INTRODUCTION
Mental health is about how we think, feel and behave. Although we cannot see the internal disability of a mental health issue, it can affect our perceptions of one another’s behaviour and the way we interact at work. This workshop aimed to support the mental health of everyone and boundaries ensured the health problems of individual staff were not discussed.

STRUCTURE
Attendees were divided into three sub groups. Each considered a different scenario that was designed to raise questions about mental health issues and its impact in the workplace. The scenarios were:

1. Judy
Judy has a responsible admin job in an office with a heavy workload and tight deadlines. For most of the time, she is an excellent employee, but sometimes, she becomes socially withdrawn, her timekeeping seems to become erratic, her ability to keep up with the demands of the job falls off, and she has frequent absences from work for vague reasons like “debility”. Some of her co-workers are concerned to see Judy like this, but others have started to resent that she does not appear to be pulling her weight, and have recently started to exclude her from conversations and social events. Within the last month or so, her bouts of illness have become more frequent. Her boss has now summoned her to his office for “a chat”. On the day scheduled for the “chat”, Judy does not appear, but instead calls in sick with vague flu-like symptoms.

2. Marvin
Marvin works in a unit producing materials for an educational organisation’s web pages. He has been hired for his original ideas and creativity. Although his work is excellent, if sometimes a little too original for the liking of his boss, his work colleagues find him difficult to work with; he seems to be able to work, laugh and talk at the same time, which disturbs some of his quieter co-workers. If asked to quieten down, he can sometimes become aggressive. Recently, he has been observed walking round the quad eating his lunch, and laughing and talking to himself. This has caused alarm, not only in his own office, but more widely throughout the organisation, where his bizarre behaviour has become a favourite subject of gossip. His dress has recently become more eccentric and his personal hygiene has fallen off; he reveals, with apparent unconcern, that his landlady has thrown him out of his lodgings and that he is living in a squat with seven other “really cool people” but no washing facilities.

3. Karen
Karen is a very quiet, anxious person who is extremely conscientious about her work. Several years ago, she spent some time in a psychiatric hospital; this is known to her work colleagues, who sometimes whisper about it behind her back, and are fairly guarded and reserved in their dealings with her. Recently, Karen’s whole unit has moved to a large open plan office. Suddenly, Karen is moved from the middle of the office to the far corner, and given a screen to work behind. It is rumoured that she has been to Occupational Health to complain about the open plan working arrangements. Resentment starts to spread that she is being treated more favourably than the other workers; one employee has gone as far as to contact her Union rep and is thinking of raising a grievance, but then decides to drop it. Some
months later, Karen is appointed to work on a special project which, to succeed, requires someone very hardworking and conscientious. Her work colleagues are appalled that someone with Karen’s problems should have been appointed to such a responsible position, and the Union rep is contacted once again.

**PROCESS**

Each sub-group was facilitated by a group leader who supported a discussion about the effect of mental health at work (e.g. changes in the ill persons behaviour, attitude and relationships with others), the impact this has on work colleagues (e.g. how people may feel about the behaviours exhibited), the impact on performance at work (e.g. relationships, quantity and quality of work, complaints, disciplinary action), whether work can have an adverse effect on frail mental health and how to managing aggression or suicidal intentions. The three subgroups then came together and a spokesperson gave feedback to the larger group for wider discussion. The mental health adviser then summarised key points for the management of each scenario. The purpose was to improve the understanding and management of matters arising from mental health issues at work. At the end of the workshop a handout of additional resources to support mental health at work was circulated.

**OUTCOME**

To understand whether the pilot workshop was worthwhile and improve the content of future workshops, attendees were invited to complete an on-line survey. The aspects of the workshop that were reported to be most useful were:

- The use of thought provoking case scenarios
- The use of small discussion groups that allowed all views to be shared
- The mental health adviser summarising key points from each presentation
- People feeling more comfortable and confident with mental health behaviours

Respondents felt a need to:

- Highlight the universities systems of support for mental health issues, including the employers duty of care
- Consider issues around culture and diversity
- Place greater emphasis on supportive strategies
- Consider the impact of mental health issues amongst students not just scenarios about staff
Attendees were invited to complete a rating scale to gauge their overall opinion of the workshop based on how the course was presented, its relevance to individuals and whether questions were effectively addressed.

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<tr>
<th>Rating Scale (1=poor, 6 = excellent)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
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<tbody>
<tr>
<td>How were your questions dealt with?</td>
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<td>28.6%</td>
<td>42.9%</td>
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<td>How would you rate the usefulness and relevance of this workshop to you at work?</td>
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<td>14.3%</td>
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<td>What did you think about the presentation of the workshop?</td>
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Joe Patton
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