

17 Stress in the Workplace

This chapter is split into two parts:

Part 1: Directive. This part provides direction that you **must** follow to help you comply with (keep to) health and safety law, Government policy and Defence policy.

Part 2: Guidance. This part provides the guidance and good practice that **should** be followed and will help you to keep to this policy.

Contents

Title	Page
Amendment record	2
Terms and definitions	2
Scope	3
Assurance	3
Alternative acceptable means of compliance	4
Part 1: Directive	
Introduction	5
Key health and safety legislation	7
Policy statements	7
Part 2: Guidance	
Stress audits	14
Stress risk assessment	15
Personnel assistance	18
Retention of records	20
Related documents	20
Annex A – MODified Stress Indicator Survey Requests	A1 – A3
Annex B – Proactive Stress Management Steps	B1 – B6
Annex C – Organisational Stress Risk Assessment Process	C1 – C3

Amendment record

This chapter has been reviewed by the Directorate of Defence Safety (DDS) together with relevant subject matter experts and key safety stakeholders. Any suggestions for amendments **should** in the first instance be directed to the Defence organisation's [Safety Centre/Team Group Mailbox](#) and with their approval, sent to COO-DDS-GroupMailbox@mod.gov.uk.

Version No	Date of publishing	Text Affected	Authority
1.2	Oct 20	Interim update post-handover of Policy from DSA to D HS&EP.	D HS&EP
1.3	24 Mar 25	Release of two-part chapter structure. Inclusion of Mental Health Fitness; the Institute of Naval Medicine process for utilising the MODified Stress Indicator Tool and more proactive measures for dealing with work-related stress.	DDS

Terms and definitions

The following table sets out definitions of some of the key terms used in this chapter. The most current general safety terms and definitions are provided in the [Master Glossary of Safety Terms and Definitions](#) which can also be accessed on the [GOV.UK](#) website.

Accountable Person	The person whose terms of reference state that they are responsible for making sure there are suitable and sufficient systems in place to control health and safety risks in their unit, estate (site) or platform. This term is used in place of CO, HoE, OC, Station Commander and so on, or as decreed by the Defence Organisations.
Commander	This is generally a military person responsible for planning activities, supervising activities, and making sure that personnel under their area of responsibility are safe. This term refers to a role rather than the rank of Commander, and it can be a permanent or temporary role (for example, lasting for the duration of a training exercise). In parts of Defence this person could be referred to as a 'responsible person.'
Competent person	A person who has the training, skills, experience, and knowledge necessary to perform a task safely, and is able to apply them. Other factors, such as attitude and physical ability, can also affect someone's competence. (See www.hse.gov.uk/competence/what-is-competence.htm for information on competence.)

Manager	A person responsible for planning activities, supervising activities and making sure that personnel under their area of responsibility are safe. This could be a permanent or temporary role, and in parts of Defence this person could be referred to as a 'line manager,' a 'responsible person' or a 'delivery manager.'
Mental Health Fitness Representative (MHFR)	Someone who provides initial support, encouragement, and signposting to someone who is experiencing poor mental health, to the support available to them. Mental Health Fitness Representatives can also play a significant role in reducing stigma and promoting positive mental health in the workplace.
Stressor	An activity, event or other factors that has the potential to cause stress.

Must and should

Where this chapter says **must**, this means that the action is a compulsory requirement.

Where this chapter says **should**, this means that the action is not a compulsory requirement but is considered good practice.

Scope

The policy contained within this chapter:

- a. applies to all those employed by Defence (military and civilian) including those under the age of 18 (for example recruits and apprentices).
- b. applies to those working on behalf of, or under the supervision of Defence (for example, contractors or visitors).
- c. applies to all Defence activities carried out in any location (UK or overseas).
- d. is not written for young persons in the cadet forces, Defence-run schools, nurseries and so on; those organisations **must** maintain their own safety policies and governance and **must** provide statutory compliant infrastructure and appropriate safe systems of work. They may use material from this chapter as a reference point, but where appropriate their respective policies **should** be adapted to meet the needs of young persons and to follow any applicable Department for Education guidelines or legislation.

Assurance

The application of the policy contained within this Chapter **must** be assured (that is, its use **must** be guaranteed). As part of their overall assurance activity, the commander, manager, or accountable person **must** make sure that this policy is followed and put into practice effectively. Assurance **must** be carried out in accordance with [JSP 815 \(Defence Safety Management System\) Element 12 – Assurance](#).

Alternative acceptable means of compliance

This policy is mandatory across Defence and the only acceptable means of compliance (AMC) is attained by following the directive set out in this chapter. However, there may be circumstances where a small number of military units may be permanently unable to comply with (keep to) parts of the policy. In such circumstances an alternative AMC process is set out in the [JSP 375 Directive and Guidance](#).

Part 1: Directive

Introduction

1. The focus of this policy is on preventing and reducing stress caused by workplace factors, by proactively managing stress as a hazard, and effectively supporting those who are dealing with the effects of stress, however it has been caused. The effective management of stress and welfare in the workplace is essential for the maintenance of good levels of mental and physical health and maintaining Defence capability.
2. Stress can sometimes be mistaken for pressure. However, pressure can be a positive and motivating factor in work that is often essential to your role, to achieving your goals and improving your performance. Stress is a natural reaction when this pressure becomes excessive.
3. The Health and Safety Executive defines stress as: *“The adverse reaction people have to excessive pressures or other types of demands placed on them.”*
4. In Defence, personnel are its most important asset, and their wellbeing is essential to effective performance and the provision of high-quality services. Defence is committed to making sure personnel are not harmed, including from experiencing stress, in the workplace. This is to be achieved by a commitment to promoting a healthy and supportive environment in which to operate, which recognises the importance of detecting, reducing, and managing stress in the workplace; in training; and on operations.
5. Defence is committed to enhancing the wellbeing of its personnel through a range of measures to help understand and recognise the causes of stress, the measures may include personal development, improved HR procedures and support. Collectively, with physical and mental resilience and mental health fitness, each measure **should** encourage the active management of workplace stress and promote a good work-life balance.
6. Like any other employer, Defence **must** identify and prevent or reduce the causes of work-related stress, in accordance with its legal duties¹, alongside any provision it may make for its treatment². This will require all Defence personnel to work together and will be achieved through:
 - a. the promotion of stress awareness;
 - b. reminding commanders and managers of their responsibility for the mental wellbeing of Defence personnel; and
 - c. provision of early detection and ease of referral (without fear of stigma) to a range of expert clinical and support services.

¹ These include The Management of Health and Safety at Work Regulations 1999, Section 3; The Working Time Regulations 1998; Safety Representatives and Safety Committees Regulations 1977 (SRSCR 1977); Sex Discrimination Act 1975 and Race Relations Act 1976. Where Disapplications, Exemptions or Derogations apply, Defence regulation and policy **must** apply standards and principles that are at least as good as Statute, including as part of the military covenant for combat stress.

² See [DSA02-DMSR Defence Medical Services Regulations](#); [JSP 375, Vol 1, Ch14 – Health Monitoring](#) and [JSP 950 Medical Policy](#)

7. The delivery of healthcare is primarily the business of clinicians under the direction of the Surgeon General for Service personnel and the NHS for civilians. However, stress and the wider mental wellbeing of Defence personnel is everyone's business; particularly commanders and managers, as work-related stress may often be the result of poor leadership and / or poor management.

