

## 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.

<b>Title:</b>	Understanding the Principles of Mental Health First Aid and the Association within the Workplace	
<b>GLH:</b>	14	
<b>Level:</b>	3	
<b>Total Qualification Time:</b>	14	
<b>Learning outcomes The Learner will:</b>	<b>Assessment criteria The Learner can:</b>	<b>Indicative content</b>
<b>1. Understand Mental Health and its importance</b>	1.1 Identify what is meant by the terms: <ul style="list-style-type: none"> <li>Mental Health and</li> <li>Mental Health first aid</li> </ul>	<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"> <li>Temporary</li> <li>Fluctuating</li> <li>Ongoing</li> </ul> <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"> <li>Fewer injuries, less illness and lost time</li> <li>Reduced sick leave usage, absences and staff turnover</li> <li>Increased productivity</li> <li>Greater job satisfaction</li> <li>Increased work engagement</li> <li>Reduced costs to the employer</li> <li>Improved employee Health and community wellbeing</li> <li>Improved morale.</li> </ul>
	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"> <li>Confidence</li> <li>Self-esteem</li> <li>Judgement</li> <li>Ability to work with others</li> <li>Productivity</li> <li>Ability to fully concentrate which can often cause costly mistakes or accidents in the workplace.</li> </ul>



Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
	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"> <li>• Long hours</li> <li>• Salary</li> <li>• Heavy workload</li> <li>• Changes within the organisation</li> <li>• Tight deadlines</li> <li>• Changes to duties</li> <li>• Job insecurity</li> <li>• Lack of autonomy</li> <li>• Boring work</li> <li>• Insufficient skills for the job</li> <li>• Over-supervision (micromanagement)</li> <li>• Inadequate working environment</li> <li>• Lack of proper resources</li> <li>• Lack of equipment</li> <li>• Few promotional opportunities</li> <li>• Harassment</li> <li>• Discrimination</li> <li>• Poor relationships with colleagues or bosses</li> <li>• Crisis incidents, such as an armed hold-up or workplace death.</li> </ul>
<p><b>2. Understand roles and responsibilities in relation to Mental Health in the workplace</b></p>	2.1 Identify own role as a Mental Health first aider	<p>Including:</p> <ul style="list-style-type: none"> <li>• Know limitations (it is not the role of a mental health first aider to diagnose mental health conditions)</li> <li>• Listen</li> <li>• Support</li> <li>• Work with workplace to implement good Mental Health practices</li> </ul>
	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"> <li>- Ensure own safety before starting communication</li> <li>- None diagnosis of illness</li> <li>- Only supporting and signposting role</li> <li>- Never make promises not possible to keep</li> <li>- Ensure own mind set is appropriate before speaking to colleagues experiencing Mental Health issues</li> </ul> <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"> <li>• Health and safety at work Act 1974 (HASWA)</li> <li>• Human Rights Act 1998 (HRA)</li> <li>• Management of Health and Safety at Work Regulations (1999)</li> <li>• Equality Act 2010</li> </ul>



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



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		<p><b>Post-traumatic stress disorder (PTSD)</b>            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"> <li>• Re-experiencing the trauma – memories, flashbacks, nightmares</li> <li>• Avoidance – places, thoughts, situations or people associated with the trauma</li> <li>• Persistent perceptions of heightened threat – hypervigilance, startled reactions</li> </ul> <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><b>Obsessive compulsive disorder (OCD)</b>            Obsessional fear of:</p> <ul style="list-style-type: none"> <li>• Contamination</li> <li>• Causing harm</li> <li>• a need for symmetry or perfection</li> <li>• Own behaviour</li> </ul> <p>Compulsive behaviour can include making:</p> <ul style="list-style-type: none"> <li>• Checks</li> <li>• Rituals</li> <li>• Requiring reassurance</li> <li>• Correcting thoughts</li> </ul> <p><b>Phobias</b>            Fear of a potential panic attack can lead to people fearing:</p> <ul style="list-style-type: none"> <li>• Outdoors (agoraphobia) or environments</li> <li>• Crowds</li> <li>• Specific modes of transport</li> <li>• Events</li> <li>• Animals</li> </ul> <p><b>Bipolar</b></p> <ul style="list-style-type: none"> <li>• Bipolar type I disorder – A person affected by bipolar I disorder has had at least one manic episode in his or her life.</li> <li>• Bipolar type II disorder – At least one episode of severe depression and symptoms of hypomania.</li> <li>• 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.</li> <li>• 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.</li> <li>• Hypomania – This is a much milder type of mania lasting a few days.</li> </ul>



