Mental Health and Wellbeing in Garment Factories

Policy and Procedures

BetterWork.

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▶ List of Abbreviations

ILO	International Labor Organization
CBA	Collective Bargaining Agreement
JTGCU	The General Trade Union of Workers in Textile, Garment and Clothing Industries / Jordan
OSH	Occupational Safety and Health
GP	General Practitioner
IASC	Inter-Agency Standing Committee
mhGAP	Mental Health Gap Action Program
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
ToR	Terms of Reference
ToT	Training of Trainers
SOPs	Standard Operating Procedures
WHO	World Health Organization
PFA	Psychological First Aid
MH	Mental Health

▶ Glossary

Mental Health: a state of well-being where individuals can realize their potential, cope with normal life stressors, live productively and contribute to their community.

Mental Disorder: a clinically classified set of symptoms or behaviors that lead to disruptions in the well-being of individuals and in their personal, social or occupational areas of life.

Psychosocial health risks: the interactions between and among work environment, job content, organizational conditions and workers' capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction

Referral: is the process of directing an individual to another service provider because s/he requires further action to meet an identified need which is beyond the expertise or scope of the current available services at the factory.

The referral pathway is the way information about someone in need (the beneficiary/employee) is shared between different -service providers. This helps make it easier for the person to get the help they need. Instead of looking at just the person and the services, we look at the whole system. This way, employees seeking help in the factory can find what works well and measure how good the referral system is by checking how quickly, timely, and accurately people get referred to the right services.

Well-being: a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life

Psychologist: an individual professionally trained in one or more branches or subfields of psychology. Training is obtained at a university or a school of professional psychology

Psychiatrist: is a medical doctor who specializes in mental health, including substance use disorders. Psychiatrists are qualified to assess both the mental and physical aspects of psychological problems.

Counselor: is a trained professional who helps individuals cope with and overcome mental health challenges through therapy and support.

Psychotherapy: any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behavior patterns.

Psychological first aid: psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.

Epilepsy: a group of chronic brain disorders associated with disturbances in the electrical discharges of brain cells and characterized by recurrent seizures, with or without clouding or loss of consciousness.

Psychosis: Psychosis is a condition that affects a person's mind and distorts the way they think and understand the world around them. The affected person loses contact with reality and is not aware that their thoughts and perceptions are unreal, which may make them feel frightened or distressed.

Depression: Depressive disorder (also known as depression) is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities for long periods of time.

▶ Introduction

This policy is developed by Better Work Jordan and aims to provide guidance for the employers in the garment factories on how to enhance the wellbeing and support the mental health of workers. By identifying needs, key activities, roles and responsibilities, and guidelines for the implementation of the mental health and wellbeing component.

As per the CBA, factories need to endorse workplace mental health policy with standard procedures for ensuring factory-level mental health and psychosocial support services, in alignment with the Better Work Jordan Program. Factory should endorse BWJ mental health policy in its latest available version, the endorsement should be signed by top management such as the factory manager, chairman, owner, etc. Factories can develop their own mental health policy based on BWJ. However, factory policy should include the mandatory parts of this document in their policy paper.

▶ How to Read this Policy's Guidelines

As this document aims to provide guidance for the employers, for this purpose, the document is color-coded for easier navigation and to guide the reader through, the document is divided into three different colors with their explanations as per the below table.

Mandatory:	Parts that each garment factory needs to follow and comply with.
Additional support:	This part includes some extra tips the factory can follow optionally to enhance the mental health component.
How to:	This part will provide examples or explain detailed procedures on how the factory can implement the mandatory parts and the additional parts.

The rest of this document is a reference for the reader and will help explain more about the guidelines and how they can be used.

▶ What is Mental Health?

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum that is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

Mental health conditions include mental disorders, psychosocial disabilities, and other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

▶ Why Mental Health is Important in Workplace

Work and mental health are linked worldwide. While the absence of mental health conditions is only one aspect of mental health. Mental health is a state of well-being that enables people to cope with life stresses, realize their abilities, learn and work well, and contribute to their communities. Mental health conditions occur irrespective of whether work has causally contributed to them. Poor mental health harms a person's thinking, behaviors, emotions, social functioning, and their physical health. Also, a person's capacity to participate in work can be impaired through a reduction in productivity and performance, and their ability to work safely. In turn, lost productivity, absenteeism, and staff turnover all impact employees and employers, which in turn impacts the overall society's economy.

> Mental health issues may affect institutes in the form of: Turnover, Absenteeism, Poor employee performance (including low productivity), Employee substance abuse, Work-related accidents, and Workplace violence or harassment.

Factories play a pivotal role in enhancing wellbeing and addressing mental health challenges by fostering awareness, providing essential resources and support systems, and integrating mental health considerations into organizational policies. They can empower staff through training programs to recognize signs of mental health issues, create flexible work arrangements, and cultivate positive work environments. Offering designated mental health days, collaborating with mental health professionals, and conducting regular assessments contribute to a holistic approach. By encouraging peer support networks and prioritizing the integration of mental health education into policies and training, institutes can create environments that prioritize mental health, nurturing both personal and professional growth.

Research has identified several psychosocial risk factors for poor mental health including high job demands, low job control, high effort-reward imbalance, low organizational justice and low social support in the workplace (Harvey et al, 2017; van der Molen et al, 2020). Production-floor jobs in global supply chain factories often exhibit two of the key characteristics associated with negative mental health outcomes: high demands (workload/time pressure) and low control (minimal worker decision-making). The combination of these two factors has been found to create a 'high job strain' situation which is associated with a particularly high risk of mental illness and reduced well-being in the workplace.

▶ Legal Reference

The International Labor Organization (ILO) fundamental conventions on OSH – the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) – aim to protect both the physical and mental health of workers and prevent occupational accidents and diseases. Together, Conventions Nos 155 and 187 provide for the establishment of a systems approach to the management of OSH, defining the key responsibilities, duties and rights in this field, and highlighting the complementary roles of governments, employers and workers in creating safe and healthy working environments.

In the context of Jordan, and under the Jordanian Labour Law No. 8 of the Year 1996, paragraph C of Article 85 new instructions were issued in the Official Gazette under the title «**Instructions for Determining Occupational Hazard Sources in the Workplace and the Precautions and Measures for Their Prevention**.»