8. Defence has adopted the HSE Stress Management Standards approach and has adapted the HSE Stress Management Standards Analysis Tool³ as the minimum standard for managing stress in the workplace.

9. The HSE Stress Management Standards are based on the best available scientific evidence, linking work design to health outcomes, and are categorised into six key risk factors:

- a. the **demands** of the individual's job;
- b. the **control** each person has over their work;
- c. the **support** given to individuals by their managers and colleagues;
- d. individual's **relationships** at work;
- e. an individual's **role** in the organisation; and
- f. organisational **change** at work and how it's managed

10. The above factors are explored in greater detail in the MOD Form 5001: Individual Assessment and Stress Reduction Tool.

11. The [Institute of Naval Medicine \(INM\)](#) has identified work-life balance as an additional risk factor for work-related stress in Defence. A "MODified" version of the HSE Stress Management Standards Analysis Tool has been created by the INM which incorporates a measure of work-life balance alongside the original Standards and is therefore more appropriate for use within Defence. It is recommended that the MODified Stress Indicator Tool is used for all organisational stress audits within Defence for civilians and Service personnel.

12. The process for utilising the MODified Stress Indicator Tool can be found at [Annex A](#) of this document.

13. In consultation with other Government Departments, the MOD has developed a 4-step approach to proactively managing stress at all levels of Defence, its use is strongly recommended and is set out in [Annex B](#) of this document.

14. Further information on mental health management can be found in [JSP 661 – Health and Wellbeing](#) (Chapter 3 – Mental Health) including information on Operational Stress Management. The [Health and Wellbeing Portal](#) also includes multiple resources to support all Defence personnel.

³See <https://www.hse.gov.uk/stress/standards/index.htm> and <https://www.hse.gov.uk/pubns/wbk01.pdf>

Key health and safety legislation

15. Employers have a general duty under the [Health and Safety at Work etc. Act \(HSWA\) 1974, Section 2](#), to ensure, so far as is reasonably practicable, the health, safety and welfare of all of their employees. There is a further duty on employers under the [Management of Health and Safety at Work Regulations 1999](#) to carry out suitable and sufficient risk assessments of the hazards to which their employees are exposed.

16. In accordance with the [Secretary of State for Defence \(SofS\) policy statement on health, safety and environmental protection](#), when operating 'overseas, we will comply with the laws of Host States, where they apply to us, and in circumstances where such requirements fall short of UK requirements, we will apply UK standards so far as is reasonably practicable to do so.'

Policy Statements

17. Defence has established the following policy statements which **must** be followed.

- a. **Policy Statement 1.** A Defence organisation's most senior leader **must** make sure that mental health and stress is considered at their top-level Health and Safety boards and that the risk of work-related stress at all levels of the organisation is identified, assessed, suitable control measures implemented and communicated to all personnel under their area of responsibility, and is set out within their organisation's Safety Management System.
- b. **Policy Statement 2.** Accountable persons **must** make sure the risk of work-related stress is identified, assessed, and suitable control measures are implemented and adequately communicated to all personnel within their area of responsibility.
- c. **Policy Statement 3.** Commanders and managers **must** make sure that workplace stressors are identified and appropriate control measures for the management of stress are implemented and communicated to all personnel under their area of responsibility.
- d. **Policy Statement 4.** Personnel **must** comply with all instructions and control measures put in place for their health and safety, including those put in place for the reduction of work-related stress.
- e. **Policy Statement 5.** The provision, training and communication of mental health fitness **must** be considered and implemented where work-related stress is assessed as a reasonably foreseeable risk, by the commander, manager or those responsible for health and safety at any level of Defence.

Policy Statement 1

A Defence organisation's most senior leader **must** make sure that mental health and stress is considered at their top-level Health and Safety boards and that the risk of work-related stress at all levels of the organisation is identified, assessed, suitable control measures implemented and communicated to all personnel under their area of responsibility, and is set out within their organisation's Safety Management System.

18. Each Defence organisation **must** make sure that the risk of work-related stress is identified and assessed at all levels of the organisation from the most senior leader to management groups, and individual sections. To assist the most senior leader in completing this objective, it would be good practice to appoint a Mental Health Champion at an appropriately senior level to:
- a. Oversee the completion of a risk assessment focused on organisational work-related stress. Across other Government Departments this is referred to as an Organisation Stress Risk Assessment (OSRA), this terminology will be used across this policy;
 - b. Demonstrate and promote positive mental health practices and behaviours in the workplace;
 - c. Coordinate and promote mental health and work-related stress initiatives and campaigns;
 - d. Encourage personnel to take part in mental health and stress initiatives; and
 - e. Break down stigmas around mental health and stress.
19. Senior leaders **must** make sure that mental health and stress is considered at their Health and Safety boards and is detailed within their organisation's Safety Management System.
20. Defence organisations **must** conduct periodic organisational stress audits, and ideally, these **should** be conducted with the INM (using the Defence MODified Stress Indicator Tool, further details at [Annex A](#) of this document). However, this is constrained by availability of resources and capacity.
21. Senior leaders who are required to conduct a stress audit **must** follow the process laid out in [Annex A](#) of this document, as written by the INM who own the process.
22. Senior leaders, in conjunction with relevant accountable persons within their organisation, **must** make sure that adequate consultation and communication takes place (including Defence personnel and Trades Union) prior to running the stress audit process.
23. A Defence organisation's most senior leader **must** make sure that any stress strategy or action is effectively communicated to all personnel within their area of responsibility. This **should** include what is to be done in the case of a mental health emergency, details of what potentially constitutes a mental health emergency can be found in [Annex B](#)⁴ of this chapter.

⁴ In the section "Step 1 – Awareness"

24. A Defence organisation's most senior leader **must** make sure that resources are available for personnel to conduct mental health fitness training and to provide adequate space and support to prevent and deal with the impacts of work-related stress.

Policy Statement 2

Accountable persons **must** make sure the risk of work-related stress is identified, assessed, and suitable control measures are implemented and adequately communicated to all personnel within their area of responsibility.

25. The accountable person **must** make sure that work-related stress is considered as part of any risk assessment conducted for activities within their area of responsibility. Where work-related stress has been identified as a significant risk, then the appropriate control measures **must** be implemented and communicated to all relevant personnel to reduce the impact of stressors (events, experiences and so on, that cause stress) in the workplace.

26. A stress audit carried out at the Defence organisation level may indicate that a problem does not exist, however there may be small subgroups or individuals who do have stress related issues that require management action. Therefore, accountable persons **must** still make sure that any risk assessment for work-related stress is accurate and relevant to their area of responsibility, and not based on assumptions from a higher-level audit.

27. Medical support and the mental wellbeing of service personnel is a single Service responsibility and **must** be managed in accordance with the [Defence People Health and Wellbeing Strategy](#).

28. For civilian personnel, medical support is provided via their GP with support from the Civil Service contracted [occupational health](#) service provider (via [Optima Health](#)) or the [Employee Assistance Programme](#) (EAP). Further information can be found in the [Civilian HR People Portal \(Health and Wellbeing\)](#).

29. Accountable persons **must** make sure that any local procedures for managing stress in the workplace are effectively communicated to all personnel. This **should** include what is to be done in the case of a mental health emergency. Details of what could potentially constitute a mental health emergency can be found in [Annex B](#) of this chapter.

