and
 - Encourage the use of Inspire Workplace Services and/or Welfare Support Services.

Do Not

- Put pressure on the individual to divulge personal or medical information – it is the individual's choice to reveal this or not; and
- Put pressure on a staff member to name a return date. When a staff member is in crisis it may be impossible for them to know how long recovery will take. Deadlines will only add to the pressure.

Factors to consider in planning the return

38. It is absolutely vital that a staff member's return to work is managed well. If it's too pressurised or overwhelming, there is a risk they may find it stressful (which could lead to further periods of sickness absence). A staff member's return to work will be managed in accordance with the Assembly's Managing Attendance Policy.
39. When a staff member is ready to return to work, managers should arrange to conduct the return to work interview in a neutral, comfortable and confidential venue, welcoming the individual back to work and updating them on any changes within the team or organisation.

40. An effective return to work interview can be vital in building trust and engagement with the staff member and helping support their smooth and sustainable return to work.
41. If the staff member is not yet open about their mental health, the interview is a great opportunity to explore with them what factors are contributing to their absence and to identify if they have an underlying mental health problem.

42. **Tips for the return-to-work interview**

- Tell people they were missed;
 - Check that they are well and fit to return to work;
 - Ask the staff member how they are feeling;
 - Explain the return-to-work process/procedures (as outlined in the Assembly's Managing Attendance policy);
 - Discuss any adjustments recommended by OHS including phased return;
 - Use open questions that require more than just a 'yes' or 'no' answer and give the individual lots of space and time to talk;
 - Listen and try to empathise with the individual;
 - Ask if there are any problems at work that might be causing them stress;
 - Ask if there are difficulties outside work that might be contributing to their absence;
 - Discuss the staff member's mental health problem and the possible impact on their work;
 - Discuss possible solutions and ensure you are aware of sources of available support;
 - Discuss any worries the person has about returning to work, reassure them that this is normal and agree a strategy to address these concerns together;
 - Try to prepare people for how they may feel on their return and also to think about how they want to manage their return e.g. what they want to say to colleagues;
 - Understand that, despite looking fine, someone may still be unwell;
 - Review their attendance record and highlight if absences are approaching levels which give concern under the formal inefficiency procedures so that the individual is aware;
 - Consider what support is appropriate including any reasonable adjustments; and
 - Agree a return to work plan if appropriate.
43. A return-to-work plan is a key tool to help you manage this process. It should address the person's health needs and ensure their return to work is supported through appropriate agreed steps (through OHS, Human Resources Office or their own GP) for staff member and managers to take. This may include:
 - Practical steps and workplace adjustments;
 - On-the-job support from line manager and Human Resources Office; and/or
 - Other forms of support such as peer support.
 44. Discussing these steps in advance with your member of staff and producing a written plan together will help reassure them their needs will be met on their return. Doing so helps managers and staff to identify what is expected of each person and to reduce anxieties either person may have. Having a written plan also helps you to monitor and review the approach and actions you've each committed to – in order to check they are working as intended. If not, further alterations can be discussed.
 45. Alternatively, you could suggest developing a WRAP to support the individual as part of the return to work.

The first day back at work

46. The first day back at work is very important. You should try to make this as smooth as possible. Staff can often feel anxious about returning to work. They may feel self-conscious about something that happened before they went off or, feel they've let colleagues down. You should decide together beforehand what colleagues will be told. People may like to be met at the door or to travel in together. Managers may also want to check that the staff member has plans for lunch – possibly with a colleague they are close to.

47. Tips for managers – when people return to work:

- Have a plan for your staff member's first day to ensure they feel included and welcomed e.g. in lunch plans;
- Discuss if there are particular tasks, responsibilities or relationships that the individual may be apprehensive about and consider temporary changes to their role during their initial return to work to help manage this;
- Explore potential return-to-work adaptations with an open mind;
- Explain any recent changes that affect the staff member's role, responsibilities and work practices;
- Incorporate a phased return to work for the staff member, if recommended by OHS and/or GP;
- Involve a 'buddy' – someone they are friends with – to help staff reintegrate into the workplace, involve them in tea rounds and lunch plans and also bring them up to speed on any changes to how things are done in the organisation e.g. changes to staff, systems or processes;
- Promote a positive team spirit and encourage colleagues to make sure the person feels welcome and their return is comfortable;
- Colleagues are often unsure if it is ok to ask how people are but, just as with a physical health problem, most people appreciate being asked how they are doing;
- Keep in regular contact with the returning staff member and regularly ask how they are; and
- Ensure there are regular on-going opportunities to monitor and review what is going well and what is not going well, to make sure the support / adjustments is helping and to tweak these if they are not quite right.

