

NEBOSH IDIP: DI2 INTRODUCTION & WEBINAR 1

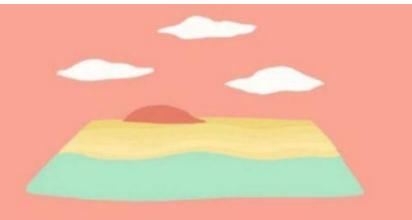


Housekeeping

- Online Course
 - ICT arrangements
 - Emergency evacuation Lone worker ©
 - Mobile phones
 - Duration & planned breaks

Webinar Etiquette

- Decide what you want to achieve
- Support & respect one another
- Manage your time
- Share what you know
- Tell me if you need assistance
- Be active in the group work
- Chatham Rules
- Have fun



"People begin to become successful the minute they decide to be."

-HARVEY MACKAY



Webinar Agenda

- (New) Introductions and Catch-up
- NEBOSH IDIP DI2 Overview
- DI2 Syllabus
- DI2 Activities
- Element 1 & 2



INTRODUCTIONS

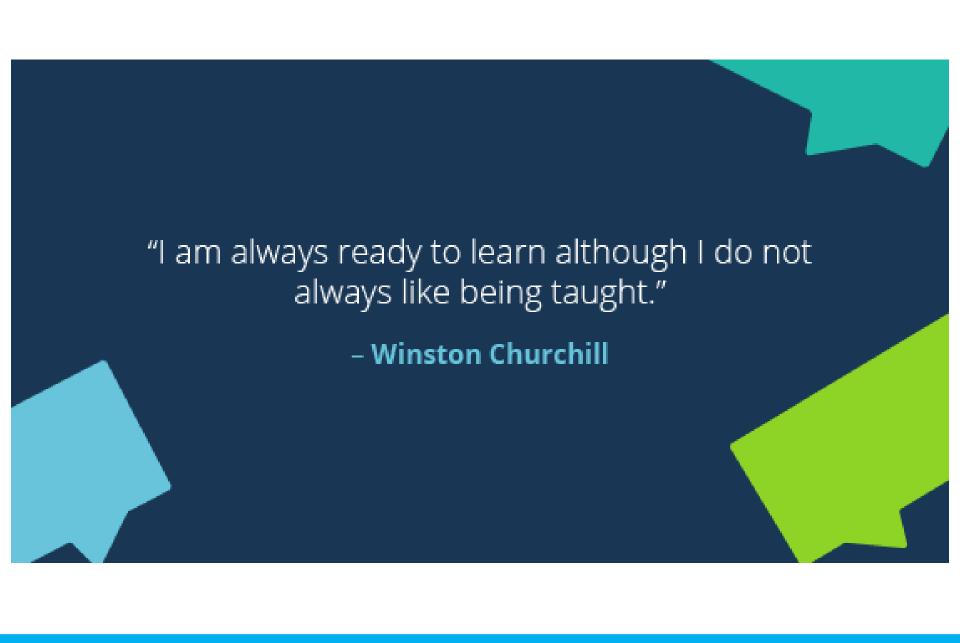
Getting-to-know one another

- Name & surname
- Current job title
- Current company you are working for
- OHS experience you bring to the webinar
- What you would like to get out of the qualification
- Key areas of concern in OHS for you (in your organisation or globally)
- What is next for you after the NEBOSH Diploma your career-path development plan – 5 years - ☺



- Share some news about H&S in your organisation since our last session – what worked, and lessons learnt.
- What recently changed or is news in the public media that we can learn from?
- Where are you mentally with your NEBOSH Diploma studies? Would you change your learning process, motivate?
- Are you still motivated to learn more? Are there any added challenges to studying for the Diploma that you would like to share?







NEBOSH IDIP: DI2 OVERVIEW

- There are three Units:
 - Unit DI1: Know Workplace H&S principles
 - Assessment is an assignment (60 hours approx.)
 - Unit DI2: Do Controlling workplace health issues
 - Assessment is a case study (40 hours approx.)
 - Unit DI3: Do Controlling workplace safety issues
 - Assessment is a case study (40 hours approx.)
 - Pass mark is 50% for each Unit.

- Subject/Title: Workplace <u>Health</u> Issues
- DI2 Learning Outcome:
 - You will be able to advise the organisation on a range of common workplace health issues/hazards including how these can be assessed and controlled.



The NEBOSH IDIP Unit DI2 Controlling Workplace Health Issues Content - There are 15 Elements to cover during DI2.

- 1. Occupational Health Services and Equality
- Mental ill-health, Well-being, Workplace Violence & Lone Working
- 3. Health and Medical Surveillance
- 4. Hazardous Substances
- 5. Health Risks from Hazardous Substances
- 6. Epidemiology & Toxicology
- 7. Asbestos and Lead



The NEBOSH IDIP Unit DI2 Controlling Workplace Health Issues

Content:

- 8. Ventilation & PPE
- 9. Hazardous Substances Monitoring
- 10. Types, Sources and Properties of Biological Agents
- 11. Noise
- 12. Vibration
- 13. Radiation
- 14. Musculoskeletal Issues and Manual Handling
- 15. Workplace Temperature and Welfare Arrangements



There are 55 online activities to complete as part of your preparation for Unit 2. (This could change – CI)

Outcome: Unit DI2 Case Study 40 hours (approx.)

Total hours: 145 (approximately)

Unit	Notional learning hours				Credits
	Taught hours	Self-study hours	Assessment hours	Total hours	
ID1	71	58	60	189	19
ID2	60	45	40	145	15
ID3	54	41	40	135	14
Total	185	144	140	469	48



Occupational Health is a big challenge in industry currently.

- Why?
- Legislation have included "health" for many years in NZ since 2015, yet we
 mainly focus on "safety" within our OHSMS.
- There is no balance between H & S in our OHSMS.
- "Occupational" health is not the only factor anymore influencing "Health" and "Safety", but also well-being – which starts at home and can affect work.
- Should "health" be separated from the H&S discipline?
- Specialised nature of "health" competency?
- Well-being is seen as occupational health but it is not correct look at the definitions of "health".



