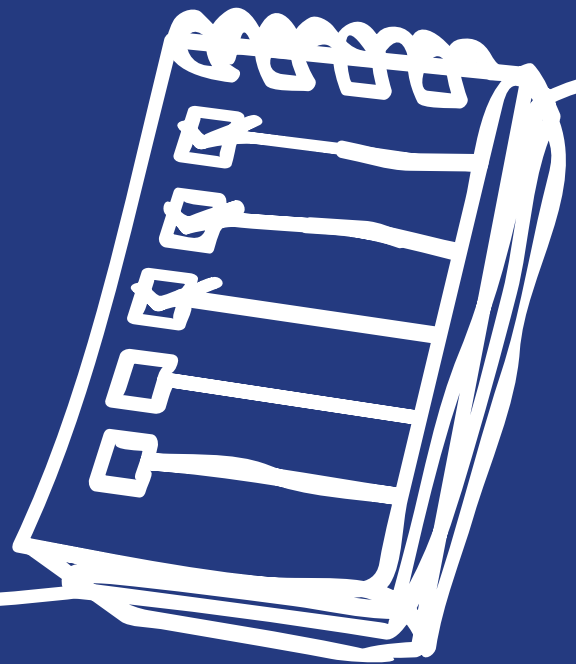


Supporting the mental health of NHS staff

The role of NHS leaders in reducing mental health stigma and creating mentally healthy cultures



About this guide and this series

The Coronavirus (Covid-19) pandemic has presented our NHS workforce with one of their greatest challenges to date and whilst it's unlikely that we'll understand the full impact of Covid-19 on the mental health and wellbeing of the NHS workforce for some time yet, what we do know is that compassionate leadership is needed now more than ever and staff wellbeing needs to be a priority.

This resource series has been funded by the British Medical Association, and developed by Mind. It aims to provide practical advice and tips to help NHS leaders, and line managers, reduce mental health stigma, create mentally healthy cultures and support better mental health. We have also created information about the role of champions and peer supporters, given the high level of informal support given by peers across the NHS to support the mental health and wellbeing of their colleagues.

In developing this guidance, it was clear from the evidence that the biggest barriers to staff accessing support is the stigma associated with mental health and lack of senior leadership in creating cultures where mental health and wellbeing is prioritised and talked about openly.

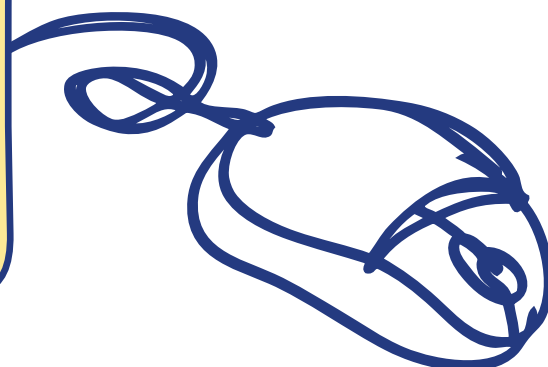
These barriers are not unique to Covid-19, they have existed in the NHS for a long time. And whilst providing individuals with information about self-care, support for their mental health and access to effective interventions is essential, this can only be done alongside tackling the work-related causes of poor mental health within the NHS workforce if true systemic change can take place.

Stigma, an unsupportive culture and lack of compassionate leadership are key root causes. This resource series is a starting point for NHS leaders and line managers, who want to tackle these and prioritise the mental health and wellbeing of their people. If now is not the time to do this, then when?

There are three resources in this series:

- 1 The role of NHS leaders in reducing mental health stigma and creating mentally healthy cultures.
- 2 The role of NHS line managers in supporting better mental health.
- 3 The role of champions and peer supporters.

The three resources can be found on the [Mental Health at Work website](#).



Helpful definitions

For the purpose of clarity, when we refer to ‘mental health’ in this guide we are using it in the broadest possible sense. Some useful definitions to terms used in this guide can be found below.

Mental health

We all have mental health, just as we all have physical health. How we feel can vary from good mental wellbeing to difficult feelings and emotions, to severe mental health problems.

Mental wellbeing

Mental wellbeing is the ability to cope with the day-to-day stresses of life, work productively, interact positively with others and realise our own potential. When we talk about well-being we are referring to mental well-being.

Poor mental health

Poor mental health is when we are struggling with low mood, stress or anxiety. This might mean we’re also coping with feeling restless, confused, short tempered, upset or preoccupied.

We all go through periods of experiencing poor mental health – mental health is a spectrum of moods and experiences and we all have times when we feel better or worse.

Mental health problems

We all have times when we struggle with our mental health. A mental health problem is when difficult experiences or feelings go on for a long time and affect our ability to enjoy and live our lives in the way we want.

You might receive a specific diagnosis from your doctor, or just feel more generally that you are experiencing a prolonged period of poor mental health.

Common mental health problems

These include depression, anxiety, phobias and obsessive-compulsive disorder (OCD). These make up the majority of the problems that lead to one in four people experiencing a mental health problem in any given year. Symptoms can range from the comparatively mild to very severe.

