

Appendix 1 – Qualification Unit

The QA Level 3 Award in Mental Health First Aid in the Workplace (RQF) has 1 unit that learners are required to complete in order to achieve the qualification.

Title:	Understanding the Principles of Mental Health First Aid and the Association within the Workplace	
GLH:	14	
Level:	3	
Total Qualification Time:	14	
Learning outcomes The Learner will:	Assessment criteria The Learner can:	Indicative content
1. Understand Mental Health and its importance	1.1 Identify what is meant by the terms: <ul style="list-style-type: none"> • Mental Health and • Mental Health first aid 	<p>Mental Health - a person's condition with regard to their psychological and emotional well-being.</p> <p>Mental Health First Aid - how to identify, understand and support a person who may be developing a Mental Health issue, experiencing a worsening of an existing Mental Health problem or in a Mental Health crisis.</p> <p>In the same way as we learn physical first aid, Mental Health first aid teaches you how to recognise those crucial warning signs of Mental ill Health or emotional distress.</p> <p>There may not be any signs of Mental Health.</p> <p>Mental ill Health could be:</p> <ul style="list-style-type: none"> • Temporary • Fluctuating • Ongoing <p>Amplification of normal behaviour</p>
	1.2 Give examples of how poor mental health can affect employers	<p>Benefits of positive mental health in the workplace</p> <ul style="list-style-type: none"> • Fewer injuries, less illness and lost time • Reduced sick leave usage, absences and staff turnover • Increased productivity • Greater job satisfaction • Increased work engagement • Reduced costs to the employer • Improved employee Health and community wellbeing • Improved morale.
	1.3 Give examples of why positive mental health is important to employees	<p>Employees – Can affect their:</p> <ul style="list-style-type: none"> • Confidence • Self-esteem • Judgement • Ability to work with others • Productivity • Ability to fully concentrate which can often cause costly mistakes or accidents in the workplace.



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	1.4 Recognise contributory factors of work-related stress	<p>Some of the factors that commonly cause work-related stress include:</p> <ul style="list-style-type: none"> • Long hours • Salary • Heavy workload • Changes within the organisation • Tight deadlines • Changes to duties • Job insecurity • Lack of autonomy • Boring work • Insufficient skills for the job • Over-supervision (micromanagement) • Inadequate working environment • Lack of proper resources • Lack of equipment • Few promotional opportunities • Harassment • Discrimination • Poor relationships with colleagues or bosses • Crisis incidents, such as an armed hold-up or workplace death.
<p>2. Understand roles and responsibilities in relation to Mental Health in the workplace</p>	2.1 Identify own role as a Mental Health first aider	<p>Including:</p> <ul style="list-style-type: none"> • Know limitations (it is not the role of a mental health first aider to diagnose mental health conditions) • Listen • Support • Work with workplace to implement good Mental Health practices
	2.2 State importance of own self-care as a Mental Health first aider	<p>Know own limitations in order to maintain own state of Mental Health:</p> <ul style="list-style-type: none"> - Ensure own safety before starting communication - None diagnosis of illness - Only supporting and signposting role - Never make promises not possible to keep - Ensure own mind set is appropriate before speaking to colleagues experiencing Mental Health issues <p>Have another individual to speak/share with</p>
	2.3 State legislation associated with Mental Health in the workplace	<p>Main areas of legislation that relate to Mental Health and well-being in the workplace:</p> <ul style="list-style-type: none"> • Health and safety at work Act 1974 (HASWA) • Human Rights Act 1998 (HRA) • Management of Health and Safety at Work Regulations (1999) • Equality Act 2010



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	2.4 Identify employers' moral duty to employees regarding Mental Health and well being	<ul style="list-style-type: none"> To show workforce is cared for when considering their Mental Health In order show they are not implementing Mental Health policies/training/Mental Health first aiders solely due to government initiative
	2.5 Give examples of how to promote a culture of positive Mental Health within the workplace	<p>Employers can promote a positive culture through:</p> <ul style="list-style-type: none"> Developing an approach to Mental Health that protects and improves Mental Health for all Providing an environment whereby employees can talk to someone at work about their mental health Improve awareness of mental health throughout the organisation and at all levels Have designated mental health champions, senior leaders, etc. who are trained in mental health Provide tools to promote mindfulness as well as tips for maintaining a healthy lifestyle Conduct staff surveys on a regular basis and collection of other staff data to assist with improving work policies Provide a workplace culture that treats everyone with respect and dignity Doesn't tolerate bullying or harassment in the workplace Has a whistleblowing policy whereby acts of discrimination can be reported Provide training and educational opportunities which support understanding of Mental Health issues Provide access to HR Join national and local anti-stigma campaigns Provide peer or mentor groups or programmes with people with experience/training in Mental Health Allowing employees to have a voice Promoting equality and diversity Understanding the importance of a good work/life balance <p>Implementing HSE Management standards</p> <ul style="list-style-type: none"> Embedding Mental Health information into induction for new starters Bring in professionals to discuss and raise awareness Use internal organisational communication Have team champions (dependent on size of organisation)
3. Understand a range of common Mental Health conditions	3.1 Identify characteristics and features of common Mental Health conditions	<p>Suicide</p> <p>Warning signs</p> <ul style="list-style-type: none"> Sometimes there are no warning signs Fluctuating mood (happy quickly after being depressed) Increased feelings making them tearful Restless or agitated Withdrawn from others Misuse of drugs and alcohol Low energy levels Unkempt Sleeping/eating more/less than usual Suicide plan Talking about wanting to die