In these instructions, specifically in **Article 25**, the following requirements are outlined:

Article 25:

  a. Employers are mandated to identify psychological and social risks arising from work, including issues such as violence, harassment, discrimination, and stress. They must take the necessary precautions and measures to protect employees. This involves:

    1. Following the Ministry-approved policy for protection against violence, harassment, and discrimination in the workplace, as well as adhering to the accompanying implementation guidelines.

    2. Implementing appropriate measures to prevent stress and related work-related hazards, such as regulating work and rest periods to ensure that employees are not exposed to work-related stress.

  b. Employers are encouraged to consult the Jordanian ISO (45003) standard, which provides guidance on Occupational Health and Safety Management, specifically focusing on Psychological Health and Safety at Work.

This standard offers guidelines for managing psychological and social risks when identifying work-related psychological and social hazards and implementing the necessary precautions and measures to safeguard employees.

Moreover, and as per the latest **Collective Bargaining Agreement (CBA):** Pursuant to provisions of Jordanian Labour Law No. 8 of 1996 and its amendments, Article (11) about Mental and physical health care Subject to regulations or instructions issued by the Ministry, employers are required to provide health care for workers in line with the following:

Mental health care. Employers are required to:

  a. Provide workers with mental health care by referring them to specialist centres in Jordan.

  b. Refer workers at their request to specialist mental health centres in Jordan (or if the mental state of workers requires specialist and advanced services that are not available at the clinics).

  c. Ensure that a worker may not be dismissed due to referral to mental health specialists, pursuant to provisions of this clause, unless a mental health specialist reports that this worker is incapacitated even after being given necessary treatment.

  d. Organise specialised training courses on the importance of mental health and mental health care.

  e. Endorse workplace mental health policy with standard procedures for ensuring factory-level mental health and psychosocial support services, in alignment with the Better Work Jordan Programme.

▶ Vision of the Policy

"To cultivate a mentally healthy workplace within the garment sector factories where every employee feels valued, supported, and empowered. We strive to create a work environment that promotes mental well-being, prioritizes open communication, and provides resources and initiatives to address the specific challenges faced by the workforce.

By fostering a culture of empathy, understanding, and proactive mental health support, we aim to enhance the overall work experience, productivity, and satisfaction of our employees, ultimately creating a sustainable and thriving workplace in the garment sector"

▶ Objective of the Policy

To establish and maintain a comprehensive Mental Health and Wellbeing Policy within the garment sector, fostering a supportive and psychologically safe workplace environment. This policy aims to proactively address mental health challenges, reduce workplace stressors, and promote overall employee well-being. Through awareness, education, and accessible support systems, the objective is to create a workplace culture that prioritizes mental health, reduces stigma, and ensures the mental well-being of all employees. Implementation strategies will be regularly assessed, and adapted to evolving needs, striving for continuous improvement in mental health initiatives within the garment sector.

Psychosocial Pyramid

For comprehensive policy, BWJ suggests following the Inter Agency Standing Committee (IASC)'s psychosocial pyramid for interventions and translating it into workplace context so all needs are covered properly.

According to the IASC guidelines, a key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups (see Figure below). All layers of the pyramid are important and should ideally be implemented concurrently.
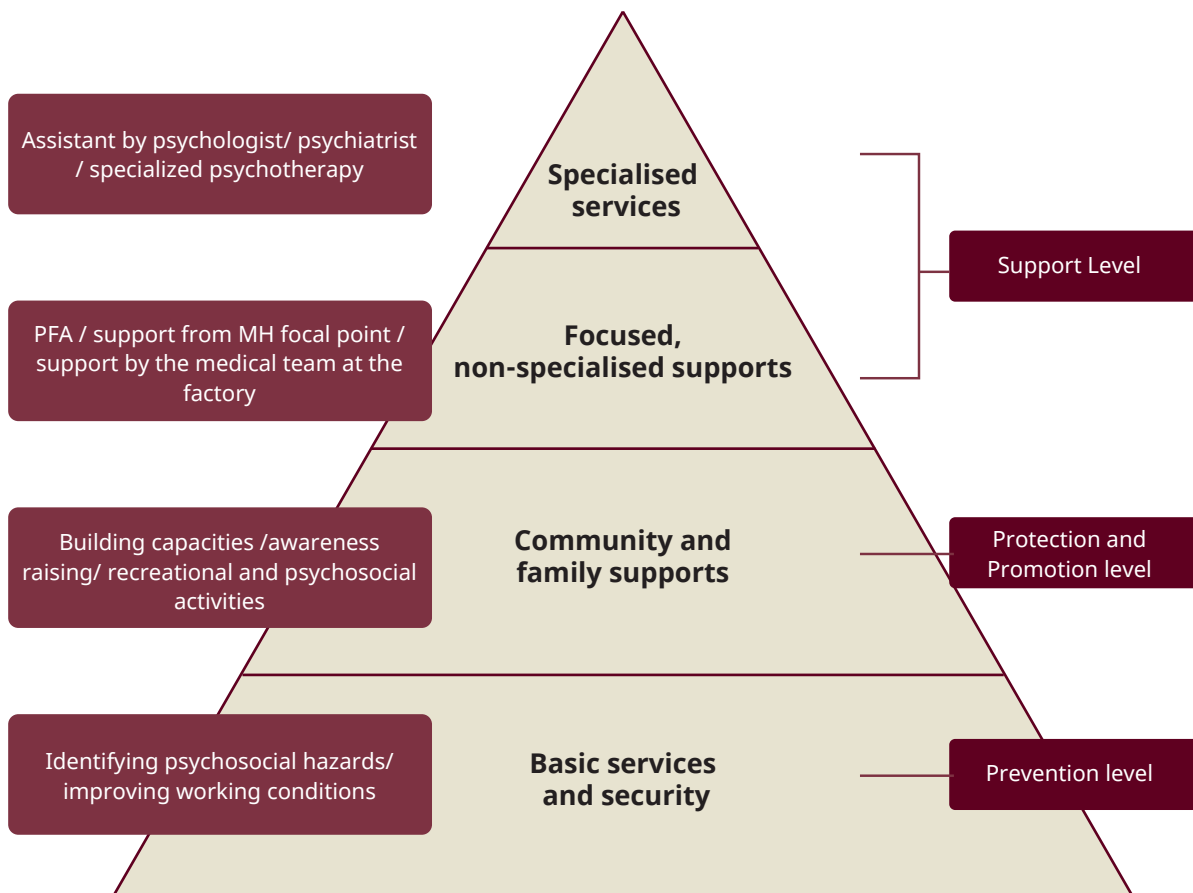
Figure 1: Psychosocial pyramid of interventions

Special Considerations

💡 Gender disparities in workplace mental health are significant, with female workers facing unique challenges such as higher stress, discrimination, and harassment in male-dominated industries. Unpaid care work and familial responsibilities also disproportionately affect women. Addressing these disparities requires understanding the specific situations faced by female workers and targeted interventions to promote positive psychosocial health outcomes.