Occupational Health Defined:

- Occupational Health is defined by the WHO as a "State of complete physical, mental and social well-being and not merely the absence of disease or infirmity". – 1948.
- What is the full meaning of infirmity?
- A physical weakness or ailment: the infirmities (illness/sickness/ailment/ill-health) of age, quality or state of being infirm; lack of strength, a moral weakness or failing.
- Occupational Health is also defined as the umbrella term for Occupational Medicine (toxicology, medicals); Occupational Hygiene (noise, ventilation, illumination, radiation, vibration & ergonomic surveys), and Primary Health Care (well-being, EAP, First Aid, Training, etc.).



Occupational Health Defined:

Both WHO and ILO defines (1995) (adapted & shortened) Occupational Health as the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations, ..., the protection of workers from risks resulting from factors adverse to health, and the placing and maintenance of the worker in an occupational environment adapted to his/her physiological and psychological capabilities – adapting of work the person and each person to his/her job.







What recently changed or is news in the public media that we can learn from?

Health workers quit over safety fears as police pull back on mental health callouts

Senior nurses with special authorisation for assessing and detaining mental health patients have quit over safety fears.

"This wasn't an impulsive or reactive decision, it was made after consideration of the information available, insight into the current risks involved in practising in the mental health field as a DAO, and likely risks in the future."

In a new survey by the Nurses Organisation, and in a separate survey* of mental health workers by the PSA union, 90 percent of mental health nurses said the police pullback would make them or their patients less safe.

To the assertion, "The upcoming changes could increase escalation risks", 60 percent of the nurses strongly agreed and another 30 percent agreed, in the NZNO survey.

What recently changed or is news in the public media that we can learn from?

Zero-risk policy part of 'widespread erosion' of access to recreational areas

Outdoor groups say private landowners are closing off access to treasured recreational areas for fear of being held liable when accidents occur.

They say ambiguities in the Health and Safety at Work Act 2015 have seen an erosion of access, as landowners protect themselves from culpability. A coalition of 12 outdoor associations says recreational activities should be clearly separated from workplace health and safety legislation.

https://www.rnz.co.nz/news/national/532884/zero-risk-policy-part-of-widespread-erosion-of-access-to-recreational-areas



What recently changed or is news in the public media that we can learn from?

Meet Murphy: Why?



What recently changed or is news in the public media that we can learn from?

Counter-petition launched to keep police station puppy after health and safety incident

- When Murphy got under the feet of a person at a police station, there was a call to ban the beagle puppy,
 leading to a counter petition.
- In September, Stuff featured a story of Murphy, the then 14-week-old beagle puppy, who regularly walks the beat alongside Constable Emily Tomooka round Dunedin's bus hub, during the busy before and after school periods.
- Murphy is in training to become a specialist trauma dog, and is based at the Dunedin Police Central Station, which is near the bus hub.
- But someone who works at that station, made a complaint over Murphy. That came after an incident where the complainant almost tripped over the puppy, and then cited he was a health and safety risk.
- That led to a counter petition by a large number of staff eager to keep Murphy on site.

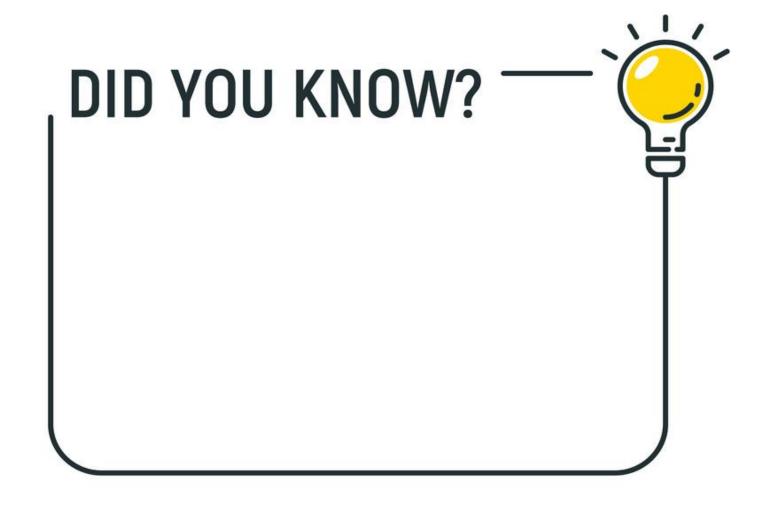


ACTIVITIES



Activity Feedback

1. None at this stage.



Did you know?

Look how many years we had these "topics", and it is still a challenge today:

The duty of care obligations:

 In 1837, Charles Priestly sued his employer, Thomas Fowler, after suffering injuries in a wagon accident. The jury awarded Priestly £100, establishing the concept that employers owed their employees a duty of care.

The Factory Act 1833:

 This act extended the working day limit to 10 hours for children and included woollen and linen mills. It also introduced factory inspectors to prevent injury and overworking of child workers.





DI2 SYLLABUS: ELEMENT 1

OCCUPATIONAL HEALTH SERVICES









Element 1: Occupational health services and equality

Assessment Criteria & Content:

 Understand how to treat disability and sickness fairly in the workplace and the role of an occupational health service.



- Understand the nature & meaning of occupational health. (*Done in previous slides*)
- Describe the categories of occupational health hazards
 & basic principles of the bio-psychosocial model and
 how it relates to the health of individuals.
- Describe how disability and sickness are managed fairly in the workplace.
- Explain the role of occupational health services.