Policy Statement 3

Commanders and managers **must** make sure that workplace stressors are identified and appropriate control measures for the management of stress are implemented and communicated to all personnel under their area of responsibility.

30. Commanders and managers **must** make sure that workplace stressors are identified and appropriate control measures for the management of stress are implemented and communicated to all personnel under their area of responsibility (consulting with Defence personnel, Trade Union reps and so on), in accordance with the risk assessment findings / required actions.

31. As work-related stress is more likely to occur where the workload exceeds the persons capacity and capability, commanders and managers **must** make sure that:

- a. suitable training, competency and / or supervision to discharge duties is in place
- b. the provision of meaningful developmental opportunities are available
- c. the workload is appropriate (not overloaded or insufficient for prolonged periods)
- d. personnel have at least 11 consecutive hours of rest in each 24-hour period they are due to work, in accordance with [The Working Time Regulations 1998](#).

Note: There may be exceptions to this element of The Working Time Regulations 1998 (for example military personnel in combat, or in an operational environment, or personnel engaged in security and surveillance activities), when this is the case compensatory rest **should** be given where possible.

- e. excessive hours or overtime is not worked for prolonged periods
- f. leave entitlements are used appropriately
- g. training is attended as requested in good management practice
- h. bullying and harassment is not tolerated
- i. good communication exists between management and personnel, particularly when there are organisational and procedural changes
- j. personnel are encouraged to complete stress audits
- k. reporting of stress is encouraged at all levels
- l. they take seriously any approaches made by Defence personnel and discuss issues that may be stress related
- m. appropriate support, for example via the [EAP](#) is offered to personnel who experience stress outside work (for example bereavement or separation)
- n. Defence personnel do not become isolated from colleagues when lone working or working at remote locations
- o. personnel know how to report unacceptable behaviours or instances of bullying, harassment, discrimination and victimisation

32. The early identification and management action for individuals who may be displaying signs of work-related stress is essential, therefore commanders and managers **must** proactively look for stress indicators and be aware of changes to personnel and of the following signs (this is not an exhaustive list, and more comprehensive details are set out at [Annex B](#) of this document):

- a. **Physical.** Personnel complaining of dry throat, muscle tension, headaches, indigestion, insomnia or weight gain / loss.
- b. **Behavioural.** Personnel displaying signs of irritability, impulsive behaviour, difficulty making decisions, sudden increase in smoking or alcohol consumption.
- c. **Emotional.** Personnel displaying signs or complaining of excessive worrying, feelings of worthlessness, brooding, forgetfulness, easily startled, daydreaming.

Note: Despite best efforts, it may not always be possible to identify signs and indicators of stress.

33. In addition to the above, at the workplace level, high levels of absenteeism / presenteeism and accidents (including minor ones) are often linked to stress and **must** be monitored by commanders and managers. Low production levels, poor quality output and difficult inter-personal relationships may also be indicators associated with stress.

34. Other situational indicators that **must** be looked for may include:

- a. working long hours
- b. loss of concentration
- c. irritability and aggression
- d. an increase in musculoskeletal disorders (for example back or neck pain).

35. Commanders and managers **must**, where appropriate, arrange for a return-to-work plan to be developed for personnel returning after prolonged absence or following stress related illness. Care **must** be taken to make sure that personal / medical information contained in a return-to-work programme remains confidential. This **should** be conducted according to specific Defence organisation information management policies and / or JSP 441 – Information, Knowledge, Digital and Data in Defence.

36. Significant occurrences or symptoms of stress would constitute an unsafe condition and **must** be reported by the individual's commander or manager in accordance with [JSP 375, Volume 1, Chapter 16 - Safety Occurrence Reporting and Investigation](#), using the Defence organisation's procedures for reporting occurrences (for example using MySafety) and where absence is involved, recorded on JPA for Service personnel and on MyHR for MOD Civil Servants. This could include being off work due to work-related stress or indications on the Individual Assessment and Stress Reduction Tool.

37. Less significant symptoms or shorter periods of stress may constitute a near miss and **should** be reported to the individual's commander or manager. Once notified, the commander or manager **must** consider follow-up actions that may help to prevent the incident from re-occurring and it **should** be recorded this as a near miss as detailed in the previous paragraph by the individual or the commander or manager on their behalf.

NOTE: If the individual does not feel comfortable talking to their commander or manager, they may report this to another commander or manager who they trust.

38. If an Individual or multiple people report a series of work-related stress near misses (multiple near-misses lasting less than 48 hours) then this **must** be treated the same as any other health and safety near miss trend, and be investigated in accordance with [JSP 375, Vol1, Chapter 16 – Safety occurrence reporting and investigation](#).

39. Commanders and managers **must** consider, and **should** promote, the use of the Individual Assessment and Stress Reduction Tool to help identify and manage workplace stressors while supporting their personnel.

Policy Statement 4

Personnel **must** comply with all instructions and control measures put in place for their health and safety, including those put in place for the reduction of work-related stress.

40. Where workplace stressors are identified, risk assessed, and control measures introduced, all personnel **must** comply with required actions and undertake any training as necessary.

41. Personnel who think that they are starting to experience the signs and symptoms of stress, due to work-related stressors, **must** consider the use of the Individual Assessment and Stress Reduction Tool and **should** discuss this with their commander or manager. If their commander or manager is a part of the issue, then they **should** approach another commander or manager they feel comfortable talking to; a trusted colleague; HR / TU rep; MHFR and so on.

Note: It is recommended that all personnel use the Individual Assessment and Stress Reduction Tool, even when not experiencing work-related stress in order to proactively track and individually manage working pressures before it develops into stress.

42. MOD Civil Servants who are deployed on operations **must** complete a pre-deployment medical as detailed in [Civilian Overseas Duty Assessment \(CODA\)](#) and if appropriate will be assessed by Defence Primary Healthcare (DPHC) in accordance with Civilian Operational Deployment Assessment Post Operational Psychological Support (CODAPOPS) on return; for Service personnel this support is included in the standard pre-deployment training and decompression procedures.

Policy Statement 5

The provision, training and communication of mental health fitness **must** be considered and implemented where work-related stress is assessed as a reasonably foreseeable risk, by the commander, manager or those responsible for health and safety at any level of Defence.

43. The commander, manager or those responsible for health and safety, at any level of a Defence organisation, **must** make sure, where work-related stress has been formally identified as a risk, that mental health fitness training (of which Mental Health First Aid is an example) is made available to personnel who have volunteered, or expressed an interest, in developing in this area to become a Mental Health Fitness Representative (MHFR).

44. Mental health fitness training is available from a range of external training providers, most notably, Mental Health First Aid, St John's Ambulance and the British Red Cross. Defence organisations **must** determine in their Safety Management Systems what level of training is required, based on any stress audits they have conducted.
45. At a local level, those who have been appointed as a MHFR **must** be notified of psychological hazards in the workplace (including stress), typically by establishment Health and Safety Advisors, commanders, or managers as appropriate.
46. At all levels of the Defence organisation, it **must** be clearly communicated to all personnel how to access the help of MHFR's and how to access any other resources required to manage the negative effects of work-related stress and other mental health issues.
47. All Military personnel **must** complete the [Annual Mental Fitness Brief](#), hosted on the DLE, and it is strongly recommended that all MOD Civilian personnel complete this as well. The training offers an understanding of mental health and wellbeing, stress management, how to transform stress into mental resilience and signposts where personnel can seek appropriate help. The brief includes lived experience vignettes from Armed Forces personnel sharing their stories of struggling with stress and how they overcame the challenges they were dealing with.

