

Guidance for Leaders Supporting your people with mental health



This introductory guide supports leaders to understand their role, know how to recognise mental health issues/unhealthy stress responses, and provide appropriate support.

Your role as a leader

Leaders have a responsibility to create positive workplaces (which can help prevent mental health issues), as well as provide appropriate support for any staff experiencing mental health challenges. This is part of a leader's wider Health, Safety & Wellbeing (HSW) responsibilities (for full details of HSW policy see the [policy document](#)). Below are some examples of what the leader role is (in the context of mental health), as well as what is not.

Examples of what is your role

- ✓ Fostering positive work environments which engender good mental health (i.e. creating a culture which is constructive, inclusive and supportive, and which values everyone's contributions).
- ✓ Noticing the signs of mental health challenges and/or of unhealthy stress responses in staff.
- ✓ Staying in regular touch with anyone you have concerns about.
- ✓ Talking with those affected about what support or ways forward would be useful (see p5).
- ✓ Connecting people with the appropriate support and resources (eg EAP).

Examples of what isn't your role

- × Being a counsellor or mental health expert
- × Diagnosing mental illness
- × Making any assumptions about whether signs or symptoms are related to an identified diagnosis

Noticing Stress Responses

Early action has been shown to reduce or prevent the possibility of decline, so it's important to know how to spot the signs. When considering this, the key is to **notice changes from the person's usual responses**, behaviours and defaults (eg asking "is that normal *for them?*")

Change in emotional reactions	Change in thinking	Change in behaviour
<p><i>such as an increase in:</i></p> <ul style="list-style-type: none">○ fear and anxiety○ anger and irritability○ sadness and despair○ emptiness or hopelessness○ disconnectedness○ withdrawing from favourite interests <p><i>and less:</i></p> <ul style="list-style-type: none">○ enjoyment in activities	<p><i>such as difficulties in:</i></p> <ul style="list-style-type: none">○ concentrating○ following complex instructions○ remembering○ communicating○ conversing including hesitation, silence, and broken sentences○ decision-making ability (eg become rigid or rash, have trouble with simple decisions)○ managing unhelpful/unwanted thoughts	<p><i>such as:</i></p> <ul style="list-style-type: none">○ reduced communication, withdrawing from others, being unavailable○ regular over or underworking, or work quality slipping○ putting reduced effort into appearance, health or diet○ fatigue or susceptibility to illness○ startling easily○ being overprotective, denying or avoiding○ taking greater risks eg speeding or careless driving or abusing substances○ emotional regulation (become very expressive <i>or</i> highly controlled)○ verbal pace (become very hyper/fast or very slow)

If you start to see repeated signs in any of your team or colleagues, let your HR Manager/Advisor know and refer people to [EAP](#) for professional support

A bad day vs mental ill-health?

Experiencing pressure is a normal part of life, and as humans we all respond in different ways. Most of us will have had times when we have experienced small-scale and/or temporary stress responses. There may be other instances though when stress responses become more pronounced or sustained, and/or where a mental health issue is identified. These instances are likely to require more dedicated support. Whilst your role as a leader isn't to diagnose, sometimes it can be challenging to know the difference between some 'bad days/bad reactions or something more serious. The table opposite can help you with noticing the difference.

	HEALTHY	REACTING	INJURED	ILL
MOOD	Normal mood fluctuations; Calm & takes things in stride	Irritable/impatient; Nervous; Sadness/ overwhelmed	Anger; Anxiety; Pervasively sad/ hopeless	Angry outbursts/ aggression; Excessive anxiety/panic attacks; Depressed/suicidal thoughts
ATTITUDE	Good sense of humour; Performing well; In control mentally	Displaced sarcasm; Procrastination; Forgetfulness	Negative attitude; Poor performance or workaholic; Poor concentration/ decisions	Can't perform duties/control behaviour or concentrate; Engaging in behaviours which appear to be markedly out of character
SLEEP	Normal sleep patterns; Few sleep difficulties	Trouble sleeping; Intrusive thoughts; Nightmares	Restless disturbed sleep; Recurrent images/nightmares	Can't fall asleep or stay asleep; Sleeping too much or too little
PHYSICAL HEALTH	Physically well; Good energy level	Muscle tension/headaches; Low energy	Increased aches and pains; Increased fatigue	Physical illnesses; Constant fatigue
ACTIVITY	Physically and socially active	Decreased activity/socialising	Avoidance; Withdrawal	Not going out or answering phone; Changes to appetite (increased or decreased)
HABITS	No/limited drug and alcohol use/gambling	Regular but controlled drug and alcohol use/gambling	Increased drug and alcohol use/gambling-hard to control	Frequent drug and alcohol or gambling use-inability to control with severe consequences; Out of character decision making e.g. spending

Appropriate support – What to do

Supporting responses

- Get to know your people.
- Spend time with your people collectively and individually.
- Watch for significant behaviour/ performance changes.
- Support, intervene, consult.
- Foster a healthy work environment, and identify and manage unhealthy situations.
- Address unacceptable behaviour.