Severe mental health problems

These include conditions like schizophrenia and bipolar disorder which are less common. They can have very varied symptoms and affect your everyday life to different degrees, and may require more complex and/or long-term treatments.

Work-related stress

Work-related stress is defined by the Health and Safety Executive as the adverse reaction people have to excessive pressure or other types of demand placed on them at work. Stress, including work-related stress, can be a significant cause of illness. It is known to be linked with high levels of sickness absence, staff turnover and other issues such as increased capacity for error.

Stress is not a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of depression or anxiety, or other mental health problems.

Burnout

Burnout isn’t technically a diagnosis, but instead refers to a collection of symptoms. You may feel exhausted, have little motivation for your job, feel irritable or anxious and you may see a dip in your work performance.

Stigma

Stigma is the perception that a certain attribute makes a person unacceptably different from others, leading to prejudice and discrimination against them.

Self-stigma

Self stigma is where a person with a mental health problem becomes aware of public stigma, agrees with those stereotypes and internalises them by applying them to the self.

Compassionate leadership

Compassionate leadership in practice means leaders listening with fascination to those they lead, arriving at a shared (rather than imposed) understanding of the challenges they face, empathising with and caring for them, and then taking action to help or support them. (The King’s Fund, 2019)

Stigma

Stigma related to mental health is a major cause of discrimination and exclusion. It continues to be a major barrier to NHS staff accessing support for their mental health. This includes self-stigma.

Stigma is not a new barrier facing NHS staff. NHS staff have always worked in a pressurised, high expectation environment that also create cultures where mental health problems are seen as a sign of weakness, linked to letting colleagues and patients down.

However, the issue of stigma has been compounded during Covid-19 by the ongoing hero narrative. The hero narrative, which was intended to communicate the value with which we hold health care professionals, may have unintentionally added to the pressure individuals have felt to rise to the Covid-19 challenge, continually going above and beyond their duty of care, putting their mental health at risk.

“Mental health still seems to be something that is not openly discussed given the requirement for being strong in our roles”. Focus group participant

As NHS leaders, you play an essential role in reducing mental health stigma and creating cultures where reaching out for support is encouraged and welcomed. It's important you recognise that being a human being (rather than a 'superhero') and high performing are not mutually exclusive and that happy staff are more compassionate and provide better care. You should strive to promote an acceptance that everyone has a continuum of mental health and that mental health is transitional.

What is mental health stigma?

The overwhelming majority of people with mental health problems report being misunderstood by family members, shunned and ignored by friends, work colleagues and health professionals, called names and much worse by neighbours.

Stigma is the perception that a certain attribute makes a person unacceptably different from others, leading to prejudice and discrimination against them.

Mental health stigma and discrimination prevent people from seeking help: this can delay treatment and impair recovery. It isolates people, excluding them from day-to-day activities and making it hard to build new relationships or sustain current ones. It can stop people getting or keeping jobs.

- 9 out of 10 people who experience mental health problems say they face stigma and discrimination as a result.
- 50% of people said that stigma and discrimination are as damaging or more damaging than the symptoms of their mental health problem.
- 35% of respondents said that stigma had made them give up on their ambitions, hopes and dreams for their life.
- 27% said stigma had made them want to give up on life.

Figures come from viewpoint survey 2014/15 (Institute of Psychiatry). Survey of 1,000 people using secondary mental health services in five locations in England.



Understanding why there is stigma

Understanding why stigma exists will enable you to better understand how to break it down. Stigma is the result of a simple formula:

Ignorance + prejudice + discrimination = stigma

Often, ignorance is the key driver which leads to prejudice and discrimination and finally stigma so as leaders tackling the ignorance that surrounds mental health is paramount. It's also important to note that reducing the stigma associated with mental health requires everyone's support and input, but leaders should take on the role of galvanising people into action through building knowledge and changing attitudes and behaviours. This is what will create a lasting change within the NHS for many years to come.

Why do employees feel that they can't talk about their own mental health at work?

- In a survey of UK adults, 56% said they would not hire someone with depression even if they were the best candidate for the job. (Time to Change, 2009)
- It is perhaps not surprising, therefore, that less than half of employees say they would feel able to talk openly with their line manager if they were suffering from stress and why only 11% of employees have discussed a recent mental health problem with their line manager. (Business in the Community's Mental Health at Work Report, 2017)
- 35% of people think they would be less likely to get promoted if they had depression. (British Social Attitudes Survey, 2017)

NHS staff might be worried that they might not be trusted with work if they were to disclose a mental health issue, or that they might be passed over for promotion.

Employees might be apprehensive that colleagues or managers won't believe the extent of the issue and think they are 'taking the mick' or being lazy.

With the average British person spending just over 1800 hours a year in work, an environment where a great number of people feel uncomfortable talking to their employer or colleagues about their mental health prevents those staff from truly being themselves, open and honest for around a third of their waking hours each and every year.

