

was a frequent topic in the media²¹ and this brought my past experiences in Iraq very close to the surface. I had always struggled with the morality of going to war in Iraq, with my own guilt and powerlessness at being unable to influence the political events which led to UK forces being mobilised. When I was deployed for a second time to the region, I worked directly with Iraqi nationals in reconstruction projects. I felt a huge sense of personal responsibility for the damage that had been inflicted on the people and their country.

Even though I had never carried out a combat role or been personally responsible for damage, wearing a UK Armed Forces uniform was enough for me to feel guilt and responsibility. Reading about 'moral injury' in the literature made me realise that this was something I was personally continuing to struggle with. I felt a strong sense of empathy for the soldiers described within studies on the subject, but also a sense of relief at the impact of such difficulties being recognised in what I was reading.

Looking ahead, I hope to make use of both my military experience and counselling training. In understanding more about the complexity of working with trauma, my future training plans include acquiring more skills that can help equip me to navigate this, in areas that also interest me personally, such as EMDR and mindfulness-based approaches. As more veterans reach out for support, and hopefully with an increased availability of services to support them, understanding more about this client group may become increasingly relevant for therapists across all sectors.



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Your feedback please

If you have thoughts about any of the issues raised in this article or would like to write an article of your own, we would like to hear from you. Please email the editor: counsellingatwork@bacp.co.uk

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Plasters for the MIND

Mental health first aid at work has arrived. Nicola Banning finds out how businesses are investing in training staff to aid prevention and spot the signs of mental illness early

It's estimated that the cost of mental ill health to British business is £26 billion per year, which equates to an average of £1,000 per employee.¹ We spend around a third of our lives at work and with growing demand on our health service, it makes sense to focus on prevention and how we make our workplaces more mentally healthy. Creating environments that are more emotionally literate and psychologically aware is central to the preventative work of not-for-profit Mental Health First Aid (MHFA) England.

The idea was born, so the story goes, nearly 20 years ago in Australia, when a couple with an interest in mental health were out walking their dogs and realised that what was needed was first aid for depression.² They went on to develop training courses in mental health first aid to teach participants to recognise the signs and symptoms of mental health illness and to know how to respond appropriately. The training is now internationally recognised in 24 countries and MHFA England has to date trained over 1,300 instructors in England and delivered courses to over 188,000 people in schools, workplaces and the military.¹

Put simply, the approach to mental health first aid is that it should be on a par with standard first aid. Just as every school, community and workplace has first aiders, they should also have mental health first aiders, who can help identify the early signs of mental ill health and signpost individuals to support before it reaches crisis point. MHFA England is clear that it is not teaching people to become therapists but is committed to developing emotional literacy to bring about a culture change in how we see mental health, including at a legislative level.

Chief Executive of MHFA England, Poppy Jaman, described 'a wave of change coming in mental health'³ with the roll-out of training courses in MHFA to support young people in education with mental health issues. The need for more support in schools as teachers and pastoral workers face increasingly complex mental health issues in children and young people, has been covered previously in *Counselling at Work* as too many are dealing with the consequences of austerity and the cuts to provision.⁴ Recent figures from the Office for National Statistics reveal a worrying trend in the public sector, as female-dominated occupations, including primary school teachers, nurses and care workers, are showing a higher risk of suicide than the national average.⁵

Training in MHFA in both the public and private sector is now well established and is tailored specifically to meet the needs of the organisation. Working with a wide range of industries, Caroline Hounsell, Director of Product Development, Partnerships and Training at MHFA England, was one of the first MHFA England instructors to be trained and joined the national team in 2007: 'We have delivered MHFA courses to the likes of Unilever, WHSmith, EY, Crossrail, Royal Mail, BBC, and Channel 4; there has also been an increasing uptake in the public sector – with NHS England and Public Health Dorset having recently rolled out large-scale MHFA programmes. Many companies we work with have cited the role of MHFA in helping them to tackle mental health stigma in the workplace and to create environments where employees take better care of themselves and each other.' This is to be welcomed, given that Public Health England estimates that in the NHS alone, the cost of staff absence due to poor health is £2.4 billion a year – excluding the cost of agency staff to fill in gaps and the cost of treatment.⁶ 'A culture change can mean staff feel more able to report mental health issues as a reason for sickness absence, which in turn allows more accurate collection of data on staff wellbeing, so that more effective wellbeing strategies can be developed,' says Caroline.

