



MENTAL HEALTH POLICY

of

The University of Azad Jammu and Kashmir,
Muzaffarabad

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Preface

This Mental Health Policy provides practical information aimed at helping students to improve the mental health on campus.

What is the purpose of this policy?

The package provides guidance for policy-makers and planners on:

- developing policies and comprehensive strategies for improving the mental health of populations;
- using existing resources to achieve the greatest possible benefits;
- providing effective services to persons in need;
- helping people with mental disorders to reintegrate into all aspects of community life, thus improving their overall quality of life.

What is in the package?

The guidance package consists of a number of interrelated user-friendly modules, designed to address a wide variety of needs and priorities in policy development and service planning. Each module deals with a core aspect of mental health.

Who is the guidance package for?

The present module will be of particular interest to:

- Employers
- Faculty members

Students BS/M.Phil./Ph.Ds

Executive summary

Mental health problems, such as depression, anxiety, substance abuse and stress, are common, affecting individuals, their families and co-workers, and the broader community. In addition, they have a direct impact on workplaces through increased absenteeism, reduced productivity, and increased costs.

Mental health problems are the result of a complex interplay between biological, psychological, social and environmental factors. There is increasing evidence that both the content and context of work can play a role in the development of mental health problems in the workplace.

Key factors include:

- > workload (both excessive and insufficient work);
- > lack of participation and control in the workplace;
- > monotonous or unpleasant tasks;
- > role ambiguity or conflict;
- > lack of recognition at work;
- > inequity;
- > poor interpersonal relationships;
- > poor working conditions;
- > poor leadership and communication;
- > conflicting home and work demands.

Universities have a crucial role in promoting mental health, including the mental health of workers, and in ensuring that mental health problems are recognized early and treated effectively. Governments are also usually employers themselves, often employing thousands of people.

Some of the crucial roles of government are:

- > to identify vulnerable populations, such as women, children, the elderly and people with disabilities, promote their access to work, and ensure that they are able to enjoy the same conditions as other groups in the work environment.
- > to establish policy and legislation in key areas, such as prevention of discrimination, income protection, safety and health at work, mental health policy and services, and reduction of unemployment.

Employers, employees of the University have an important role to improve the mental health of employees. These partners should advocate for the development of policies and strategies that promote the mental health of employees and prevent and treat mental health problems.

Putting in place a workplace mental health policy

For many businesses, addressing mental health problems at the workplace will begin with the development of a policy. A

mental health policy for the workplace helps to define the vision for improving the mental health of the workforce and to establish a model for action. When well formulated, such a policy will also identify and facilitate the agreements needed among the different stakeholders in the workplace. Without policy direction, lack of coordination and fragmentation will reduce the impact of any workplace mental health strategy.

A mental health policy for the workplace can be developed separately, or as part of a broader health and safety policy. Putting the policy in place involves the following steps:

- > Step I. Analysing the mental health issues.
- > Step II. Developing the policy.
- > Step III. Developing strategies to implement the policy.
- > Step IV. Implementing and evaluating the policy.

Step I. Analysing the mental health issues

It is important to make the case for developing a mental health policy in the workplace in order to gain the explicit endorsement and commitment of the employer and other key stakeholders. The employer is more likely to support the development of a policy if its potential cost impact can be demonstrated.

In making the business case, general data showing the link between mental ill-health and reduced productivity and increased costs should be presented. In addition, any readily available data from the workplace itself should be analysed and presented in order to make the business case. A detailed assessment of mental health issues in the workplace, however, may not be possible until the commitment of management has been secured.

A coordinating body, such as a steering committee or working group, should be established to guide the assessment of the workforce, facilitate consultation with the various stakeholders and coordinate the development of the workplace mental health policy. This body should ensure that all key stakeholders are involved in developing the policy.

The workplace mental health policy needs to be based on a comprehensive understanding of the issues, derived from a detailed assessment of the situation. All available relevant information should be assembled. Such information might include: human resources data (e.g. absenteeism records or number of resignations); occupational health and safety data (e.g. accidents or risk assessments), financial data, (e.g. the cost of replacing employees who are on long-term disability leave) and health data (e.g. common health problems among the workforce).