Part 2: Guidance

This part provides the guidance and good practice that **should** be followed to help you comply with this policy.

Stress Audits

Policy Statement 1

A Defence organisation's most senior leader **must** make sure that mental health and stress is considered at their top-level Health and Safety boards and that the risk of work-related stress at all levels of the organisation is identified, assessed, suitable control measures implemented and communicated to all personnel under their area of responsibility, and is set out within their organisation's Safety Management System.

1. To enable senior leaders to consider work-related stress and mental health across their Defence organisation, an organisational stress audit **should** be undertaken, and ideally run by the Institute of Naval Medicine (INM) who are the Defence subject matter experts on work-related stress. Consultation **should** take place with personnel and suitable representatives prior to the stress audit, to explain its purpose, how the findings will be used and how the associated information will be promulgated; this **should** help maximise the response rate and produce more accurate data.
2. It may be appropriate for Defence organisations to direct / guide sub-organisations (HLBs, units / establishments, ships and so on) to conduct their own stress audits at a suitable interval (at least 12 months after implementing control measures) between Defence organisation level stress audits, to determine the effectiveness of the control measures put in place at the strategic and tactical levels.
3. Following the INM led Stress Audits, the Defence organisation **should** make sure that any implemented control measures are reviewed over time (appropriate to the intervention) to see what has been impactful on reducing instances of work-related stress.
4. The results of the work-related stress audit can inform the development of an Organisational Stress Risk Assessment (OSRA). The OSRA **should** be conducted to inform the Defence organisation strategy and action relating to work-related stress. Where appropriate, the Trades Union, safety representatives and personnel **should** be consulted / engaged with on any proposed strategy and action relating to this. The process for completing an OSRA can be found at [Annex C](#).
5. Where an OSRA has been completed, the findings **should** be made accessible to all personnel, along with any related organisational strategy and / or actions relating to work-related stress.
6. In 2017, the Department of Work and Pensions produced the '[Thriving at Work](#)' [Report](#) which sets out six 'mental health core standards' for all organisations across the country, which is a set of standards that Defence organisation's most senior leaders **should** consider implementing to support mental health and wellbeing across their organisation. These standards are:

- a. Produce, implement, and communicate a mental health at work plan.
- b. Develop mental health awareness among employees.
- c. Encourage open conversations about mental health and the support available when employees are struggling.
- d. Provide your employees with good working conditions.
- e. Promote effective people management.
- f. Routinely monitor employee mental health and wellbeing.

7. In addition to the six standards above, the report also sets out the following enhanced standards for the public sector that senior leaders **should** also consider:

- a. Increase transparency and accountability through internal and external reporting.
- b. Demonstrate accountability.
- c. Improve the disclosure process.
- d. Ensure provision of tailored in-house mental health support and signposting to clinical help.

8. A Defence organisation's most senior leader **should** provide the funding and time for MHFRs to maintain accreditation as needed.

9. Defence organisations senior leaders **should** also consider the four steps to proactive stress management as detailed in [Annex B](#) of this chapter as another useful guide to proactively managing work related stress.

Stress risk assessment

Policy Statement 2

Accountable persons **must** make sure the risk of work-related stress is identified, assessed, and suitable control measures are implemented and adequately communicated to all personnel within their area of responsibility.

10. Where work-related stress has been identified following an organisational stress audit, the results **should** be used along with any other pertinent data to inform any establishment or unit work-related stress risk assessments.

11. To ensure effectiveness and currency, stress risk assessments **should** be repeated and incorporate the findings of subsequent stress audits and so on, in a timely manner, relevant to the level of risk being held.

12. It may be appropriate to conduct a local stress audit between scheduled Defence organisation level audits (at least 12 months) after implementing the required control measures to analyse their effectiveness.

13. Work-related stress risk assessments **should** be reviewed at appropriately regular intervals, linked to the level of risk involved. For example, it would be appropriate for a review period to be anything from 6 months to 2 years depending on the level of risk, considering that there have been no significant changes in that time.
14. Accountable persons **should** make sure that all personnel in their area of responsibility know what to do in a mental health emergency.
15. Accountable persons **should** also consider the four steps to proactive stress management as detailed in [Annex B](#) of this chapter as another useful guide to proactively managing work related stress.

Policy Statement 3

Commanders and managers **must** make sure that workplace stressors are identified and appropriate control measures for the management of stress are implemented and communicated to all personnel under their area of responsibility.

16. Commanders and / or managers **should** strive to develop a culture of psychological safety so that individuals feel empowered to speak up about issues, no matter how hard or complicated, without a fear of negative consequences.
17. Commanders and / or managers **should** consider the following good practices to create the framework for a positive work environment in the non-operational space:
- a. Stop work interventions in personnel's non-work time, especially during periods of leave (with possible pre-discussed exceptions such as business continuity exercises for example).
 - b. Where possible, and where it is applicable to the specific work environment, try to make sure personnel are not working more than 37.5 hours per week.
 - c. Make sure personnel are not working excessively long hours without taking adequate breaks.
 - d. Encourage Service personnel to exercise regularly in work time when reasonable to do so.
 - e. Encourage positive lifestyle behaviours, including physical activity, noting the [CivHR policy on Sport and Physical Activity](#).
 - f. Where possible, and in line with outputs, encourage personnel to take up flexible working arrangements.
 - g. Encourage personnel to think about training to enhance their careers and where possible and where resources allow, support them in undertaking it.
18. Commanders and / or managers **should** strongly encourage all personnel to participate in stress audits to help identify workplace stressors as participation benefits the whole of the Defence community.
19. Further advice is available from the NHS and HSE stress websites on identifying and managing stress (the MODified Stress Indicator Tool is built around a participatory

approach). The HSE also offers a [Line Manager Competency Indicator Tool](#) to help managers reflect on their own behaviour and management style as these factors play an important role in preventing and reducing workplace stress.

20. Advice on return-to-work programmes (phased return, amended duties, altered hours and / or workplace adaption) that follow the six-management standards approach **should** be available from the Single Service Medical Facilities for Service personnel or Defence Business Services for civilians; and **should** take into account any fit note recommendations (if these are known).

21. While Defence cannot actively manage non-work-related causes of stress, it **should** be recognised that life events and stressors can affect how personnel behave and perform in work, these would be “work-relevant” stressors. Commanders and / or managers **should** make sure to listen to personnel when approached with concerns over a non-work-related cause of stress (for example, bereavement, financial difficulties, medical issues, moving house, and so on) and consider how it may be affecting their working performance.

22. For Defence personnel who have been exposed to a traumatic event, the commander or manager **should** make sure that access to Trauma Risk Management (TRiM) is offered. Where appropriate, a structured risk assessment of those exposed to the event **should** be carried out using the TRiM process by trained personnel and the recommended actions and support **should** be utilised.

23. For civilian personnel TRiM trained personnel are generally available from within the establishment, platform, or unit.

24. Commanders and managers **should** also consider the four steps to proactive stress management as detailed in [Annex B](#) of this chapter as another useful guide to proactively managing work related stress.

