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

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 People-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
1.4	11 Nov 25	Revision to Annex A to include possible alternatives to the MODified Stress Survey, addition of Annex D - Assurance checklist and separated annexes from the main policy.	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 GOV.UK.

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, establishment, 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 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 managing or supervising staff, planning 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 reservists and those under the age of 18 (for example recruits and apprentices).

b. applies to all 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) and at all times of the year.

d. is not written for young persons in the cadet forces[1], 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.

[1] Guidance for cadet forces is set out in JSP 814 (Policy and Regulations for Ministry of Defence Sponsored Cadet Forces).

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.

A chapter assurance checklist can be found at Annex D. Please note its use is not mandatory, but it can provide helpful evidence to assist in the assurance and conformance against the policy direction within this chapter.

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.

Equality Analysis

The policy in this Chapter has been subject to an equality analysis in accordance with the Public Sector Equality Duty and Departmental Policy.

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 duties[2], alongside any provision it may make for its treatment[3]. 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.

[2] 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.
[3] See DSA02-DMSR Defence Medical Services Regulations; Chapter 14 (Health Surveillance and Health Monitoring) of JSP 375, Volume 1; 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 Tool[4] 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.

[4] See 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 policy chapter). 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[5] of this chapter.

[5] 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; and

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; or

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 Chapter 16 (Safety Occurrence Reporting and Investigation) of JSP 375, Volume 1, 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 MOD Form 5001: 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 Chapter 16 (Safety Occurrence Reporting and Investigation) of JSP 375, Volume 1.

39. Commanders and managers **must** consider, and **should** promote, the use of the MOD Form 5001: 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 MOD Form 5001: 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 MOD Form 5001: 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.

7. The Six ‘mental health core 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.

8. 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.

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

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. Accountable persons **should** make sure that all personnel in their area of responsibility know what to do in a mental health emergency.

16. 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.

17. 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.

18. 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.

19. 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.

20. 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.

21. 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).

22. 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.

23. 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.

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

25. 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.

26. 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.

27. 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.

28. 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.

29. All Defence personnel **should** strongly consider participation in stress audits to help identify workplace stressors as participation benefits the whole of the Defence community.

30. 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; and

i. discuss issues with managers and colleagues, particularly where there are organisational and / or procedural changes.

31. 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.

32. 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)

33. 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 Phoneline

34. A dedicated 24-hour phoneline (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

35. 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)

36. 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

37. 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.

38. 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.

39. 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.

40. 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.

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

42. 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.

43. 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.

44. 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.

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

46. 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

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

Related documents

48. 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