2

Eradicating ignorance

Educate

Many of our opinions about mental illness have been influenced by newspapers, TV and films. Often the portrayal of people with mental health problems presents a view of those people as either dangerous and violent or helpless and unable to cope. The idea of being unable to cope is especially an issue within the NHS.

In most cases, this picture couldn't be further from the truth. As we know, 1 in 4 of us will experience a mental health issue in our lifetime, and most of us will continue to function and recover fully with the right support. Therefore, it is important to arm your staff with the facts about mental health and to provide accurate and impactful information.

Helpful Tip

Create visible places where there is information about mental health and mental health problems, which speak directly to staff. These can be physical places such as a 'mental health board' in wards, posters on the back of toilet doors or in staff spaces or on the staff intranet/internal system where all staff can access the information. Don't bury the information behind pages and pages of text – make sure there is clear signposting on the homepage for everybody to see.

Publicise and normalise

Create opportunities to talk about mental health. This can include newsletters, workshops, posters – anything which normalises mental health through information and visuals. Visit the [Time to Change website](#) for useful resources, materials and ideas to get started.

Helpful Tip

Key dates throughout the year can prove fantastic opportunities to publicise support options and normalise mental health conversations. How might you look to leverage the awareness campaigns we've highlighted in our mental health calendar?

Myth Busting

Challenging myths around mental health is another important way to reduce stigma. Educate your people on the common myths. Below are some examples:

“Only weak people have mental health problems.”

There are many people who are deemed as ‘strong’ or ‘successful’ that live with a mental health problem. Some examples include Stephen Fry, Frank Bruno, and Ruby Wax in the ‘celebrity world’.

“Mental health problems are for life.”

This isn’t true. While some people may experience problems over a long period, very many people may experience a single episode of illness. This is as true of schizophrenia as it is of depression. People can and do recover from mental health problems. Furthermore, many people are able to live successful and happy lives with an active mental health problem through management of their mental problem.

“It’s within your control, so pull yourself together.”

There are lots of different things that can contribute to someone becoming unwell and often it can be outside of somebody’s control, for example Covid-19. As a leader being able to support somebody understand what is, and what isn’t in their control, can be hugely empowering and support better mental health. The Spheres of Influence exercise below can be a useful tool in supporting a staff member to begin forming an action plan.

“People with mental health problems are aggressive and violent.”

NHS staff can be exposed to aggressive and violent behaviour, including from people who may be experiencing mental health problems. The sad truth is that people with mental health problems are more likely to hurt themselves than anyone else. People with mental health problems are actually much more likely to be victim of violence and this myth can make it harder for people to talk openly about their mental health problems.

Helpful Tip

Create a list of people in the medical profession who live with a mental health problem but are perceived as ‘strong’ or ‘successful’. Having people they can relate to talk about their own mental health, will help people who may be struggling.

Lived experience and the use of personal stories

Encourage people to listen and understand the normality of mental health through personal testimonies from people with lived experience of a mental health problem. Create opportunities for people who have lived through a mental health issue to share their stories, and to emphasise and demonstrate recovery.

We asked participants in our NHS staff focus groups what is important to them when it comes to hearing personal stories. Here's what they said:

- Often the worst story is picked as the case study and this can be unhelpful or risk diminishing other people's experiences.
- Something more relatable and with specific details included so it can be really easy for people to identify themselves in it (such as specific feelings experienced).
- Hearing a clear narrative about how change occurred is important to give hope.

Helpful Tip

Consider ways in which you can support staff to share their personal stories but consider this feedback from an emergency services staff member:

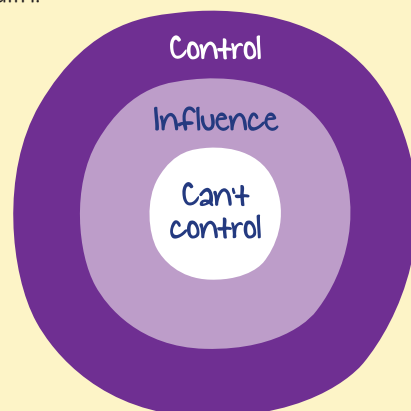
"I've never had one negative reaction. People react with empathy, and often disclose that either they, a family member or a friend has suffered from mental illness. How stupid is it to think that people who work in the blue light services, who deal with all the bad things in society, are immune from mental illness? We are not, and there is no shame in that."

You can find Time to Change's advice on sharing your story by visiting their [website](#) and you can find their guidance on discussing sensitive issues such as self-harm, suicide and eating disorders so as to keep readers safe [here](#).

Spheres of Influence

You can carry out a simple exercise to work through somebody's spheres of influence with them and help them create an action plan to support their mental health:

- What can they **control** – these can then be captured as part of their action plan.
- What can they **influence** – these can then be captured as part of their action plan.
- What we they **accept** (i.e what they cannot currently control) – these can be captured as an issue that needs to be acknowledged but cannot be mitigated against at the present time although it may well be something that can be influenced or controlled in the future.



