



COMMONWEALTH PARLIAMENTARY ASSOCIATION

**MENTAL HEALTH TOOLKIT
FOR COMMONWEALTH
PARLIAMENTS**



About the CPA

The Commonwealth Parliamentary Association (CPA) connects, develops, promotes and supports parliamentarians and their staff to identify benchmarks of good governance and the implementation of the enduring values of the Commonwealth. The CPA collaborates with parliaments and other organisations, including the intergovernmental community, to achieve its statement of purpose. It brings parliamentarians and parliamentary staff together to exchange ideas among themselves and with experts in various fields, to identify benchmarks of good practices and new policy options they can adopt or adapt in the governance of their societies.

About the author

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Forewords

In all workplaces today, it is imperative to prioritise mental health and well-being. We all need skills to navigate stresses and challenges in the workplace, and to access work-specific resources to help ensure people feel supported and cared for. The World Health Organization defines mental health as *“a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, work productively and make a contribution to his or her community.”*

Given the worldwide decline in overall mental health, a toolkit that emphasises a one-size fits-all-approach is insufficient, and Parliaments need to consider the unique risk and protective factors in their specific jurisdictions.

It is therefore timely that the CPA has developed a mental health toolkit to support member Branches to develop better mental health policies and practices in our parliamentary workplaces. Some of the evidence that drove the development of this CPA mental health toolkit was the recognition that there are mental health challenges within parliaments. The Parliament of Canada enables the Canadian Mindfulness Advisory Group to support the selection and standardisation of mindfulness training for Canadian Members of Parliament and parliamentary staff. This assists Parliamentarians and parliamentary staff in developing the ability to regulate emotions and decrease stress and anxiety. The Parliament of Australia established a Select Committee dedicated to mental health and suicide prevention. In the United Kingdom, a 24/7 counselling helpline became accessible in 2018 for Members and staff of the House of Commons, as well as the House of Lord’s administrators. Between 1 May, 2020, and 30 April, 2021, at least, 1,073 calls were made to the helpline. In Aotearoa, New Zealand, we developed the cross-party mental health and addictions wellbeing group in 2019 recognising in part that we as Parliamentarians also need specific support to address our particular workplace stresses.



**Louisa Wall, Member of the
New Zealand Parliament
Pāremata Aotearoa**

Parliament is a particularly demanding environment, and a 2016 study found that UK House of Commons Parliamentarians have higher rates of mental health problems than the wider UK population. With an estimated 1 billion people worldwide currently living with a mental disorder, considered and specific workplace action is needed. Mental unwellness is becoming a more recognised and acknowledged health issue than ever before, and many Parliaments are recognising the need to take steps to strengthen and promote mental health.

This CPA Mental Health Toolkit has been designed to give advice, guidance and to provide education on how institutions can improve their response to mental health matters. And in the current climate, it is also important to consider the impact of COVID-19 on Parliaments’ responses to mental health. As an Parliamentarian, I appreciate the inclusion of practical approaches for Parliaments to consider based on relevant parliamentary case studies and techniques parliaments can employ for the promotion of mental health and well-being.

These examples show the commitment across the Commonwealth to advocate for better mental health support in parliamentary institutions. This toolkit will seek to build upon this existing work, as well as provide recommendations for additional mental health strengthening.

Unsupported workplace mental health challenges have a significant adverse impact on all of us and impacts on relationships both at work and at home, thus affecting our quality of life. Therefore, we should continue to focus on mental health promotion, prevention and treatment programmes and develop work-based approaches to reduce the prevalence of these impacts.

Thank you to the author of this CPA Mental Health Toolkit for providing a resource to specifically address parliamentary workplace stresses and challenges. We need to better understand the risk factors and the protective factors to keep ourselves and those we work with mentally fit and well to undertake our duties as parliamentary representatives.



This publication has been produced under the auspices of the CPA's Commonwealth Parliamentarians with Disabilities (CPwD) network. In recognising the need to increase the representation of persons with disabilities in political institutions, the CPwD network was established in 2018 to facilitate activities and programmes to champion and increase the representation of persons with disabilities in Commonwealth parliaments and to work towards the mainstreaming of disability considerations in all CPA activities and programmes.

The CPwD network adopts the following definition from the United Nations Convention on the Rights of Persons with Disabilities:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

In accordance with this definition, the CPA Secretariat recognises long-term mental health issues as disabilities and, with this in mind, has produced this Toolkit for Commonwealth Parliaments.



There is growing local and international awareness of the importance of mental health for all citizens, particularly in the context of the COVID-19 pandemic. This toolkit is a resource to guide, advise and educate the Commonwealth Parliaments on how to protect and promote the mental health and well-being of Parliamentarians and support staff.

Drawing on international best practice, the toolkit begins by describing optimal methods for confidentially identifying mental health needs among Parliamentarians and support staff through screening, monitoring of service utilization and surveys. It goes on to set out systemic initiatives that can yield mental health benefits through creating a mentally healthy work environment, such as addressing workplace harassment and bullying, robust induction and training, creating a culture of constructive communication and support when leaving the office. The toolkit then describes a range of organisational support systems such as employee assistance programs, occupational health services, peer support, mental health first aid and awareness campaigns. Next, self-help resources are provided, including online cognitive behavioural therapy, and mindfulness exercises, including through digital delivery in an app. Self-help is an essential ingredient of the toolkit, in line with World Health Organization recommendations for an optimal mental health service mix. The final sections of the toolkit set out requirements for constituent support, and monitoring and evaluation systems. This comprehensive and balanced approach is essential to address the systemic drivers of mental health problems in organisations and create opportunities for tailored responses (including self-help) for those with mental health needs.



Dr Crick Lund, Professor of Global Mental Health and Development at King's College London

The Commonwealth Parliamentary Association mental health toolkit is an excellent example of best practice and is in keeping with the statement by many global mental health advocates that “*there is no health without mental health.*” The toolkit is particularly timely in the context of the COVID-19 pandemic which has precipitated a significant increase in the prevalence of depression and anxiety disorders in countries around the world. In particular, the pandemic has amplified the effect of known risk factors for mental health conditions through social isolation, loss, uncertainty and physical illness. The toolkit speaks to the important role of key protective factors in mitigating the mental health consequences of the pandemic, such as social support, education and empowerment.

The toolkit is important for its two distinct primary audiences: the Legislature – by providing the systemic mechanisms to enable the optimal functioning of Parliament; and the legislators, by addressing the drivers of their mental health and optimising systems of care and support to those in need.

The Commonwealth Parliamentary Association is to be congratulated on its pro-active and systematic approach to mental health. The many resources that are made available through this toolkit will not only protect and promote the mental health of Parliamentarians and support staff in Commonwealth Parliaments but serve as an example of best practice for legislatures and their Members around the world.



Introduction

Mental health resides at the core of our wellbeing and significantly influences our ability to function in our families, communities, and occupations. It also affects our capacity for general self-care and achieving and maintaining good physical health¹⁻³. There can be “no health without mental health”⁴⁻⁷. The World Health Organisation (WHO)⁸ defines mental health as “*a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*”

The COVID-19 pandemic has introduced unprecedented stresses to the mental health of people across the globe and at all levels of society⁹⁻¹⁵. Parliamentarians, who have often been at the forefront of the response to a pandemic with pervasive consequences, have undoubtedly also been confronted by these challenges to mental health, both in their professional and personal lives. One of the comments received on the CPA’s survey during the development of this toolkit brings into focus the pandemic’s impact:

“The pandemic’s major fall out has [caused] ...mental agony ...at [the] individual, family and societal level. Aside from personal affliction and lingering after effects of the disease, bereavement at [the] personal and family level has taken a heavy mental toll and caused immense anxiety. India has been no exception to this phenomenon experienced world wide.”¹⁶

The COVID-19 pandemic presented sudden, unusual burdens of bereavement following the loss of loved ones, jobs, and personal freedoms for millions of people the world over. Uncertainty about personal safety, that of loved ones, job and financial security, and appropriateness of government and public health interventions, further contributed to mental health strain. Public health interventions also restricted usual personal freedoms and coping mechanisms that are known to preserve good mental health, such as leisure activities^{17,18}, socialising¹⁹, and physical exercise^{13,20}. A recent study found that the disruption in physical activity was a leading risk factor for the development of depression during the pandemic¹⁰.

The pandemic and its ramifications have been found to increase occurrences of sleeping problems^{10,21}, depression^{13,14,22}, anxiety^{11,13,14,22}, substance misuse¹⁵ and suicidality^{15,23}, and further evidence of the rising mental health fall-out from the pandemic is rapidly building.



The COVID-19 pandemic has both brought into focus and accelerated the significant mental health burden at all levels of society, with low and middle income countries experiencing the extremes of mental health burden and lack of adequate mental health support. However, a growing burden coupled with a significant gap in mental health care and support to address this burden are themes of mental health experiences across the socio-economic spectrum²⁴⁻²⁶.

Parliamentarians may be confronted with mental health problems through various avenues. These include their constituents, colleagues, management, staff, their personal social circles, and themselves. Research suggests that even during usual circumstances, Parliamentarians tend to suffer a higher mental ill health burden compared to the general population, and those in comparable sociodemographic groups²⁷.

In a 2016 study of mental health in Members of Parliament in the United Kingdom (UK) House of Commons, only 24% had no indication of mental ill health, while 42% of respondents had less than optimal mental health, and nearly 34% were found probable to have mental ill health²⁷. In a 2008 report²⁸ on mental health in the UK Parliament, 94% of survey respondents had friends or family who had experienced a mental health problem. This number was significantly higher than that of the general population at the time (63%)²⁸. Aspects specific to Parliamentary life, such as time and workload pressures, regular travel and time away from home, and challenges in maintaining a healthy work-life balance, may all contribute to this²⁹. Additional challenges arising from living in the public eye, such as the

risk of harassment and stalking^{30,31} and intrusive media scrutiny³²⁻³⁴, may further compromise the mental health of Parliamentarians. Along with other factors such as stigma, the lack of privacy may also contribute to the underutilisation of existing mental health support services for Parliamentarians²⁷.

The mental health of any person has far-reaching consequences in all spheres of their life, including workplace performance. The same is true for Parliamentarians. Decision-making capacity and the ability to concentrate, perform complicated tasks, successfully interact interpersonally, and to apply appropriate risk aversion, are all linked to one's mental health^{30,35-37}. Given the profound impact of Parliamentary decisions and performance on the wellbeing and welfare of their constituents, it follows that the mental health of Parliamentarians may ultimately influence the health of our democracies³⁰.

Despite the unique mental health stressors faced by Parliamentarians, and the obvious importance of their mental wellbeing in the fulfilment of their duties, relatively little research has been published on this subject^{27,30}. While there are some examples of mental health awareness and support in Parliaments within the Commonwealth, there appears to be room for improvement. This toolkit will showcase some of the existing initiatives, and provide guidance on implementing support strategies to promote the mental health of Parliamentarians and support staff at various levels of the organisation.



Importance and Rationale for Parliaments to Promote Mental Health: Parliamentarians and Support Staff face unique challenges

Given the far-reaching implications of an Parliamentarian’s mental health, the case for effective mental health support strategies in Parliaments is strong. Mental health promotion is important in any place of work, and Parliament is no exception. The European Commission’s 2017 Guidance on Implementing a Comprehensive Approach for the promotion of mental health in the workplace³⁸ lists, among others, the following reasons for managing mental health in the workplace:

- The burden of mental illness is rising;
- There may be a legal obligation to protect and promote the mental health of workers;
- Mental health problems and illness are increasingly causing absences from work;
- These absences tend to last longer than those from other types of illness;
- The workplace is a conducive setting for the intervention and promotion of good mental health;
- “Good quality work promotes good mental health and wellbeing”;
- Mental health promotion may “help employers to meet the principles of the social contract”;
- “Interventions targeted at the individual to improve mental health and wellbeing are cost effective”; and;
- “Managing return to work is increasingly the responsibility of/beneficial to employers in many countries”

The development of mental ill health is influenced by a number of factors including environmental or workplace stressors, individual predisposition, resilience, coping skills and support, and stressors outside of the workplace, such as personal relationship conflict and other illness. According to the WHO Regional Office for Europe³⁹, workplace factors that may contribute to the development of mental ill health include those listed in Figure 1 below. Several of these factors may be prevalent in the parliamentarian work environment:

Figure 1: Sources and causes of stress and stress-related illness at work³⁹

Sources and causes of stress and stress-related illness at work³⁹

- high demands and low control;
- lack of control and poor decision-making latitude;
- low social support;
- imbalance between effort and reward;
- monotony;
- poor communication and information;
- unclear or ambiguous instructions and role, unclear organisational and personal goals;
- lack of participation;
- emotionally distressing human services work such as health care or teaching;
- job insecurity;
- time pressure;
- bullying, harassment and violence; and;
- organisational change.