Support mechanisms

- Discuss supportive options or ways forward that might be useful eg taking some sick leave, having a buddy/peer to keep in touch with.
- Inviting people to think about what support systems they can lean on (whether home, whānau, friends, at work or in the community).
- Encourage people to use support systems established within the university (including EAP).
- Encourage peer support.

Broader leadership practices

- Continue normal working routines. Create/support activities that re-establish a sense of control, eg regular structured meetings.
- Ensure updates and information are disseminated as regularly as possible.
- Encourage talking about how you are going and mental health in your team, and make it ok to not be ok.
- Set examples of healthy coping behaviours.
- Wherever possible keep existing reporting or management arrangements.
- Invite ideas for making the workplace better.

Don't

- × diagnose or label.
- × ignore the situation and hope it will go away.
- × allow the team member to isolate themselves.
- × lose touch with team members receiving medical care.
- × try to be their best friend.

Appropriate support – Conversations

Source: [NZ Govt H&S guide for leaders \(particularly chapter 3\)](#)

Be visible and available, but don't intrude.

Listen, rather than talk.

Accept the response you get and allow people to be upset.

Allow people to express concerns if they have any.

Show your interest in the person and their family, not just the situation.

Helpful Comments

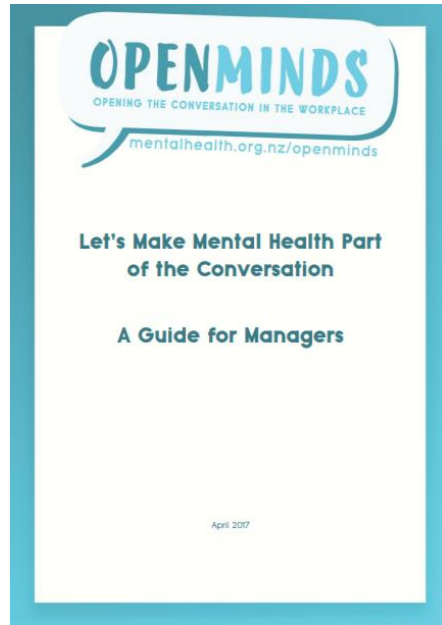
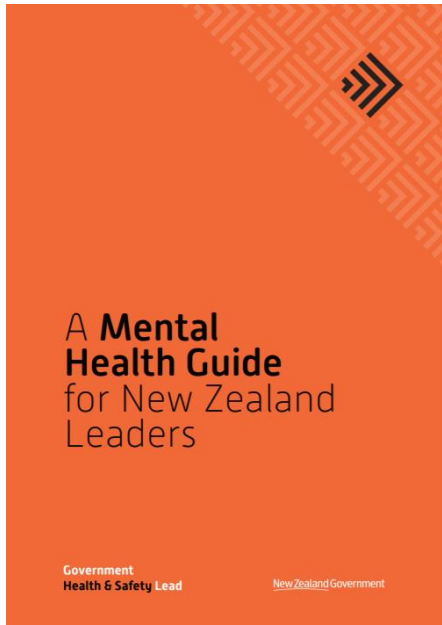
- 'You're not alone in this'
- 'You are an important part of our team'
- 'I'm here to help you support you as you deal with this'
- 'Tell me a bit more about what is going on for you'
- 'Your wellbeing is important. Lets make a time to talk when we won't get interrupted and I can give you my full attention.'

Unhelpful Comments

- 'It's all in your head'
- 'We're all under the pump'
- 'That stuff is all in the past, get over it'
- 'Stop feeling sorry for yourself'
- 'Snap out of it'
- 'What about xx, he's worse off than you'
- 'No one ever said life was fair'
- 'Take a harden-up pill'

Source: [NZ Govt H&S guide for leaders](#)

Additional Resources



UoA Mental Health & Wellbeing page
Links to a wealth of resources

Career Tools



H&S: The role of a leader (workshop)



(Click on images for hyperlinks)

Alternatively, to talk through options or specific issues contact your HR Manager/ Adviser.