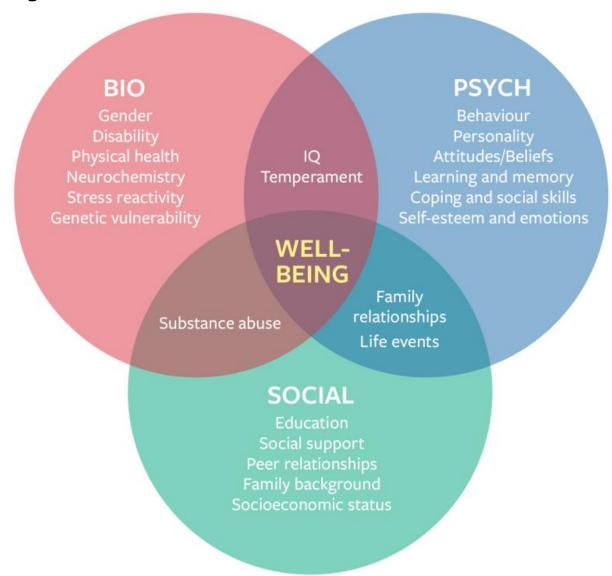


- Describe the categories of occupational health hazards.
 - Chemical: Acids/Alkalis dermatitis; Fibres –
 asbestosis; Dust silicosis, etc.
 - Biological: Animal-borne bacteria E.coli;
 Environmental bacteria legionnaires' disease. Etc.
 - Physical: Heat, Noise, Vibration, Radiation, etc.
 - Psycho-Social: Stress, Violence, Drugs, Alcohol, etc.
 - Ergonomic: Manual handling, Job movement; Friction and pressure.



- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals.
 - The basic principles of the bio-psychosocial model & how it relates to the health of individuals
 - The bio-psychosocial model is an inter-disciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors.
 The model specifically examines how these aspects play a role in topics ranging from health and disease, to human development.





- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals Continue.
 - Why it is important to make 'reasonable adjustments' for workers with physical & mental ill-health?
 - Three elements relevant:
 - 1. Changing the way things are done
 - 2. Making changes to overcome barriers created by physical features of a workplace
 - 3. Providing extra equipment or getting someone to assist you.
 - E.g.: widening a doorway, installing ramps, working flexible hours to manage energy and fatigue levels, more frequent breaks, different starting and finishing times to avoid traveling in rush hour and a phased return to work for new mothers.



- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals Continue.
 - The role and benefits of 'pre-placement' assessment
 - DISCUSSION:
 - Why do we do pre-placement assessments?
 - What are the other assessments we do?

- Managing long-term sickness absence & capability (with ref. to guidance NG146 produced by the UK's National Institute for Health and Care Excellence (NICE)) – 2019 publication
- This guideline includes new and updated recommendations on:
- workplace culture and policies
- assessing and certifying fitness for work
- statement of fitness for work
- making workplace adjustments
- keeping in touch with people on sickness absence
- <u>early intervention</u>
- sustainable return to work and reducing recurrence of absence
- It also includes recommendations on:
- people with a health condition or disability who are not currently employed



- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals (continue).
 - The meaning of vocational rehabilitation
 - A process to overcome the barriers a worker faces in returning to employment which result from their injury, illness or disability.
 - A process that enables people with functional, psychological, developmental, cognitive
 and emotional impairments or health conditions to overcome barriers to accessing,
 maintaining or returning to employment or other useful occupation.
 - Vocational Rehabilitation are services available to eligible individuals to facilitate recovery and return to work following an injury or illness.



- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals (continue).
 - The benefits of vocational rehabilitation within the context of the worker and the employer.
 - Vocational rehabilitation is made up of a series of services that are designed to facilitate the entrance into or return to work by people with disabilities or by people who have recently acquired an injury or disability.
 - Some of these services include vocational assessment and evaluation, training, upgrading of general skills, refresher courses, on-the-job training, career counseling, employment searches, and consulting with potential or existing employers for job accommodations and modification.

■ DISCUSSION:

- What could possible benefits be for the worker?
- What could possible benefits be for the employer?



- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals (continue).
 - Possible barriers to the effective rehabilitation of workers
 Influenced by:
 - 1. Accommodating workplaces
 - 2. Healthcare that is work-focused

Barriers: workers negative perception – work will make their health worse; social barriers such as lack of childcare, inability to get to work – travel restrictions, etc.



relationship between the worker &

safe work australia

their employer

• What needs to be considered in a risk assessment prior to return to work



organisations

G Treating health practitioners

G Other worker advocates

Workplace rehabilitation providers.

baselines established

National progress reporting, mid-term

review & full-term evaluation

implementation & progresses national

Individual Safe Work Australia Members

progress their own initiatives & share

initiatives

learnings

• What needs to be considered in a risk assessment prior to return to work

https://www.safeworkaustralia.gov.au/resources-and-publications/corporate-publications/national-return-work-strategy-2020-2030



- Liaison with other disciplines in assessing and managing fitness for work with specific reference to existing health problems, fitness to work, discrimination, etc.
 - Setting fitness standards
 - Refer to an occupational physician
 - Place worker in another job that will not impact the current health problem
 - Fitness to work standards set by government, industry groups and organisations to establish minimum health capabilities a worker would need to do a certain job.
 - Discrimination: A big no-no in terms of age, disability, gender, unreasonable health standards, etc.



- Describe the basic principles of bio-psychosocial model and how it relates to the health of individuals (continue).
 - The role of agencies that can support employers and workers.

Primary Care:

- Purpose of the primary care service framework.
- Three levels of appropriate long-term care to help meet individual needs:
- Level 3 Case Management
- Level 2 Disease-specific care management
- Level 1 Self-care



- Describe how disability and sickness are managed fairly in the workplace.
 - Define disability: a physical or mental impairment that has a "substantial" and "long-term" negative effect on your ability to do normal daily activities.
 - Substantial = more than minor/trivial
 - Long-term = means 12 months or more
 - Define sickness: Absence from work due to illness.
 - Absenteeism
 - Presenteeism
 - Rehabilitation