Whilst acknowledging the paucity of research on Parliamentary mental health, researchers Flinders et al³⁰ proposed a framework for the understanding of the various stressors specifically experienced by parliamentarians. The framework divides these stressors into three levels, namely macro (cultural), meso (institutional), and micro (individual):

Table 1: Key stressors on politicians, with kind permission from Oxford University Press³⁰

	Stressor	Meaning
1. Macro-level (cultural)	1.1 Expectations	High expectations but limited resources and capacity to deliver
	1.2 Distrust	Intense scrutiny of politicians with focus on sensationalism and negativity, as well as forms of public accountability, blame and threat.
	1.3 Political labour	Political labour reflects dissonance between personal and politically required views, carrying a potential personal and professional toll.
2. Meso-level (institutional)	2.1 Organisational Culture	Majoritarian politics is competitive; added challenges include lack of clarity around organisational procedures and induction.
	2.2 Leadership	The impact of leadership style and of responsibility for appropriately handling crises and daily demands.
	2.3 Temporal	Electoral cycles provide limited time to enact change; the impact of job loss and an uncertain future after politics.
3. Micro-level (individual)	3.1 Lifestyle	All-encompassing, featuring long working hours. The psychological strain of political life is often felt in family life and relationships.
	3.2 Control	Limited influence over many job-related factors, lack of control over events and also conflicting professional loyalties.
	3.3 Skills	Availability of appropriate training and support to strengthen competence, although reluctance to prescribe a 'right way' to be a politician.

On the “macro”, “cultural” level, the authors describe a tension between pre-election promises and post-election fulfilment, and the “can-do” attitude that is likely to attract votes but increase the gap between these promises and the realistic capacity for their fulfilment. Unmet expectations may result in feelings of anxiety, inadequacy, distrust and powerlessness for those tasked with their fulfilment. The “low-trust high-blame environment” that typically characterises modern democratic Parliaments, may have significantly detrimental effects on the psychological wellbeing of Parliamentarians and support staff. Politicians may feel constantly on their guard and isolated, with few support structures available to them³⁰.

With increasing attempts at making Parliamentary activities more transparent and accessible to constituents in a bid to promote accountability³⁰, Parliamentarians are exposed to constant scrutiny and increased accessibility from constituents, and may spend a significant proportion of their time engaging directly with the constituency, while juggling the other demands of their Parliamentary duties⁴⁰. It seems that the increased transparency, however, has been exposing Parliamentarians to intensified “popular cynicism, a disinterested and hyper-critical commercial media, and the immediacy of snap online reprimands”³⁰.

With increased ease of accessibility through online and other channels, stalking and harassment of politicians have become common. A survey conducted amongst Parliamentarians in four different countries³¹ found high rates of harassment. In the UK survey respondents, 81% had experienced intrusive or aggressive behaviour. This figure was 87%, 93% and 85% in New Zealand, Queensland and Norway, respectively³¹ (see Figure 2). In the UK sample, serious violations were common: 18% of respondents had been subjected to attack or attempted attack, 22% had experienced intentional damage to their property, and 42% had experienced threats of harm³¹.

The murders of UK Parliamentarians Jo Cox in 2016⁴¹ and Sir David Amess in 2021⁴², and the alleged assassination attempt in 2021 on Mohamed Nasheed, the former Maldives President and current Speaker of Parliament⁴³, further highlight the risk of physical harm to politicians and support staff through association with their Parliamentarian duties.

The experience or threat of harassment, stalking or violence may lead to profound psychological effects, including post-traumatic stress disorder, depression, fear, anxiety⁴⁴, and avoidant behaviour which may include altered social engagements and intensified security precautions^{30,45}. In a further analysis⁴⁵ of the UK survey³¹, support for Parliamentarians who had fallen victim to stalking or harassment was found wanting. Respondents reported dismissive attitudes from police, and 85% indicated a need for advance advice on dealing with intrusive behaviours during induction or security briefings⁴⁵.

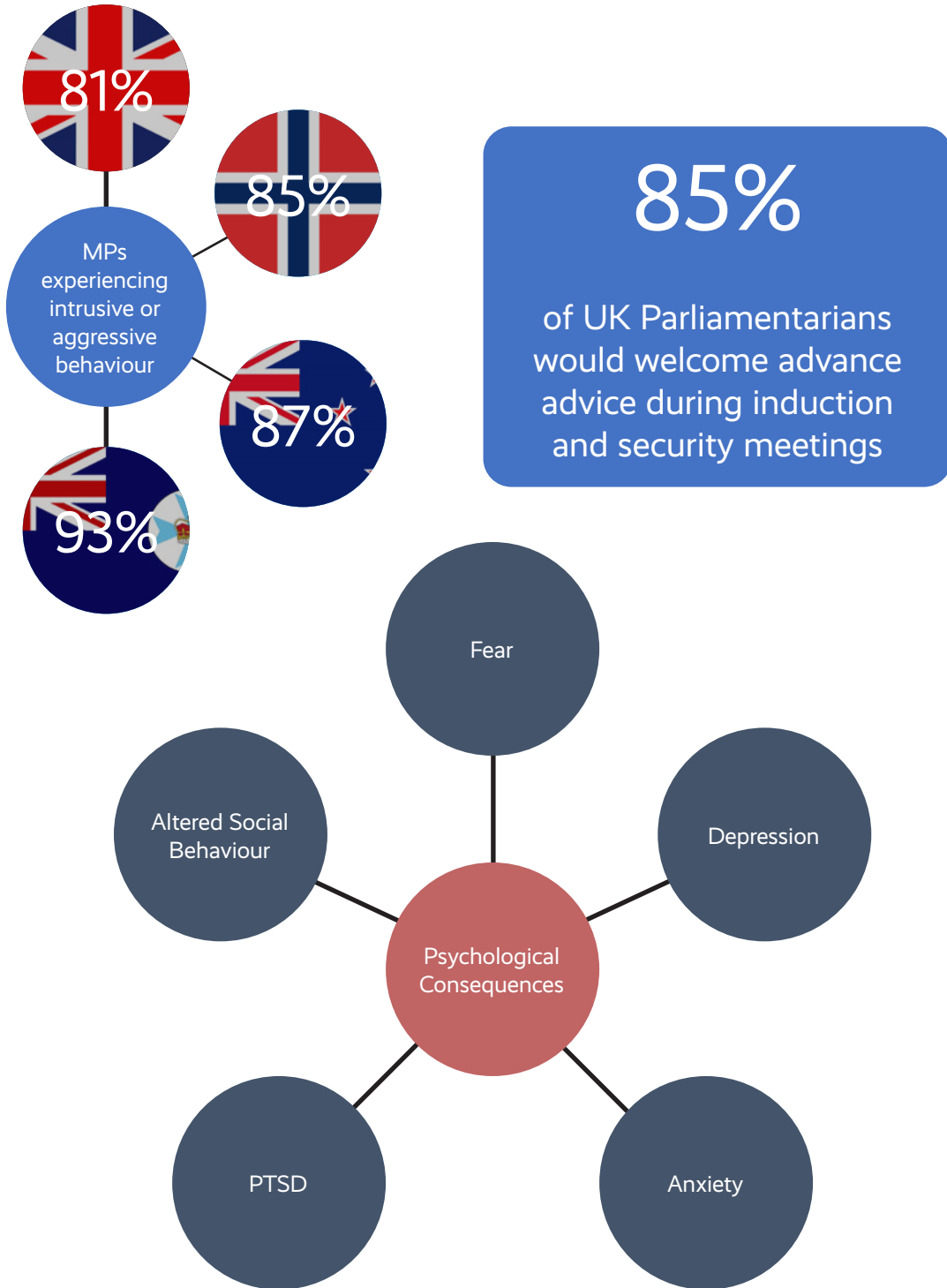


Figure 2: Prevalence and impact of harassment and stalking of Parliamentarians^{30,31,44,45} (PTSD: Post-traumatic stress disorder)

A third, macro-level stressor for politicians as described by Flinders et al³⁰, relates to the potential conflict between personal, party, constituency and greater public morals and demands which result in “political labour” or “emotional labour”, which in turn may be associated with burnout³⁰. At a “meso-level”, Flinders et al³⁰ note three key aspects in the promotion of psychological wellbeing in an organisational environment:

- Adequate induction and/or support frameworks³⁰;
- An open professional culture in which the existence of weaknesses or insecurities can be openly discussed and constructively addressed³⁰; and
- A workplace environment in which people are not subject to threats, coercion, intimidation, aggressive behaviour, sexism or bullying³⁰.

Existing literature suggests that some Parliaments may be failing on all three accounts. The lack of adequate induction for Parliamentarians and staff entering Parliament is described in several sources ^{29, 46, 47}. The competitive nature of the Parliamentary environment⁴⁸ may lend itself to the exploitation of insecurities and weaknesses as opposed to constructive remedies. Lastly, instances of bullying, harassment and sexual harassment are well described in some Parliaments⁴⁸⁻⁵³. Given the pervasiveness of workplace bullying and harassment in general^{54,55}, and especially where imbalances of power are stark^{56,57}, such as is typical in the parliamentary environment⁴⁸, it is reasonable to suspect its regular occurrence in other parliaments too.

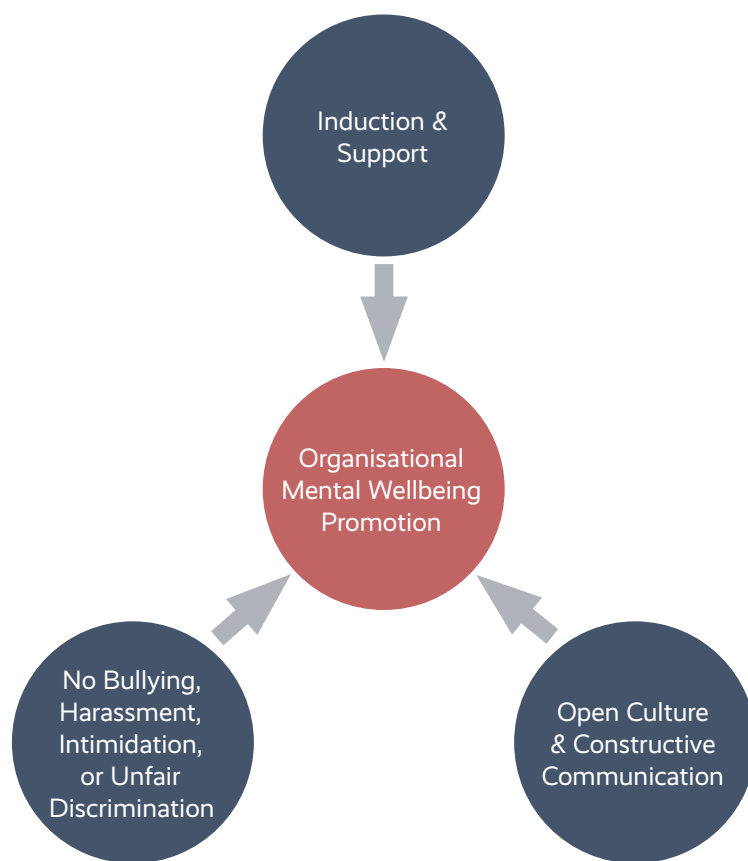


Figure 3: Key aspects of mental wellbeing promotion in an organisation³⁰

Job insecurity and uncertainty and the aftermath of losing a seat constitute the “temporal stressor” described by Flinders et al³⁰. A report on a survey of members of the Association of Former Members of Parliament in the UK⁵⁸ noted surprise and humiliation when losing a seat in office, especially doing so in front of the media and supporters of the opposition. Some respondents reported a profound sense of loss and prolonged grieving, and difficulty in entering the job-market after leaving Parliament. The aftermath was also accompanied by health problems, including depression, sleeping problems and exhaustion, and emotional distress for family members⁵⁸.

Turning the attention from the broader challenges discussed above to the individual, Flinders et al³⁰ also describe psychological stressors for Parliamentarians and support staff at the “micro-political” level. These include relatively long working hours compared to other professions: in a 1992 survey of UK Parliamentarians, 40% of Parliamentarians worked between 55-70 hours per week, and 41% worked more than 70 hours per week²⁹. Job stress, however, is not limited to formal working hours. Several respondents reported that they had found it difficult to “switch off” at home, and almost 75% indicated that interpersonal arguments at home had been made worse by work stress²⁹. Longer travelling times to and for work were associated with poorer mental and physical wellbeing²⁹.

Another stressor at the micro-political level is the lack of control³⁰ inherent in the solving of complex problems such as those regularly confronting Parliamentarians. As per Flinders et al³⁰,

“the specific requirement of politicians to implement reform, deliver public policies or prevent terrorist attacks highlights how politicians exist in a social milieu fraught with challenges to exercising control.”

A perception of low control has been shown to have detrimental effects on mental health⁵⁹⁻⁶¹, and politicians are no exception³⁰.

Finally, a lack of skills necessary to successfully navigate the demands of a career in politics may create an additional emotional burden for Parliamentarians and support staff. Flinders et al³⁰ point out the limited formal training generally available to Parliamentarians. Skills in critical thinking, resilience, negotiation, networking, advocacy, “using organisational procedures”, and the ability to influence and persuade, are all necessary for effective political work³⁰, and not necessarily mastered by all Parliamentarians, especially those new to Parliament.

In addition to political skills, other skills may also be lacking and influence the ability of Parliamentarians and support staff to meet the demands of their jobs, resulting in emotional distress. A recent report by the South African Institute of Government Auditors (SAIGA) noted that basic computer skills were lacking in about 62% of councillors, rendering them incapable of passing important municipal budgets⁶². Where important skills are lacking, tension may arise between public servants and their colleagues, their constituents, and they themselves may experience feelings of inadequacy and distress.