💡 Psychosocial health is closely linked to workplace violence and harassment, creating a cycle where poor mental health leads to increased stress, which in turn increases the likelihood of violence and harassment. This cycle worsens mental health, exacerbating the problem. Factories should establish comprehensive policies addressing both psychosocial health and violence and harassment, implementing clear protocols for prevention, intervention, and support for affected individuals. Integrating these policies into workplace health initiatives can effectively tackle the interconnected challenges.

▶ Who's Responsible?

In the context of a workplace mental wellbeing policy, various individuals play crucial roles in its implementation:

Everyone at the Factory: This inclusive approach underscores the collective responsibility of all individuals within the organization to contribute to and uphold the mental wellbeing policy. Below is a more detailed disaggregation of duties regarding the policy implementation.

1. **Human Resources (HR):** HR takes a central role by providing guidance and support to both managers and employees. They lead in reviewing employee wellbeing, monitor sickness absence, and ensure that the policy is effectively implemented.

2. **Senior Leaders:** Senior leaders are tasked with driving change by establishing robust processes, conducting checks, and implementing action plans. Regular monitoring ensures the ongoing effectiveness of these measures.

3. **Line Managers:** Line managers are responsible for observing the mental health of their teams. They can conduct regular team meetings and one-to-one sessions to gauge the well-being of their team members, including being aware of existing referral mechanisms for those who are in need. Feedback received should inform any necessary adjustments to managerial approaches.

4. **Employees:** Employees bear the responsibility of accessing support when needed and communicating concerns to their line managers, HR, compliance, or welfare officer. Maintaining a healthy work/life balance is also highlighted as a shared responsibility for all employees, regardless of their organizational seniority.

5. **Mental Health Focal Points:** While not explicitly mentioned in the provided text, having designated mental health focal points can be an effective strategy. These individuals can act as advocates, resources, and connectors within the factory, fostering an environment that prioritizes mental health.

6. **Medical staff at the factory:** Medical professionals, including on-site healthcare staff play a critical role in the mental wellbeing policy. They contribute by providing specialized support, conducting mental health assessments, and medication (if trained and authorized).

7. **Psychologist/ counsellor:** mental health professionals at the factory provide direct support to those who suffer from mental issues, providing assessment, follow up, and counselling support as needed. They also play a key role in identifying needs of mental health at the factory level and suggesting plans for management to improve wellbeing.

8. **Occupational Safety and Health (OSH) team:** the OSH team at the factory act as the main custodian of this policy, they have roles in adopting, implementing, and monitoring the policy to promote a mentally healthy workplace environment, including risk assessment, training, promoting a positive culture, crisis response, collaboration, and evaluation.

This comprehensive and collaborative approach ensures that the responsibility for mental wellbeing is distributed across various levels of the organization, emphasizing the importance of a collective effort to create a supportive and healthy workplace.

▶ Enforcement responsibility

Mental health focal points are custodians of this policy; however, different responsibilities fall to different people e including compliance, HR and factory management team.

▶ About the Policy's Guidelines

this policy presents strategies and approaches for implementing the recommendations from the World Health Organization (WHO) guidelines on mental health at work considering the principles set in relevant conventions and recommendations of the International Labour Organization (ILO). It describes the correlated links between mental health and work, outlines the duties of employers and the rights and responsibilities of workers, and identifies strategies that stakeholders can take to:

01 PREVENT exposure to psychosocial risks (risks to mental health) at work;

02 PROTECT & PROMOTE mental health and well-being at work;

03 SUPPORT people with mental health conditions to participate in and thrive at work.

Figure 2: Policy guidelines summary

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Cross cutting recommendations:

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▶ Confidentiality is a must; limit the disclosure of a client's identity, their condition or treatment, and any data entrusted to focal points during assessment, diagnosis, and treatment.

▶ Recruiting staff counsellors with an educational background in medical sciences, social sciences, psychology, or a related field has given the evidence that suggests having at least one counsellor for every 5000 workers. The counsellor should have direct contact with the workers, not at the administrative level. (See Appendix 2 for suggested counsellor TOR's)

▶ Provide a private, close, safe, and mind-relaxing space for workers to talk about and discuss their problems or issues.

▶ Policy's Guidelines

▶ 1. Prevention Guidelines:

The outlined prevention guidelines provide a comprehensive approach to promoting mental wellbeing and preventing mental illness within factories:

1. **Budget Allocation:** Advising factories to allocate a specific budget for improving mental wellbeing and addressing stress issues reflects a commitment to dedicating resources to mental health initiatives. This financial investment demonstrates the organization's recognition of the importance of mental wellbeing.

2. **Annual Needs Assessment:** Conducting an annual psychosocial needs assessment is a proactive measure that helps identify specific wellbeing and mental health challenges within the workforce. This assessment captures the unique needs and stressors of employees, providing valuable insights for tailoring mental health interventions and wellbeing initiatives effectively. (See appendix 8 for examples).

3. **Improved Working Conditions:** Enhancing working conditions is a fundamental aspect of promoting mental wellbeing. Creating a positive and supportive work environment contributes to overall employee satisfaction and reduces stressors that may impact mental health negatively.

4. **Embedding Mental Health into OSH Management:** Integrating mental health considerations into the existing Occupational Safety and Health (OSH) management system demonstrates a holistic approach to employee well-being. This ensures that mental health is treated with the same importance as physical health within the organizational framework.

5. **Involvement of Workers and Representatives:** Meaningful involvement of workers and their representatives in identifying psychosocial hazards fosters a sense of ownership and collaboration. Workers being informed and trained about preventive measures enhances their awareness and empowers them to contribute actively to maintaining a mentally healthy workplace.

6. Compliance Mechanisms: Implementing adequate compliance mechanisms, including advice, investigation, and enforcement by competent and trained labour inspectors, reinforces the commitment to maintaining mental health standards. This ensures that the prevention strategies are not only in place but also monitored and enforced to guarantee effectiveness.