Policy Statement 4

Personnel **must** comply with all instructions and control measures put in place for their health and safety, including those put in place for the reduction of work-related stress.

25. Personnel **should** report to their commander or manager if they feel they may be experiencing stress at work and / or at home; they believe they are under excessive and / or prolonged pressure; or they consider that a colleague is showing signs of stress.

26. All personnel **should** complete the MOD Form 5001: Individual Assessment and Stress Reduction Tool on a regular basis, regardless of their own personal levels of stress. This will enable individuals to better track stressful situations, identify solutions early and put in place preventative measures where possible.

27. If personnel feel that they are unable to discuss the issue with their commander / manager, they **should** speak to their second reporting officer / counter signing officer, a trusted colleague, or other trusted commander / manager, Welfare Officer / MHFR, HR / TU Rep and so on.

28. All Defence personnel **should** strongly consider participation in stress audits to help identify workplace stressors as participation benefits the whole of the Defence community.
29. To minimise stress, personnel **should**, where it is beneficial to them:
- a. Complete training required to discharge their duties safely and effectively, and in good management practice.
 - b. Manage their workload so that they are not overloaded with work.
 - c. Advise their manager when or if they believe their workload is excessive.
 - d. Not work excessive hours.
 - e. Take lunch breaks away from the immediate work environment.
 - f. Take their full leave entitlement.
 - g. Report any bullying or harassment.
 - h. Accept support offered to help manage stress outside work for example bereavement or separation.
 - i. Discuss issues with managers and colleagues, particularly where there are organisational and / or procedural changes.
30. Where possible, personnel **should** look to join relevant [Staff Networks](#) to find others in Defence who can often provide support around specific issues such as race, religion, gender, sexuality, parenthood and disabilities.
31. Where the individual is comfortable doing so, they **should** inform their commander or manager (or another commander or manager they feel more comfortable talking to), a trusted colleague or a relevant HR or Trade Union rep of any non-work situations, events or issues that are impacting them at work, these would be “work-relevant” stressors.

Personnel assistance

Employee Assistance Programme (EAP)

32. MOD's [EAP](#) is an employee benefit that gives civilian personnel access to a 24/7 confidential helpline where a team of trained counsellors can offer information and guidance on a range of issues covering home and work life. The EAP is also a source of support for civilian or military managers of civilian staff.

Combat Stress 24-Hour Mental Health Phonenumber

33. A dedicated 24-hour phonenumber (0800 323 4444) for Military personnel and their families, which provides support and a signposting service. The MOD 24hr Mental Health Helpline is not a clinical service; it is to provide support, guidance and / or signposting information to serving personnel or to a family member of a serving person that is concerned about the mental health of that individual.

HeadFIT

34. [HeadFIT](#) is an externally accessible website specifically designed for the Defence community to help develop a proactive approach to mental fitness through a series of videos, tools, and other activities with the aim of establishing healthy habits. HeadFIT exercises provide a way of understanding feelings, regulating emotions, and acting in way that can bring out your very best.

Defence Medical Services (DMS)

35. Primary and secondary medical support and mental wellbeing is provided by DMS for all Service personnel; stress management is embedded within this care and managed in accordance with the [Defence People Health and Wellbeing Strategy \(2022-27\)](#) which is maintained under the authority of the Chief of Defence People and the Director General (DG) DMS.

Other sources of personnel support

36. Other sources of personnel support will usually be locally driven and are often dependant on location and direction from their wider Defence organisation and could include volunteer personnel who have undertaken mental health fitness training (an example of which is Mental Health First Aid), Padres and clergy from all religions, Trade Unions, HIVE centres, Citizens Advice Bureau's, commanders, managers, colleagues and so on.

37. It may be appropriate to reach out to [The Samaritans](#). They have a dedicated 24 hour phone line (116 123) and have [specific guidance](#) for Armed Forces personnel and Veterans.

38. For Defence personnel exposed to a traumatic event (for example witnessing a violent death), the TRiM process (which is designed to reduce the stigma associated with mental health issues and encourages personnel to seek help) **should** be used. Personnel **should** refer to their Defence organisation policies for further detail listed below:

- a. Army
 - (1) [ACSO 3218 – Army Stress Management and Resilience Training](#)
 - (2) [AGAI 57 – Unit Health Committees](#)
 - (3) [AGAI 110 – Vulnerable Risk Management](#)
- b. Royal Navy
 - (4) [BRd 3\(1\), Chapter 34 - The Management of Operational Stress for Members of The Royal Navy and Royal Fleet Auxiliary \(RFA\)](#)
- c. Royal Air Force
 - (5) [AP 9012 – Chapter 10 – Trauma Risk Management \(TRiM\)](#)
- d. Civilian Staff - TRiM trained personnel are generally available from within the establishment, platform, or unit where they are working.

39. All personnel **should** also consider the four steps to proactive stress management as detailed in [Annex B](#) of this chapter as another useful guide to proactively managing work related stress.

Policy Statement 5

The provision, training and communication of mental health fitness **must** be considered and implemented where work-related stress is assessed as a reasonably foreseeable risk, by the commander, manager or those responsible for health and safety at any level of Defence.

40. Personnel **should** have access to Mental Health Fitness Reps (MHFRs) at all reasonable working times, where possible.

41. The ratio of MHFRs to personnel **should** be determined through the risk assessment that has identified work-related stress as a risk. There is no guidance on this ratio but **should** range anywhere from 1:10 to 1:50, depending on the specifics of the area being risk assessed.

42. Accountable persons **should** make sure of the provision / creation of appropriate spaces, that are accessible and suitable for private conversations to take place, are made available in their area of responsibility.

43. Accountable persons **should** make sure that there is a register of MHFRs that is kept centrally and updated by a suitable responsible person (for example the unit / establishment H&S Advisor or any local HR managers) in their area(s) of responsibility.

44. Personnel who volunteer to become MHFRs **should** be given the flexibility and time to undertake such training by their commander / manager.

45. All Defence Senior Leaders (Military or Civilian, 1-4* and SCS equivalent) **should** complete the online course, [Senior Leaders Mental Fitness and Resilience](#), hosted on the DLE. This course aims to develop and equip Defence Senior Leaders with the understanding and tools they need to optimise individual and team performance, embedding mental fitness and resilience into their organisation.