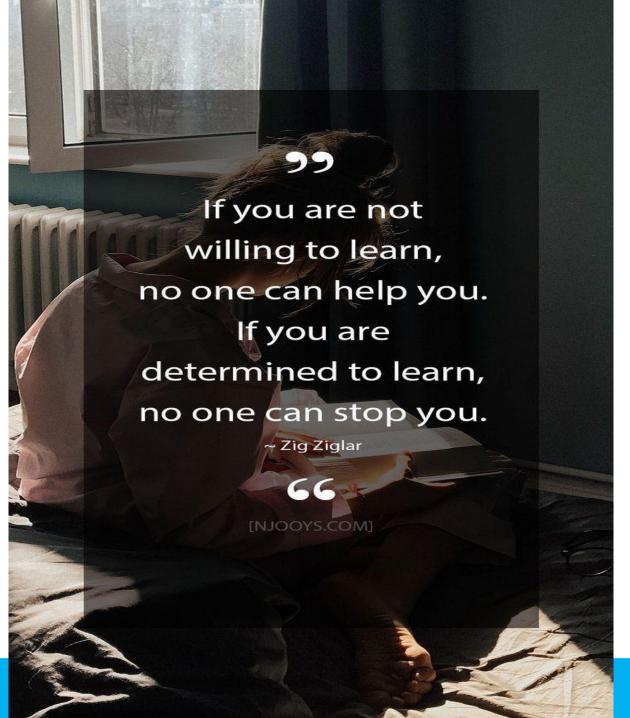
- Explain the role of occupational health services.
 - Occupational Health Physician: Advise on health risks; make
 recommendations with worker selection (screening); carry out medicals.
 - Occ. H Nurse: ID symptoms resulting from exposure; carry out specific monitoring.
 - Occ. H Advisor: Improve effectiveness by providing a pro-active health service.
 - Occ. H Technician: Carry out audiometry, spirometry and other tests;
 they work under the supervision of nurse or doctor.
 - Occ. Hygienist: Use science and engineering to ID risks to health and assist with control measures, e.g., take samples and measurements, e.g., noise, dust, hazardous substances, etc.



Occupational health services

- The roles of typical occupational health specialists: occupational health physician, occupational health nurse, occupational health adviser, occupational health technician
- Typical activities offered by an occupational health service:
 - > health promotion
 - > health assessment
 - > advice to management
 - > treatment
 - > calling on specialist help outside of the unit when issues fall outside of the teams' competence e.g., ergonomists
 - > medical and health surveillance.





Activity 1:

The human resources manager is now interested, and asks you about current thinking behind occupational health and wellbeing.

Outline the basic principles of the bio-psychosocial model and how it relates to the health of individuals. (P. 3)



Activity 2:

The HR manager has now asked you to write a short report on the principles and benefits for the organisation of vocational rehabilitation. (P. 7)

Write an outline under each of the following headings:

- Why it is important to make reasonable adjustments for workers with physical and mental ill-health
- The role and benefits of pre-placement assessment
- Managing long-term sickness absence and capability for work
- The meaning of vocational rehabilitation
- The benefits of vocational rehabilitation within the context of the worker and the employer
- Possible barriers to ensure that rehabilitation of the individual is effective
- What needs to be considered in a risk assessments prior to return to work.



Activity 3:

The human resources manager is impressed with your report and is intending to present it to the board for consideration. To add to the board papers, you also need to outline the following: (P. 8)

- Liaison with other disciplines in assessing and managing fitness for work with specific reference to existing health problems, fitness to work and discrimination.
- The role of agencies that can support both the organisation and workers.

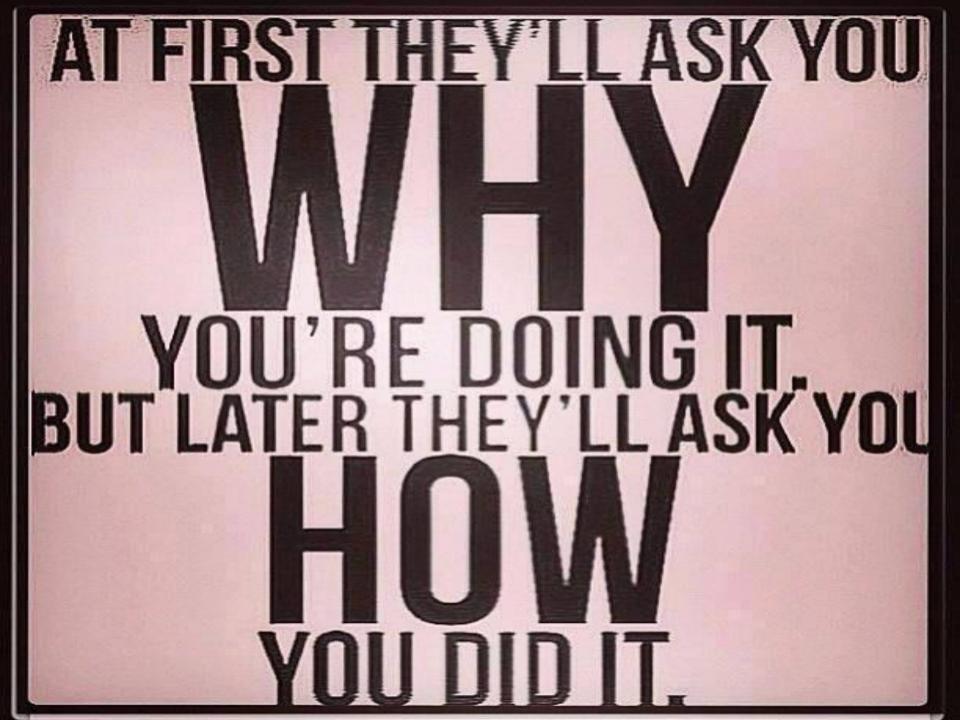


Activity 4:

Your organisation is now looking to contract in an occupational health service and is preparing an invitation to bid. You have been asked to input into the process and be part of the panel which will evaluate tenders. Put together an outline, appropriate to your organisation, under the following key topics: (P. 10 - 12)

- The roles of a typical occupational health specialists: occupational health physician, occupational health nurse, occupational health adviser, occupational health technician
 Typical activities offered by an occupational health service:
 - Health promotion
 - Health assessment
 - Management advice
 - Treatment
 - Using specialist support
 - Medical and health surveillance





Assessment Criteria & Content – 9.2:

- Explain how organisations can manage mental illhealth within the workforce, the impacts of well-being strategies on mental health, how to recognise when there may be risks to the workforce from violence and the problems associated with lone working.
- Focus: Mental ill-health, well-being, workplace violence and lone working.