It may be necessary to collect new information through, for example, surveys on the incidence and prevalence of mental health problems in the workplace; risk assessments to identify occupational health and safety issues in the work environment; interviews or focus group discussions with key informants, such as employees, their families, managers, and medical personnel within the organization.

Step II. Developing the policy

A workplace mental health policy usually comprises a vision statement, a statement of the values and principles on which the policy will be based, and a set of objectives. These components need not be dealt with sequentially; often they are developed simultaneously.

The vision statement presents a general image of the future of mental health in the workplace. It should set high expectations as to what can be achieved, while at the same time being realistic.

It is often difficult to achieve a common vision among stakeholders who may have diverse interests and perspectives. It is essential that all stakeholders have input to the vision. An active compromise among the majority of stakeholders may be necessary if the policy is to be successfully implemented.

Values and principles form the basis for the development of objectives and strategies. Values refer to judgements or beliefs about what is considered worth while or desirable, and principles refer to the standards or rules that guide actions, and should ultimately emanate from the values.

Workplaces have their own values and culture, which should be reflected in a policy. The values and principles underlying the workplace mental health policy should strike a balance between the various interests of the different stakeholders.

Objectives translate the policy vision into concrete statements of what is to be achieved. Objectives should respond to the identified issues and aim to improve the mental health of the workforce. They should be specific and achievable within a specified timeframe of the policy.

During the process of formulating the vision, values, principles and objectives, it is essential to consult with all stakeholders. Key stakeholders should be identified early and involved in the analysis and assessment of the mental health needs in the workplace. Consultations should continue throughout the process of developing the policy.

Step III. Developing strategies to implement the policy

Once the mental health policy has been developed, strategies are needed to implement it. The strategies are the core of any mental health plan.

The first task is to review the options for strategies, which can be divided into five main categories

- > increasing employee awareness of mental health issues;
- > supporting employees at risk;
- > providing treatment for employees with a mental health problem;
- > changing the organization of work;
- > reintegrating employees with a mental health problem into the workplace.

The specific strategies chosen will depend on the needs of the business and its employees and the resources available.

Next, it is important to ensure that sufficient resources are available to implement the strategies. This requires a clear understanding of both the strategies to be implemented and the associated costs. The resources needed might include additional financing (for example, to establish an employee assistance programme) or the redirection of funds that are currently used elsewhere (for example, negotiating with health clinic staff to conduct a mental health awareness campaign).

Finally, the plan to implement the policy has to be formulated. The plan should outline the objectives, specific strategies to be used, targets to be achieved and activities to be carried out. The timeframe, responsible people, outputs and potential obstacles should be clearly identified.

Step IV. Implementing and evaluating the policy

The main actions in implementing and evaluating a mental health policy in the workplace include:

- > generating support and collaboration;
- > coordinating implementation;
- > training;
- > establishing a demonstration project; and
- > evaluating the outcomes.

The mental health policy needs to be disseminated and communicated to all stakeholders. Many policies fail because they are poorly communicated. Some approaches to communication are listed below.

- > Organize an event to launch the policy.
- > Distribute posters and leaflets outlining the policy.
- > Hold meetings with different groups of employees to explain the policy.
- > Publish the policy on the company's Website.

The implementation process needs to be carefully coordinated and monitored. The plan should be reviewed and updated as necessary.

A process for implementation should be established. An individual, a department or a committee might be given responsibility for the implementation of the plan. Regular reporting to the employer, employees, and funders of the policy should be part of the implementation plan.

It is important to ensure that the people who will be leading the implementation process are properly trained to understand the issues associated with mental health in the workplace. A range of stakeholders may benefit from training at this stage, including:

- > health workers,
- > human resource personnel,

- > managers and supervisors,
- > union delegates,
- > occupational health and safety representatives.

It is often useful to set up a demonstration project to implement a strategy in one part of the company. Such a project can often be implemented rapidly and thoroughly evaluated. The demonstration project may target a particular group of employees (for example, administrative staff) or a specific department.