Retention of records

46. All records **must** be kept in accordance with JSP 375, Volume 1, Chapter 39 (Retention of Records).

Related documents

47. The following documents **should** be consulted in conjunction with this chapter:

- a. [JSP 815 – Defence Safety Management System \(Framework\)](#)
- b. JSP 375 Volume 1
 - (1) [Chapter 08 – Safety Risk Assessment and Safe Systems of Work](#)
 - (2) [Chapter 14 – Health Surveillance and Health Monitoring](#)

- (3) [Chapter 16 – Accident / Incident Reporting and Investigation](#)
- (4) [Chapter 18 – Lone Working](#)
- (5) [Chapter 21 – Managing Staff Remotely](#)
- (6) [Chapter 35 – Safety and the Management of Change](#)
- (7) [Chapter 39 – Retention of Records](#)
- c. Other MOD Publications
 - (1) [DSA02-DMSR – Defence Medical Services Regulations](#)
 - (2) [Defence People Mental Health and Wellbeing Strategy 2022-27](#)
 - (3) [TRiM – Trauma Risk Management Process](#)
 - (4) [MOD Civilian Support to Operations \(S20\) – Wellbeing Services](#)
 - (5) [Health and Wellbeing Portal](#)
 - (6) [INM – Royal Navy Well-Being & Stress Management Advice](#)
 - (7) [JSP 441 – Information, Knowledge, Digital and Data in Defence](#)
 - (8) [JSP 661- Health and Wellbeing](#)
 - (9) [JSP 770 – Tri-Service Operational and Non-Operational Welfare Policy](#)
 - (10) [JSP 950 – Medical Policy](#)
 - (11) [MOD Workplace Wellbeing \(Employee Assistance Programme\)](#)
 - (12) [Civilian HR People Portal](#)
- d. Legislation and Guidance
 - (1) [The Working Time Regulations 1998](#)
 - (2) [HSE – Stress and mental health at work](#)
 - (3) [HSE – INDG430 \(How to tackle work-related stress\)](#)
 - (4) [HSE – INDG424 \(Working together to reduce stress at work\)](#)
 - (5) [HSE – HSE Management Standards Analysis Tool](#)
 - (6) [HSE – Work Right Campaign – Working Minds](#)
 - (7) [Gov.uk: Access to Work](#)
 - (8) [NHS – Stress](#)
 - (9) [Mind.org](#)

MODified Stress Indicator Survey Requests

Introduction to the MODified Stress Indicator Survey

1. The Institute of Naval Medicine (INM) has designed a Stress Indicator Survey to investigate stress among personnel. This survey is intended to be used by groups / departments (of at least 10 personnel) rather than individuals or small teams. The Defence MODified Stress Indicator tool was developed from the Health and Safety Executive Management Standards Indicator Tool to ensure the tool appropriately measured stress in a Defence context⁵.
2. The tool measures the risk of work-related stress in the following seven key working conditions:
 - a. **Demands.** Demands of work including workload, work patterns and work environment.
 - b. **Control.** Employee control over the work done.
 - c. **Support.** Encouragement, sponsorship and resources provided by manager and peers.
 - d. **Relationships.** Relationships with colleagues.
 - e. **Role.** Clarity of job role.
 - f. **Change.** How organisational change is managed and communicated.
 - g. **Work-life balance.**
3. Evidence suggests that if poor scores are given to the above factors, there is a greater risk of work-related stress. Results from the survey can help managers and senior leaders identify which areas their workforce struggle with, so that improvements can be made. The INM can administer the Defence MODified HSE Stress Indicator Tool and provide a letter of the results.
4. An example of the survey is at this link: [Example Stress Indicator Survey](#)

Who to contact if you would like to request a survey

5. Please email the INM Human Factors and Applied Psychology team (NAVY-INM-HFStress@mod.gov.uk) with information covering the following points:
 - a. A brief outline of the reasons why you require the survey and what you hope to achieve.

⁵ Bridger, R. S., Dobson, K., & Davison, H. (2015). Using the HSE stress indicator tool in a military context. *Ergonomics*, 59(2), 195–206. <https://doi.org/10.1080/00140139.2015.1057544>

- b. The number of people the survey will cover.
- c. The desired launch date.
- d. How many subgroups to be included in the survey for example different teams, ranks, services and so on. Please bear in mind that the INM can only report results for a group if it has at least 10 respondents and has a response rate over 30%, to protect anonymity.
- e. Would you want a comments box at the end of the survey?

6. Once the team has received the above information, the INM will consider their capacity to meet your request. There would then be a formal tasking process to follow. The INM team will provide assistance with the various steps needed along the way.

What happens once the survey has been requested

7. Once the formal tasking process has been completed, you will be asked to provide the team with the relevant information to conduct the survey including headcounts for subgroups and potentially email addresses of participants dependent upon survey participant numbers.

8. Once the survey is launched, either a link to the survey will be provided to the point of contact or participants will be emailed an invitation to participate in the survey. The survey will normally remain open for up to 4 weeks to allow for a sufficient response rate. A minimum completion rate of 60% is desirable and if the survey rate is between 30% and 60% results can be analysed, but the [HSE suggests](#) these survey findings **should** be treated with caution as they may not represent the invited population. If the completion rate is below 30%, the results will not be considered and the INM may suggest extending the survey period until the minimum 30% response rate has been achieved. The INM will send you weekly updates of the response rate and support with obtaining a sufficient survey response rate.

What happens once the survey is closed

9. Upon survey closure, the team at the INM will aim to analyse results within a 4-week window (dependent upon survey size). Once analysed a letter detailing the results will be issued to the customer covering:

- a. Overall unit / organisation survey score results.
- b. Subgroup survey score results.
- c. Comments from the survey (if requested).

10. An example of the letter you may receive can be found here: [Example Stress Indicator Survey Findings Letter.](#)

Frequently Asked Questions

How should we promote participation?

11. It is important to convey the importance that survey responses will make for creating positive change in the workplace. Previous customers have put the survey in their standing orders and communicated the survey in briefings/staff meetings. Additionally, setting aside specific time for participants to complete the survey is also beneficial.

Can the survey be completed on a personal device?

12. The survey can be completed on either a MOD device or personal device, but participants will need to forward the email with the survey link onto their personal account. The INM will not directly send survey links to personal accounts.

Can civilians participate?

13. The survey is for both civilian and military personnel. The INM can analyse civilian and military data as separate subgroups if this is useful to you.

14. Links to further information about the Stress Indicator Survey process can be found on the following SharePoint web page: [Wellbeing and Stress Management Advice \(sharepoint.com\)](#)

Proactive Stress Management Steps

1. Defence encourages the use of a simple, evidence-based 4-step approach to proactively identify and manage work-related stress. This approach can be utilised across Defence at different levels. An overview those 4-steps are:

- a. **Step 1 – Awareness.** This first step helps personnel to proactively develop an understanding of the risks associated with work-related stress and the HSE Stress Management Standards.
- b. **Step 2 – Prevention.** Personnel **should** periodically complete the MOD Form 5001: Individual Assessment and Stress Reduction Tool, to identify potential sources of stress and develop potential control measures or solutions. Regularly completing the Individual Assessment and Stress Reduction Tool can help personnel to benchmark and recognise changes to proactively manage stress.
- c. **Step 3 – Supportive Monitoring.** This is for personnel to actively support themselves (or for commanders / managers to support those they manage) to maintain stress levels within a healthy range and contribute to a team culture where work-related stress can be openly discussed. Supportive monitoring is about making sure there is collective consent and cooperation across colleagues in order to create a psychologically safe working environment. Where stress is identified through the Individual Assessment and Stress Reduction Tool, the person and their commander / manager (or suitable alternative such as a mentor) can work together to develop an Individual Stress Reduction Action Plan.
- d. **Step 4 – Reviewing.** This last step assists personnel (and their commanders / managers) to proactively, and regularly, reflect on and review any plans to reduce or eliminate stress.