It is worth noting that there might be some things that overlap as there are things that they have partial control over. Some things that we have to accept for now might also be something we can influence in the future. You can capture this in a diagram like the one above.

Mental health calendar

Time to Talk Day

4 February 2021

Mental health problems affect one in four of us, yet too many people are made to feel isolated, ashamed and worthless because of this. Time to Talk Day encourages everyone to be more open about mental health – to talk, to listen, to change lives. This time, Time to Change's theme is 'the power of small' – because a small conversation about mental health has the power to make a big difference.

Children's Mental Health Week

1-7 February 2021

Children's Mental Health Week aims to raise awareness of the benefits of getting children support at the earliest possible opportunity, and to encourage parents to talk openly with children about their feelings and getting help.

Self-Injury Awareness Day

1 March 2021

Self-Injury Awareness Day takes place every year on 1 March. It aims to raise awareness, understanding and empathy around self-harm, and reduce the number of people struggling in silence.

Eating Disorders Awareness Week:

1 – 7 March 2021

Eating Disorders Awareness Week is an international awareness event, fighting the myths and misunderstandings that surround eating disorders.

University Mental Health Day

4 March 2021

A day where Student Minds and the University Mental Health Advisers Network bring universities together to focus efforts on promoting the mental health of people who live, work and study in Higher Education settings.

World Bipolar Day

30 March 2021

The purpose of the day is to raise awareness of bipolar disorders and to improve sensitivity towards the illness. It is promoted by the International Bipolar Foundation and partners.

Stress Awareness Month

April 2021

Stress Awareness Month has been held every April since 1992 to increase public awareness of the causes, signs and coping strategies for stress.

Maternal Mental Health Matters Awareness Week

3 – 9 May 2021

A week-long campaign dedicated to talking about mental illness while pregnant or after having a baby. This is a chance to highlight the support and information available to mums.

Mental Health Awareness Week

10 – 16 May 2021

Organised by the Mental Health Foundation, Mental Health Awareness Week is a national week to raise awareness of mental health problems and promote the message of good mental health for all.

International Fathers' Mental Health Day

19 June 2021

Held on the day following Father's Day, this campaign looks to highlight key aspects of fathers' mental health, with particular attention on paternal postpartum depression.

World Suicide Prevention Day

10 September 2021

Hosted by International Association for Suicide Prevention and the World Health Organisation, the purpose of the day is to promote worldwide commitment and action to prevent suicides.

World Mental Health Day

10 October 2021

World Mental Health Day is a great opportunity to raise awareness of mental health problems and start conversations. Each year a theme is set by the World Federation for Mental Health.

National Stress Awareness Day

3 November 2021

Promoted by the International Stress Management Association, this day aims to raising awareness of the effects of psychological distress in the workplace and strategies to address it.

International Survivors of Suicide Loss Day

20 November 2021

A day for those affected by suicide loss to gather and come together at events around the world - to find comfort, gain understanding and share stories of healing and hope.

3

Opening up the conversation

Talk

Encouraging people to talk about their mental health is one of the most empowering things a leader can do. Talking isn't just about focussing on mental health problems, it's about promoting good mental health for all. We often hear from leaders that the two biggest barriers to making time to talk are lack of time and worrying about not having the 'right answers'.

Helpful tip

Don't worry about having all the answers. The fact you are asking and listening will make an enormous difference. Use the conversation checklist and question suggestions below to guide you.

Encourage the use of Wellness Action Plans

Wellness Actions Plans are an easy, practical way of helping NHS leaders support the wellbeing of their teams.

They are a personalised, practical tool we can all use – whether we have a mental health problem or not – to help us identify what keeps us well at work, what causes us to become unwell and the support we would like to receive from our manager to boost our wellbeing or support us through a recovery.

They address:

- approaches the individual can adopt to support their mental wellbeing
- early warning signs of poor mental health to look out for
- any workplace triggers for poor mental health or stress
- potential impact of poor mental health on performance, if any
- what support they need from you as their manager
- actions and positive steps you will both take if they are experiencing stress or poor mental health.

By encouraging teams to draw up a Wellness Action Plan, managers give ownership of the practical steps needed for staff to help stay well at work or manage a mental health problem. It also opens up a dialogue between the manager and the team member, to help them better understand their needs and experiences and therefore better support their wellbeing.

Mind has three guides to Wellness Action Plans, which can be printed or completed electronically: A guide for managers; A guide for employees; and a guide for those working remotely as a result of coronavirus.

All three can be found by visiting www.mind.org.uk/waps.

Communicate the support that is on offer

At least half of the working population is not aware of the help that their organisations offer. Staff who are proactive will seek out resources and support, but those who really need it often will not. This includes senior leaders in the NHS. This means that regular communication of the support on offer is needed and as leaders, you need to drive this.

“It’s easy to forget that the service could be accessed. We need visible awareness of support, for example small little tips on computer screens etc.”

Focus group participant.