Figure 4: Important Political Skills to Consider in Training and Induction Programmes for Parliamentarians³⁰



A Legal and Moral Duty

Whilst the previous section advances a rational and moral duty to promote and protect the mental health of Parliamentarians and parliamentary support staff, there are legal obligations to be considered as well. Legislation regarding occupational health and safety (OHS) across Commonwealth countries typically impose a duty of reasonable care and protection of worker health and safety. It is important that mental health be included in the broader definitions and considerations of 'health and safety' in the occupational context. There appear to be loopholes in the legal OHS obligations of some Parliaments, where staff may be excluded from certain protections under broader employee health and safety legislation, and Parliamentarians are technically not employed but regarded as individual, elected office holders⁴⁸, and may consequently not enjoy protection under OHS legislation. A further complicating factor is the division of support staff between parliamentary employees and those employed by Parliamentarians, which may frustrate the implementation of universal policies or support structures. Where the legislation does not strictly apply, an internal policy may be a useful device to fill the gaps to ensure adequate protection and support for the mental and other health and safety of Parliamentarians and support staff. Where practical, such a policy or at least its principles should be universally applicable to all workers.

PARLIAMENTARY CASE STUDIES:

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

Informed by the *Work Health and Safety Act 2011* (WHS Act), the Legislative Assembly for the Australian Capital Territory aims to instil a workplace culture that “*promotes good health and wellbeing*”, and to “*facilitate work as part of recovery when illness or injury occurs*.”

The ‘Workplace Injury Prevention Policy Statement’, endorsed by the new leadership at the beginning of each Assembly, recognises that “all Members, and the Clerk, are a ‘Person Conducting a Business or Undertaking’ under the WHS Act”. “The Policy Statement also recognises the broad legislative requirements and responsibilities that apply to the Assembly workplace under the WHS Act to provide and maintain a safe workplace and safe systems of work for all workers”.

The Assembly has a Health and Safety Committee (HSC) which serves as the primary communication channel for Assembly workers and “is responsible for considering relevant work health and safety matters, assessing relevant health and safety risks, and monitoring the implementation of appropriate treatments to bring risks within an acceptable level of tolerance”. The HSC is “chaired by the Executive Manager, Business Support, Office of the Legislative Assembly and includes representatives of the Office, the ALP, the Canberra Liberals, the ACT Greens, and the relevant union.”

The Assembly’s Health, Safety and Wellbeing Plan, endorsed by the HSC, provides guidance on the Assembly’s approach to workplace health, safety and wellbeing. Strategies in this plan include “providing preventative programs to educate staff in reducing the impact of injuries - physical, ergonomic, and psychosocial injury; and promoting participation and support initiatives that enhance physical, mental, health and wellbeing”.

“The HSC also reviews the Assembly’s Health and Safety Risk Register on an annual basis. The Risk Register applies a risk management framework to develop and implement practical solutions to reduce risk levels across the Assembly. Psychosocial risks, including those associated with confronting material that is dealt with in the Assembly/committees, are identified, and appropriate measures are discussed, implemented and monitored”.

UK HOUSE OF COMMONS

Excerpt from a report on Bullying and Harassment of House of Commons Staff⁴⁸:

“The House staff are not civil servants but are employed by the House of Commons. They are formally appointed by the Commission, which is responsible for their pay and conditions but delegates to the Board the task of ensuring that staff terms and conditions are consistent with the Commission’s statutory duties. The House of Commons Administration Act 1978 provides that those terms and conditions must be kept broadly in line with the Home Civil Service. The Staff Handbook states at Chapter 2, paragraph 1.2 that, “Parliamentary staff are excluded from some aspects of employment legislation. However, wherever reasonably practicable, the House seeks to reflect the provisions of employment law even in cases where the legislation does not strictly apply.” The employment provisions of the Equality Act 2010 apply expressly to staff employed in the House of Commons”.



Interventions aimed at improving and maintaining mental health can be implemented at primary, secondary and/or tertiary stages of ill health⁶⁴. Primary interventions aim to mitigate or avoid exposure to risk factors and prevent the development of first occurrences of ill health. Secondary interventions aim to reverse or slow the progression of ill health or build personal resources and resilience, and minimise the severity of illness through early detection and effective treatment⁶⁴. Tertiary interventions focus on rehabilitation, recovery, relapse prevention, maintenance and reintegration into usual social and occupational functions⁶⁴.

Interventions can also be implemented at various levels, ranging from the organisation to peers within the organisation, and individual support and self-care. A successful mental health support strategy for Parliamentarians and support staff should strive to encompass all of these levels, and take into account the need for intervention and support at primary, secondary and tertiary stages of mental ill health.



A. Recognising needs and prioritisation

Prioritisation and commitment are required from the relevant decision-makers within an organisation to ensure the successful implementation and maintenance of an effective mental health strategy. In 2021, the CPA surveyed Commonwealth Parliaments regarding their current and future needs and interventions for mental health support for Parliamentarians and support staff. Among the survey respondents, nearly 50% of Parliaments characterised the need for support as “high”. Smaller Parliaments tended to indicate less need.



In the absence of a proactive mental health support strategy, the mental health needs of Parliamentarians and support staff may go unnoticed. A recent report by McKinsey and Company⁶⁵ indicated a significant disconnect between employer and employee perceptions regarding mental health needs. They found that 65% of employers considered employee mental health support as ‘well’ or ‘very well’, while only 51% of employees agreed. In terms of improving access to treatment for mental illness, only 31% of employers considered it a priority, while 67% of employees reported challenges in accessing care. Only 23% of employers indicated that they had implemented anti-stigma and/or awareness campaigns, while nearly 80% of employees indicated that such campaigns would be valuable⁶⁵.



Some of the challenges involved in accurately assessing the need for mental health support include the absence of formal reporting procedures, lack of active case finding, and reluctance of persons who require support to ask for help or disclose their challenges. Stigma against mental health problems remains a significant barrier to disclosure and help-seeking^{66,67}. Even when good support structures are in place, sufferers of mental ill health may avoid using them for fear of unfair discrimination, lack of knowledge about treatment options and potential outcomes, or stigma⁶⁸⁻⁷¹.

The following strategies may assist in assessing the need for mental health support among Parliamentarians and support staff in your Parliament:

<h3>1. Screening</h3>	<ul style="list-style-type: none"> • Screening for mental ill health indicators can be included as part of general health screening, e.g., wellness days. Ask your 'wellness service' provider* to include basic screening questions on mental health, workplaces stress, and/or burnout. • Self-screening with anonymous aggregate reporting may be used to measure the burden of mental ill health amongst Parliamentarians and support staff. This can be organised through an external partner like an Employee Assistance Programme provider (see Employee Assistance Programmes (EAPs) on p.27 & the section on Screening Tools on p.19 for more information). • Consider including common mental health disorders such as depression and anxiety, sleep disturbances, related absenteeism and substance misuse in your screening questions. Substance misuse may be a particularly significant problem in some Parliaments³⁰, and supporting its management should be part of your mental health strategy.
<h3>2. Tracking/ reporting the use of services</h3>	<p>Review regular reports from your in-house mental and/or occupational health service providers or external partners to assess the extent of mental health support accessed. This may serve as a proxy measure for the need in your Parliament.</p>
<h3>3. Survey</h3>	<p>Survey results can offer useful baseline indicators and can be used in continuous monitoring. Consider the rate of staff turnover to decide on the frequency of surveying. Aim to assess key aspects regarding culture (organisational prioritisation of mental health), comfort (in disclosing needs for mental health support), access (knowledge about and accessibility of support), contributors (workplace stressors on mental health) and current need (symptoms and signs of mental ill health)²². See Figure 5 on the following page for examples of questions to include in your survey.</p>

*Wellness services in the workplace are typically provided by occupational health service providers or employee assistance programme (EAP) providers. Wellness services focus on screening and basic advice for the prevention, detection and management of common health problems. See the section on Employee Assistance Programmes (EAPs) on page 27 of this Toolkit for more information.



Figure 5: Workplace Mental Health Survey Questions Examples

Examples of workplace mental health survey questions:

How would you describe the priority given to mental health support for Parliamentarians and support staff in [your Parliament]?

- Low
- Moderate
- High

Rate (as low, moderate, or high), your level of comfort in speaking about mental health challenges with your...

- your peers
- your manager
- your staff
- your Human Resources representative

What mental health services can you currently access?

[you may specify details here of your specific service providers/partners]

Rate (as low, moderate, or high), your knowledge about how to access support from [specify your mental health support service provider/partner/access point] and what type of support they offer?

Which current workplace factors in [your Parliament] do you think may contribute to unhealthy stress/burnout/mental ill health for you? Consider factors like autonomy, workload, working/traveling hours, management styles, job security, and job control.

Rate the negative effect that your current mental health has on your workplace productivity (none, low, moderate, or high).

Rate how well your mental health support needs are currently being met (not at all/ somewhat/adequately/more than enough).

PARLIAMENTARY CASE STUDY: PARLIAMENT OF MALAYSIA⁷³

Parliamentary staff have access to an online mental health screening and support tool. The service is provided by a partner organisation (<https://epsikologi.jpm.gov.my/>) and includes advice on accessing additional mental health services and support.

Public Service Counselling Associates (AKRAB) also provide a peer-type support service based on the principles of “Honesty (Amanah), Commitment (Komitment), Rational (Rasional), Morals (Akhlaq) and Smart (Bestari)”. AKRAB is based on the concept of a “friend helping [a] friend’ in building team spirit, closeness”, and “each other’s potential... It is also a support group that emphasises humanistic relationships”⁷⁴.

Private

Confidentiality is key

Survey and screening participants should feel safe in the knowledge that their responses will not prejudice them in any way. Be sure to explain what the purpose of the survey or screening is, how the information will be used, and who will have access to it. Gather responses anonymously wherever possible.

Put the Data to Use, Involve Stakeholders, Integrate into Daily Practice, and Balance Your Approach

Some authors⁷² suggest that surveys should only be used once there is a real commitment to follow-up and action based on the results. If not, merely surveying without action may breed mistrust in the Parliament’s true intention with the survey.

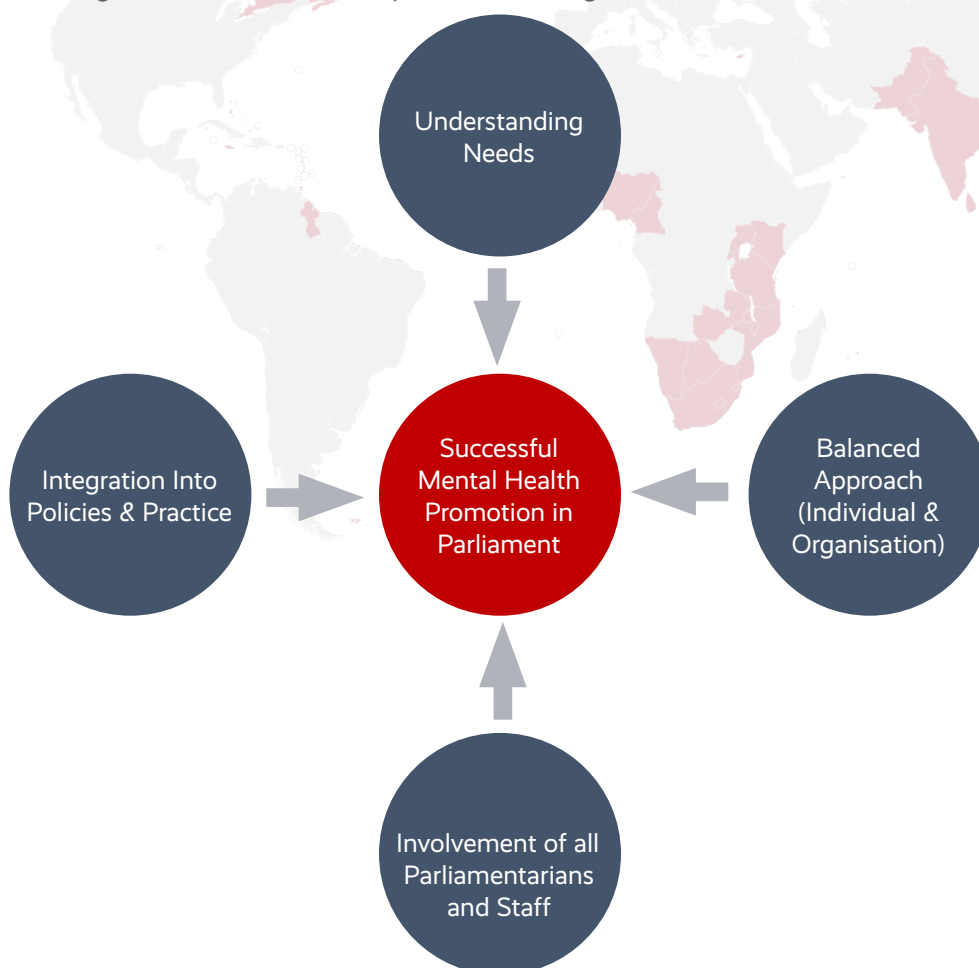
Once the needs are better understood, interventions can be tailored accordingly. With objective information regarding the needs within your Parliament, the prioritisation of support services may be more easily recognised and supported by organisational decision-makers. The caveat of under-reporting should however always be kept in mind. Expect that, even with active case-finding initiatives such as described above, some cases will still be missed.