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		<p><b><u>Self-harm</u></b>            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"> <li>• Cuts, bruises or cigarette burns in usually hidden areas</li> <li>• Low mood</li> <li>• Lack of motivation</li> <li>• Suicidal</li> <li>• Not wanting to communicate</li> <li>• Wearing clothing to hide injuries</li> <li>• Hatred of themselves (feeling they are not good enough)</li> <li>• Hair damage (due to hair pulling)</li> </ul> <p><b><u>Psychosis</u></b>            The key symptoms of a psychotic disorder are;  <b>Inability to reality test – therefore having a distorted view of what is real or not</b></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.</p> <p><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><b>Contributing factors to consider</b>  <b>Triggers</b>            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"> <li>• Stage 1 – relaxation and euphoria (feeling a little merry)</li> <li>• Stage 2 – excited and agitated (getting loud and inappropriate)</li> <li>• Stage 3 – reduction of feeling pain and lack of inhibitions (not feeling hurt when falling over and behaving in ways you wouldn't otherwise)</li> <li>• Stage 4 – muscle relaxation and incoordination (can't feel much or walk in a straight line)</li> <li>• Stage 5 – Anaesthesia – can't feel a thing (could carry out surgery without you feeling it)</li> </ul> <ul style="list-style-type: none"> <li>• Often used as 'self-medication' to reduce pain of distress.</li> <li>• This is a similar effect to what Ether has on you if you are anaesthetised and about to have surgery.</li> <li>• Alcohol is a toxic chemical and does a tiny bit of brain damage each time.</li> </ul> <p>Alcohol Limits</p> <ul style="list-style-type: none"> <li>• Maximum 14 units per week for Men and Women</li> <li>• Spread out over the week</li> <li>• No binge drinking</li> <li>• Drinking if pregnant</li> </ul> <p><b>Other Drugs of Addiction</b></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><b><u>Stress (Work-related and other)</u></b></p> <p>Signs of stress in teams:</p> <ul style="list-style-type: none"> <li>• Conflicts/arguments</li> <li>• Higher staff turnover</li> <li>• Low morale</li> <li>• Poor performance</li> <li>• More reports of stress</li> <li>• Higher instances of sickness</li> <li>• Poor performance</li> <li>• More complaints and grievances</li> </ul> <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"> <li>• Take more time off</li> <li>• Be consistently late for work</li> <li>• Be twitchy or nervous</li> <li>• Be short tempered</li> </ul> <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"> <li>• Loss of motivation, commitment and confidence</li> <li>• Being withdrawn</li> <li>• Mood swings</li> <li>• Increased emotional reactions e.g. be more tearful, sensitive or aggressive</li> </ul>



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



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	3.5 State different types of eating disorders	<p><b><u>Eating disorders</u></b></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><b><u>Depression</u></b></p> <p>Symptoms</p> <ul style="list-style-type: none"> <li>• Continued sad mood (persistent)</li> <li>• Lack of energy</li> <li>• Low self-confidence/self esteem</li> <li>• Lack of appetite or increased appetite</li> <li>• Insomnia</li> <li>• Suicidal thoughts</li> <li>• Loss of libido</li> <li>• Communication and cognitive difficulty</li> </ul> <p>Signs</p> <ul style="list-style-type: none"> <li>• Appearance – May look unkempt and lack personal hygiene</li> <li>• Quiet slow monotone voice</li> <li>• Movement is slow</li> <li>• Sad or anxious expression</li> <li>• May self-harm</li> </ul>
<b>4. Know how to implement Mental Health first aid strategies in the workplace</b>	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"> <li>• Carrying out a risk assessment;</li> <li>• Select appropriate mental health first aiders;</li> <li>• Train mental health first aiders;</li> <li>• Have an adequate policy in place;</li> <li>• Know where to signpost employees with mental issues to</li> </ul>
	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"> <li>• <u>Listening STOPS Distress</u></li> <li>• Spot signs of distress</li> <li>• Talk</li> <li>• Offer hope, care, comfort</li> <li>• Professional support</li> <li>• Self help strategies</li> <li>• <i>'If you spot distress, start listening'</i></li> </ul>





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



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



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	5.4 Identify others that can assist in Mental Health crisis both locally and nationally	<p><b>Common types of support</b></p> <ul style="list-style-type: none"> <li>• Prescribed medication</li> <li>• Counselling and Talking therapies</li> <li>• Self help</li> <li>• Additional lifestyle or practical support</li> </ul> <p><b>GP or emergency services</b></p> <p><b>Social services</b></p> <ul style="list-style-type: none"> <li>• The Care Act 2014</li> <li>• Can assist with:               <ul style="list-style-type: none"> <li>– Accommodation, employment, education, financial support, extra activities, counselling</li> </ul> </li> <li>• 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)</li> </ul> <p><b>Samaritans</b></p> <p><b>Mind</b></p> <p><b>Friends, family and carers</b></p> <ul style="list-style-type: none"> <li>• Supportive</li> <li>• Caring</li> <li>• Listen</li> <li>• May need to help with finances</li> <li>• Home life/ day to day living</li> <li>• “nearest relative”</li> </ul> <p><b>Local Support Networks</b></p>