Employability

Therapists familiar with working upstream with employers, will understand that the provision of counselling is just one part of the role; training, coaching, reflective practice, responding to critical incidents, advising on mental health strategy, can also be part of our work. The employability of our profession is of significant interest to BACP Workplace and with the versatile skills that we have as organisational practitioners, we are well placed to train as recognised MHFA trainers. However, as with all continuing professional development for therapists, it costs, unless you have an employer that is willing to fund you. Caroline explains: 'Therapists can and do train as MHFA instructors – I am a trained psychotherapist, still very much practising, and I am also an MHFA national trainer. Our seven-day instructor training programme teaches people how to deliver their own courses independently, whether in their spare time, as part of

their own training business or within a place of work. Many employers we work with also choose to train staff as instructors because it is a cost-effective and sustainable way to share MHFA skills widely within their organisation.'

This was the case for Ros Jiggins, an experienced counsellor and EAP case manager in Bristol with a background in the pharmaceutical industry. Committed to improving wellbeing in her organisation, Ros said: 'I've been an advocate of mental health and physical health having parity, and although we've come a long way with reducing stigma around mental health, there's a very long way to go.' Initially Ros attended a two-day MHFA course, along with a diverse group of people, with varying degrees of knowledge about mental health. She followed this up with a seven-day instructor training to become an MHFA instructor qualified to deliver courses to adults.

I was curious to know how much Ros had learnt, given her previous knowledge and experience as a therapist. Ros is clear: 'I gained both knowledge and an increased confidence in understanding the full range of mental health issues, including anxiety, depression, eating disorders, psychosis, schizophrenia and suicide. The training is in depth, using mixed media and involves narrative from people who live with really challenging mental health conditions. It went way beyond anything that is routinely taught in counselling training.' Ros says that she now puts this knowledge to good use in her regular triage sessions with employees, and is using her MHFA instructor training to deliver training in both her workplace and externally, to help reduce the stigma people still feel about mental ill health at work.

'Just as every school, community and workplace has first aiders, they should also have mental health first aiders, who can help identify the early signs of mental ill health and signpost individuals to support before it reaches crisis point'

In a climate where so many of us are used to the philosophy of more for less, I can't help but wonder, if there's a danger that mental health first aid could be used as an alternative to the provision of counselling at

work. Ros doesn't think so: 'Mental health first aid will never replace high quality, boundaried, confidential talking therapies.'

As a BACP accredited therapist, Caroline recommends that therapists are advocates for as many people as possible receiving mental health first aid training. She explains: 'In raising awareness and increasing help-seeking behaviours, this training has an important part to play in breaking down the stigma around receiving therapy and therefore helps people to feel able to approach us. If people aren't aware of mental health issues – the fact that we all have mental health, or the sources of support available – it will only serve to keep therapists' doors closed.'

Training line managers

The training is aimed at all staff, line managers and senior leaders, though Caroline recommends that line managers are best placed to train as Mental Health First Aiders: 'If someone experiencing a mental health issue has a line manager who is skilled in talking about mental health and knows what support to provide or signpost people to, that employee will feel better supported and is more likely to be able to continue working successfully. Line managers are also ideally placed to create a climate that is conducive to the wellbeing of their team and to spot changes in behaviour or performance that could indicate an underlying mental health issue.'

'We also know that line managers feel that this is something already in their remit, but too few feel equipped to manage these situations. *The Mental Health at Work Report*, published last year by Business in the Community, stated that although 76 per cent of line managers believe employee wellbeing is their responsibility, only 22 per cent of managers have received some form of training on mental health at work,' says Caroline.⁷ The term 'wellbeing' has multiple meanings – from apples to pedometers – and, so too, often mental health may not feature sufficiently in an organisation's understanding of what contributes to wellbeing.

Psychological safety

So much of the mental ill health that we witness is exacerbated by a lack of psychological safety at work, including a lack of financial security, short-term contracts, zero-hours contracts, uncertainty, targets and cuts to

staff and resources. Acknowledging this, Caroline suggests: 'In this post-recession era where many employers are under pressure to do more with less, I think our workplace relationships and cultures have become more important than ever before. Coping with tougher targets, heavier workloads and tighter deadlines may have become a standard in many offices, and while this may not be ideal, I think employers that are managing this best are those that have the most progressive approaches to workplace wellbeing.'

Making the business case, Caroline draws attention to the cost to UK employers of mental health-associated absences at an estimated £26 billion per year: 'It makes financial sense to make our workplaces more mentally healthy. This requires that employers make the link between being better able to manage these challenges and improved approaches to wellbeing. Creating a psychologically healthy workplace needs to be seen strategically as a way of improving many areas of a business and not just as a time-permitting, superficial measure to enhance an organisation's reputation. We know that recruitment, engagement and loyalty, as well as productivity, benefit from a mentally healthy workplace, and that failing to create this kind of culture is damaging to the bottom line.'