In addition to needs assessment, the European Network for Workplace Health Promotion^{74,75} suggests three other basic principles of good practice which can be adapted for mental health support in Parliaments, as follows:

- Integration of mental health into relevant policies and daily practice
- Involvement of Parliamentarians and support staff in the planning, implementation and evaluation of mental health strategies
- A balanced approach that addresses both organisational issues and individual challenges⁷⁵



Figure 6: Best Practice Principles for Promoting Mental Health in Parliament



Adhering to these principles will help ensure that mental health becomes an integral part of parliamentary organisational wellbeing and performance, with continuous commitment throughout the organisation towards its realisation.

PARLIAMENTARY CASE STUDY: NORTHERN IRELAND ASSEMBLY⁷⁶

All parties are consulted regarding the preparation of the Member's Development Plan. The Plan currently includes topics on personal resilience, such as 'Understanding and managing the pressures that come with being a Member', 'Dealing with difficult conversations', and 'Managing personal security'. Future inclusion of mental health-related topics will be informed by Members' input.

PARLIAMENTARY CASE STUDY: SENATE OF CANADA²⁷

By creating a team or committee focussed on mental health promotion within your Parliament, initiatives can be informed, coordinated, committed, managed and measured. The House of Commons of Canada has embarked on putting such a structure in place:

“The Senate has created a Mental Health Advisory Committee (SMHAC) which aims to develop and implement a supportive and safe culture for psychological health in the workplace by building awareness, reducing stigma and fostering a supportive work environment. The committee is working to increase Senate employees and Senators’ understanding of mental health by promoting, providing and advancing activities, resources and programs that align with Senate values.

The SMHAC conducts its work guided by the following principles:

- Increase Senators’ and all Senate employees’ understanding of mental health by promoting, providing and advancing evidence-based activities and resources that align with Senate values.
- Focus on a holistic approach to mental health and wellbeing which addresses the social determinants of health.
- Support equity, diversity and inclusion, social justice and individual autonomy.

To accomplish this, the SMHAC will use the P6 Framework, as outlined in ‘The Mood Disorders Society of Canada: Workplace Mental Health’ (see p.25 of this toolkit for more information).

Reaching as many participants as possible

Several strategies can be considered in order to encourage people to access mental health screening, reporting and support services:

1. Anti-stigma campaigns

These can be implemented in-house or via an external service provider like an Employee Assistance Programme provider. Key initiatives to consider:

- Normalise good self-care: Affirm and encourage healthy behaviours and appropriate self-care like regular physical exercise, observing reasonable work hours, and asking for help when necessary.
- Use champions in the organisation: Recruit leaders and peers within the organisation to champion your mental health campaign.

2. Develop an inclusive culture

Make mental health a priority, ensure sensitivity to mental health in all activities of Parliament, and work towards a culture of non-discrimination against mental ill health.

- Be sensitive to offensive language and stereotypes.
- Be clear about the confidentiality of sensitive information.
- Be clear about the consequences of disclosure.



3. Increase ease of access

- Active case finding, e.g. through surveying, self-screening, and/or health screening at wellness days (see section A. Recognising Needs, and Prioritisation).
- Engage in clear and wide communication about available support, what it entails, how to access it, and who funds it.
- Train mental health champions or peer supporters in Mental Health First Aid (see p.32), and equip them with knowledge about available support resources.
- Ensure that support is always available: consider 24/7-hour access for trauma support and emergency debriefing; ensure that other support services are easily accessible, with due consideration of location and working hours of Parliamentarians and parliamentary support staff.

Evaluating mental health needs in your parliament: Resources

1. Mind guide on assessing mental health in your workplace. (https://www.mind.org.uk/media-a/4664/resource_2_take_stock_of_mh_in_your_workplace_final.pdf)

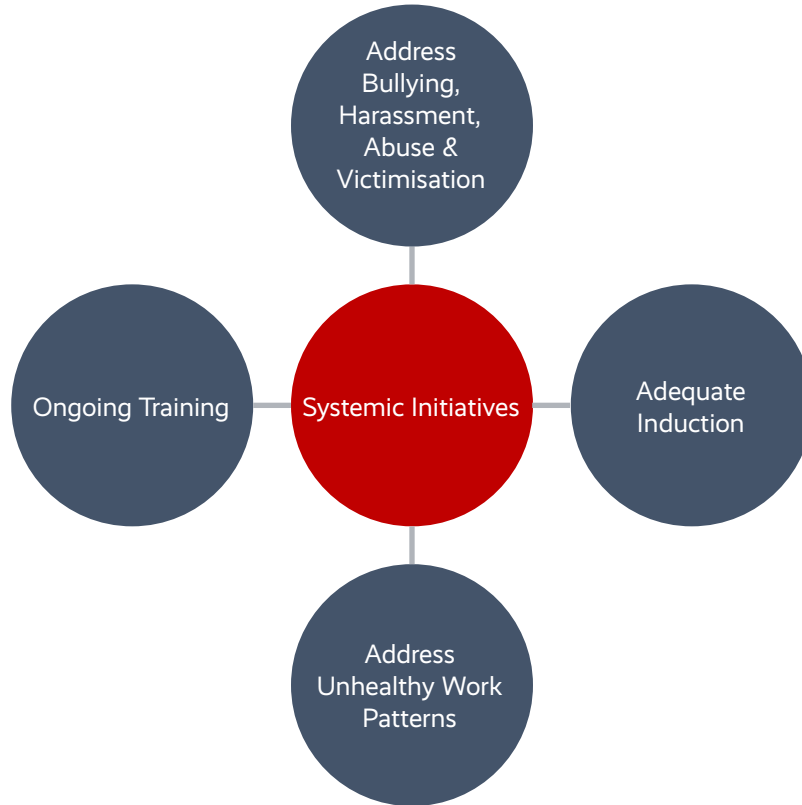
Screening tools:

1. Ahead for Business Mental Health Check-up. An online questionnaire that combines assessment tools for depression, stress and anxiety (DASS), alcohol consumption (AUDIT-C) and wellbeing (Flourishing scale). Accessible from: <https://aheadforbusiness.org.au/check-ups/mental-health-check-up>
2. Ahead for Business Stress Test. An online questionnaire focussed on workplace-related stressors. Accessible from: <https://aheadforbusiness.org.au/check-ups/business-stress-test>
3. NHS depression and anxiety self-assessment quiz. Accessible from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/depression-anxiety-self-assessment-quiz/>
4. PHQ-9 depression questionnaire. This tool is widely used and validated for screening and monitoring of depression symptoms. Accessible from: <https://www.healthnavigator.org.nz/tools/p/patient-health-questionnaire-9-phq-9/>
5. GAD-7 anxiety questionnaire. A widely used and validated screening tool for symptoms of anxiety. Accessible from: <https://www.healthnavigator.org.nz/tools/g/general-anxiety-scale-gad-7/>
6. The Alcohol Use Disorders Identification Test (AUDIT). A widely used and validated tool for screening for harmful alcohol use and/or abuse. http://apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf;jsessionid=7AC7DD81F48C1EF8DB51966563750DDF?sequence=1 and <https://auditscreen.org/check-your-drinking/>

B. Systemic initiatives with mental health benefits

Several of the workplace-based interventions for mental health discussed in the next chapter (employee assistance programmes, peer support, Mental Health First Aid, mental health awareness and education campaigns and occupational health services) focus on building personal resilience and identifying and managing individual mental ill health. As a key primary intervention, workplace stressors also need to be addressed^{49,64,75}, particularly in high-stress work environments such as Parliament. Given the unique challenges facing Parliamentary mental health as outlined in the previous chapter, several systemic interventions should form an integral part of your Parliament's mental health strategy:

Figure 7: Systemic Initiatives with Mental Health Benefits



Addressing workplace harassment, bullying and abuse

Bullying behaviours in the workplace include harassment, undue exclusion, and unfair treatment such as assigning meaningless tasks or unrealistic deadlines, or micro-management⁷⁸. Sexual harassment is also increasingly recognised as pervasive in many workplaces⁷⁹⁻⁸¹, and Parliament is no exception^{48,50-53,80,82-84}. Several Commonwealth Parliaments have recently been reported to increase their attention on addressing bullying, harassment and sexual harassment amongst Parliamentarians and Parliamentary staff^{48,50,51,82,84}. These abusive behaviours may lead to mental ill health, which can include sleep disturbances, personal relationship strain, loss of self-esteem, reduced social interaction⁴⁸, depression, anxiety, post-traumatic stress disorder, and burn-out⁷⁸. In severe cases, victims may turn to suicide^{85,86}. It may also have detrimental effects on worker productivity and employee relations⁴⁸. Furthermore, when news about harassment in Parliament becomes public, it may undermine the reputation of Parliament and draw into question its commitment to respecting human rights⁸⁷.

The power imbalance inherent in the hierarchical structure of Parliament may lend itself particularly towards bullying and harassing behaviours⁴⁸. Coupled with long-standing cultures of covering-up and lacklustre commitment to addressing these issues^{48,50,51}, Parliaments face a critical task of profound change in their attitudes and actions towards ridding themselves from these toxic behaviours.



Though evidence is limited on effective organisational interventions to reduce bullying⁷⁸, clear policies that are strictly enforced may cultivate a culture change towards non-tolerance and readily accessible support for victims of bullying and abuse, as well as a sense of safety for victims who report such behaviours. Compulsory training programmes for all Parliamentarians and staff and robust support structures, including confidential and independent complaints procedures and trauma debriefing for victims, should be considered as part of a comprehensive strategy to address these behaviours in Parliament^{48,50,84}.

Following highly publicised allegations of sexual misconduct in the Australian Parliament, a 2021 report on the parliamentary workplace and its response to incidents of assault, sexual assault and harassment, and bullying and other types of harassment made suggestions similar to the Cox report⁴⁸:

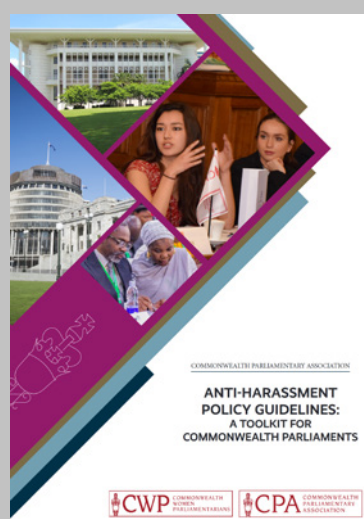
“The review found that the current procedures and processes are not designed or able to respond appropriately to serious incidents in the parliamentary workplace, particularly to sexual assault. The most significant gap is the absence of readily accessible, timely, independent, trauma-informed services and response mechanisms, now partially remedied with the introduction of a dedicated 24/7 support line... The review found two other critical areas requiring immediate action: a trusted, independent complaints mechanism able to deliver proportionate consequences for misconduct, and tailored, face to face education and support for Parliamentarians and their staff in preventing, identifying and responding to serious incidents in the workplace. Coupled with a clearly articulated leadership commitment and actions in relation to promoting a safe and respectful workplace, these findings form the basis for the recommendations in the review”⁸⁴.

Given the profound effects of bullying, harassment, and sexual harassment on the mental health of victims, and the suggestion that these behaviours are prevalent in Parliaments, a mental health strategy for Parliaments has to include or co-exist with a determined approach to address these behaviours.

GENDER SENSITISING PARLIAMENTS GUIDELINES

Drawing from a wide range of anti-harassment policies and procedures from Parliaments in the Commonwealth, these guidelines provide a detailed step-by-step approach that offers insights and case studies on what appropriate methods should be included when developing or updating their respective anti-harassment policies.

Accessible from: https://www.cpahq.org/news/2020_10-cwp-anti-harassment/



PARLIAMENTARY CASE STUDY: UK PARLIAMENT

Following a series of events that brought the issue into the public discourse, including news reports in 2017 of alleged harassment and bullying by Parliamentarians at Westminster, an independent inquiry was launched into Bullying and Harassment of the House of Commons Staff⁴⁸. The report on the inquiry by Dame Laura Cox exposed a culture of harassment, bullying and sexual harassment in the House of Commons, as well as several gaps in support structures for staff who had fallen victim to such behaviours. Chief among them were the absence of a human resources department and policy or complaints procedures for staff directly employed by Parliamentarians⁴⁸. A culture of fear of exposing these abusive behaviours was also identified. Dame Cox summarised the necessity of commitment to a comprehensive strategy to address bullying, harassment and sexual harassment as follows:



**Dame Laura Mary Cox, DBE,
former English High Court
judge and author of the Cox
report**

“Bullying, harassment and sexual harassment are insidious and pervasive. Misconduct of this kind, whether by Members of Parliament or House staff, needs vigilance and constant attention. Ensuring the safety and dignity of all those employed by the House, at every level and in every area, requires a pro-active and coherent approach. It requires a fully resourced, clearly visible, regularly monitored and updated programme of action, with detailed standards of behaviour and effective procedures aimed at preventing bullying and harassment in the first place and, if appropriate, nipping it in the bud when it occurs, and certainly before it deteriorates and becomes corrosive.”