The demonstration project may also be used as an advocacy tool, to illustrate the value of specific strategies; as a training area for the implementation of the plan; and to provide detailed guidance for other parts of the workplace on implementing specific strategies.

It is important to evaluate the effect of the policy and strategies on individual workers and on the organization. This will also assist in building an evidence base of effective mental health interventions in the workplace. Ideally, the evaluation should be planned when the policy is being developed, and should contain both quantitative and qualitative elements.

Aims of the policy

The aim of this policy is to provide guidance on developing and implementing a mental health policy in the workplace. It is intended as a resource to help employers protect and improve the mental health of their workforce.

Work and mental health

Work is an essential feature of most people's adult life, and has personal, economic and social value. Work substantially contributes to a person's identity; it provides income for an individual and his or her family, and can make a person feel that he or she is playing a useful role in society. It is also an important source of social support.

This module outlines the types of mental health problems that may be encountered in the workplace, together with their consequences and costs, and proposes systematic strategies to prevent and reduce their impact on the person concerned and on the workplace. It does not address in detail the important role of work in maintaining mental health or in rehabilitating workers who have developed mental health problems.

It includes large workplaces, employing thousands of people, small and medium-sized workplaces, and homes where individuals or families may work. Workplaces include public, private and nongovernmental organizations; for-profit and not-for-profit undertakings; small and family-based businesses. Mental health issues associated with unpaid work, such as domestic tasks, are not addressed.

People who are mentally healthy may occasionally have symptoms of emotional distress, but they are appropriate and in proportion to the situation. Mental health people feel well, and can tolerate reasonable amounts of pressure, adapt to changing circumstances, enjoy rewarding personal relationships and work according to their abilities. A person's mental health is affected by individual factors and experience, social interactions, the environment, and societal and cultural norms and expectations (World Health Organization, 2004b). A key component of an individual's mental health is the ability to adequately fulfil his or her roles, including capacity to work.

The changing world of work

The nature of work is changing rapidly. Factors such as the globalization of markets, urbanization and migration, and advances in information technology have an impact on the nature of work and on the health – including mental health – of employees.

Most working people are found in low- and middle-income countries, where workplaces are often smaller, working conditions more stressful and occupational health protection weaker than in high-income countries. Unfortunately, most of the evidence on mental health problems in the workplace has been derived from high-income countries. Nevertheless, some of this evidence is also applicable to developing countries and can be used to inform the development of workplace mental health policies in low- and middle-income countries.

Understanding mental health problems

The term *mental health* problem is used to describe symptoms associated with a mental disorder, but which are not of sufficient severity to be diagnosed as a mental disorder. For example, stress results in a number of symptoms associated with mental disorders, including distress and feelings of not coping. However, these are not usually of such severity that a mental disorder can be diagnosed. While mental health problems can cause significant suffering for individuals and their family, and have a negative impact on work performance, they do not necessarily lead to the development of a mental disorder.

Mental disorders are clinically significant conditions characterized by altered thoughts, emotions or behaviour with associated distress or impaired functioning (World Health Organization, 2001). The *ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines* (World Health Organization, 1992) provides a comprehensive list of mental and behavioural disorders, categorized as follows:

- > organic mental disorders (e.g. dementia);
- > psychoactive substance use (e.g. harmful use of alcohol);
- > schizophrenia and associated disorders (e.g. delusional disorders)

Mental health problems in the workplace

Depressive disorders

Depression is one of the most common mental disorders found in the general community and in the workplace. Depression is characterized by sadness, fatigue, a loss of interest in most activities, and lack of energy. Other features, such as insomnia (or hypersomnia), loss (or gain) of appetite, a tendency to blame oneself, and difficulty concentrating are often present. In its most serious forms, it can lead to suicidal thoughts and eventually to suicide (World Health Organization, 2001). Depression can be difficult to diagnose and can manifest as physical symptoms, such as headache, back pain, stomach problems, or angina.

Substance use

The use of psychoactive substances is a major problem for the workplace. Substances include alcohol, opioids such as heroin, cannabinoids such as marijuana, sedatives and hypnotics, cocaine, other stimulants, hallucinogens, tobacco and volatile solvents. Substance misuse can lead to intoxication, dependence and psychosis (World Health Organization, 2001).