▶ 2. Protection and Promotion Guidelines:

2.1 Strengthening Capacities in the Following Areas:

▶ Train managers/supervisors to recognize and appropriately respond to supervisees experiencing emotional distress.

▶ Employ interpersonal management skills such as open communication and active listening.

▶ Promote an inclusive and supportive work culture. Advocate for action on mental health at work from the top down.

▶ Understand how psychosocial risks can impact mental health and know how to prevent and control them.

▶ Train staff to recognize occupational stress indicators in themselves and their colleagues and allow them easy access to staff support services.

2.2 Building Awareness

▶ Improve understanding about mental health and well-being at work.

▶ Shift attitudes around mental health conditions to reduce stigma.

▶ Encourage help-seeking behaviour.

▶ Providing opportunities for recognizing and acting early on mental health conditions at work.

Examples for Awareness Raising Activities:

▶ Increase information, education, and communication within the factory, cafeteria, and dormitories to promote a mentally healthy life by displaying more posters and flyers on the factory premises, dormitories, and cafeteria.

▶ Provide workers with links to videos or articles related to mental well-being in their own languages.

▶ Give support to new workers, especially migrant workers, including orientation training, to help them adapt to the new environment and increase their understanding of the organizational culture, policies, and procedures.

▶ Improve the awareness of depression and anxiety disorders among HR, clinic staff, welfare staff, supervisor, members of the union committee, consular, MH focal point, and co-workers (other).

▶ Raising mental health awareness by conducting awareness raising and recreational events.

2.2.1 At Individual Level

▶ Build skills to manage stress and coping strategies.

▶ Raise employees' awareness on how to reduce symptoms of mental health conditions.

▶ Identify challenges areas that impact employees' wellbeing and raise awareness on dealing with it such as training on financial education, sexual harassment prevention, internet safety, and others.

▶ 3. Support Guidelines:

Providing support to workers at risk, acknowledging that some workers are more vulnerable to mental health problems than others are. This vulnerability may be due to factors that are related to the individuals themselves (for instance, workers nearing retirement, or ending their employment contract, workers who have physical or psychological problems, suchlike diabetes, hypertension and/ or depression, substance misuse in severity that negatively effect on their performance at work). Or organizational factors (for example, their work may be particularly stressful, challenges with supervisors, high production season, etc.).

To provide support for employees, the first step would be assigning mental health focal point/s or designated factory staff and conduct an initial assessment (intake assessment, see Appendix 4), followed by one or more of the following actions based on the urgency level and need of the employee seeking support:

Important actions:

▶ Assign designated mental health focal points who speaks workers different languages and make them known to the staff at your factory.

▶ Each factory needs to identify internal identification system to deal with mental health cases and provide psychosocial support, this system should highlight the name/s of the assigned mental health focal point/s and should be made available for all employees and a trusted focal point should be assigned. (see figure 3 for example)

▶ Additional to the internal identification system, each factory need to develop referral pathway, where possible mental health and psychosocial support services can be identified and made ready to be utilized when any case is identified (see figure 4 for example)

3.1 Provide Direct Interventions.

Steps factories can follow to provide direct intervention:

▶ Provide psychological first aid (PFA) support during times of emergencies as first step to support impacted employees.

▶ Medical doctor to provide support for mild to moderate cases of mental illness.

▶ Psychologist/ counsellor to provide group or one to one intervention with the identified employee.

3.2 Provide Indirect Intervention.

▶ Refer people with identified mental health issues who are in need for specialized advanced support to other mental health service providers.

▶ Call the civil defence forces for emergency/ urgent cases.

▶ Provide the availability of a psychiatrist/ psychologist outside the facility for external help.

3.3 Reasonable Accommodations at Work

As per the CBA, factory management should not dismiss any employee due to referral to mental health specialists, pursuant to the provisions of this clause, unless a mental health specialist reports that this worker is incapacitated even after being given necessary treatment, therefore, and to accommodate those with mental illness factories advised to:

▶ Support people with identified mental health issues by covering medication cost for mental health patients.

▶ Provide sick leave to those suffering from mental health distress under the consultation of medical staff or psychiatrists.

▶ Return-to-work programmes: support workers who were absent due to mental health related reason to integrate them back into the work environment.

▶ Accommodation at work: if possible, make necessary changes as prescribed by the psychiatrist/ psychologist/ or medical staff in charge at the working environment for the person suffering from mental health issues as temporary or permanent support. This includes accommodations regarding communication, flexible scheduling, modification of job description, or modification to the physical work environment.

▶ Supported employment initiatives.

▶ Setting up Referral Pathways

The following part explains in detail the referral process and referral pathway

What is Referral?

A referral is the process of directing an individual to another service provider because s/he requires further action to meet an identified need which is beyond the expertise or scope of the current available services at the factory.

The Referral Pathway:

The referral pathway is the way information about someone in need (the beneficiary/employee) is shared between different service providers. This helps make it easier for the person to get the help they need. Instead of looking at just the person and the services, we look at the whole system. This way, employees seeking help in the factory can find what works well and measure how good the referral system is by checking how quickly, timely, and accurately people get referred to the right services.

The Elements of Referral System

1- Safely Identify the Individual

- ▶ Introduce yourself and your role.

- ▶ Prioritize their immediate safety and security.

- ▶ Find a safe, confidential, and a quiet place to talk.

- ▶ Actively listen to understand what his/her capacities are to access the service.

2- Provide Information on Available Services.

- ▶ Refer to the Inter-Sector Service Mapping to understand what services and assistance are available in your area.

- ▶ Inform the person about the services and assistance available which may address his/her needs.

- ▶ Explain how he/she can access these services, including what personal information may need to be shared and what risks he/she may face.

- ▶ when accessing this service. If available, provide information materials or the Service Note, for further explanation.

3- Obtain Informed Consent.

▶ Ask if he/she would like to be referred to the relevant service provider. To do this, you must ask for informed consent.

▶ The informed consent process has three key components:

● Providing all possible information and options to a case in a way they can understand.

● Determining if they can understand this information and/or their decisions; and

● Ensuring that the decisions of the case are voluntary and not coerced by others (e.g. family members, caregivers or even service providers).

If consent is not obtained, do not proceed with the referral. Instead, explain to him/her how to access the service if they change their mind at a later stage.

4- Follow up on the Status of the Referral.

5- Referral Mapping (see the form)

Collects information about organizations, service providers' different actors providing different services that the individual might need for example (Legal, Social, health and mental health...).