Recommendations in the report included revision of certain aspects of a new scheme for dealing with complaints and grievances, as well as the following⁴⁸:

- Prompt, fair and independent investigation of formal complaints, by specialists, and a range of sanctions available for upheld complaints.
- “...Easily accessible, reliable and confidential support mechanisms for both the complainant and the alleged perpetrator” throughout the investigation.
- “...regular, comprehensive and intensive training programmes for everyone in the workplace [including MPs]⁴⁸(p118), including focused leadership and management training...”.

The following comment regarding training is also apt to mental health training programmes:

“Training will be essential if the new Scheme is to work, and there has to be a commitment to training at the most senior levels. High quality induction and continuation training, together with rolling programmes of senior leadership and line management development training, is time- consuming and resource intensive, but it delivers. During this inquiry I identified a “we’re all much too busy” approach to allocating sufficient time to training, coupled with the inevitable “no more money in the budget” response, but “bite-size modules” or short, voluntary self-referral sessions are insufficient”.

- “...total, genuine and constant commitment... at the very top of the organisation” to a pro-active approach to addressing bullying, harassment and sexual harassment.
- Training of those tasked with dealing with complaints about bullying or harassing behaviours to “recognise the signs, to approach the matter fairly and objectively” and to “know how to elicit information sensitively from the person reporting it, how to probe beneath the service when speaking to the alleged perpetrator, and how to look for clues elsewhere”.



Induction and training

Members newly-elected to Parliament face a barrage of adjustments to their working and personal lives, which can be overwhelming⁴⁷ and emotionally and physically distressing^{46,47}. According to a document detailing 'Ideas and advice to accelerate the transition for new Parliamentarians entering New Zealand's House of Representatives'⁸⁸, these adjustments include information overload with advice from a multitude of stakeholders, lack of knowledge about critical issues, an expectation to be knowledgeable immediately, and constant scrutiny from various sources, including colleagues, parties, and the public⁸⁸. A sudden increase in working hours and inability to clearly delineate work and private time may cause damage to family and social relationships^{29,46,47,88} and mental and physical health^{29,46}. Financial hardship may be an added challenge where Parliamentarians experience a reduction in income when elected to Parliament⁴⁷.

As detailed in the chapter on the 'Importance and Rationale for Parliaments to Promote Mental Health: Parliamentarians and Support Staff Face Unique Challenges' of this toolkit (p.6), the lack of knowledge among newly elected Parliamentarians may extend to critical political and technical skills which Parliamentarians may not have otherwise encountered prior to being elected to Parliament. The range of potential positions within Parliament (e.g. Ministerial positions, or that of Speaker or Chairperson of a Committee) may also generate a need for very specific skills not ordinarily acquired outside a parliamentary environment. Several sources highlight the unmet need for adequate training and induction for new Parliamentarians^{30,46,47,89}.



PARLIAMENTARY CASE STUDY: THE LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

An outsourced security services provider runs a training module for parliamentary staff on mental health conditions, how to support colleagues with respect, and how to respond to disorderly behaviour from persons with mental health problems⁹⁰.

In developing an induction and training programme, it may be useful to perform a needs assessment in your particular parliament to determine the focus areas. At a minimum, induction should also include education on key policies and procedures, including those relating to bullying, harassment and sexual abuse⁴⁸, as well as information on available support mechanisms for physical and mental health. Training on how to deal with stalking and harassment from the public is also recommended (see p.6) as part of induction and regular security meetings.

Support when leaving office

As described in the chapter on the 'Importance and Rationale for Parliaments to Promote Mental Health: Parliamentarians and Support Staff Face Unique Challenges' in this toolkit (p.6), leaving Parliament after being voted out can be a traumatic experience. Some Parliamentarians are left with damage to their sense of self-worth, bereavement, depression, problems with finding new

PARLIAMENTARY CASE STUDY: SENATE OF CANADA³³

An Employee and Family Assistance Programme is offered to Senate employees and their immediate family members "during their Senate appointment or employment and for a period of three months after the end of the appointment or termination of employment".

employment⁵⁸, and recovering from financial losses incurred during campaigning. While a report on Parliamentarians leaving the UK House of Commons⁵⁸ found that most Parliamentarians did not indicate a need for support during this process, some thought that Parliament could provide better support during the process of leaving. Practical issues such as data management, forwarding email addresses and vacating offices were also highlighted⁵⁸. It may be of use to allow retired Parliamentarians access to mental health support services for a wind-down period after leaving Parliament, to assist with bereavement and other related emotional distress.

Don't forget physical health

Given the interdependence of mental and physical health, attention to physical health should form part of a comprehensive mental health support strategy. As detailed in the chapter on 'Organisational Support' (p. 26 of this toolkit), mental health support services should be integrated with occupational and other health services.

A simple but significant intervention in support of mental health is the promotion of a healthy lifestyle, which includes adequate physical exercise, a healthy diet, good sleep, and the avoidance of harmful behaviours such as tobacco or illicit drug use or alcohol misuse⁹¹. While education and awareness campaigns may help advance a healthy lifestyle, practical interventions such as the availability of healthy meals and working hours that allow for taking physical exercise and getting adequate sleep may have significant benefits for the mental and physical health of Parliamentarians and parliamentary support staff. As noted by Weinberg and Cooper⁴⁶:

'It has been widely documented that the working habits and associated lifestyle of the House of Commons might encourage less healthy practices and therefore a combination of active health promotion strategies and some normalising of the working day to facilitate the use of available exercise facilities might be of benefit to Members'.

Regular work-related social events may be commonplace for Parliamentarians, and the provision of healthy alternatives to processed foods and alcoholic beverages at such events could be beneficial to both the mental and physical health of attendees.



PARLIAMENTARY CASE STUDIES:

GAUTENG PROVINCIAL LEGISLATURE

As part of a comprehensive health and wellness strategy, the Gauteng Provincial Legislature has a “Sport, Recreation, Art and Culture policy that regulates the participation in different sporting codes and encourages healthy lifestyle to both Parliamentarians and staff”⁹².

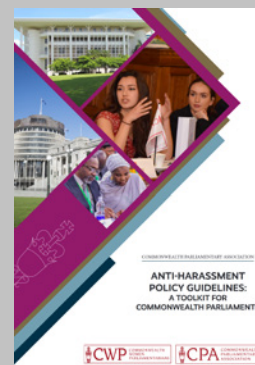
PARLIAMENT OF VICTORIA⁹³

An online Wellness Hub is updated monthly and includes several ‘Tiles’. Amongst them are a mental health tile with information on “mental health service providers and initiatives, important phone numbers and websites for support”, an Employee Assistance Programme Tile, information on monthly, local health-related events and initiatives, and a Wellbeing Tile with guidance on managing one’s own wellbeing and creating healthy and safe work environments. On the Wellbeing Tile there is information on “virtual exercise classes, gardening tips, healthy eating recipes and videos, [a] book club, etc”.

GENDER SENSITISING PARLIAMENTS GUIDELINES

Drawing from a wide range of anti-harassment policies and procedures from Parliaments in the Commonwealth, these guidelines provide a detailed step-by-step approach that offers insights and case studies on what appropriate methods should be included when developing or updating their respective anti-harassment policies.

Accessible from: https://www.cpahq.org/news/2020_10-cwp-anti-harassment/



Creating a “mentally healthy” work environment: Resources:

1. Mood Disorders Society of Canada guidance on workplace mental health. The free-to-access information “aims to provide both employees and employers with the information and guidance they need to promote and support positive Mental Health in the Workplace”. Accessible from: <https://mdsc.ca/workplace/>

Also see http://mdsc.ca/docs/Workplace_Mental_Health.pdf, for the P6 Format for addressing workplace mental health.
2. NICE Promoting mental wellbeing through productive and healthy working conditions: guidance for employers in small and medium businesses. Summary leaflet of NICE’s guidance on promoting mental wellbeing at work. Accessible from: <https://www.nice.org.uk/guidance/ph22/resources/advice-for-small-and-mediumsized-businesses-pdf-67277917>
3. The UK Health and Safety Executive management standards. HSE management standards indicator tool for evaluating your parliament’s performance in creating a workplace that optimises health and productivity. Accessible from: <https://www.hse.gov.uk/stress/standards/index.htm>
4. Guarding Minds at Work, “a comprehensive resource to help you assess and address psychological health and safety in your workplace”. Guarding Minds at Work was commissioned by Canada Life and additional resources are supported by Workplace Strategies for Mental Health. Accessible from: <https://www.guardingmindsatwork.ca/>
5. Managing Mental Health Risks at Work – Training for Managers and Employees by Headsup/

- Beyond Blue. A free, online training guide on supporting an employee with a mental health problem. Accessible from: <https://elearn.headsup.org.au/course/view.php?id=2>
6. HSE Talking Toolkit. A guide for line managers on having initial conversations with employees regarding work-related stress. Accessible from: <https://www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf>
 7. NHS self-help guides and tools on exercise for mental health. Accessible from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/exercise-for-depression/>
 8. Mental Health Foundation guidance on diet and mental health. Accessible from: <https://www.mentalhealth.org.uk/a-to-z/d/diet-and-mental-health>
 9. Mind guidance on diet and mental health. Tips and a video on “food and mood”. Accessible from: <https://www.mind.org.uk/information-support/tips-for-everyday-living/food-and-mood/about-food-and-mood/>
 10. Better Health (NHS UK). Amongst other resources, this website lists apps that can assist in improving exercise, alcohol consumption and dietary habits (scroll to the end of the page for the list of apps). Accessible from: <https://www.nhs.uk/better-health/#apps-and-tools>
 11. Beyond Blue. This organisation works in partnership with governments, local health services, educational institutions, workplaces, media and community organisations, as well as the general community to raise community awareness about anxiety and depression and reduce the associated stigma. Accessible from: <http://beyondblue.org.au/>

PARLIAMENTARY CONVERSATIONS IN THE COMMONWEALTH: A CPA PODCAST

Parliamentary Conversations in the Commonwealth, a CPA podcast, gives a voice to parliamentarians, civil society experts and activists across the Commonwealth to discuss common democratic challenges and share their ideas on what can be done to solve them. In a recent episode former Australian Prime Minister, Julia Gillard, discussed women in politics and mental health.

Accessible from: <https://www.cpahq.org/knowledge-centre/cpa-podcast/>



C. Organisational support

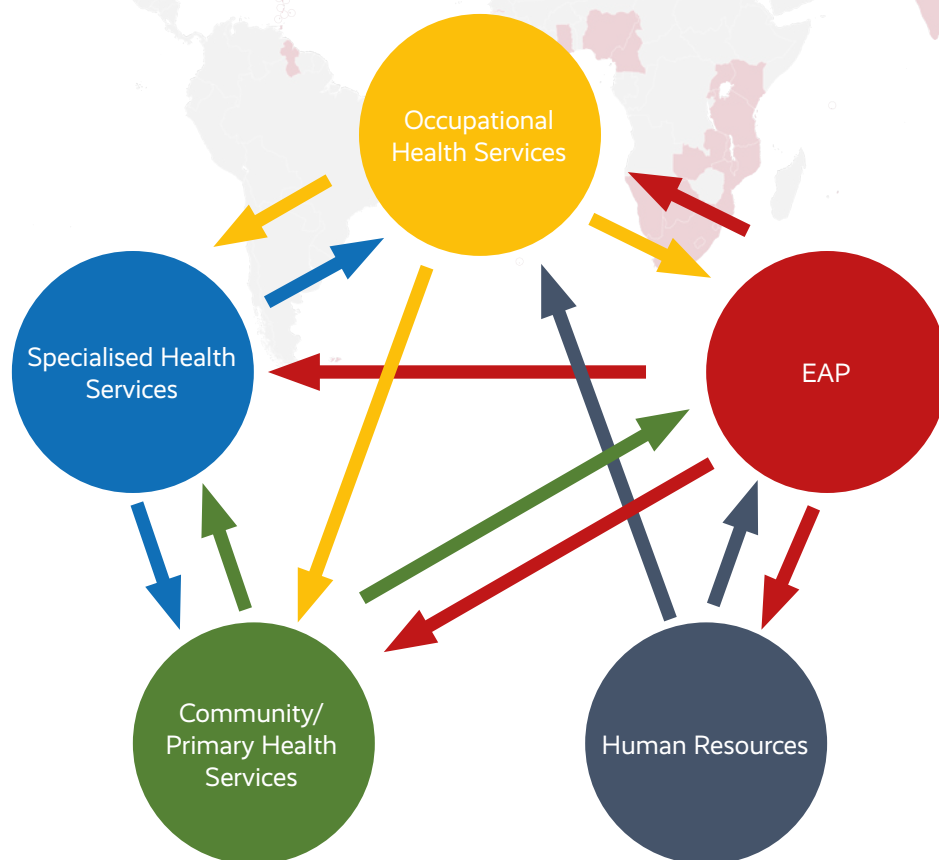
There are various support organisations that Parliaments may partner with to provide mental health support for Parliamentarians and parliamentary support staff. In our survey, several respondents indicated the use of employee assistance programmes (EAPs) as their main mental health and wellness service providers. In addition, some Parliaments offer on-site occupational health nurses and/or doctors to address mental and other health needs on a regular basis. Smaller parliaments might also use shared services with wider public service/government. This should be considered for economies of scale.