Anxiety disorders

While some anxiety is normal, and moderate levels can even improve a person's performance, people with anxiety disorders have specific and recurring fears that they recognize as irrational, unrealistic and debilitating. Severe anxiety can impair a person's ability to understand new information, plan activities or undertake complex tasks (Treatment Protocol Project, 2000).

Work-related stress

Pressure at work can be positive for employees; a lot depends on the nature, intensity and length of the pressure, the degree of control of the situation that an individual feels he or she has, the individual's response, and the existence or absence of

protective factors. For example, a worker who is exposed to continued pressure over a long period (excessive workload for a number of months), who feels unable to control the situation (fears losing the job) and has minimal support at work and at home is at risk of the negative consequences of stress.

Psychotic disorders

Psychotic disorders are associated with marked behavioral problems and abnormal thinking. Schizophrenia is a severe psychotic disorder characterized by distortions in thinking and perception with associated inappropriate emotions. Symptoms can include disturbed behavior, strong false beliefs (delusions), hallucinations and disturbed thought processes. Typically it commences in late adolescence or early adulthood. The course is variable; for some people it will be chronic or recurrent with residual disability (World Health Organization, 2001).

Mental retardation

Mental retardation is defined in the International Classification of Diseases as *"a condition of arrested or incomplete development of the mind characterized by impairment of skills ... which contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities"* (World Health Organization, 1992). Increasingly the term intellectual difficulties or disabilities is used instead of mental retardation. Mental retardation can occur with or without another mental or physical disorder. It has multiple causes, including genetic factors, brain injury and infection.

Co-morbidity

Mental and physical health problems are inter-related. For example, people with certain physical disorders, such as hypertension, epilepsy, diabetes, cancer, human immunodeficiency virus (HIV) infection, and tuberculosis, or who have had a myocardial infarction or stroke, have a high prevalence of depression (World Health Organization, 2003a). Such depression not only worsens the individual's suffering, but also results in lower adherence to medical treatment.

Impact of mental health problems

The workplace can contribute positively to a person's mental health, may exacerbate an existing problem, or may contribute to the development of a mental health problem. The failure to prevent, recognize and treat mental health problems in the workplace has an impact on employers, employees and their families, and the community generally.

Employers

Mental health problems have an impact on employers and businesses directly through increased absenteeism, reduced production, increased costs, and reduced profits. They also affect employers indirectly through factors such as reduced morale of staff.

Increased absenteeism

In many developed countries, 35–45% of absenteeism from work is due to mental health problems (World Health Organization, 2003a). In the United Kingdom, for example, mental health problems are the second most important reason for absence from work, accounting for between 5 and 6 million lost working days annually (Liimatainen & Gabriel, 2000).

A study in the United States found that an average of 6 working days per month per 100 workers were lost as result of mental disorders (Kessler & Frank, 1997). A Canadian university has reported that absences for psychological reasons increased 400% between 1993 and 1999 (Université Laval, 2002).

Decreased productivity

Even if an employee is not absent from work, mental health problems can cause a substantial reduction in productivity. For example, in the United States, the number of “cutback” days (on which less work is done than usual) attributable to a mental disorder averaged 31 per month per 100 workers (Kessler & Frank, 1997). In annual terms, this represents 20 million working days on which employees are not fully productive because of a mental health problem (World Health Organization, 2003a).

Risk and protective factors for mental health problems

Risk factors increase the likelihood that a mental disorder will develop or that an existing disorder will become worse. In contrast, protective factors reduce the risk of mental health problems or reduce the effect of risk factors (Commonwealth Department of Health and Aged Care, 2000). While protective factors are associated with better mental health, there is not always clear evidence of a causal relationship. Examples of protective factors for mental health are:

- > good social skills,
- > secure and stable family life,
- > supportive relationship with another adult,
- > sense of belonging,
- > positive work climate,
- > opportunities for success and recognition of achievement,
- > economic security,
- > good physical health,
- > attachments and networks within the community,
- > access to support services.