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		<p>Post-traumatic stress disorder (PTSD) PTSD can develop following being involved in or witnessing a traumatic, horrific, threatening event or series of events. Symptoms are</p> <ul style="list-style-type: none"> • Re-experiencing the trauma – memories, flashbacks, nightmares • Avoidance – places, thoughts, situations or people associated with the trauma • Persistent perceptions of heightened threat – hypervigilance, startled reactions <p>The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning</p> <p>Obsessive compulsive disorder (OCD) Obsessional fear of:</p> <ul style="list-style-type: none"> • Contamination • Causing harm • a need for symmetry or perfection • Own behaviour <p>Compulsive behaviour can include making:</p> <ul style="list-style-type: none"> • Checks • Rituals • Requiring reassurance • Correcting thoughts <p>Phobias Fear of a potential panic attack can lead to people fearing:</p> <ul style="list-style-type: none"> • Outdoors (agoraphobia) or environments • Crowds • Specific modes of transport • Events • Animals <p>Bipolar</p> <ul style="list-style-type: none"> • Bipolar type I disorder – A person affected by bipolar I disorder has had at least one manic episode in his or her life. • Bipolar type II disorder – At least one episode of severe depression and symptoms of hypomania. • Cyclothymic disorder – Persistent instability of mood over a period of at least 2 years. Involving many periods of depression and hypomania. The symptoms are not severe enough to meet the criteria for Bipolar I or II. However the symptoms result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning. • A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterized by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different moods. • Hypomania – This is a much milder type of mania lasting a few days.



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		<p>Self-harm This is a behaviour not a disorder Is when someone intentionally injures their body. Usually to express or cope with overwhelming distress. Physical signs</p> <ul style="list-style-type: none"> • Cuts, bruises or cigarette burns in usually hidden areas • Low mood • Lack of motivation • Suicidal • Not wanting to communicate • Wearing clothing to hide injuries • Hatred of themselves (feeling they are not good enough) • Hair damage (due to hair pulling) <p>Psychosis The key symptoms of a psychotic disorder are; Inability to reality test – therefore having a distorted view of what is real or not</p> <p><u>Positive Symptoms</u> (thoughts and feelings that are ‘added’ to a person’s experiences e.g. hearing voices) Persistent hallucinations – seeing, hearing, feeling, smelling or tasting something that others don’t. Persistent delusions – firm held false belief not consistent with the person’s culture Disorganised thinking – confused and distorted, often manifests as distorted speech. Disorganised behaviours – any behaviour that doesn’t fit in with the situation e.g. inappropriate clothing or emotional response. <u>Negative symptoms</u> (things ‘taken away’ from a person’s experiences e.g. reduced motivation) Blunted or flat effect – inexpression or lack of expression Avolition – lack of motivation to complete purposeful tasks Psychomotor disturbances – anxious restlessness, making movements without meaning to.</p> <p>Contributing factors to consider Triggers There are a vast array of possible triggers/event that can cause someone to have Mental ill Health including: Bereavement; Birth of a child; Anniversary dates of losses or trauma; Workload/examinations/tests; Severe or long term stress; Family feuding; Break up of a relationship; Loneliness; Bullying or being judged, domestic violence; Debt; Physical illness (long term); Sexual harassment; Certain smells, tastes, or noises; Abuse, trauma or neglect; Drug and alcohol misuse; Witnessing or being involved in a traumatic event; Head injuries; Social media/technology; Menopause; Weather (winter blues)</p>