Given the spectrum and course of mental ill health and the levels of intervention at primary, secondary and tertiary levels (see p.13), all these services should ideally be integrated when available. Standard screening and referral processes for mental health support should be in place at each contact point: EAPs should know when and how to refer clients to occupational, community health or specialised services where necessary, while occupational health services should also appropriately refer clients to community health or specialised services as needed. In



some cases, community health services should be able to refer a client to access EAP services where appropriate. The integration of mental health care into general health care has several advantages, including improved access, less stigma, improved continuity of care, better outcomes (for both mental and other health), easier reintegration into usual job and social functioning, and cost effectiveness^{94,95}.

Figure 8: Integration of Various Support Services Through Referral



Employee Assistance Programmes (EAPs)

EAPs typically offer a range of services that span physical, mental, and financial wellbeing, and legal and occupational support. Services are usually delivered via online portals, email newsletters, telephonic assessment and counselling (which often includes 24/7 trauma debriefing and support), and on-site health screening, or screening at executive medical suites. EAP service providers generally provide organisational-level reporting on risk and service utilisation.

While evidence for the effectiveness of EAPs remains equivocal for some health outcomes^{96,97}, it may be particularly useful in the provision of mental health support^{98,99}, and especially as a primary intervention that can include screening, assessment, and referral to more specialised services, if needed. EAPs can also play an important role in education on mental health, as part of an awareness campaign.

One of the advantages of EAPs is the confidentiality it provides. Service users with mental health concerns may feel more comfortable accessing a third-party service than making use of in-house services for fear of unfair discrimination or stigma⁹⁶. Confidentiality is also particularly important in a parliamentary environment where Parliamentarians may be hypervigilant about maintaining their privacy when it relates to their personal matters, given the constant media scrutiny as mentioned in p.6. Another advantage of EAPs is that services are usually sponsored by the employer/client organisation, allowing users access to services at no direct cost.

It is important to partner with an EAP that is committed to improving mental health care access, incorporates professional health care expertise, and suits the needs of your parliament in terms of modes of access, parliament size, and budget for mental health support. Consider checking the following items when choosing an EAP (adapted from The Substance Abuse and Mental Health Services Administration (SAMHSA, USA)¹⁰⁰):

Questions to Ask When Choosing an EAP for Your Parliament

- The EAP provider's credentials: for example, does it belong to a professional EAP association, and are health care professionals who work for the EAP registered with the relevant health authorities?
- The educational level of members on the professional staff of the EAP.
- References from previous/current clients.
- Does the EAP provide onsite education and training services?
- What are the fees? Check that the fee structure does not disincentivise utilisation or acceptance of referrals.
- How many counselling sessions are included and what type of counselling is offered?
- How will the service be accessed? Consider your need for remote access for traveling Parliamentarians or staff, or onsite access for larger, concentrated Parliaments.
- How are referrals handled – incoming and outgoing? How does the EAP connect with other health care providers and human resources staff?
- What type of monitoring and evaluation is offered, and at what frequency?
- How does the EAP address stigma against mental ill health, and how will it help promote access to the service?
- How does the EAP integrate mental health services with other relevant services (e.g. general health screening, legal and occupational assistance)?

PARLIAMENTARY CASE STUDIES:

NATIONAL ASSEMBLY OF QUÉBEC

A number of principles underpin the EAP service for the National Assembly of Québec. These include confidentiality, voluntary participation, the absence of prejudice, and funded accessibility. Several measures are in place in support of these principles¹⁰¹:

- “Before any intervention, the in-house psychologist or health advisor will verify that the request for help is voluntary.
- A closed office outside the National Assembly building, with direct access to the street and a dedicated phone line, is available to the in-house psychologist to ensure confidentiality.
- Relevant information is kept in a file for the exclusive use of the EAP psychologist; these files are coded and kept under lock and key.
- No information may be transmitted to a third party without the explicit authorization of the person using the program's services.
- All correspondence addressed to the EAP and marked “PERSONAL” or “CONFIDENTIAL” is opened only by the in-house psychologist or health advisor.
- In the event of a dispute or grievance, no one will be able to invoke the fact that a person is or is not using the EAP.
- In the event of a dispute or grievance, neither the employer nor the union may use the in-house psychologist or health advisor as an expert or witness”¹⁰¹.

THE QUEENSLAND PARLIAMENT¹⁰²

The Queensland Parliament has a long-standing provision of employee assistance services (EAS) through an external private sector company. The Queensland Government has a “preferred supplier list” of EAPs/EASs, from which the current service provider has been selected. Additional counselling by psychologists is also available when more tailored support is required.



Occupational health services

Onsite occupational health services offer the advantage of providing a confidential, integrated health support service to Parliamentarians and parliamentary support staff. This may be particularly helpful where multi-disease burden is common, for larger parliaments, and where Parliamentarians and staff are concentrated in one location.

PARLIAMENTARY CASE STUDIES:

LEGISLATIVE ASSEMBLY OF ONTARIO¹⁰³

- In addition to an EAP and other initiatives, a daily onsite occupational health nursing service is provided. The service is confidential.

GAUTENG PROVINCIAL LEGISLATURE¹⁰⁴

- In addition to an EAP and other initiatives, the Gauteng Provincial Legislature provides a full-time onsite occupational health nursing service, supported by a part-time doctor. Consultation and basic management of health needs are offered.
- Mental health is included in a comprehensive occupational health strategy, which also includes the management of chronic illness, HIV/AIDS, and tuberculosis.

UK PARLIAMENT¹⁰⁵

- Along with several other support services, an on-site nurse clinic and GP service is provided. The GP service is limited to the House of Commons, while staff can access GP support via referral to a local medical centre.

NATIONAL ASSEMBLY OF QUÉBEC¹⁰⁶

- The National Assembly of Québec has had a full-time in-house psychologist attached to the Human Resources Department for more than 15 years. A health advisor position has recently been created to support the psychologist.

Focus on return to work

Whereas EAP and occupational health services typically fulfil primary (preventative) and secondary (diagnosis, treatment and personal resilience) intervention functions, organisational mental health intervention at the tertiary level should focus on returning the person affected by mental ill health to his/her regular job function wherever possible, and supporting the maintenance of recovery and rehabilitation. The following steps may aid in a successful return to work (adapted from the WHO³⁷):

Steps to Aid in Successful Return to Work:

- Active communication with the affected person's treating mental health care professional regarding job requirements, duties, workload and related potential stressors. This will assist in determining a safe return to work date, and necessary accommodations.
- Encourage early, appropriate return to work in consultation with the treating mental health professional. The earlier the return the less the stress about income loss, and the easier the reintegration into usual duties. Find the right balance between recovery away from and in the work situation.
- Consider reasonable accommodations such as gradual return to work, with enough time to attend mental health care activities such as counselling or health care consultations. Make sure that the extent and limitations of these accommodations are understood by all parties concerned.

It is important to only discuss or disclose any of these matters with the full consent of the affected person.

Peer support

Peer support involves the training and appointment of mental health champions among Parliamentarians and parliamentary support staff. These are typically people with a passion for the cause, an interest in mental health, and/or lived experience of mental ill health – either in themselves, family members, or other close associates. The advantages of peer support include relatability, less stigma, and integrity, especially in peer supports with lived experience. Peer support has been reported to serve as an effective prevention strategy, and to provide a sense of empowerment, to support symptom improvement, to reduce hospitalisation and to improve quality of life¹⁰⁶. Peer support can be delivered in groups or one-on-one, and can be a person's first step towards recovery and accessing support for mental ill health, or be accessed later in their journey to better mental health¹⁰⁶. See the text box for key issues to consider when setting up a peer support intervention in your Parliament (adapted from the WHO¹⁰⁷):

Key issues to consider when setting up a peer support intervention in your Parliament

- The **type** of peer support, e.g. one-to-one, groups, or other.
- The **format**, e.g. discussion, shared activities (outings, lectures)
- The **location** where support meetings will be held. Consider a designated location in the case of physical meetings; consider online options where necessary for people who cannot access the physical location.
- **Access** to peer support, e.g. an open door policy, by referral, via invitation from existing members, or other.
- How will the peer-support service **connect with other services** like community health services, EAPs, occupational health services, and human resource management? Define the referral processes.

Focus areas of the peer support service. Options include:

- General discussion and sharing of experiences
- Crisis support
- Decision-making support
- Reintegration into work after a leave of absence
- Education and training on mental health or related topics, e.g. workplace harassment
- Information on mental health support resources

Define the **parameters and roles** within the peer-support process, including:

- The facilitator or online moderator's role
- Ground rules
- Confidentiality and privacy
- Process to follow when supporting someone in a crisis situation, and when and how to refer to professional services
- Process of joining the support service
- Criteria for becoming a peer support provider



Resources required to provide a peer support service. These may include peer supporters, administrative staff, a dedicated location, etc. Consider the **training and skills** required to provide accredited and evidence-based peer support services.

Training and strategies to ensure legal capacity, noncoercive practices, participation, community inclusion and recovery orientation¹⁰⁷, where

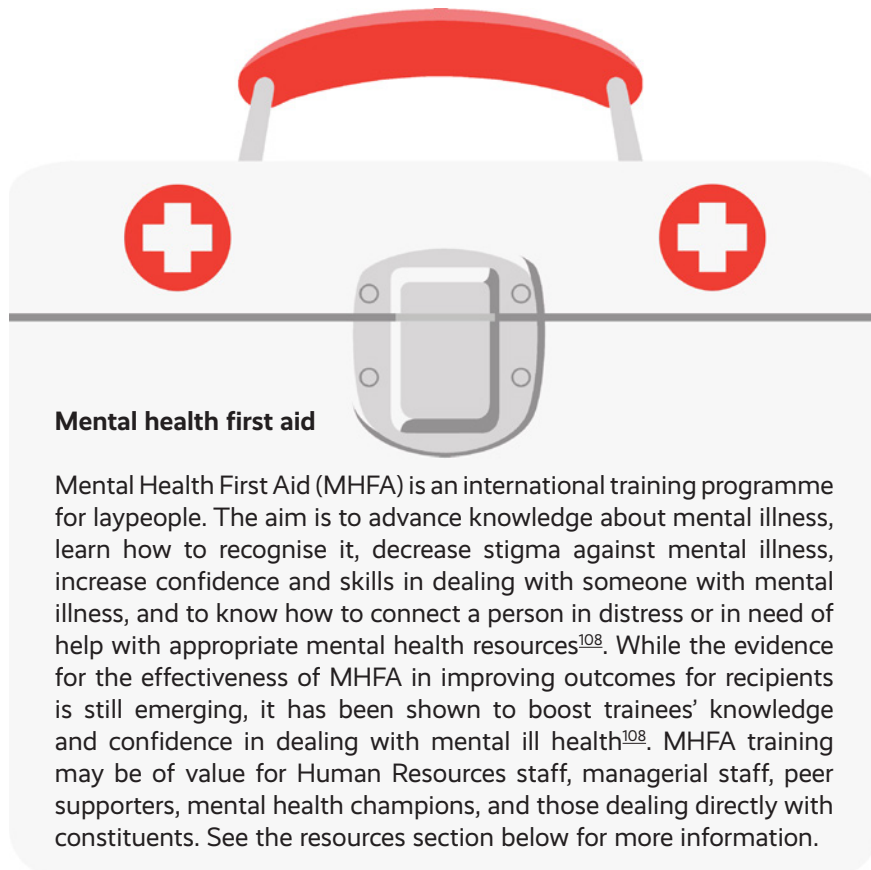
- “legal capacity” refers, among other, to ensuring voluntary attendance, respect for individual experience, autonomy, recognition of human rights and informed consent.
- “non-coercive practices” refer to supporting victims of abuse or harassment and individualised plans for dealing with distress and sensitivities.
- “participation” refers to people with lived experience taking the lead in all aspects of the peer-support service and the collection of feedback from service users to further develop and improve the service
- “community inclusion” refers to the peer support service assisting with reintegration into the community and accessing community-based resources. In the parliamentary context, this may involve support for reintegration into a job function and referral or guidance on accessing community-based or other workplace-based support services.
- “recovery” refers to considering people in the broader context of their entire life and experience as opposed to focusing only on diagnosis, treatment and symptom reduction, and including a recovery plan that includes future goals. The WHO indicates five pillars of recovery which should form part of the peer support service approach, namely “(1) connectedness, (2) hope and optimism, (3) identity, (4) meaning and purpose and (5) self-empowerment”¹⁰⁷.