Type of Referrals:

▶ Internal referrals are used to send the case to another service provider also working in the same factory, for example, a doctor, HR, welfare team, etc.

▶ External referral, similarly, involves engaging specialists who may not be on-site, such as those in mental health, legal, or health services. To make referrals to these specialized services, it is essential to collaborate and coordinate with various service providers and designated focal points from each one.

Referral Based on Emergency Level.

1- Referral Process for Urgent Cases:

Urgent cases include workers who might hurt themselves or others (suicide, self-harm, threats to kill others, harm others, or have hallucinations and delusions).

Steps to be Followed:

▶ Ensuring the physical safety of the case and removing any possible objects that the case could use.

▶ The mental health focal point addresses the need for advanced psychological needs or other urgent services that the case needs.

▶ The mental health focal point explains to the case the reason for the referral and what service would be provided to them and explains that it is a mandatory action that should be taken by the mental health focal point based on the level of risk.

▶ The mental health focal point identifies the service provider that would fit the case's needs.

▶ The mental health focal point should fill the referral form.

▶ If the case agrees to the referral, the mental health focal points should follow up with both the case and the service provider about the case's progress.

▶ A mental health focal point can call an ambulance in case of an immediate threat of harm on self or others.

▶ All this should be done within 24 hours, keeping in mind the confidentiality of the case.

2- Referral Process for Non-Urgent Cases:

If there is no immediate threat, which includes having suicidal thoughts, death wishes, urges, or threats to self-harm or harm others, and the need for specialized psychological help.

▶ If the case is new, an intake should be done first followed by an assessment, and if the mental health focal point believes that the case needs a referral, a referral form should be filled in.

▶ The mental health focal point identifies the need for advanced psychological or other needs.

▶ The mental health focal point selects the service provider that would fit the case's needs.

▶ The mental health focal point explains to the case the reason for the referral and what service would be provided to them.

▶ The mental health focal point should ask the employee for his/her informed consent to proceed with the referral process.

▶ If the case agrees to the referral, the mental health focal point should follow up with both the case and the service provider about the case's progress.

▶ All this should be done keeping in mind the confidentiality of the case.

▶ Case Identification and Action Flow Charts

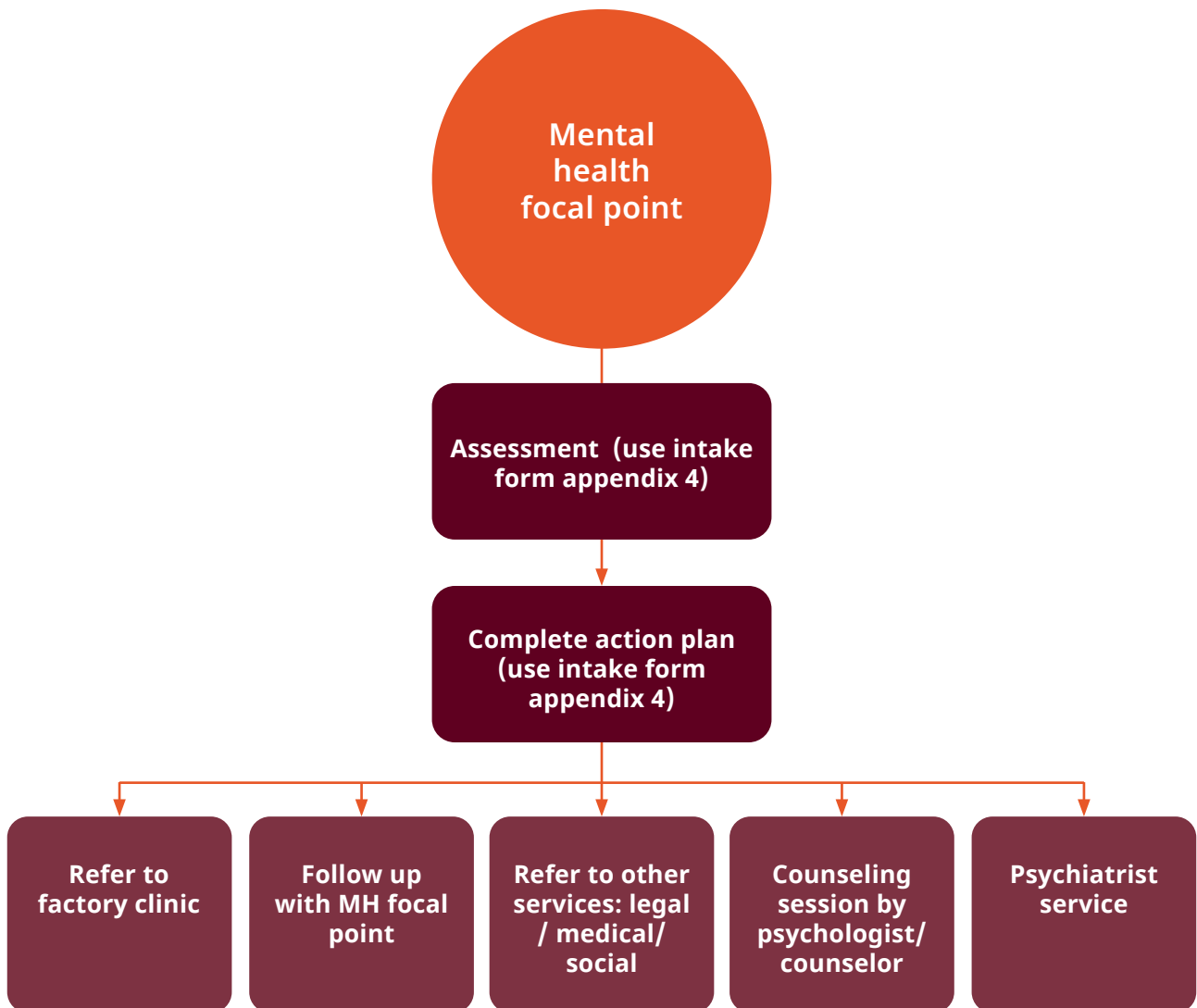**Figure 3:** How can you identify cases in need for mental health support?
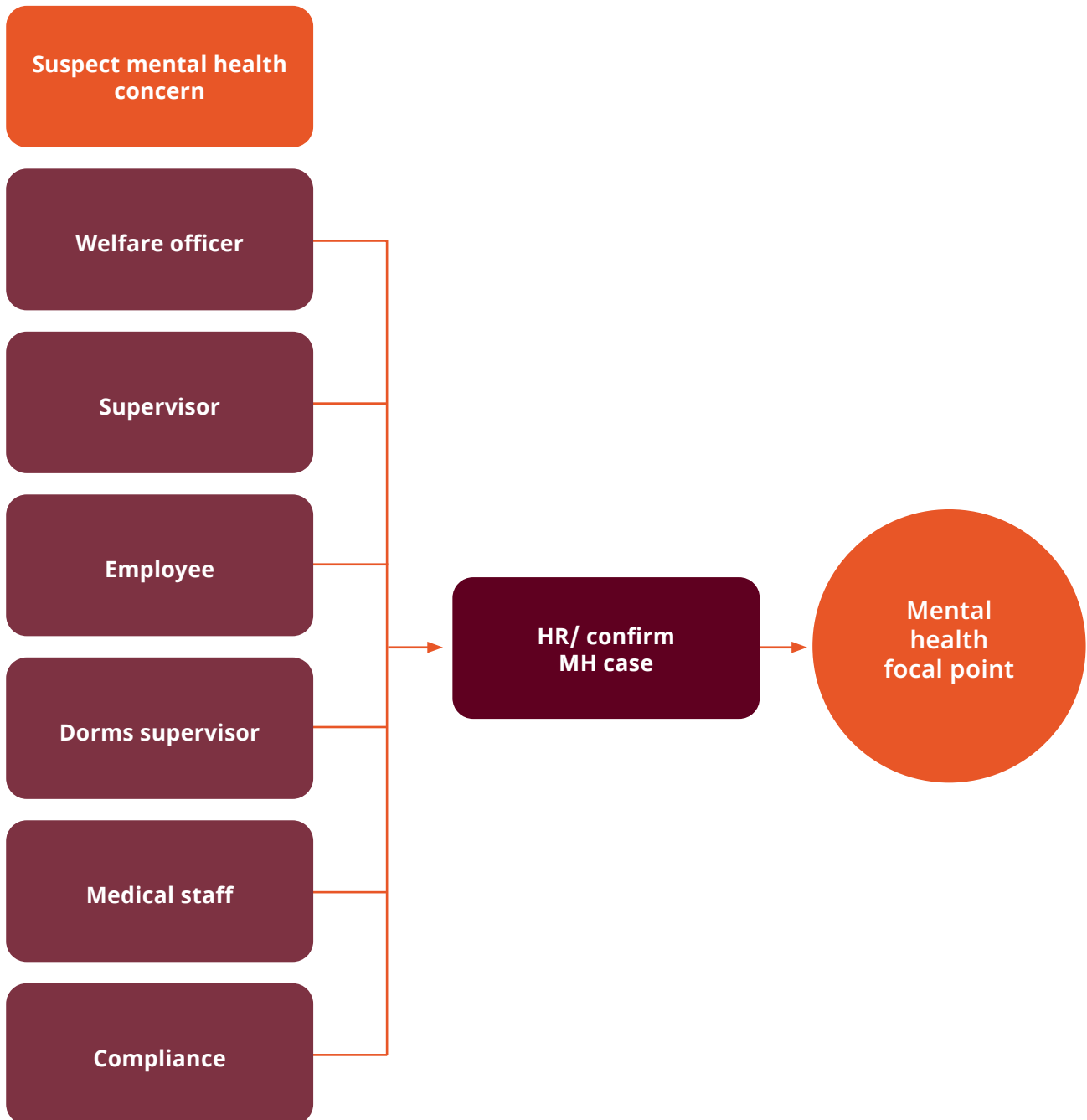
Figure 4: Flowchart shows how focal point deal with cases