Conversation checklist

Facilitating the conversation

- Avoid interruptions – switch off phones, ensure colleagues can’t walk in and interrupt.
- Ask simple, open, non-judgemental questions.
- Avoid judgemental or patronising responses.
- Speak calmly.
- Maintain good eye contact.
- Listen actively and carefully.
- Encourage the employee to talk.
- Show empathy and understanding.
- Be prepared for some silences and be patient.
- Focus on the person, not the problem.
- Avoid making assumptions or being prescriptive.
- Follow up in writing, especially agreed actions or support.

Questions to ask

- ✓ How are you doing at the moment?
- ✓ You seem to be a bit down/upset/ under pressure/frustrated/angry. Is everything OK?
- ✓ I’ve noticed you’ve been arriving late recently and I wondered if you’re OK?
- ✓ I’ve noticed the reports are late when they usually are not. Is everything OK?
- ✓ Is there anything I can do to help?
- ✓ What would you like to happen? How?
- ✓ What support do you think might help?
- ✓ Have you spoken to your GP or looked for help anywhere else?

Questions to avoid

- ✗ You’re clearly struggling. What’s up?
- ✗ Why can’t you just get your act together?
- ✗ What do you expect me to do about it?
- ✗ Your performance is really unacceptable right now – what’s going on?
- ✗ Everyone else is in the same boat and they’re okay. Why aren’t you?
- ✗ Who do you expect to pick up all the work that you can’t manage?

4

Using your role as a leader to build a mentally healthy team

Building culture

Most existing support within the NHS relies on individuals pro-actively seeking it out, rather than team-based interventions that inspire people to work together to end the stigma and discrimination surrounding mental health. As a leader you can build a team culture where stigma is tackled, conversations about mental health are normalised and people feel supported.

Helpful Tips

- Introduce a quick 'wellbeing check in' at the start of each team meeting. It's important for leaders to start this and contribute themselves.
- Include wellbeing conversations as a formal element of supervision/one to one conversations and meetings.
- Carry out regular mental health audits with the team to better understand what positively and negatively impacts their mental health.
- Access this Emotional Resilience Toolkit, which gives useful advice on building resilient team.



5

A reminder of the little things that make a difference

There are little things that leaders can on a daily basis to help break down mental health stigma.

Watch your language

Avoid words that may stigmatise mental illness. Sometimes we use words without realising how they might affect people, but there's always a person behind the labels. The more we can use language that accurately and sensitively describes mental health in a thoughtful and compassionate way, the more we encourage a healthy and respectful way to talk about mental health. You can read more about stigmatising language on page 10.

Be there for team mates

If you think somebody in your team may be struggling or affected by poor mental health, make it clear that you're there for them. Express your concern and make sure you really listen and show that you honestly care. During what is, currently, a challenging time as we respond to the coronavirus pandemic, be sure to keep your team members updated on how they can best get in touch with you and vice versa. You can help by just being a caring leader offering your reassurance and emotional support.

Ask twice

Sometimes we say we're fine when we're not. 1 in 6 British workers experiencing a mental health problem each year. If a team member or colleague says they're fine, they might not be.

In a study commissioned by the Mental Health Foundation in 2016, they found the average UK adult will say "I'm fine" 14 times per week, but only really mean it 19% of the time. They study further found that 34% report saying they're fine because its more convenient than explaining how they really feel, whilst 23% say it because they don't think the person asking is really interested in the answer.

By asking how our teams are doing and then asking twice, we can reinforce and reassure staff that we have a genuine interest in their response and have the time to listen. You can find out more about how to ask twice and find a range of promotional materials to support this message amongst your colleagues by visiting the Time to Change website at www.time-to-change.org.uk/asktwice

Talk about mental health!

Speak to your teams about mental health issues, make sure they know the truth behind all the myths and make it part of the everyday norm. It is important to recognise that not all leaders will be familiar and comfortable with doing this, so it's important for leaders to upskill themselves on basic mental health literacy, but it's also the role of the employer to ensure adequate training is provided to staff.

Stigmatising language

Talking about mental health

Certain language can cause offense, upset and distress to someone with a mental health problem. Further, it can often be inaccurate due to a poor understanding of mental health problems and the experiences of those with poor mental health.

The below highlights some of the most common examples of stigmatising language used in the UK today, alongside examples of what might be more appropriate.

Avoid using:

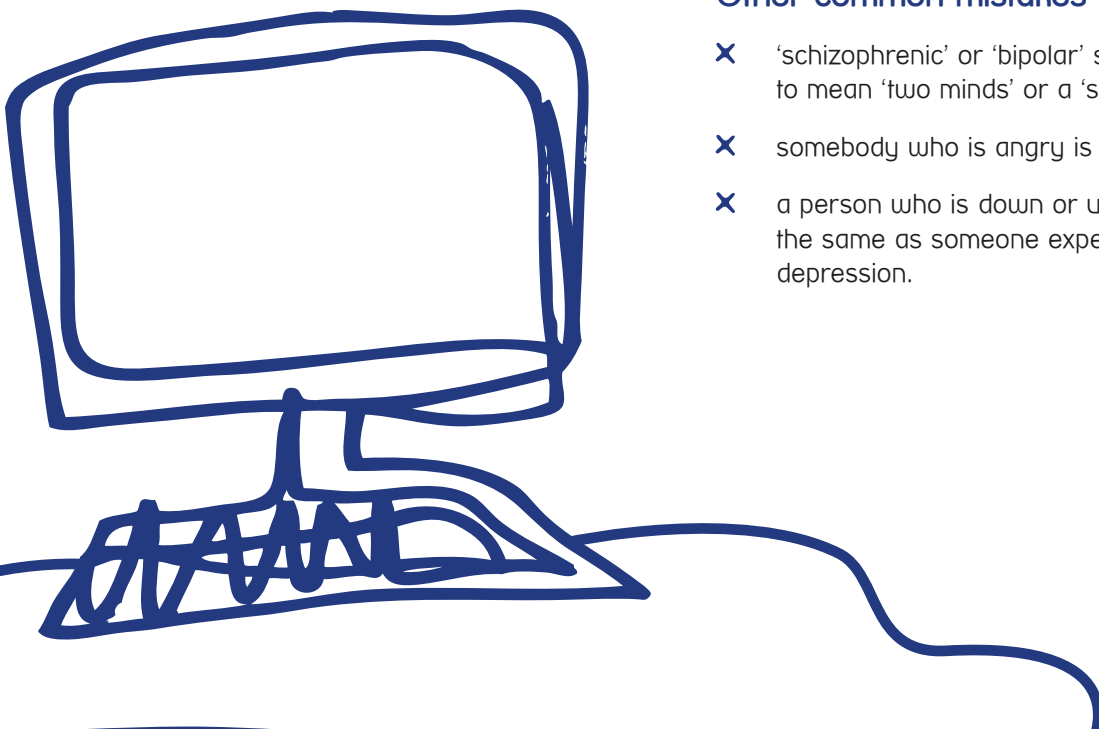
- ✗ 'a psycho' or 'a schizo'
- ✗ 'a schizophrenic' or 'a depressive'
- ✗ 'lunatic' 'nutter' 'unhinged' 'maniac' 'mad'
- ✗ 'the mentally ill', 'a person suffering from' 'a sufferer', a 'victim' or 'the afflicted'
- ✗ 'prisoners' or 'inmates' (in a psychiatric hospital)
- ✗ 'released' (from a hospital)
- ✗ 'happy pills'.

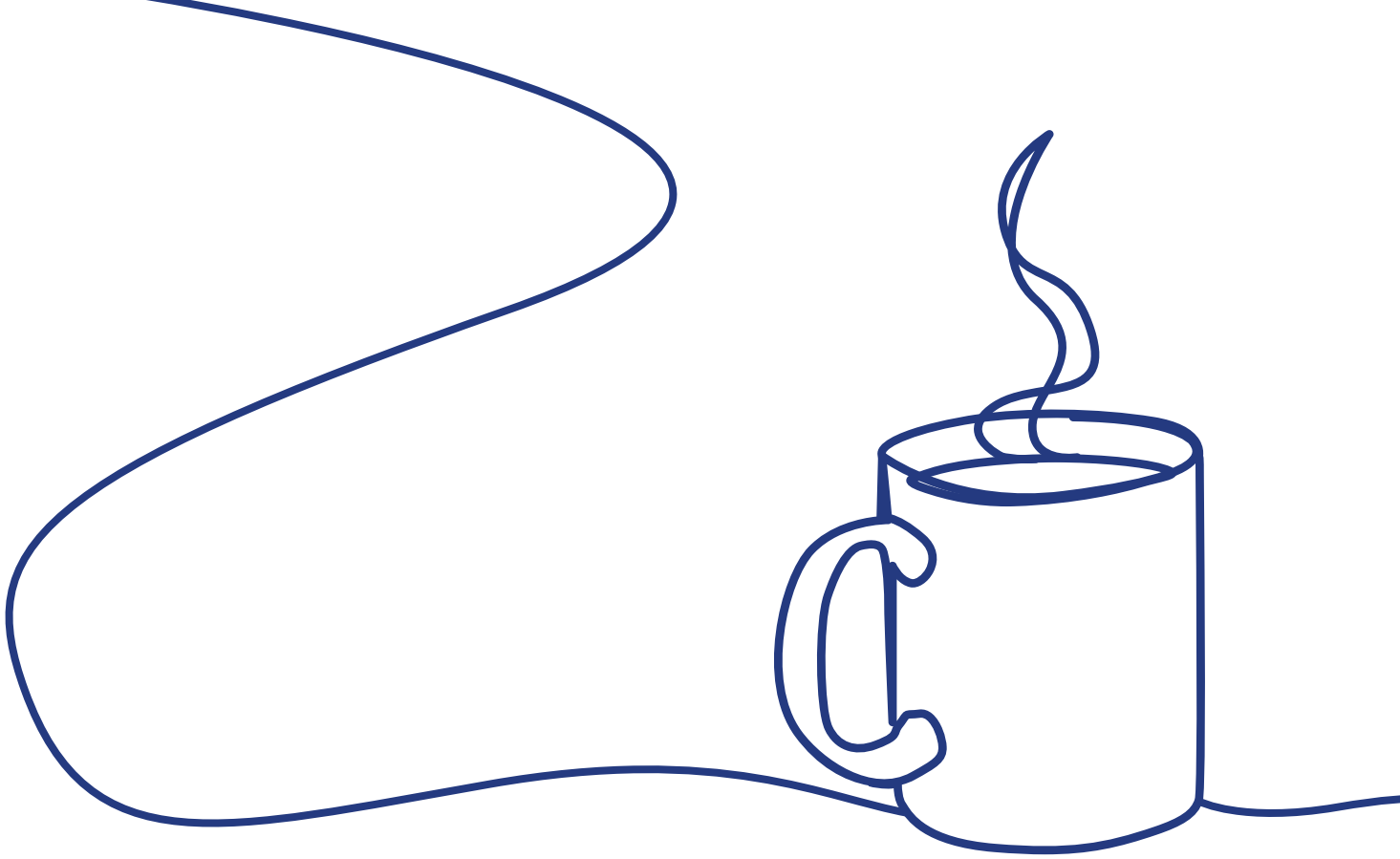
Instead try:

- ✓ 'a person who has experienced psychosis' or 'a person who has schizophrenia'
- ✓ someone who 'has a diagnosis of' is 'currently experiencing' or 'is being treated for...'
- ✓ 'a person with a mental health problem'
- ✓ 'mental health patients' or 'people with mental health problems'
- ✓ 'patients', 'service users' or clients
- ✓ 'discharged'
- ✓ 'antidepressants', 'medication' or 'prescription drugs'.

Other common mistakes

- ✗ 'schizophrenic' or 'bipolar' should not be used to mean 'two minds' or a 'split personality'
- ✗ somebody who is angry is not 'psychotic'
- ✗ a person who is down or unhappy is not the same as someone experiencing clinical depression.





How to talk about suicide

We do not need to be experts in mental health in order to have a conversation regarding mental health. However, the way in which we talk about suicide can, unintentionally, be stigmatising and upsetting to people who have attempted to take their own life or have been bereaved by suicide.

The language people use to talk about suicide often stems from its historical treatment. The word 'commit' in reference to suicide comes from a time when suicide was treated as a crime. However, The Suicide Act 1961 decriminalised the act of suicide in the UK – yet the term remains very much in common usage.

The more we can use language that accurately and sensitively describes suicide in a thoughtful and compassionate way, the more we encourage a healthy and respectful way to talk about suicide.

Avoid stigmatising terminology, such as:

- ✗ Committed suicide
- ✗ Successful suicide
- ✗ Completed suicide
- ✗ Failed attempt at suicide
- ✗ Unsuccessful suicide.

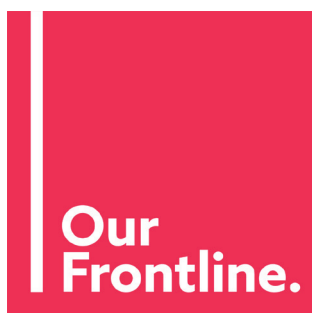
Use appropriate terminology that is sensitive to the persons involved:

- ✓ Died by suicide
- ✓ Suicided
- ✓ Ended his/her life
- ✓ Took his/her life.

Signposting to support

It's great to start the conversation in your workplace and we hope that this resource and those we have referenced in this guide help you to do this. Sometimes this can mean that people currently experiencing mental health problems will need some support as sensitive conversations may bring up difficult things.

We would encourage you to highlight the support tools that you currently offer employees within your organisation, but you may also wish to direct staff to some of the support services available below.



Our Frontline

Right now, healthcare workers are facing an extremely challenging situation, doing important and difficult work. Taking care of your mental health and managing feelings might be taking a back seat.

Our Frontline offers round-the-clock one-to-one support, by call or text, from trained volunteers, plus resources, tips and ideas to look after your mental health.

Wellbeing support by text for health and social care staff

All NHS staff can access free support by text 24/7. **Text FRONTLINE to 85258** to talk by text with a trained volunteer.

Wellbeing support by telephone for health and social care staff

NHS staff in England can call **0800 069 6222** and NHS staff in Wales can call **0800 484 0555**, daily from 7am–11pm.

To speak with a listening volunteer in Welsh call **0808 164 2777**, every evening 7pm–11pm. For UK-wide support call 116 123.

Counselling and trauma phone helpline

You can also talk to trained staff and counsellors who are experts in bereavement, grief and trauma, providing support for health, care and emergency workers during the pandemic.

Call **0300 303 4434**, free and in confidence, 8am to 8pm 7 days a week.

Online resources tailored to NHS Staff

No matter what your role is in the NHS, you can access resources tailored to NHS staff at ourfrontline.org.