Peer support: Resources

1. Peer support groups by and for people with lived experience: WHO Quality Rights guidance module. Accessible from: <https://apps.who.int/iris/handle/10665/329644>
2. One-to-one peer support by and for people with lived experience. WHO Quality Rights guidance module. Accessible from: <https://apps.who.int/iris/bitstream/handle/10665/329591/9789241516785-eng.pdf>
3. Mind (Leeds) Peer Support in the Workplace. Offers a “range of training and support to help organisations develop and sustain peer support which include consultancy for organisations in the development and implementation of peer support, training for employees in how to establish a peer support group or network, and facilitation of the peer support group or network, if desired”. Accessible from: <https://www.leedsmind.org.uk/help-for-employers/peer-support-in-the-workplace/>
4. Peer Support Canada. “Offers certification for Peer Supporters, Family Peer Supporters, and for Peer Support Mentors. Peer Support Certification is a confirmation of one’s knowledge, skills, and experience as a peer supporter. Certification verifies one’s alignment with the nationally endorsed Standard of Practice, and is recognized across Canada”. “Peer Support Canada and the Canadian Mental Health Association (CMHA) joined together in early 2018 in an effort to expand peer support in this country”. Accessible from: <https://peersupportcanada.ca/>

PARLIAMENTARY CASE STUDY: THE LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

“The Department of the Legislative Assembly uses the St John’s Ambulance’s nationally recognised mental health and crisis support training for staff who interact with members of the general public and for the outsourced security services provider at Parliament House”⁹⁰.



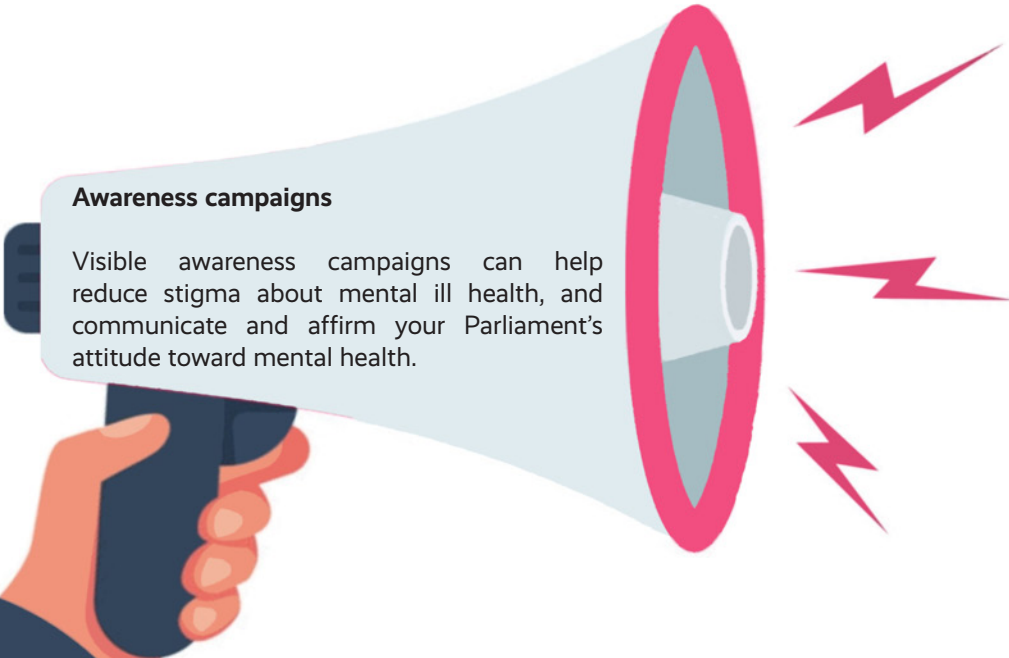
Mental health first aid Resources

1. Mental Health First Aid (Better Health Channel). Accessible from: <https://www.betterhealth.vic.gov.au/health/healthyliving/Mental-health-first-aid>
2. WHO Psychological First Aid: Guide for Field Workers. Accessible from: https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;sequence=1
3. WHO Psychological First Aid: Facilitator's manual for orienting field workers. Accessible from: <https://www.who.int/publications/i/item/psychological-first-aid>



We list below several providers of MHFA training and support:

1. Mental Health First Aid International. Accessible from: <https://mhfainternational.org/>
2. Mental Health First Aid England. Accessible from: <https://mhfaengland.org/>
3. Mental Health First Aid Australia. Accessible from: <https://mhfa.com.au/>
4. Mental Health First Aid Canada. Accessible from: <https://mhfa.ca/>
5. St John's Ambulance (UK) Mental Health First Aid for the workplace. Accessible from: <https://www.sja.org.uk/courses/workplace-mental-health-first-aid/>
6. St John's Ambulance (Australia) Mental Health First Aid. Accessible from: <https://stjohnwa.com.au/first-aid-training/mental-health>



Awareness campaigns

Visible awareness campaigns can help reduce stigma about mental ill health, and communicate and affirm your Parliament's attitude toward mental health.

PARLIAMENTARY CASE STUDIES:

MANITOBA LEGISLATIVE ASSEMBLY¹⁰⁹

The importance of mental health was highlighted at a 'Let's Talk Lunch and Learn' seminar for Assembly staff. Representatives of the Anxieties Disorders Association of Manitoba (ADAM) presented on topics including mental health awareness and strategies to deal with mental health problems. This was supported by information sheets on coping strategies, as well as a discussion session.

During the COVID-19 pandemic, the importance of mental health was stressed by the Speaker via periodic messages to Assembly staff, as well as informal emails to check in with staff.

'Mental Health in Politics' was a topic at the 2017 Canadian Region CPA Conference, hosted in Manitoba. Presenters included the Executive Director of the Mood Disorders Association of Manitoba, a former Minister of Health and of Healthy Living who had publicly spoken about her mental health challenges, and a Political Scientist who had published on the topic of mental health in politics.

PARLIAMENT OF TYNWALD¹¹⁰

As part of its Continuing Professional Development programme, the Office of the Clerk of Tynwald has included several sessions on mental health-related subjects, including:

- A Mental Health England accredited course on mental health first aid
- 'Mental Health: Coping with Change', which addressed the management of resistance and fear, and preparing for and dealing with life changes
- A half-day mental health awareness training session as part of the induction programme for new Members
- A half-day mental health awareness training session for parliamentary staff

Different providers have been involved in running these sessions, including the Department of Health & Social Care and local private organisations.

LEGISLATIVE ASSEMBLY OF ONTARIO¹⁰³

The Legislative Assembly of Ontario partnered with the Canadian Mental Health Association to offer webinars on workplace mental health training for all Parliamentarians and their legislative and constituency office staff.

UK PARLIAMENT¹⁰⁵

In recognition of International Men's Day (19 November), a panel discussion was hosted by the Diversity & Inclusion team, in collaboration with Health and Wellbeing, and ParliGENDER. The traditionally taboo subjects of male mental health and suicide were discussed, highlighting the "silent crisis" for many men who suffer from mental ill health and face challenges in talking about it and asking for help.



Advice for smaller parliaments

Though structured resources like EAP's and occupational health services may not be easily implementable in smaller Parliaments, the need for mental health support in these Parliaments may be no less significant than in larger ones. The systemic initiatives discussed in the previous section should also be considered in smaller Parliaments, as well as an effort to proactively assess the need for mental health support (see the previous chapters in this toolkit on 'A. Recognising Needs, and Prioritisation' and 'B. Systemic Initiatives with Mental Health Benefits').

Where contracting of EAPs may not be feasible at provincial parliamentary level, a shared service across Provincial Parliaments may be of use. In smaller Parliaments, simple initiatives around peer support, culture change, and self-help may be of particular value, along with good relationships with community support resources, including local health care providers, and clear signposting for Parliamentarians and support staff on how to connect with these resources.

At the primary intervention stage – i.e., preventing mental ill health from occurring by reducing risk and contributing factors – workplace culture, peer support and self-help may assist in reducing the development of mental ill health. In addition to the guidance documented in the previous sections, the following may be particularly pertinent to smaller Parliaments:

- Create a culture where mental health and mental ill health can be spoken about without fear of unfair discrimination. Empathy goes a long way in making people feel more comfortable to talk about their challenges and ask for help, and a supportive colleague or manager may be an important feature on the road to recovery. General awareness and sensitivity to mental health will also help break the stigma and taboo around mental health.
- In any Parliament, but particularly small ones where everyone might know each other, gossip may be a challenge. Be sensitive to and protective of the privacy and confidentiality of someone who entrusts you with information about their mental health. This does not mean you should take on the burden of diagnosing and treating them. Sometimes, simply listening and acknowledging someone's struggle is all they need. If there is an opportunity to do so, or if you are concerned that the person may require assistance from a mental health professional, guide them to the appropriate resources. To ensure that the required listening and support skills are available in your Parliament, MHFA training of at least one person may be valuable (see Mental Health First Aid, on p.32).

PARLIAMENTARY CASE STUDY:

PARLIAMENT OF TASMANIA¹¹¹

In the relatively small Parliament of Tasmania, “there are frequent dialogues with managers and staff about mental health and in some cases bespoke training may be provided to staff or managers such as ‘mental health first aid’ or courses in managing stress, dealing with performance and workload”.

The Parliament also recognises the need to address systemic issues that may impact mental health: “We also keep an eye on interpersonal conflicts and issues between staff because it is acknowledged that bullying and discriminatory behaviour or unfair treatment can be an indicator of or lead to mental health issues if not dealt with. Tackling these sort[s] of issues through performance or disciplinary processes, mediation and other forms of dispute resolution are important measures to address mental health in the workplace”.

PARLIAMENTARY CASE STUDY: THE STATES OF DELIBERATION, GUERNSEY¹¹²

Although there are only three members of staff in this Parliament, two have been trained in MHFA through a two-day course delivered by Guernsey Mind through MHFA England (see p.33 for more information). “Both hold Mental Health First Aid (MHFA) England certificates valid for three years”.

At the secondary and tertiary levels of intervention, particularly when someone has to take a leave of absence on account of mental ill health, the WHO’s guide on good practice regarding Mental Health and Work³⁷ for smaller organisations can be adapted for smaller Parliaments:

- The Chief Human Resource Officer or representative should engage with the staff member who is on medical or disability leave for mental ill health as soon as appropriate. This will help cultivate a feeling of support and should focus on encouraging early return to work, as appropriate.
- Aim to return the affected person to his or her original job function. Consider reasonable accommodations like flexible work hours or adjusted travel requirements where possible.
- Make use of community resources such as local rehabilitation services, support groups, and community health services.
- Communicate (with the consent of the affected staff member or Parliamentarian) with his/her treating mental health care professional regarding job requirements and possible accommodations.

The section on self-help on the following page may also be of particular use to smaller Parliaments where more structured and potentially costly external support services may not be feasible. With the growing recognition of the importance of workplace mental health, online support resources are proliferating. Have a look at our section on ‘Self-help: Resources’ on p.40 for more information on free resources.

PARLIAMENTARY CASE STUDY: NATIONAL ASSEMBLY OF QUÉBEC¹⁰¹

In addition to several existing initiatives to support mental health, the National Assembly of Québec is planning a “virtual health break” programme: once a month, a 15-minute virtual meeting will be “accessible to all people working at the National Assembly, during which topics related to mental health and overall health” will be discussed.

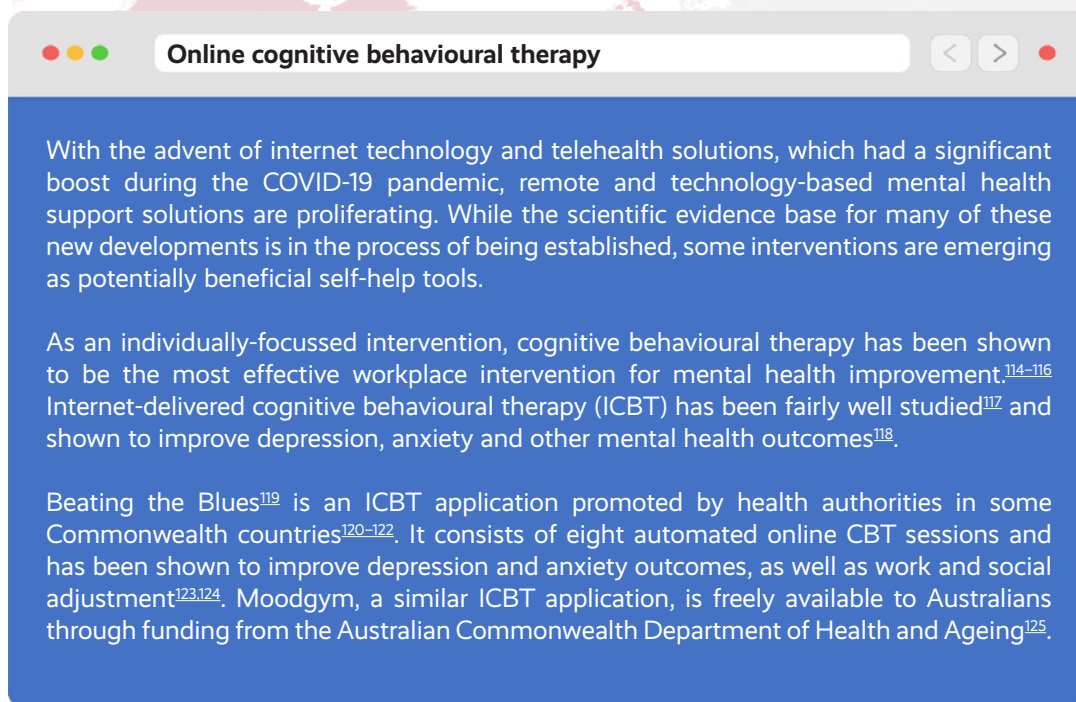
This is a fairly easily-implementable intervention for smaller Parliaments. Given the relatively short time commitment, it may also be easily accessible to those who wish to participate. The fact that it is delivered online, further promotes accessibility.