DI2 SYLLABUS: ELEMENT 2



Element 2: Mental ill-health, well-being, workplace violence and lone working

Assessment Criteria & Content:

 You should be able to explain how organisations can manage mental ill-health within the workforce, the impacts of well-being strategies on mental health, how to recognise when there may be risks to the workforce from violence and the problems associated with lone working.



Mental Wellness

Mental Health

Mental Illness

refers to positive mental health.

Maintaining and striving for mental wellness is equivalent to working towards good mental health.

refers to **cognitive**, **behavioral**, and **emotional well-being**.

It affects how we think, feel, and behave; this includes how we handle stress, relate to others, and make choices. refers to mental health disorders.

These are conditions that affect your mood, thinking, and behavior.

Mental illnesses come in many forms, each with their own symptoms and treatment.

themindfulcompany



Health and Work Spotlight on Mental Health





Almost

1 in 6

people of working age have a diagnosable

mental health

condition

In 2015, some **48%** of

Employment and Support Allowance recipients

had a 'Mental or Behavioural disorder' as their primary condition

Each year mental ill-health costs the economy an estimated



£70bn

through lost productivity, social benefits and health care.

Mental health conditions are a leading cause of sickness absence in the UK



stress, depression and anxiety' in 2014 –

an increase of 24% since 2009





long-term sickness absence

in England attributed to mental ill health



Of people with physical long term conditions.

1in **3**

also have mental illness, most often depression or anxiety Work can be a
cause of stress
and common mental
health problems:
in 2014/15
9.9m days
were lost to
work-related
stress,
depression

or anxiety





42.7% employment rate

for those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety. **Compared to** 74% of all population

Sources: Adult Psychiatric Morbidity in England, 2007; Health and wellbeing at work: a survey of employees, 2014; Cimpean & Drake 2011; Naylor et al 2012; 0ECD, 2014; Labour Force Survey, various years

Assessment Criteria & Content:

- Explain the causes, effects and control measures for common types of mental ill-health within the workforce.
 - Causes
 - Effects
 - Controls



MENTAL HEALTH AT WORK





64%

of employees described their jobs as stressful.

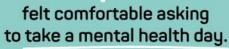


52%

believed their mental health interfered with their work.



only a quarter





24%

have had a panic attack at work.



41%

have been diagnosed

with a mental health issue.

Source: Survey of 1,012 Full-Time Employees

net Quote

TYPES OF MENTAL DISORDERS

ANXIETY

- Agora
- PTSD
- OCD
- Specified
- Acute Stress Disorder
- Adjustment Disorder
- Substance Induced
- Separation Anxiety
- Selective Mutism
- Caffeine Induced
- Androphobia
- Panic
- Social
- Generalized

EATING DISORDERS

- a American Manager
- Bulimia Nervosa
- Binge Eating
- EDNOS
- Atypical
- Purging
- Night/Nocturnal
- Orthorexia
- e) Pica

Other

- Walking Corpse
- Alice in Wonderland
- Self Cannihalism/ Winding
- Erotomania
- Lyncanthropy
- Alien Hand Syndrome
- Aboulamania
- Synesythesia
- Foreign Accent Syndrome
- Koro Syndrome
- Fregoli Delusional
- Stendhal Syndrome
- Stockholm
- Lima Syndrome

BIPOLAR DISORDER

- Bipolar I
- Bipolar II
- Cyclothymia
- Mixed Features
- Rapid Cycling
- Not other Specified (NOS)

Personality Disorders

- Sch
- Paranoid
- Schizotypical
- Antisocial
- Borderline
- Narcissistic
- Histrionic
- Avoidant
- Dependent
- OCD

SELF HARM/ SELF INJURY

- Cutting/ Carving
- Using Objects (kicking,punching)
- Scratching/Picking
- Ripping Skin Off
- Promiscuity/Infedility
- Burning
- Hair Pulling
- Rubbing Objects on skin
- Misusing/Abusing Alcohol or Drugs
- Eating Disorders
- . Law Breaking
- Poisoning with toxic chemicals
- Excessive exercise
- Multiple Piercings/Tattoos
- Overspending money
- Suicide Attempt

SCHIZOPHRENIA

- Schizoaffective
- Paranoid
- Brief Psychotic
- Schizophreniform
- Delusional
- Shared Psychotic
- Disorganized/ Hebephrenia
- Cenesthopathic

OCD

- Checking
- Mental Contamination
- Contamination
- Hoarding

ADD & ADHD

- Inattentive
- Hyperactive-Impulsive
- Classic ADD
- Overfocused ADD
- Temporal Lobe ADD
- Limbic ADD
- Ring of Fire ADD
- Anxious ADD

Other

- Capgras Delusional
- Diblokto
- Reduplicative Paramnesia
- Celebriphilia
- Bibliomania-type of OCD
- Munchausen syndrome
- Trichotillomania/ Hair Pulling
- Exploding Head Syndrome
 Paedophilia (Debated)
- Apotemnophilia/ Body Integrity Disorder
- Hybristophilia (Debated)
- Jumping Frenchman of Maine
- Coprophagia
- Landau-Kleffner
- Aboulamania

DEPRESSION

- Major (chronic)
- Persisten (Dysthymia)
- Psychotic
- Binola
- Postpartum/perinatal
- Antenatal
- Catatonic
- Elderly
- Treatment Resistant
- Adjustment Disorder
- Premenstrual (PMS)
- Atypical
- Seasonal Affective Disorder
- Situational
- Melancholic
- Holiday
- Endogenous
- Cyclothymic
 - Substance Induced

ADDICTION

- ADDICTIO
- Drugs and Nicotine
- -
- interne
- Sexual
- Shopp
- Plastic Surgery
- I made durigery
- Risky Behavior
- OTC Medications
 Arson
-

Other

- Erotomania
- Dissociative Fugue State
- Taijin Kyofusho
- Boanthropy
- Riley Day

- Explain the causes, effects and control measures for common types of mental ill-health in the workplace.
 - Mental health is defined as a positive state of mind.
 - Mental III-health is defined as a health problem that affects people's thoughts, mood, behavior or the way they perceive the world around them.
 - A mental illness causes distress and may affect the person's ability to function at work, in relationships or in everyday tasks.
 - A health condition involving changes in emotion, thinking or behavior.
 - Examples of mental illness include depression, anxiety disorders, eating disorders and addictive behaviors.