Mind Infoline

Telephone: 0300 123 3393

Email: info@mind.org.uk

www.mind.org.uk/information-support/helplines/

Mind provides confidential mental health information services. With support and understanding, Mind enables people to make informed choices.

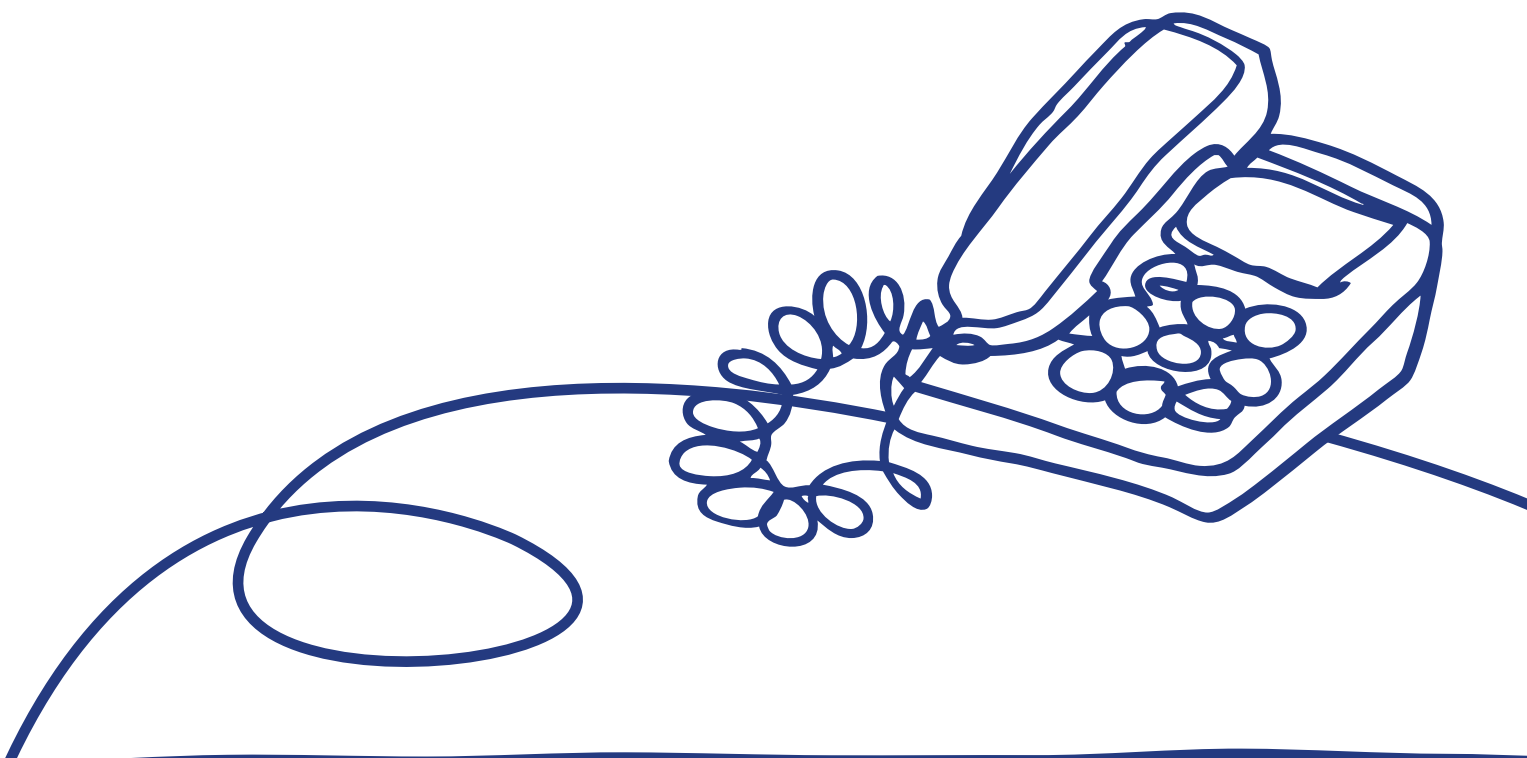
The Infoline gives information on types of mental distress, where to get help, drug treatments, alternative therapies and advocacy. Mind also has a network of nearly 200 local Mind associations providing local services.

Side by Side, Mind's online community

Side by Side, is a supportive online community where you can feel at home talking about your mental health and connect with others who understand what you are going through.

We all know what it's like to struggle sometimes, but now there's a safe place to listen, share and be heard. Whether you're feeling good right now, or having a hard time, it's a safe place to share experiences and listen to others. The community is available to all, 24/7.

Side by Side is moderated daily from 8.30am to midnight.



We're Mind, the mental health charity. We want to support a million people to stay well and have good mental health at work by 2021.

Be part of our movement for change in workplace mental health.

work@mind.org.uk

mind.org.uk/work

 @MindCharity

 [Facebook.com/mindforbettermentalhealth](https://www.facebook.com/mindforbettermentalhealth)

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