These types of online events are ideal for showcasing and creating awareness of mental health in your Parliament, disseminating information on available support resources and relevant policies, and for demonstrating basic self-help techniques like breathing exercises, mindfulness, and meditation (see the next section on ‘Self-help’).

D. Self-help

Current evidence suggests that comprehensive interventions that address individual, organisational and work-environment issues are more successful than strategies that address only a single aspect of workplace mental health promotion^{64,113}. Individual resilience is not sufficient in the absence of the systemic and organisational support mechanisms discussed above, but it is necessary for a successful mental health promotion strategy. Across the primary, secondary and tertiary intervention stages for supporting mental health (see p.13), individual resilience building has an important role to play.





With the advent of internet technology and telehealth solutions, which had a significant boost during the COVID-19 pandemic, remote and technology-based mental health support solutions are proliferating. While the scientific evidence base for many of these new developments is in the process of being established, some interventions are emerging as potentially beneficial self-help tools.

As an individually-focussed intervention, cognitive behavioural therapy has been shown to be the most effective workplace intervention for mental health improvement.^{114–116} Internet-delivered cognitive behavioural therapy (ICBT) has been fairly well studied¹¹⁷ and shown to improve depression, anxiety and other mental health outcomes¹¹⁸.

Beating the Blues¹¹⁹ is an ICBT application promoted by health authorities in some Commonwealth countries^{120–122}. It consists of eight automated online CBT sessions and has been shown to improve depression and anxiety outcomes, as well as work and social adjustment^{123,124}. Moodgym, a similar ICBT application, is freely available to Australians through funding from the Australian Commonwealth Department of Health and Ageing¹²⁵.

Mindfulness

“Mindfulness” refers to a focused awareness of sensations in the present moment – in our surrounding environment, as well as internally, within our physical bodies and emotional experiences. It requires a measure of objectivity and curiosity when examining these sensations, coupled with an attitude of self-empathy^{126,127}. Two types of standardised mindfulness-based interventions are increasingly used in Western psychology, namely Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT)^{128–130}, the latter building on the principles of MBSR and integrating a cognitive approach¹³⁰. Both are group-based therapies delivered over eight weeks and teach mindfulness skills and practices. Mindfulness-based interventions have been shown to improve mental health outcomes, including for depression and anxiety^{128,129,131}.



“The mindfulness course has been of great benefit to me both personally and professionally. The mindfulness breathing techniques and practical exercises have helped me to cope much better with the stresses and strains of a highly demanding job and gain a better work-life balance.”

“I found the course extremely helpful in focusing my mind, reducing stress and improving concentration.”

“For anyone looking to find a way of balancing the often competing demands of home, work, and not least, ourselves, it’s worth their checking out an introduction to mindfulness. Too often we overlook the basics in our lives and to find a way of connecting with what really matters.”

“Mindfulness need not be thought of only as a ‘cure’ for those in need, it also helps one to know how to...enjoy living a life of service. I have found the mindfulness course amazingly helpful.”¹²⁶

Mindfulness-based interventions can be delivered in person or via online applications, the latter proliferating as people tend to increasingly seek support via self-and tele-support solutions.



Which app?

While the demand for internet-based mental health support solutions is rising rapidly and new applications are being developed to meet these demands, scientific evidence-building may lag behind. It is ideal to choose applications and tools that have been shown to be effective through robust scientific enquiry. The conundrum currently faced in this environment, however, is that scientific review and publication may only be finalised once the technology has already become outdated¹³². The National Institute of Mental Health (NIMH, US)¹³² suggests some key issues to interrogate when choosing an application for mental health support:

Key Issues to Consider When Evaluating a Mental Health Intervention App

- Ask a trusted health care provider or institution for a recommendation
- Check that the app includes recommendations on dealing with worsening symptoms and psychiatric emergencies
- Consider whether you want a fully automated app or one that connects with a health care professional or appropriately trained person
- Check the credentials and experience of the app developer
- Beware of misleading or fraudulent logos in marketing material
- Search trusted health science information websites to verify information. If there is no information on the particular app, check if the treatment it is based on has been tested.
- Do a test-run and try out the app to see if it works technically, and if it is user-friendly and engaging

The National Institute for Health and Care Excellence (NICE) in the UK publishes reviews and recommendations regarding new digitally enabled therapies for mental health problems through its Improving Access to Psychological Therapies initiative^{133,134}. The National Health Service (NHS, UK) also maintains a list of technology applications that meet its basic quality standards¹³⁵. When assessing a new application or technology for use or promotion in your Parliament, consider checking these and similar reports for evidence-based therapies. See the Resources section below for more information.

Self-help: resources

1. Doing What Matters in Times of Stress: An Illustrated Guide by the WHO. Includes guidance on stress management for coping with adversity. “The guide aims to equip people with practical skills to help cope with stress. A few minutes each day are enough to practice the self-help techniques. The guide can be used alone or with the accompanying audio exercises. Informed by evidence and extensive field testing, the guide is for anyone who experiences stress, wherever they live and whatever their circumstances”. Accessible from: <https://www.who.int/publications/i/item/9789240003927>
2. Beating the Blues offers online cognitive behavioural therapy (CBT) for mild to moderate depression and anxiety. “This online CBT course enables users to work through modules to learn about and apply the principles of CBT at a time and place to suit each individual”. The course comprises of eight sessions. Accessible from: <https://www.beatingtheblues.co.uk/>
3. NHS Apps Library. “Find apps and online tools to help you manage your health and wellbeing”. Accessible from: <https://www.nhs.uk/apps-library/>
4. NICE Digital therapies assessed and accepted by the Improving Access to Psychological Therapies Programme (IAPT). Contains a list of all of the digital therapies that have been assessed by the programme. Accessible from: <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/improving-access-to-psychological-therapies--iapt-/submitting-a-product-to-iapt#published-IABs>
5. Get Your Mind Plan, by Every Mind Matter (NHS). A 5-item online quiz which generates an action plan for working towards your personal mental wellbeing. Accessible from: <https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/>
6. NHS self-help guides and tools on exercise for mental health. Accessible from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/exercise-for-depression/>
7. Mental Health Foundation guidance on diet and mental health. Accessible from: <https://www.mentalhealth.org.uk/a-to-z/d/diet-and-mental-health>
8. Mind guidance on diet and mental health. Tips and a video on “food and mood”. Accessible from: <https://www.mind.org.uk/information-support/tips-for-everyday-living/food-and-mood/about-food-and-mood/>
9. Better Health (NHS UK). Amongst other resources, this website lists apps that can assist in improving exercise, alcohol consumption and dietary habits (scroll to the end of the page for the list of apps). Accessible from: <https://www.nhs.uk/better-health/#apps-and-tools>



E. Constituent support

Given the rising prevalence of mental health disorders across most societies, Parliamentarians and parliamentary staff may be increasingly confronted by mental health problems affecting constituents. In a 2008 report by the All-Party Parliamentary Group on Mental Health (UK)²⁸, 88% of Parliamentarians and 72% of Peers surveyed were reported to have voted on mental health-related bills in Parliament. Parliamentarians tasked with mental health policy-making should have a reasonable understanding of mental health, its complexity and interconnectedness to all aspects of health and society, and its far-reaching impacts. While public mental health policy-making is outside the scope of this toolkit, we recognise that Parliamentarians and staff may also be confronted with mental health problems presented directly by individual constituents. These interactions may, in turn, be taxing on the mental health of Parliamentarians and staff. In the same 2008 report mentioned above²⁸, every Parliamentarian surveyed indicated that they had encountered people with mental health problems through their parliamentary duties.

Following an increasing number of Parliamentarians who approached them regarding advice for supporting mental health problems of constituents, the All-Party Parliamentary Group on Mental Health, in partnership with Mind, Rethink Mental Illness, and the Royal College of Psychiatrists, published a guide for UK Parliamentarians and staffers on dealing with mental health-related problems presented by constituents¹³⁶. The guide includes the following:

- an overview of common mental health disorders,
- advice on how to listen and engage with someone with a mental health problem and/or in distress,
- advice on dealing with the risk of harm or aggression and the handling of challenging correspondence,
- guidance on setting boundaries and establishing a supportive office environment for colleagues confronted with these issues, and
- advice on the distribution of information regarding support services¹³⁶.

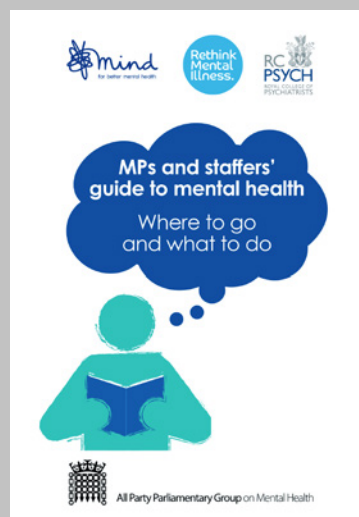
Please see our section on Resources below for more information on this guide:

MIND GUIDE TO MENTAL HEALTH FOR MPS AND STAFFERS

Together with *Rethink Mental Illness* and the *Royal College of Psychiatrists* as part of the All Party Parliamentary Group for Mental Health, Mind produced a booklet which sets out practical ways for Parliamentarians and staffers to support constituents with mental health problems. It includes information on:

- Common mental health problems
- Handling difficult emails and phone calls
- Signposting and local information

Accessible from: <https://www.mind.org.uk/about-us/our-policy-work/our-work-in-parliament/mps-and-staffers-guide-to-mental-health/>



F. Monitoring & evaluation

As with any formal organisational initiative, it is important to monitor and evaluate mental health support initiatives in your Parliament in order to assess their effectiveness, cost-effectiveness, evolution of needs, and outcomes. It is ideal to start with an initial needs assessment (see our earlier section on 'A. Recognising Needs, and Prioritisation') to help inform your strategy, and to provide a baseline status against which to measure outcomes. Reasonable agility in implementation may also increase chances of success. This requires regular monitoring and evaluation, and revision of strategy and implementation as required. Aspects to consider when monitoring your mental health strategy include the following (from The Mental Health Commission of Canada¹³⁷):

Key Considerations When Monitoring Your Mental Health Strategy (from The Mental Health Commission of Canada¹³⁷):

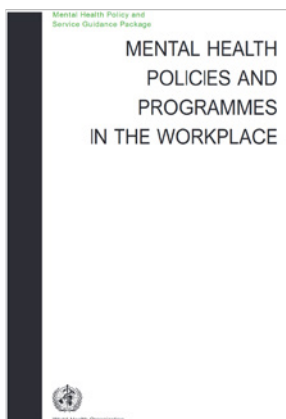


As described in our previous section on 'A. Recognising Needs, and Prioritisation', measures to consider include aspects of organisational culture and prioritisation of mental health, comfort in disclosing need for help, access to support, workplace contributors to mental health strain, and signs and symptoms of mental ill health. Here, absenteeism may be a useful parameter, along with objective symptom assessment tools such as the PHQ-9¹³⁸, GAD-7¹³⁹, and AUDIT¹⁴⁰. Again, as stated in our previous section Confidentiality is Key (p.16), it is imperative to always maintain the confidentiality of sensitive information collected from programme participants.



Monitoring & evaluation: Resources

1. WHO guide on Monitoring and Evaluation of Mental Health Policies and Plans. Accessible from: https://www.who.int/mental_health/policy/monitoring_and_evaluation_of_mental_health_policies_and_plan.pdf



2. WHO Mental Health Policy and Service Guidance Package on Mental Health Policies and Programmes in The Workplace. Accessible from: https://apps.who.int/iris/bitstream/handle/10665/43337/9241546794_eng.pdf

Conclusion

Parliamentarians and parliamentary support staff face unique challenges to their mental health. They work in high-pressure environments, often characterised by demanding working hours, long-standing cultures of abuse and harassment, intensifying public scrutiny, competitiveness and tension between control and outcomes in the performance of their duties. That these are risk factors for mental ill health are obvious. Mental health support in Parliament starts with an open and honest investigation of the needs, followed by gaining commitment from relevant decision-makers to change the *status quo*, implementing evidence-based strategies, and continuously monitoring and evaluating progress.



There can be no health without mental health, and this is as true for Parliamentarians and support staff as it is for anyone else. There are several support options available which can be chosen from and customised to suit your Parliament's needs. It is incumbent on all Parliaments to protect and promote the mental health of Parliamentarians and support staff to ensure healthy parliamentary life, meaningful productivity in Parliament, and, ultimately, healthy democracies.



Further Reading & Resources

All-party Parliamentary Group (APPG) on Mental Health (UK).



“The APPG focuses on many issues important to improving mental health services. Recently we have conducted meetings into the reforms to the *Mental Health Act*, which will cover the reception, care and treatment of mentally unwell people.” Further information accessible from: <https://www.rethink.org/get-involved/campaign-with-us/the-difference-we-make/appg-on-mental-health/>

Another useful resource for further information on the terminology used around mental health conditions is UK mental health charity Mind’s glossary of such terms, accessible from the following link: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/>

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