UNIVERSITY OF CAMBRIDGE
Staff Counselling Service

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Occupational Health and Safety Service

## Information for HR and managers

**Guidance in cases of staff mental health difficulties or acute distress**

Anyone can get upset or distressed at work and this document will help you identify the most helpful things to do to ensure a satisfactory and supportive outcome. All situations are different and this is only a guide.

Having someone very distressed or disorientated at work can be anxiety provoking for the individual, for other members of staff and for their manager and HR professionals. However, most cases of distress are transient and do not indicate a serious mental health problem.

It is important to talk to the person gently and clearly in order to identify the issue and to help them to get the help or support they need. Sometimes when people are distressed they can respond in ways which are out of character for them or behave aggressively if they feel under threat. This difference in behaviour though does not mean you are doing anything wrong. It is important not to escalate matters but to remain calm.

**Dos and Don'ts**:

Do try to talk somewhere private
Do try to ensure that you are not interrupted
Do be gentle and clear
Do allow the person time to answer
Do let them know who you will be talking to and what you will be saying to them
Do repeat back to them what they have agreed for you to do

Don't tell the person what you would do or did in a similar situation
Don't attempt to diagnose the person
Don't push for information if it is distressing them
Don't make decisions the person is clearly unhappy with
Don't tell others about the situation without letting the person know

Occupational Health and the Staff Counselling Service are **not a crisis service**, however, you may find it helpful to talk through what is happening with a member of their staff in order to gain confidence for your decisions if you are uncertain and both will give you the following guidance:

1. Initially it is best to help the person to connect with what they can do for themselves
    a) You can ask them if this has happened before and if they have a coping plan?
    b) Is there anything you can do to help them activate this coping plan?
    c) If not a coping plan then do they remember what helped them when this happened before?

2. If they don't know what helped before then try to help them identify
    a) What do they think they would find helpful right now? If they do not know you could make some suggestions
        i) Are there any colleagues who they might find it helpful to talk to?
        ii) Do they have any friends or family members they would like to talk to?
        iii) Would it be more helpful to stay at work or go home*
        iv) Would they find a walk or a drink of water or tea helpful or would they just like to be on their own?
    b) Is there anyone else who is currently involved in their care? Would they like to contact them?
    c) Is there a friend of family member they can contact or you can contact for them

3. If they don't know what might help and/or there is no-one to contact
    a) Do they have their GP surgery name?
    b) Have they already spoken to their GP about how they are feeling?
    c) Would they like to contact the surgery or for you to contact the surgery and arrange an emergency appointment? Would someone be able to accompany them to the surgery? Is this appropriate given their difficulties? (Ensure that anyone accompanying them is not putting themselves at risk).
    d) If an appointment is arranged put them in a taxi to the GP surgery or wait for the friend or family member to collect them to take them. Confirm surgery details, date and time of appointment and with whom, if known.

4. If they don't have a GP or don't want to contact them then the next point of contact is the Liaison Psychiatry Service accessed via A&E. Again, either a colleague, a friend or a family member can accompany them to A&E.

5. If you cannot do any of the above either because the person is unable to communicate or cooperate or because you think that they are a danger to themselves or others then you should contact the Emergency Services police / ambulance.

* Occasionally someone may be scared that if they are on their own at home they may commit suicide. In this situation they should be discouraged from going home to an empty house. It is ok to ask if people feel suicidal. There is **no** evidence that this will make anyone more likely to commit suicide. This information, however, will inform your actions if you have to make any decisions for them. Someone

who is talking about active suicide plans should be encouraged to go to see their GP or Liaison Psychiatry as in point 4 or contact emergency services as in point 5 above.

**Panic Attacks**

If someone is having a panic attack then you may find the following helpful:

Remind them that the attack is not harmful but a normal response to something their brain has perceived as a threat. Remind them that it will be over soon.

Suggest they try to breathe deeply e.g. from their diaphragm; breathing in for 2 counts, holding for 2 counts and breathing out for 2 counts. In order to distract them, suggest they count the red things they can see.

If they can't do the above, then try holding your hand out flat in front of their eyes (about a foot or so away). Ask them to focus on your hand and then move it up and down a short way very slowly. This will take their focus off the panic experience and slow them down.

Afterwards

Whatever happens it is a good idea to check up on the person subsequently. Again follow the Dos and Don'ts above. It may be it is just a quick check in or it may be something further is required.

As their HRBM or HRA or their manager you may want to consider the following:

Would a management referral to OH be helpful
Would a self-referral to OH or the Counselling Service be helpful
Do you need to consider completing the Stress Identification Tool
Do you need to address any short or long term issues with the staff member

**Support from within the University**

**Policies**

- Managing Stress and Promoting Wellbeing at Work Policy
  http://www.admin.cam.ac.uk/offices/hr/policy/stress/policy.html
- Sickness Absence Policy
  http://www.admin.cam.ac.uk/offices/hr/policy/leave/sickness/index.html
- Dignity at Work Policy
  http://www.admin.cam.ac.uk/offices/hr/policy/dignity/
- Capability Policy
  http://www.admin.cam.ac.uk/offices/hr/policy/capability/

**People and Services**

- Management
- Colleagues
- Human Resources
  http://www.hr.admin.cam.ac.uk/
  http://www.medschl.cam.ac.uk/human-resources/
- Occupational Health
  http://www.oh.admin.cam.ac.uk/
- Counselling Service
  http://www.counselling.cam.ac.uk/
- Chaplain
  http://www.gsm.cam.ac.uk/chaplaincy/
- Mediation
  http://www.admin.cam.ac.uk/offices/hr/policy/mediation/
- Dignity at Work
  http://www.admin.cam.ac.uk/offices/hr/policy/dignity/
- Unions
  UCU http://www.ucu.cam.ac.uk/
  Unite and Unison http://www.hr.admin.cam.ac.uk/hr-staff/trade-unions/recognised-trades-unions

**Support outside the University**

- GP
- NHS Psychological Wellbeing Service
  http://www.cpft.nhs.uk/services/pws/psychological-wellbeing-service.htm
- Samaritans
  http://www.samaritans.org/how-we-can-help-you/contact-us
- Lifeline
  http://www.lifecraft.org.uk/lifeline.asp
- Lifecraft
  http://www.lifecraft.org.uk/index.asp
- CAMEO - NHS service in Cambridgeshire that provides specialised assessment, care and support to young people experiencing a first episode of psychosis
  http://www.cameo.nhs.uk/
- Crisis Team
  http://www.cpft.nhs.uk/services/Crisis%20Resolution%20Home%20Treatment%20Team%20-%20Cambridge
- MIND
  http://www.mind.org.uk/