▶ Appendices

Appendix 1: Better Work Support to Factories for Mental Health.

To enhance factories capacities addressing mental health at workplace issues, Better Work Jordan will continue to provide its support to factories through the following means:

- ▶ Training opportunities for staff to capacitate them with the needed skills and knowledge to oversee and provide mental health activities inside the factories.
- ▶ Conduct regular advisory visits to the factories' mental health focal points to discuss pending issues.
- ▶ Provide feedback to factories' management on the mental health initiative, highlighting the existing challenges and proposed ways forward.
- ▶ Develop materials that contribute to enhancing employees' wellbeing and addressing emerging issues that impact mental health in the garment sector.
- ▶ Create opportunities and platforms for meetings and discussion between different stakeholders in the garment sector such as industrial seminars, focal point meetings.
- ▶ Support the mental health clinic and expand its scope and sustainability strategy.

Expected Collaboration from Factories:

- ▶ Assign mental health focal points and share the names with BWJ for follow-up.
- ▶ Take feedback given by BW into account and act on it.
- ▶ Show collaboration on mental health activities.
- ▶ Free staff time to participate in relevant trainings and meetings.
- ▶ Support sustainability initiatives led by BWJ by taking the lead and contributing to the mental health project activities.
- ▶ Fill up the monthly tracking record for identified mental health cases using this link:
  https://forms.office.com/Pages/ResponsePage.aspx?id=ygeb1AIjfE6yy-EhJ4UoUEAVTNBAnV9LmEwnorLBr-ZUQ0lLR05UMERUMlNWQVFIMk5IRVZUVkozWS4u

Mental Health Cases Monthly Report

Important Note: BWJ will continue to support factories; however, this is pending funding availability. The factories are expected to take over the burden of maintaining mental health within their factories gradually.

Appendix 2: Staff Psychologist/ Counsellor Duties

A staff psychologist, whether working within a specific organization like a garment factory or in a broader professional setting, typically holds a range of responsibilities related to mental health and well-being. Here's an overview of the duties commonly associated with the role of a staff psychologist:

1. **Individual Counselling:** Providing one-on-one counselling sessions for employees dealing with personal or work-related challenges, including stress, anxiety, and interpersonal issues.

2. **Assessment and Diagnosis:** Conducting psychological assessments to evaluate the mental health status of employees, diagnose mental health conditions, and develop appropriate intervention plans.

3. **Crisis Intervention:** Offering immediate support and intervention in crisis situations, such as critical incidents or emergencies, to help employees cope with and navigate challenging circumstances.

4. **Group Therapy:** Facilitating group therapy sessions or support groups to address common concerns and promote peer support among employees.

5. **Mental Health Awareness:** Developing and conducting workshops on various topics related to mental health, stress management, resilience building, and work-life balance.