Medication

48. If the staff member is on medication, they may experience distressing side effects. They may or may not feel able to discuss this with you. Any effect on work may be temporary and /or the staff member may only take medication for a short time.

49. With long-term medication, the initial period of medication may involve side-effects resulting in changes in the dosage and timing of medicine. This may have an effect on your staff member that will ease over time. Other medicines will have long-term side-effects for which permanent reasonable adjustments may have to be made.

50. Follow a period of long term absence (28 calendar days) OHS will be involved in the staff member's return to work.

Advice on how to respond in the workplace when you believe that a member of staff is considering self-harm

51. Most people thinking about self-harm, including suicide, will try and let someone know. This could potentially involve indicating a serious self-harm/suicidal intention to a colleague at work. It is difficult for a manager to know how to deal with such a situation and the following paragraphs provide some general guidance. The main concern in trying to help a member of staff in this situation will be their immediate safety. It is important to encourage the individual to talk openly about how they feel and to try and understand what has brought them to this point. Just being there and listening to them may help them feel less isolated and frightened.
52. Talking openly about the possibility of suicide will not make it more likely to happen. The following steps are useful to consider:

Show You Care Offer support and let them know you care. Say something like: "I'm worried about you and I want to help". "Tell me about what's worrying you". "What's up? I'm very worried about you". Do not leave them alone.

Ask the Question If you have real concerns about your staff member, don't be afraid to discuss suicide – asking about it won't put the idea their head: "Do you feel like harming yourself"? "Do you feel like ending your life"? "Are you so down that you just want to end it all"?

Listen Be a patient listener. Allow the individual to tell you how bad things are for them. Being listened to by someone who cares can help to relieve the pain they are experiencing.

Call for Help Encourage them to look for help: "Let's talk to someone who can help (for example a senior Human Resources Manager and/or one of the Commission's trained Mental Health First Aiders)". "I will stay with you until you get help". "You're not alone and there are people who can help you out of this situation".

If you are concerned about a member of your staff, it is important that you stay with them. You should immediately contact a senior Human Resources manager who will provide advice and support, and liaise with the appropriate services.

Appendix A - Further advice and guidance

Employee Assistance Programme

[Inspire Workplace Services](#) is the provider of an Employee Assistance Programme for staff in the Northern Ireland Assembly. It provides free independent and confidential counselling, advice and support for all permanent staff for any personal or work-related difficulty.

Online: [Inspire Workplace Services](#)

Email: workandstudy@inspirewellbeing.org

Helpline: 0800 389 5362

Welfare Support Services

Welfare Support Service provides an independent and confidential service to staff to help them cope with and work through personal and work related issues which may affect their ability to work effectively. Staff can request assistance from Welfare Support Services at any time.

Confidential Mailbox: welfare@nics.gov.uk

Helpline: 028 9054 7427 (Network ext.: 47427)

Action Mental Health (AMH)

AMH aims to enhance the life and employability of people with mental health needs or a learning disability by providing a range of unique high quality services, helping thousands of people every year in Northern Ireland.

Online: www.amh.org.uk

Aware NI

Online: <https://www.aware-ni.org/>

Mind

Mind provide advice and support to empower anyone experiencing mental ill health. They campaign to improve services, raise awareness and promote understanding.

Online: www.mind.org.uk

Lifeline

If you or someone you know needs help, you can telephone Lifeline free at any time. Lifeline is a crisis response helpline available 24 hours a day, seven days a week to people in Northern Ireland. It offers immediate help over the telephone if you, or someone you know, is in distress or despair.

Online: <http://www.lifelinehelpline.info>

Helpline: 0808 808 8000

The Samaritans

The Samaritans offer a 24-hour telephone helpline: They are a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland.

Telephone: 028 9066 4422 (local call charges apply)

National telephone: 116 123 (this number is free to call)

Textphone: 08457 90 91 92

You can also contact them by email or post: [Samaritans](#)