Bipolar Disorders

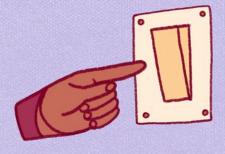


Depressive Disorders

Types of Mental Illness



Eating Disorders



Obsessive-Compulsive Disorders



Sleep-Wake Disorders



- Explain the causes, effects and control measures for common types of mental ill-health in the workplace.
 - Work-related stress: Stress is the adverse reaction people have to excessive pressure or other types of demand placed on them.
 - Any force which interferes with a person's ability to control their emotional and physical state within a comfortable range, and which prevents them from producing a control strategy for that force.



- Explain the causes, effects and control measures for common types of mental ill-health in the workplace.
 - Stress defined continue: A broad range of problems
 which unduly test a person's psychological,
 physiological or social system and the response of that
 system to the problems.
 - A physiological state in which the mental and physical energy expended to cope with pressure exceeds the body's ability to replace that energy.



- Explain the causes, effects and control measures for common types of mental ill-health in the workplace.
 - Causes:
 - Organisation of work Working hours; Workplace culture
 - Job Job content; Job role
 - Individual Relationships
 - Home-work interface Commuting; Child-care issues;
 Relocation; Care of relatives





- Explain the causes, effects and control measures for common types of mental ill-health in the workplace.
 - Effects:
 - Increased risk of a workplace injury or accident
 - Decreased work performance/productivity
 - Work errors
 - Higher turnover rates
 - Inability to work due to mental health problems or illnesses
 - Increase in workplace disability claims related to mental health problems or illnesses
 - Increased economic cost each year attributed to mental illness



10 WAYS TO LOOK AFTER YOUR MENTAL HEALTH WHEN **WORKING FROM HOME**

www.theperformanceroom.co.uk



BREAKS

Take regular breaks throughout your day so you can maintain a sense of calm among your mind and



BE ACTIVE

Be active throughout your day. Movement and exercise are a great way for reducing stress and boosting mood



MEANING

Engage in daily work activities that provide you with a sense of belonging and meaning



BE MINDFUL

Be conscious of your surroundings and try to stay focused on the here and now



PROBLEM SOLVE

If you are struggling to deal with a problem, engage in some structured problem solving to help you find solutions



SELF COMPASSION

Be kind to yourself and try not to overwhelm yourself with getting everything done



SELF CARE

Take time throughout your day to engage in activities that provide you with a sense of pleasure and achievement



BREATHE

Between meetings or virtual sessions take a moment to engage in some deep breathing.



CONVERSATIONS

If you notice you are struggling don't be afraid to reach out and ask for support and help



FAMILY

Work with your family as a team to support and help each other







- Explain the causes, effects and control measures for common types of mental ill-health in the workplace.
 - Controls:
 - Working together
 - People with mental health problems can continue to work effectively
 - ID and assessment at individual and organisational level eg, discussions, absence data, interviews, surveys, questionnaires



The types of interventions for mental ill-health (reference to the World Health Organization's world health report):

- prevention (primary prevention/specific protection)
- treatment (secondary prevention)
- rehabilitation (tertiary prevention)



How workers with mental ill-health conditions can be managed in the workplace:

- + speaking to workers as soon as it is recognised that there may be an issue
- use routine management tools to identify and tackle issues e.g., appraisals, scheduled meetings
- support for workers who become emotionally distressed at work
- support for workers with on-going mental health conditions e.g., flexibility in work
 patterns to suit the worker's needs
- encourage workers to develop coping strategies to help manage their condition
- use of 'advance statements'
- ensure that the worker knows where to get help and support for their mental ill-health condition outside of the workplace.



- The benefits of good nutrition, exercise and sleep on mental illhealth conditions
- The British HSE stress management standards and their role in assessing and managing work related stress (demand, control, support, relationships, role, change)

To continue on next slide ...



HSE's Management Standards represent a set of conditions that, if present:

- demonstrate good practice through a step-by-step risk assessment approach
- allow assessment of the current situation using pre-existing data, surveys and other techniques
- promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made
- help simplify risk assessment for work-related stress by:
 - identifying the main risk factors
 - helping employers focus on the underlying causes and their prevention
 - providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress



They cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The Management Standards are:

- Demands this includes issues such as workload, work patterns and the work environment
- Control how much say the person has in the way they do their work
- Support this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- Relationships this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- Role whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- Change how organisational change (large or small) is managed and communicated in the organisation.



YOU WILL SEE AND HEAR IN A MENTAL HEALTH FRIENDLY WORKPLACE



"How are you feeling today?"



Time is invested in staff wellbeing



∠ "Is there
∑ anything I can
I do to help you?"



Workshops focused around developing wellbeing



"I'll keep checking in with you"



People are encouraged to talk about mental health



"What can I do for you?"



Staff listen and support each other



"i'll come with you if you need some support"



Mental health is built into regular conversations



"Take as long as you need"



"Let me know how I can help you"



@BELIEVEPHQ



A mental health policy is adhered to



Staff are open with each other



"We will overcome this together"

Assessment Criteria & Content:

- Explain the relationship of well-being to mental health and how a strategy can improve worker health. (P. 32)
 - Generally, well-being is just feeling good about yourself and your life.
 - Mental Health is made up of our emotional, psychological, and social well-being.



There is a lot of discussion around mental well-being and mental health in the news at the moment but what is the difference?