Individual risk factors

Mental health problems are the result of a complex interplay between biological, psychological and social factors (World Health Organization, 2001). An understanding of these factors has influenced the development of effective treatments.

> Biological factors.

Mental health problems are associated with biological factors, such as genetic characteristics and disturbance in neural communications (WHO, 2001).

> Psychological factors.

Individual psychological factors are associated with the development of mental health problems. For example, children who are separated from their primary caregiver or deprived of nurturing for extended periods of time have a greater risk of developing a mental or behavioural disorder either in childhood or later in life. Similarly, mental or behavioural problems can occur as a result of failing to adapt to a stressful life event.

> *Social factors.*

Social factors, such as urbanization, poverty and technological change, have been associated with the development of mental health problems. The costs of treatment and lost productivity associated with a mental health problem contribute significantly to poverty, while features associated with poverty, for example inadequate housing and malnutrition, also contribute to the development of mental health problems.

Organizational risk factors

There is evidence that the poor organization of work plays a significant role in the development of mental health problems. The factors most frequently associated with mental health problems in the workplace include the following.

> *Content of work*

Workload. Excessive workload has been associated with mental health problems. The workload for an individual may be more than he or she can reasonably manage (too many things to do in too little time without enough resources) or it may be qualitatively excessive, in terms of its difficulty or complexity (Pérusse, 1984). Similarly, too little work or the underuse of a person's skills can also cause stress.

Participation and control.

Employees who are unable to influence or adjust their work are likely to experience stress (European Commission, Employment and Social Affairs, 1999). For example, employees may be unable to participate in decisions that affect how they carry out their work, or to choose how to accomplish it (Comité de la Santé mentale du Québec, 1988). Insufficient participation in decisions related to work can lead to depression, poor physical and mental health, alcohol abuse, and low self-esteem (Karasek & Theorell, 1990). *Job content.* The content of the employee's tasks is also important to his or her mental health. Monotonous, understimulating or meaningless tasks, lack of variety, and unpleasant tasks increase the risk of mental health problems (World Health Organization, 2004a).

Context of work

Role in organization.

Both role conflict and role ambiguity increase the risk of mental health problems. Role conflict occurs when an individual faces what appear to be incompatible demands from employers or colleagues. Role ambiguity arises when an employee feels unsure of what is expected, either because of lack of information or because of a breakdown in communication with employers (Maslach et al. 2001).

Reward.

Reward is the "status" (perception of worth) that the individual feels at work. While reward may be linked to salary, it more broadly refers to the respect and esteem in which the person is held in the workplace. This also includes the presence of adequate social support at work (Karasek & Theorell 1990). Lack of recognition at work is associated with reduced motivation, psychological distress and increased incidence of cardiovascular disease (Siegrist 1996). *Equity (fairness).*

Employees may feel that they are not being justly or equitably treated. Workload, salary and promotions often affect the perception of equity.

The manner in which decisions are made (including downsizing) will also affect employees' sense of justice or equity. Employees may not have been consulted or informed about changes made in the workplace. Positive feelings of equity and fairness lead to increased satisfaction and motivation as well as commitment to work (Brockner & Greenberg, 1990).

Interpersonal relationships.

The quality of interpersonal relationships is important to mental health. Inadequate, inconsiderate or unsupportive supervision, poor relationships with co-workers, bullying, harassment and isolation increase the risk of a mental health problem (World Health Organization, 2004a). There is also some evidence of a relationship between supervisory style (e.g. authoritarian

Analysing mental health issues

The first step in developing a workplace mental health policy is to analyse the mental health issues in the workplace. This requires a number of actions including developing a business case, establishing a coordinating process, and systematically assessing workplace needs.

Making the case

It is important to make the case for developing a mental health policy in the workplace in order to gain the explicit endorsement and commitment of the employer and other key stakeholders. This is vital for the actual development and acceptance of a workplace mental health policy. The employer is more likely to support the introduction of a policy if you can demonstrate that it will have a positive impact on the workplace, will be financially viable, and will be beneficial to work outcomes, that is, increase profits, efficiency or improve the product. Employers are often motivated to address mental health issues in the workplace when they understand the link with productivity. Other stakeholders may be more interested in improving the health of employees or in creating better working conditions.