Despite increased openness and less stigma around mental health, I put it to Caroline that there may remain people in the workplace who are hard to reach, and who may find admitting to a mental health problem at work, particularly challenging: 'When we talk about employees who are hard to reach, we have to ask, why is it they're hard to reach in the first place? We know that men are harder to reach than women, for example, when it comes to talking about mental health, so perhaps there is something about ensuring that we appreciate that different genders might need different approaches. We also know that age can make a difference to attitudes towards mental ill health. But regardless of these insights, I do believe it lies in the organisational culture and the kind of workplaces where employees feel less inclined to disclose their mental health issue for fear of being demoted, missing out on promotions, or being judged negatively by their co-workers.'

Changing culture

It's a view shared by workplace specialists engaged in the task of working with clients and their organisations to bring about systemic change. What's significant about the work of MHFA (England), is its potential to develop emotional literacy through training programmes accredited by the Royal Society for Public Health in so many areas of public life, from workplaces, schools, colleges and the military. 'Changing this culture means taking "a whole organisation" approach – this entails a recognition that long-lasting change around employee wellbeing means involving the entire organisation. MHFA training can be a key part of this in that it helps open up conversations, breaks down stigma, encourages mental health resilience and creates enthusiastic advocates for "a whole organisation" approach. This culture, coupled with

the awareness that trained Mental Health First Aiders are close at hand, also enables those who were previously hard to reach to feel able to come forward.'

Leadership

Referring to a recent report, *A Little More Conversation*,⁸ published by The Institute of Directors, which explores the ways that we tackle mental health at work, Caroline explains how one recommendation caught her attention: 'It's the idea of having a non-executive director working to ensure that openness around mental health is culturally instilled. Evidently this only works for businesses of a specific size; however, having that outside perspective, even when the leadership team are on board with the concept, can be invaluable.'

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'Having leadership buy-in also entails writing approaches to mental health and wellbeing into workplace policy. I think almost as important as this, however, is the proactive internal communications needed around these policies, to ensure staff are aware of them. It's obviously no use having great policies that support the creation of a psychologically healthy workplace if your employees don't know they exist!'

The case studies, collated by MHFA England, of industries which have trained employees in MHFA in recent years, make interesting reading.¹ Changes which are introduced are specific to the needs of the employer, but initiatives include increased participation in tea and talk drop-in days; the introduction of 90-minute coaching sessions; growing a mental health ambassador network; and noticeably, increased reporting of mental health sickness absence which feeds into the wellbeing policy and strategy.

There's a significant emphasis on self-care in the training and how we look after our own mental wellbeing, and the importance of encouraging others to do the same. 'When delivered well, I believe this knowledge can make a massive difference to people coping with everyday stresses and strains, who previously might have thought of mental health as something that doesn't apply to them,' says Caroline. The numbers of people who have little or no concept of self-care and how this leads to ill health, particularly in the helping professions, makes this an essential component. Identifying the specific problems for health workers in looking after their health, former medical director Steve Boorman, honorary professorial fellow of the Royal Society of Public Health, identified that

staff trained to put patients first, struggle to tend to their own needs, highlighting the need for a systemic approach to bring about a cultural change.⁶

Looking ahead

MHFA England is optimistic about Theresa May's pledge to roll out mental health support to every school in the country, and to ensure that mental health is taken far more seriously in the workplace. Caroline explains: 'Our current Government's pledge to amend the Health at Work Act so that first aid regulations specifically refer to mental illness would be a fantastic step to advance a culture shift towards psychologically healthy workplaces all over the country. We have been campaigning for this for a long time and so the implementation of this policy, and the implications for the Mental Health First Aid movement, would be a considerable achievement.'

The Government has also pledged to amend the Equalities Act to prevent workplace discrimination against people experiencing mental health issues, a move welcomed by mental health campaigners, and Caroline is positive about the future direction: 'Currently, this legislation only protects those whose conditions are continuous for 12 months. However, this change would consider the fact that mental health issues can be intermittent. This again would be a great achievement for those of us campaigning for improved approaches to mental health in the workplace.'

As an advocate of any measures that contribute to society's understanding of mental health and improving organisational cultures, I find both the clarity and the simplicity of the Mental Health First Aid movement appealing. There's a growing appetite for more knowledge, understanding and resources in response to the demands of modern life, and plenty more work to do. Caroline says: 'I think that we still need to improve the way we approach resilience as a society to aid prevention – in education, in organisational culture and in how we go about our daily lives. We can't get away from the fact that we live in a stressful world at times, with lots of commitments and responsibilities to live up to. We can, however, do more to manage this by creating a system that builds in, teaches and encourages resilience at every opportunity. When people realise that they have mental health just as we have physical health, it's often a light bulb moment.'

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