- Both physical and mental health influence your general well-being.
- Mental well-being means your thoughts and feelings and how you cope with the ups and downs of everyday life.
- Mental well-being is not the same as mental health, although the two can influence each other, so awareness of your well-being and feelings is especially important.
- Mental Health is often defined asYour ability to care about yourself, love yourself not hate yourself and look after your physical health – eat well, sleep well, exercise and enjoy yourself.
- Recognising when we need support can be the first step

- Explain the relationship of well-being to mental health.
 - The World Health Organisation (WHO) describe mental health as an integral and essential component of health more broadly, defining it as:
 - "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."



- Explain the relationship of well-being to mental health.
 - Mental wellbeing is viewed as a broad "sense of self", and an "ability to live...as close as possible to the way we want".
 - Mental health, by contrast, is defined in terms of "specific signs and symptoms that cause significant and persistent emotional distress": the presence of such signs and symptoms constituting a mental health problem.



- Explain the relationship of well-being to mental health.
 - Think of 'mental health' the way that you would 'physical health' – we all fall on a spectrum. On one end, we have daily health (nutrition, exercise, sleep, etc.) and on the other side, we have physical, diagnosable conditions. It's the same with mental health – we have daily mental health (stress, anxiety, changes in mood, etc.) that we all experience, and then we have mental health conditions like depression, BPD, PTSD, to name a few.



HEALTH VERSUS WELLNESS

WELLNESS	
HEALTH	WELLNESS
State of complete physical, mental and social well-being and not merely the absence of disease or infirmity	Active process through which people become aware of, and make choices toward a more successful existence
A state of being	A practical way of achieving health
Main aspects are mental, physical and social wellbeing	Goes a few steps further, emphasising the mental, physical, social as well as occupational, intellectual, and emotional wellbeing
More related to Western medicine	More related to complementary and alternative medicine
Considers mental wellbeing as being free from stress or other mental diseases	Focuses on mindfulness and mind training as well, in addition to general mental health

Ultimate goal that can be achieved if a person is healthy and free from diseases Results in health



- How health and wellbeing workplace strategy can help to improve workers' health (mental and physical):
- > benefits to the organisation of wellbeing strategies i.e., costs of initiatives vs costs of lost working time due to preventable ill-health conditions, absenteeism, presenteeism and worker retention; happier, healthier and more engaged workforces leading to higher productivity
- > support from top management for initiatives; appointment of board level wellbeing champions
- > types of wellbeing initiatives that could improve mental ill-health (mental or physical) e.g., subsidised gym membership; free fruit; employee assistance programs; mindfulness/meditation sessions; free access to medical support such as treatment for mental ill-health conditions, physiotherapy; medical screening; financial education



- How health and wellbeing workplace strategy can help to improve workers' health (mental and physical):
- > the role of education and support programs in promoting wellbeing in the workforce
- > why wellbeing initiatives need to be relevant to the majority of workers
- > working with partners to improve health and wellbeing e.g., occupational health services (internal or external to the organisation)
- > involving and empowering all workers e.g., appointing workforce wellbeing champions to get involved in wellbeing initiatives, use of health assessments to empower workers to manage their own wellbeing
- > how monitoring, reviewing and communicating the health and wellbeing strategy can positively influence the workforce
- The link between health and wellbeing and safety culture
- Why line managers must be trained on wellbeing strategies and initiatives



- Explain how a strategy can improve worker health.
 - PDCA cycle ISO 45001 or HSG65
 - · ISO 45003
 - Initiatives include:
 - Health promotion activities
 - Working environment
 - Organisational values
 - Organisational relationship
 - Opportunities for personal growth



4 Types of Workplace Violence



Criminal Intent

Workplace violence by a perpetrator that has no direct or previous relationship with the employee or the establishment



Customer / Client

The act of violence that occurs when the employee is performing their daily duties. The perpetrator is a client of the employee or the establishment.



Worker-on-Worker

Act of violence is a result of an aggression between two or more employees in the same workplace.



Personal Relationship

The perpetrator has a direct relationship with someone whom affects their work and workplace, but does not work with them.



Assessment Criteria & Content:

- Explain the scope, effects, causes and control measures for work-related violence.
 - Scope
 - Effects
 - Causes
 - Control (P. 42 bottom 4 stages)



Assessment Criteria & Content:

- Explain the scope, effects, causes and control measures for work-related violence.
 - Scope
 - Violence: Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, his/her work.



- Explain the scope, effects, causes and control measures for work-related violence.
 - The definition includes violence to employees to work by members of the public, whether inside a workplace or elsewhere, when the violence arises out of the employees' work activity.
 - DISCUSSION: Can you provide recent examples?



- Explain the scope, effects, causes and control measures for work-related violence.
 - Includes physical violence, verbal abuse and threats.
 - Violence is defined as any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, his or her work.



- Explain the scope, effects, causes and control measures for workrelated violence.
 - Includes violence to employees at work by members of the public, whether inside a workplace or elsewhere, when the violence arises out of the employees' work activity. E.G., this might include violence to teachers from pupils, to doctors/nurses from patients, to peripatetic employees whose work involves visiting the sick, or collecting payments, to security staff or to officials enforcing legislation. It would not include violence to persons when not at work.



- Explain the scope, effects, causes and control measures for work-related violence.
 - ILO Code of practice on workplace violence
- Workplace violence and harassment
- + Safe and healthy working environments free from violence and harassment
 - This is the 2020 doc.



 Safe and healthy working environments free from violence and harassment



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Assessment Criteria & Content:

- Explain the scope, effects, causes and control measures for work-related violence.
 - Effects
 - Physical & Psychological Effects
 - Absenteeism
 - Higher insurance premiums
 - Civil compensation payments
 - For the worker: pain, distress, disability and even death.



Assessment Criteria & Content:

- Explain the scope, effects, causes and control measures for work-related violence.
 - Causes
 - A job layoff or being fired.
 - A demotion, disciplinary action, or other change in job duties.
 - A major personal loss, such as divorce or death.
 - A holiday season.
 - Money problems.