Step 1 - Awareness

2. Awareness of how stress affects people is a large part of the foundation for how Defence can proactively manage it. Additionally, being actively aware of the main overarching causes of work-related stress⁶ can help senior leaders, accountable persons, commanders and managers manage it and support personnel. The management standards are:

- a. **Demands** – the demands of the role.
- b. **Control** – how much control personnel have over how they work.
- c. **Support** – received from commanders or managers and colleagues.
- d. **Relationships** – with others at work.
- e. **Role** – how clearly understood their role is.
- f. **Change** – how organisational change (regardless of size and scope) is managed and communicated in Defence.
- g. **Work-life balance.**

⁶ According to the Health and Safety Executive Stress Management Standards - [What are the Management Standards? - Stress - HSE](#)

3. Stress affects people in different ways at different times and is often the result of a combination of factors in their personal and working lives. Work-related stress arises where the combination of pressure from workload, working practices, work relationships, and so on, exceeds the persons capacity and capability to cope resiliently, resulting in adverse physical and / or mental reactions.
4. Whilst the MOD has no direct control over external or personal factors, it is committed to manage those risks factors which are within its control to minimise their impact, where possible.
5. If excessive stress persists, physical harm may occur when the body tries to adapt to the pressures placed upon it. As the body's resources are depleted and it is unable to maintain normal function, physical symptoms may appear (sweating, raised heart rate and so on); long term damage may result as the body and the immune system become exhausted.
6. Stress may manifest itself in a number of different ways, affecting how a person feels, or coming out in more physical or behavioural ways as detailed from www.mind.org.uk.
7. How stress can make you feel:
 - a. Irritable, angry, impatient or wound up
 - b. Over-burdened or overwhelmed
 - c. Anxious, nervous or afraid
 - d. Like your thoughts are racing and you can't switch off
 - e. Unable to enjoy yourself
 - f. Depressed
 - g. Uninterested in life
 - h. Like you've lost your sense of humour
 - i. A sense of dread
 - j. Worried or tense
 - k. Neglected or lonely
 - l. Existing mental health problems getting worse

Note: If someone is feeling depressed, overly anxious or uninterested in life, this may constitute a mental health emergency.

8. Physical signs of stress:
 - a. Difficulty breathing
 - b. Panic attacks
 - c. Blurred eyesight or sore eyes

- d. Sleep problems
- e. Fatigue
- f. Muscle aches and headaches
- g. Chest pains and high blood pressure
- h. Indigestion or heartburn
- i. Constipation or diarrhoea
- j. Feeling sick, dizzy or fainting
- k. Sudden weight gain or weight loss
- l. Developing rashes or itchy skin
- m. Sweating
- n. Changes to your period or menstrual cycle
- o. Existing physical health problems getting worse

Note: If someone is experiencing some of the more severe signs of stress, such as chest pains, panic attacks or feeling sick, dizzy or fainting, this may constitute a mental health emergency.

9. Behavioural signs of stress:

- a. Find it hard to make decisions
- b. Unable to concentrate
- c. Unable to remember things, or make your memory feel slower than usual
- d. Constantly worry or have feelings of dread
- e. Snap at people
- f. Bite your nails
- g. Pick at or itch your skin
- h. Grind your teeth or clench your jaw
- i. Experience sexual problems, such as losing interest in sex or being unable to enjoy sex
- j. Eat too much or too little
- k. Smoke or drink alcohol more than you usually would
- l. Restless, like you can't sit still
- m. Cry or feel tearful
- n. Spend or shop too much
- o. Not exercise as much as you usually would, or exercise too much
- p. Withdraw from people around you

Note: Increased alcohol consumption, especially if it affects work performance or constant feelings of dread may constitute a mental health emergency.

Note: Many of the above signs are not possible to be picked up in work and can be a very private, individual matter. The above lists are detailed for fullness and for personnel to see what might be affecting them.

10. Mental health emergencies are very individual and can be very hard to spot in some people. If you suspect that you or someone you work with is dealing with a mental health emergency, follow your local and / or Defence organisation processes and procedures.

Step 2 - Prevention

11. This stage is key for all personnel at any level of Defence, regardless of rank, grade or management responsibilities. It **should** be applied at all levels of Defence and using the different tools that Defence provides – primarily the INM MODified Stress Indicator Survey (detailed at [Annex A](#)) and the Individual Assessment and Stress Reduction Tool.

12. Senior leaders and accountable persons **should** make use of the MODified Stress Indicator Survey by following the process in [Annex A](#) and creating a workable and achievable action plan to combat the causes of work-related stress, that has been thoroughly consulted on.

13. Consulted groups **should** include those with protected characteristics under the [Equality Act 2010](#), Trade Unions (where applicable), Mental Health Fitness Representatives (MHFRs), HR personnel, Health and Safety responsible persons, and any other personnel who expresses an interest in being consulted upon.

14. In addition to the MODified Stress Indicator Survey, senior leaders and accountable persons **should** make sure that all personnel in their area(s) of responsibility are aware of the Individual Assessment and Stress Reduction Tool, and to communicate its usefulness in individual management of work-related stress.

15. Commanders and / or managers **should** make sure that the personnel they manage are aware of the Individual Assessment and Stress Reduction Tool and how its use can proactively help to manage and prevent stress from becoming an issue.

16. Commanders and / or managers **should** work with personnel who approach them to help develop an action plan following individuals completing the Individual Assessment and Stress Reduction Tool.

Note: Commanders and / or managers might not be within the Chain of Command or line management chain of personnel approaching them for this but may be approached as a trusted person who the individual feels comfortable talking to.

17. All personnel **should** make use of and complete the Individual Assessment and Stress Reduction Tool, on a regular basis, regardless of how stressed they are feeling due to working pressures. This is to better track and manage stressors before they become a problem and to try and keep incidents of work-related stress low.

18. Personnel can complete the Individual Assessment and Stress Reduction Tool alone or with a trusted colleague, commander, manager, or any other suitable person (Trade Union Rep, MHFR, HR rep and so on).

Step 3 – Supportive Monitoring

19. Supportive monitoring is about personnel actively supporting themselves and / or the people that they manage to keep stress levels within a healthy range and to create a culture where work-related stress can be openly discussed.

20. Supportive monitoring is also about personnel establishing consent and cooperation with each other so that all personnel can feel psychologically safe when discussing work-related stress and checking in with each other.

21. This step is to broadly align with the legal duty of care⁷ that employers (MOD) have towards their employees (all personnel, Military and Civilian personnel) and is of particular importance for commanders and managers, as they have the most direct role in supporting personnel across their teams.

22. If stress is identified within work through the Individual Assessment and Stress Reduction Tool, personnel **should** discuss this with their commander or manager (or another commander or manager, colleague, HR / TU Rep and so on if it is more comfortable for the individual). The goal is to jointly use the Individual Assessment and Stress Reduction Tool to create a personalised Stress Action and Review Plan. This is to give both the individual and commander/manager a structure for deciding specific actions to reduce the likelihood of stress occurring and minimizing the level of stress experienced. Personnel can also request a colleague, MHFR or suitable HR / Trade Union rep to be present when completing this plan with their commander or manager.

23. A personalised Stress Action and Review Plan **should** enable personnel and their commander or manager to identify causes of work-related stress, explore solutions and review the effectiveness of any agreed control measures in reducing any identified workplace stressors.

Step 4 – Reviewing

24. This step is about reflecting on and reviewing the plans which have been put in place between personnel and commanders or managers, and making sure that MOD resources are utilised effectively when work-related stress does occur. Making sure that plans are reviewed helps to assure Defence's ongoing legal obligations to manage work-related risks to health and wellbeing.

25. Commanders and managers have a significant role in making sure that psychological health and wellbeing is considered a priority among personnel – in the same way that physical health and safety **should** be.