Establishing a coordinating process

It is important to establish a coordinating body, such as a steering committee or working group, to guide the assessment of the workforce, facilitate consultation with the various stakeholders, and coordinate the development of the workplace mental health policy. The coordinating body can also educate key stakeholders about workplace mental health issues, ensure their support, and obtain practical assistance for the assessment of workplace needs. For example, the medical service may provide information on health service use; the human resources department may agree to review sick leave trends; a trade union representative may have information on what is happening in other workplaces. The coordinating body should ensure that all stakeholders have a clear understanding of their roles and responsibilities. It is important to include worker representatives in such a committee.

Assessing mental health issues

The workplace mental health policy needs to be based on a comprehensive understanding of the issues. For example, it is important to understand what factors may be contributing to employee stress (or satisfaction), and what effects are being seen in the workplace, e.g. increasing levels of absenteeism or an excessive number of early retirements.

Evidence from other workplaces

Collect new information

Once the available information has been gathered, it might be necessary to collect new information. Possible approaches include conducting a survey, undertaking a risk assessment, and interviewing key stakeholders

Surveys

Surveys on the incidence and prevalence of mental health problems in the workplace often produce useful information. For example the National Workplace Survey, conducted in Canada in 1992, covered 3500 workplaces and a range of issues, including psychosocial concerns and stress (Craig et al., 1994). In this study, 22% of the companies reported having policies to deal with harassment while only 6% reported programmes to deal with the issue.

Assemble available information

Many workplaces routinely collect a range of data that may be useful for assessing mental health issues. The data available may include:

- > human resources data, e.g. absenteeism records and resignations;
- > occupational health and safety data, e.g. accidents or risk assessments;
- > financial data, e.g. the cost of replacing employees who are on long-term disability leave;
- > health data, e.g. common health problems among the workforce.

Risk assessment

Risk assessments are often used to identify occupational health and safety issues in the workplace. A risk assessment is “...a careful examination of what, in your work, could cause harm to people” (Health and Safety Executive, 1998). While risk assessments were developed to identify physical hazards in the work environment, they can also be used to

Interviews

Conducting interviews or focus groups discussions with key informants can provide a lot of information about the workplace. Information can be sought from employees, their families, managers, medical personnel within the organization, human resources officers, etc.

Developing strategies to implement the policy

To maximize the effectiveness of the policy, a number of different strategies should be developed. Strategies can be divided into five main categories: (1) increasing employee awareness of mental health issues; (2) supporting employees at risk; (3)

providing treatment for employees with a mental health problem; (4) changing the organization of work; and (5) reintegrating employees with a mental health problem into the workplace.

Implementing and evaluating the policy Generating support and collaboration

Some approaches to communication are listed below:

- > Organize an event to launch the policy.
- > Distribute posters and leaflets on the policy.
- > Hold meetings with different groups of employees to explain the policy.
- > Publish the policy on the company's Website.

Coordinating implementation

A process for implementation needs to be established. An individual, a department or a committee might be given responsibility for the implementation of the plan. Regular reporting to the employer, employees, and funders of the policy should be part of the implementation plan. For example, requiring a report 12 months after the start of activities provides an opportunity to document the achievements, monitor implementation, and review the plan.

Training

range of stakeholders may benefit from training at this stage, including:

- > health workers,
- > human resources personnel,
- > managers and supervisors,
- > union delegates,
- > occupational health and safety representatives

The introduction of a mental health policy in the workplace and some solutions

Obstacles	Possible solutions
Concern that mental health policy will reduce profits	Provide information to employers on mental health and productivity > Encourage employer organizations to become involved in mental health activities
Belief that the workplace is too small for a mental health policy	Encourage employer organizations to provide assistance to small workplaces > Encourage links between small workplaces and primary health care services
Resistance from stakeholders	> Provide information to stakeholders > Use influential people in the workplace to champion mental health > Arrange demonstration project

Reference

WHO/HQ. (2005). Mental Health Policies and Programmes in the Workplace. <https://apps.who.int/iris/handle/10665/205530>