6. **Conflict Resolution:** Assisting employees and management in resolving interpersonal conflicts, promoting healthy communication, and contributing to a positive work environment.

7. **Training for Managers:** Providing training sessions for managers and supervisors on recognizing signs of mental health issues, promoting a psychologically safe workplace, and offering appropriate support.

8. **Policy Development:** Collaborating with human resources and management to develop and implement policies that prioritize mental health, prevent workplace stressors, and create a supportive atmosphere.

9. **Referral to External Resources:** Establishing and managing referral networks with external mental health professionals or services for employees needing specialized assistance.

10. **Organizational Development:** Contributing to initiatives that enhance the overall well-being of the organization, such as wellness programs, diversity and inclusion efforts, and employee engagement strategies.

11. **Data Reporting and Documentation:** Maintaining meticulous records of all cases, the staff psychologist ensures a secure filing system and upholds confidentiality principles. Regular reports, shared with both management and BWJ, summarize case numbers, types, and recommendations without disclosing the identity of the individuals seeking support.

12. **Participation in Mental Health Initiatives:** Collaborating with other professionals, such as occupational health specialists and wellness coordinators, to contribute to a holistic approach to mental health within the workplace.

Job Requirements:

- ▶ BA degree in counselling, mental health or psychology.

- ▶ Minimum two years' experience in dealing with vulnerable cases.

- ▶ Familiarity with various assessment and psychotherapy techniques.

- ▶ Ability to communicate effectively with clients and colleagues.

- ▶ sensitivity to cultural diversity and gender

- ▶ Experience dealing with victims of trauma, violence, and harassment, with applying survivor centered approach.

- ▶ Previous experience in the garment sector is a plus.

Appendix 3: Mental Health Focal Points Term of Reference

Description and Objectives:

To fortify mental health interventions within the factory setting, each factory management is advised to appoint Mental Health Focal Points. These individuals will be tasked with overseeing the implementation of the mental health program, identifying, and assisting employees in need of psychological support, ensuring accountability for the implementation of the mental health policy, and adapting it to the specific context of their respective factories. Additionally, they will serve as the primary focal point of contact between the factory and the mental health team at BWJ.

Roles and Responsibilities:

1. **Implementation Oversight:** The Mental Health Focal Points will be responsible for ensuring the effective implementation of the mental health program within the factory, aligning it with factory goals and objectives and the mental health policy.

2. **Employee Support:** Identifying and assisting employees who may require psychological support will be a crucial aspect of the role. This includes facilitating access to resources, counselling, or appropriate interventions in safe and confidential manners.

3. **Policy Accountability:** Focal Points will act as custodians of the mental health policy, ensuring that it is adhered to and adapted as needed to suit the unique context and dynamics of the factory.

4. **Communication focal point:** Serving as the main point of contact between the factory and the BWJ mental health team, focal points will facilitate effective communication, ensuring that information flows smoothly between the two entities. The focal point will attend meetings related to mental health with Better Work and other stakeholders as required.

5. **Identify Referral Pathways:** Establishing clear referral pathways is essential. Focal points should identify and communicate the appropriate channels for referring employees to internal and external mental health services or specialists when necessary, ensuring a seamless and supportive transition for those in need.

6. **Proper Documentation:** Focal Points will be responsible for maintaining comprehensive and confidential documentation related to mental health. This includes accurate records of referrals, documentation of individual files, and records of training sessions. All such records should be stored securely with restricted access to maintain confidentiality and comply with privacy regulations.

   *Focal points can use BWJ link to record monthly cases (see Appendix 1: Betterwork support)

To be Considered:

- ▶ Assigned staff should dedicate a minimum of 20% of their working hours to fulfilling the responsibilities of the Mental Health Focal Point role. This commitment is voluntary and should stem from a genuine interest in enhancing well-being within the workplace.

- ▶ Focal Points should undergo training in mental health awareness, basic counselling skills, and an understanding of the specific policies and procedures related to mental health and wellbeing within the factory.

- ▶ A mental health focal point should have good interpersonal skills, personal integrity, and ethics, and respect the principle of confidentiality.

- ▶ To ensure diversity and cultural sensitivity, each factory is advised to assign focal points from different nationalities, gender, and cultures that cover the culture of employees.

- ▶ Each factory should have at least two focal points.

Evaluation and Review:

Regular assessments and reviews of the Mental Health Focal Points' performance will be conducted to ensure the effectiveness of the mental health program and its continuous improvement.

This comprehensive set of terms of reference aims to establish a clear framework for the roles, responsibilities, and expectations of Mental Health Focal Points, promoting a supportive and proactive approach to mental wellbeing within the factory environment.

Appendix 4
Intake Form

Mental health focal point name: _____   Date: _____

Personal Information | المعلومات الشخصية

CLIENT'S NAME:	**اسم المراجع:**
Given case ID:	رقم الحالة:
Date of birth (Age):	تاريخ الميلاد (العمر):
Gender:	النوع الاجتماعي:
Phone number:	رقم الهاتف:
Address:	العنوان:
Marital status:	الحالة الاجتماعية:
Nationality:	الجنسية:
Do you have any chronic diseases? If yes what / are they?	هل تعاني من أي امراض مزمنة؟ إذا نعم، ما هي؟
Are you under any medication? If yes what / are they?	في الوقت الحالي، هل تأخذ/ي أدوية؟ إذا نعم، ما هي؟

Summary of Presenting Concern

At the beginning of the session Ask the case about their current concerns. Why did he feel he needed support? What kind of support h\she expects?

These guiding questions can assist during the initial session, and it's not mandatory to ask all of them—consider them as helpful prompts based on your discretion.

How would you describe your overall mood and well-being lately? How frequently do you experience feelings of sadness or joy? Can you share any sources of stress in your life currently? And how do you copy with? How would you describe your sleep patterns? Do you have trouble sleeping or staying asleep? How is your appetite? Have you experienced any changes in your eating habits? How are your relationships with family and friends? Do you feel socially connected? Have you noticed any changes in your productivity or motivation? How would you describe your self-esteem and self-worth? On a scale from 1 to 10, how satisfied are you with your life overall?