⁷ [Health and Safety at Work etc Act 1974, Section 2\(1\)](#) – “It shall be the duty of every employer to ensure, so far as is reasonably practicable, the **health**, safety and **welfare** at work of all his employees.”

26. In practice this means commanders and managers prioritising creating a safe, open working environment where personnel feel able to speak up and seek support if they are noticing their stress levels rising or are already feeling stressed.

27. Commanders and managers are not expected to diagnose or treat work-related stress and are not expected to be experts. However, commanders and managers **should** take any reports of work-related stress seriously and take actions to reduce the psychological harm of their team members. Making sure to listen to the individual who is experiencing high stress levels is vital in being able to understand what is causing the stress and what appropriate actions may be to remove or reduce it.

28. The Individual Assessment and Stress Reduction Tool is a living document. Personnel, in conjunction with the commander or manager that they set it up with, **should** book in regular joint review dates (along with a colleague, MHFR or suitable Welfare / Trade Union rep if applicable) to consider what is and isn't working. Additionally, stressors may need to be added or removed as working situations evolve.

29. All reviews **should** be recorded on the Individual Assessment and Stress Reduction Tool, with a new version completed once all review rows have been exhausted. Both the individual and relevant commander or manager **should** have access to a copy of the agreed Individual Assessment and Stress Reduction Tool (specifically the Stress Action and Review Plan).

Organisational Stress Risk Assessment Process

1. The Organisational Stress Risk Assessment (OSRA) **should** be conducted following the same methodology of any other safety risk assessment by following the 5 steps as detailed in [Chapter 8 \(Safety risk assessment and safe systems of work\) of JSP 375, Volume 1](#):
 - a. Step 1 – Identify the hazards.
 - b. Step 2 – Decide who might be harmed and how.
 - c. Step 3 – Evaluate the risks and identify suitable and sufficient control measures.
 - d. Step 4 – Record and implement findings.
 - e. Step 5 – Review the risk assessment and update if necessary.
2. The OSRA can be completed in whatever format is best for the Defence organisation. There is no 'one size fits all' and can be completed on anything from a standard MOD Form 5010 or completed as a more comprehensive report – as long as the end results are accessible to all personnel, and actions are followed through with, that is the priority.

Step 1 – Identify the hazards

3. Because the OSRA will be focused on a single hazard – work-related stress – this step is looking into the factors that exacerbate it. These can be specific factors to the organisation or more general factors. It can be helpful to link the factors to the management standards that are detailed across this policy chapter, which are also examined in the Institute of Naval Medicine stress audits:
 - a. **Demands** – the demands of the role.
 - b. **Control** – how much control personnel have over how they work.
 - c. **Support** – received from commanders or managers and colleagues.
 - d. **Relationships** – with others at work.
 - e. **Role** – how clearly understood their role is.
 - f. **Change** – how organisational change (regardless of size and scope) is managed and communicated in Defence.

Step 2 – Decide who might be harmed and how

4. Where possible, specific groups of people **should** be identified in this section. For example, if there is a restructuring project ongoing within the Defence organisation that will impact upon a certain profession, they **should** be identified, or if a site is scheduled for closure in the coming years, "All personnel at MOD Site" **should** be identified. Equally, if there is something more general or systemic that has been identified, "All / all civilian / service personnel" is an equally valid response.
5. The 'how', is more subjective and information can be drawn from staff surveys, interviews, and stress audits. These are likely to include indicators that are included in Annex B of this document.

Step 3 - Evaluate the risks and identify suitable and sufficient control measures

6. Evaluating the risk of a hazard across an entire Defence organisation is not as simple as evaluating the risk of a trip hazard in an office – there are many more variables, potential outcomes and the impacts are much more wide ranging.

7. Suitable and sufficient controls for organisational stress will likely be more procedural or managerial, with it being unlikely, but not impossible, for more practical measures to be implemented.

8. Further detail on the stressor categories are detailed in the table below, which can help inform potential controls. Across them all, a standard **should** be met that systems are in place locally and organisationally to respond to concerns.

Stressor – and the desired standard	What should be happening
Demands – personnel indicate that they are able to cope with the role demands.	<p>The Defence organisation provides personnel with adequate and achievable demands in relation to the agreed hours of work.</p> <p>Personnel are trained and provided with the right information to match the role demands.</p> <p>Roles should be within personnel's capabilities.</p> <p>Personnel's concerns about the working environment should be addressed.</p>
Control – personnel indicate that they are able to have a say in the way they go about their work.	<p>Where possible, personnel should have some control over the pace of their work.</p> <p>Personnel should be encouraged to use their skills and initiative to complete their work.</p> <p>Where possible, and funding allows, personnel should be encouraged to develop new skills to help them undertake new and challenging pieces of work.</p> <p>Where possible, personnel should have a say on when they take their breaks.</p> <p>Personnel should be consulted over their work patterns.</p>
Support – personnel indicate that they received adequate information and support from colleagues and superiors.	<p>The Defence organisation has policies and procedures to adequately support personnel.</p> <p>Systems are in place for commanders and managers to support personnel.</p> <p>Systems are in place for personnel to support their colleagues.</p> <p>All personnel are made aware of what support is available to them, and how to access it.</p> <p>All personnel can access the resources required to do their job.</p> <p>All personnel receive regular and constructive feedback.</p>
Relationships – all personnel indicate that they are not subjected to unacceptable behaviours (for example bullying at work)	<p>The Defence organisation promotes positive behaviours at work to avoid conflict and ensure fairness.</p> <p>Personnel share information relevant to their work (in accordance with JSP 440)</p> <p>The Defence organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour.</p>

	<p>Systems are in place to enable and encourage commanders and managers to deal with unacceptable behaviour.</p> <p>Systems are in place to enable and encourage personnel to report unacceptable behaviour.</p>
<p>Role – personnel indicate that they understand their role and responsibilities.</p>	<p>The Defence organisation makes sure that, where possible, the different requirements it places upon personnel are compatible.</p> <p>The Defence organisation provides information to enable personnel to understand their role and responsibilities.</p> <p>The Defence organisation makes sure that, where possible, the requirements it places upon personnel are clear.</p> <p>Systems are in place to enable personnel to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.</p>
<p>Change – personnel indicate that the Defence organisation engages them frequently when undergoing organisational change.</p>	<p>The Defence organisation provides personnel with timely information to enable them to understand the reasons for proposed changes.</p> <p>The Defence organisation guarantees adequate personnel consultation on changes and provides opportunities for personnel to influence proposals.</p> <p>Personnel are aware of the probable impact of any changes to their roles. If necessary, personnel are given training to support any changes in their jobs.</p> <p>Personnel are aware of timetables for changes.</p> <p>Personnel have access to relevant support during changes.</p>

Step 4 – Record and implement findings

9. There is no ‘one size fits all’ for an OSRA. As long as work-related stress is examined and evaluated across the Defence organisation, how those findings, including the suitable and sufficient controls, are recorded are secondary to making sure that those findings and controls are implemented.

Step 5 - Review the risk assessment and update if necessary

10. The OSRA **should** be reviewed regularly, with review periods for each action to be set when completing the initial OSRA. These incremental review periods would be entirely dependent on the specific action and could range from little as a couple of weeks to a year or longer. The overall OSRA **should** be reviewed at least annually.