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		<p>Alcohol</p> <p>General effects of alcohol on the individual</p> <ul style="list-style-type: none"> • Stage 1 – relaxation and euphoria (feeling a little merry) • Stage 2 – excited and agitated (getting loud and inappropriate) • Stage 3 – reduction of feeling pain and lack of inhibitions (not feeling hurt when falling over and behaving in ways you wouldn't otherwise) • Stage 4 – muscle relaxation and incoordination (can't feel much or walk in a straight line) • Stage 5 – Anaesthesia – can't feel a thing (could carry out surgery without you feeling it) <ul style="list-style-type: none"> • Often used as 'self-medication' to reduce pain of distress. • This is a similar effect to what Ether has on you if you are anaesthetised and about to have surgery. • Alcohol is a toxic chemical and does a tiny bit of brain damage each time. <p>Alcohol Limits</p> <ul style="list-style-type: none"> • Maximum 14 units per week for Men and Women • Spread out over the week • No binge drinking • Drinking if pregnant <p>Other Drugs of Addiction</p> <p>Cocaine and cannabis can worsen pre-existing Mental Health conditions.</p> <p>Drug Induced Psychosis – generally temporary state where the person will experience psychotic symptoms such as delusions and hallucinations.</p> <p>Dual Diagnosis – Where a person has a dependency to alcohol/drugs and a Mental Health condition.</p>
	3.2 Recognise signs of work-related stress	<p><u>Stress (Work-related and other)</u></p> <p>Signs of stress in teams:</p> <ul style="list-style-type: none"> • Conflicts/arguments • Higher staff turnover • Low morale • Poor performance • More reports of stress • Higher instances of sickness • Poor performance • More complaints and grievances <p>Signs of stress in an employee</p> <p>A change in the way someone acts can be a sign of stress, for example they may:</p> <ul style="list-style-type: none"> • Take more time off • Be consistently late for work • Be twitchy or nervous • Be short tempered <p>A change in the way someone thinks or feels can also be a sign of stress, for example:</p> <ul style="list-style-type: none"> • Loss of motivation, commitment and confidence • Being withdrawn • Mood swings • Increased emotional reactions e.g. be more tearful, sensitive or aggressive



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		Physical symptoms <ul style="list-style-type: none"> • Panic attack • Headache • Chest pain • Tiredness • Diarrhoea or constipation • Vomiting • Dizzy or faint
	3.3 Recognise psychological symptoms of stress	Psychological Symptoms <ul style="list-style-type: none"> • Agitated, irritable • Overwhelmed • Depressed • Unable to enjoy life • Neglected • Indecisive • Restless • Emotionally unstable • Lack of concentration
	3.4 Identify different types of anxiety	<p><u>Anxiety</u> The symptoms associated with Anxiety Disorders can be split into 2 categories:</p> <ul style="list-style-type: none"> • Physical symptoms • Psychological symptoms <p>There are several types of anxiety disorders, including:</p> <ul style="list-style-type: none"> • Generalized anxiety disorder • Specific phobia • Social anxiety disorder • Separation anxiety disorder • Agoraphobia • Panic disorder • Selective mutism <p>Panic attacks Basic symptoms</p>



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	3.5 State different types of eating disorders	<p><u>Eating disorders</u></p> <p>Anorexia – limiting energy intake</p> <p>Bulimia – bingeing (eating large quantities of food) the purging (expelling the food by vomiting or by use of laxatives)</p> <p>Binge eating – loss of control over eating large quantities of food</p> <p>Emotional overeating – eating large amounts of food during low moods in order to feel comforted</p> <p>OSFED – other specified eating or feeding disorder, where symptoms do not fit in with any one ED.</p> <p>ARFID – avoidant/restrictive food intake disorder, avoiding or restricting the intake of certain types of food (of a certain texture)</p> <p>Pica – eating things that are not food and have no nutritional value (wood, paper, soap....)</p>
	3.6 Recognise signs of depression	<p><u>Depression</u></p> <p>Symptoms</p> <ul style="list-style-type: none"> • Continued sad mood (persistent) • Lack of energy • Low self-confidence/self esteem • Lack of appetite or increased appetite • Insomnia • Suicidal thoughts • Loss of libido • Communication and cognitive difficulty <p>Signs</p> <ul style="list-style-type: none"> • Appearance – May look unkempt and lack personal hygiene • Quiet slow monotone voice • Movement is slow • Sad or anxious expression • May self-harm
4. Know how to implement Mental Health first aid strategies in the workplace	4.1 Identify best practice for employers in relation to mental health in the workplace	<p>Employers should:</p> <ul style="list-style-type: none"> • Carrying out a risk assessment; • Select appropriate mental health first aiders; • Train mental health first aiders; • Have an adequate policy in place; • Know where to signpost employees with mental issues to
	4.2 Identify key features within Mental Health first aid at work action plan	<p>Action plan to include:</p> <ul style="list-style-type: none"> • <u>Listening STOPS Distress</u> • Spot signs of distress • Talk • Offer hope, care, comfort • Professional support • Self help strategies • <i>'If you spot distress, start listening'</i>