CAUSES OF WORKPLACE VIOLENCE

- Downsizing, layoff,transfer,depression,paranoia
- Evaluations
- Lack of promotion or advancement
- Failure to recognize efforts
- Termination
- Domestic violence brought into the workplace
- Employees working with each other every day
- Revenge for one of the above

Assessment Criteria & Content:

- Explain the scope, effects, causes and control measures for work-related violence.
 - Control (P. 42 bottom 4 stages)
 - INDG69 Violence at Work

Effective management of violence

A straightforward four stage management process is set out below and is further described on pages 2-5 and in *Health risk management* (see 'Where can I get further information?' for details).

Stage 1 Finding out if you have a problem

Stage 2 Deciding what action to take

Stage 3 Take action

Stage 4 Check what you have done



Assessment Criteria & Content:

- Explain what lone working is, the issues that affect lone working and control measures for lone working.
 - What
 - Issues
 - Control measures

- Explain what lone working is, the issues that affect lone working and control measures for lone working.
 - Lone workers are those who work by themselves without close or direct supervision, for example:
 - as delivery drivers, health workers or engineers
 - as security staff or cleaners
 - in warehouses or petrol stations
 - at home
 - There will always be greater risks for lone workers without direct supervision or anyone to help them if things go wrong.



Interesting questions:

- What if a lone worker's first language is not English?
- Can someone work alone if they have a medical condition?
- What if a person becomes ill, has an accident, or there is an emergency?
- What if a lone worker is working from home?



 Explain what lone working is, the issues that affect lone working and control measures for lone working.

Issues:

- Worker issues: pregnant, young, disabled, trainee, etc.
- Violence: more prone due to being on their own.
- Mental health issues: stress/mental health and well-being
- Worker's medical condition: pre-existing condition.
- Workplace: difficult locations or premises is unknown to them.
- Equipment: may not be safe for one person to operate.
- High-risk activities: electrical work, confined space, etc.
- More examples in the handbook.



 Explain what lone working is, the issues that affect lone working and control measures for lone working.

Controls:

- Alternative methods of performing the work
- Conduct risk assessments
- Communication
- Proper training, instruction, supervision, PPE, safe work procedures, emergency procedures, etc.
- Lone worker devices and panic alarm or emergency devices.
- Personal communication devices such as mobile phones.



Activity 5:

In an email to the HR manager, summarise the occupational circumstances that could lead to workplace mental ill-health issues. Refer to the increase in working from home, hot desking, increased pace of change and lone working that have become far more common in recent years.



Activity 6:

The senior management team are also asking for advice on mental ill health in the workplace.

- Give an overview of the impact of chronic pain, fatigue, and stress.
- Explain the difference between depression and anxiety and the effects on health and behavior.



Activity 7:

Create a short presentation (5 slides max including title slide and next steps slide) for your leadership team.

Include the individual, job and organisational causes of work-related mental ill-health.



Activity 8:

Draft a mental health management framework for your organisation. Include the following:

- Interdisciplinary approaches
- Prevention, treatment and rehabilitation (refer to the World Health Organization's world health report)
- Personal health benefits (nutrition, exercise and sleep)
- Stress management (refer to HSE stress management standards).



Activity 9:

Draft a wellbeing at work strategy for your organisation.

- Benefits to the organisation
- Importance of support from top management
- Education and training
- Interdisciplinary approach
- Workforce engagement and participation
- Monitoring and review



Activity 10:

Explain to a colleague the link between health and wellbeing and organisational culture.



Activity 11:

You are interested to discover that a recurring problem in the organisation, and a main cause of both physical and mental injuries, is violence and harassment.

After speaking to a few long-serving staff members, you learn that the problem involves a combination of rival gang issues, friction between seasonal workers from different cultural backgrounds, mugging of overseas staff, and interactions with the public where agricultural land is near to residential areas.

You start to develop a strategy to deal with this problem. Outline the following:

- The meaning of work-related violence and harassment
- The physical and psychological effects of violence and harassment
- The identification and assessment of risks of work-related violence and harassment
- The factors likely to increase the risk of work-related violence and harassment.



Activity 12:

Recommend to the senior management team a range of practical control measures to reduce and manage work-related violence referring to the HSE guidance Violence at Work (INDG69).



Activity 13:

You have identified a number of instances of lone working in the organisation. They include members of the overseas sales team, security contractors, administrative staff in remote locations, drivers, and agricultural contractors.

The organisation has no lone working policy or standards. Draft key points under the following headings:

- What is meant by lone working, with reference to relevant publications
- The main risks associated with lone working
- Alternatives, precautions and safe working procedures for lone working
- Lone worker emergency devices and personal communications.

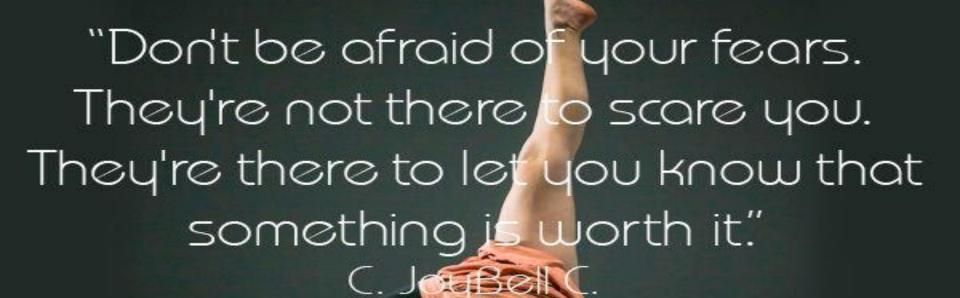


NEBOSH IDIP Study Guidelines

My experience managing a good work life balance included the following approach:

- Monday to Thursday Evenings 20h00 22h00 (2 hours per evening)
- Friday Evening Off Pub Night ©
- Saturday either the morning or the afternoon get a 3-hour session in –
 Saturday Evening Off
- Sunday either a morning or afternoon session get 3 hours in Sunday
 Evening Off
- Total Hours per week = 14 hours X 6 weeks = 84 hours (this is more than what is required for self-study – so there is room for unexpected events).





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