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	4.3 Identify appropriate coping strategies to assist individuals who are demonstrating symptoms of Mental ill-Health	<ul style="list-style-type: none"> • Controlling breathing (deep breathes, square breathing, breathing exercises, meditation) • Replacement of negative thoughts • Eating Healthy • Sleeping the right amount • Exercise (low intensity or just being active) • Art or music • Watch a film • Walk or drive • Read • Gardening
5. Understand how employers can provide support to employees	5.1 Identify how to introduce core standards for Mental Health in the workplace	<ul style="list-style-type: none"> • Production, implementation and communication of Mental Health at work plan • Developing Mental Health awareness among employees • Encourage open conversation and the support available • Provide good working conditions • Promote effective people management • Monitor employee Mental Health and wellbeing <p>Thriving at Work (2017) suggest larger organisations with over 500 employees should look at having enhanced standards to include:</p> <ul style="list-style-type: none"> - Increase transparency and accountability through internal and external reporting - Demonstrate accountability - Improve disclosure process - Ensure provision of tailored in house Mental Health support and signposting
	5.2 Identify support for those who are experiencing Mental Health issues whilst at work	<ul style="list-style-type: none"> • Use management process including appraisals, planning or work, additional training and development, assessment of employee (stress assessment) • Create an action plan to help reduce stress • Flexible working or child care assistance • Manage workload • Discussion around support and additional adjustments to work/environment • Ongoing monitoring • Support given to other team members • Reassign work if necessary • Allow for alternative workspace • Promote a positive work environment • Ask everyone to communicate openly and regularly • Have an open door policy



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	5.3 State provisions available to those off work whilst experiencing Mental Health issues	<p>Sickness absence</p> <ul style="list-style-type: none"> - duration <p>Whilst off sick</p> <ul style="list-style-type: none"> • Active engagement on a regular basis via phone calls, emails, visiting at home (if the employee agrees) don't apply pressure for the employee to return to work • Keep them in the loop regarding work or projects that they may need to be aware of • Remind them of sickness procedures • Support from internal/ external sources to meet the needs of the employees • Return to work – plans in place for phased approach if necessary • Focus on their wellbeing • With consent ask other work employees to keep in touch <p>Wellness Recovery Action Plan (WRAP)</p> <p>Returning to work</p> <p>Return to work interview</p> <ul style="list-style-type: none"> - Tell employees they were missed - Ask the employee how they're feeling - Explain the return-to-work process/procedures - Reassure the employee that they aren't expected to walk straight back into full-time hours, or manage a full-time workload - Use open questions that require more than just a 'yes' or 'no' answer and give people lots of space and time to talk - Listen and try to empathise with the employee - Ask if there are any problems at work that might be causing them stress - Discuss whether there are any difficulties outside work that might be contributing to their absence - Talk about the person's Mental Health problem, if they have disclosed it, and its possible impact on their work - Discuss possible solutions and make sure you are aware of any sources of available support, whether internal or external - Discuss any worries the person has about returning to work, reassure them that these are normal, and agree a strategy together to address their concerns - Help the person think about how they want to manage their return; for example, what they want to say to colleagues <ul style="list-style-type: none"> • Return plan • Access to work programme • Active monitoring • Reasonable adjustment • Rehabilitation policy • Potential retirement



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	<p>5.4 Identify others that can assist in Mental Health crisis both locally and nationally</p>	<p>Common types of support</p> <ul style="list-style-type: none"> • Prescribed medication • Counselling and Talking therapies • Self help • Additional lifestyle or practical support <p>GP or emergency services</p> <p>Social services</p> <ul style="list-style-type: none"> • The Care Act 2014 • Can assist with: <ul style="list-style-type: none"> – Accommodation, employment, education, financial support, extra activities, counselling • Access to social care is gained through a referral (own or someone else), assessment, eligibility, care and support plan Can be asked to pay for social care (depending on financial circumstances) <p>Samaritans</p> <p>Mind</p> <p>Friends, family and carers</p> <ul style="list-style-type: none"> • Supportive • Caring • Listen • May need to help with finances • Home life/ day to day living • “nearest relative” <p>Local Support Networks</p>