اسأل المراجع/ة عن سبب مراجعته لك وطلب المساعدة ؟ ما الذي يؤثرعليه حاليا ويكون مصدر ضغط او توتر؟ ما المساعدة التي يتوقعها منك ؟ كيف تصف حالتك المزاجية العامة مؤخّرًا؟ كم مرة تشعر بمشاعر الحزن أو الفرح؟ هل يمكنك مشاركة أي مصادر للتوتر في حياتك حاليًا؟ وكيف كيف تتعامل او تتأقلم مع؟ كيف تصف أنماط نومك؟ هل لديك مشكلة في النوم أو البقاء نائما؟ كيف هي شهيتك؟ هل لاحظت أي تغيرات في عاداتك الغذائية؟ كيف هي علاقاتك مع العائلة والأصدقاء؟ هل تشعر بأنك متصل اجتماعيا؟ هل لاحظت أي تغييرات في إنتاجيتك أو تحفيزك؟ كيف تصف قديرك لذاتك وتقديرك لذاتك؟ على مقياس من 1 إلى 10، ما مدى رضاك عن حياتك بشكل عام؟

_____

_____

_____

_____

Actions taken by Mental health focal point

الاجراءات المتّبعة من ضابط الارتباط

_____

_____

_____

*** Conduct the risk assessment after finished this for

قم بتعبئة نموذج تقييم المخاطر بعد الانتهاء من هذا النموذج

الموافقة | Consent

I, the undersigned, acknowledge that the information I mentioned above is correct, and I give consent to receive psychological support sessions provided by the mental health focal point . Additionally, I understand and agree to the confidentiality policy, committing to treat all shared information confidentially. However, I acknowledge that if instances of suicide, self-harm, threats to kill others, or harm to others arise during the session, the mental health focal point may breach confidentiality to take the necessary actions to protect me or others. Name: Signature:	أنا الموقع أدناه، أقر بصحة المعلومات التي ذكرتها أعلاه، وأوافق على تلقي جلسات الدعم النفسي المقدمة من قبل مسؤول الصحة النفسية . بالإضافة إلى ذلك، أنا أفهم وأوافق على سياسة السرية، وألتزم بالتعامل مع جميع المعلومات المشتركة بسرية. ومع ذلك، أقر أنه في حالة ظهور حالات انتحار أو إيذاء النفس أو التهديد بقتل الآخرين أو إيذاء الآخرين أثناء الجلسة، يحق لمسؤول الصحة النفسية خرق السرية لاتخاذ الإجراءات اللازمة لحمايتي أو حماية الآخرين الاسم: التوقيع:
I, the undersigned, give consent to refer my case when necessary to external parties, and I am aware that my personal information and a medical/psychological history will be attached in case of a referral to a third party. Name: Signature:	انا الموقع/ة ادناه اعطي الموافقة على تحويل حالتي عند الضرورة لجهات خارجية، وأعي بذلك بأن معلوماتي الشخصية، وتاريخي المرضي/ النفسي سيرفق في حالة التحويل لجهة خارجية. الاسم: التوقيع

Appendix 5
Risk Assessment

Counselor name: _____   Date: _____

Client's name: _____   Case ID: _____

1. In the past few weeks did you feel so sad that nothing could cheer you up?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

2. In the past few weeks, how often did you feel no hope for the future?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

3. In the past few weeks, have you wished you were dead?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

4. In the past week, have you been having thoughts about killing yourself?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

5. Have you ever tried to kill yourself?   ☐ Yes*   ☐ No

         If yes, how many times?   ☐ Once   ☐ Twice   ☐ 3+

6. Have you gone through any upsetting events recently? (Tick all that apply)   ☐ Yes ☐ No

☐ Family/ Relationship problems   ☐ Financial Issues

☐ Loss of loved ones   ☐ Violence/ abuse

☐ Work problems   ☐ Others:

7. Recently, have things been so bad, that you have thought about killing yourself? ☐ Yes* ☐ No

                                                     Skip to 10

8. Do you have a current plan for how you would attempt suicide?   ☐ Yes* ☐ No

     What method would you use? _____

     Where would this occur? _____

     How likely are you to act on this plan in the near future?

     ☐ Very likely   ☐ Likely   ☐ Unlikely   ☐ Very unlikely

9. What has stopped you from acting on these suicidal thoughts?

_____

_____

10.During last few week did you feel or try to harm other people?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

11. During last few week did you feel or try to harm yourself?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

Scoring:

For questions 1 to 4:
- ▶ All the time: 4
- ▶ Most of the time: 3
- ▶ Some of the time: 2
- ▶ A little of the time: 1
- ▶ None of the time: 0

For question 5:
- ▶ Yes (Once): 4
- ▶ Yes (Twice): 3
- ▶ Yes (3+ times): 2
- ▶ No: 0

For question 6:
- ▶ Each selected category (Family/Relationship problems, Financial Issues, Loss of loved ones, Violence/abuse, Work problems, Others): 1 point each

For question 7:
- ▶ Yes*: 4
- ▶ No: 0

For question 8:
- ▶ Yes*: 4
- ▶ No: 0

For question 9:
- ▶ An open-ended response without numerical scoring.

For question 10:
- ▶ All the time: 4
- ▶ Most of the time: 3
- ▶ Some of the time: 2
- ▶ A little of the time: 1
- ▶ None of the time: 0

For question 11:
- ▶ All the time: 4
- ▶ Most of the time: 3
- ▶ Some of the time: 2
- ▶ A little of the time: 1
- ▶ None of the time: 0

Result Scale:
- ▶ 0 to 5 points: Low Risk
- ▶ 6 to 10 points: Moderate Risk
- ▶ 11 to 20 points: High Risk

Mental health focal point rated risk level:

☐ Low   ☐ Moderate   ☐ High

Level of risk	Intervention
LOW	The individual is experiencing mild distress and may benefit from support and monitoring.
MODERATE	The individual is experiencing moderate distress, and intervention is recommended.
HIGH	The individual is at significant risk, and immediate intervention and support are crucial.

Appendix 6
Follow up Form

Mental health focal point name: ——————————————— Date: ———————————————

Case's name: ——————————————— Case ID: ———————————————

Place of session:

☐ Clinic   ☐ Phone call   ☐ Dormitory visit

Treatment Issue/ Target Symptoms/ Behaviors that will be addressed during session:

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

Type of services provided:

Provide direct interventions:
- ▶ Provide Psychosocial support by Mental health focal point
- ▶ Provide psychological first aid (PFA)
- ▶ Referral to Medical doctor
- ▶ Referral to Psychologist/ counsellor

Provide indirect intervention.
- ▶ Refer cases in need for specialized advanced support
- ▶ Support covering medication cost for mental health patients
- ▶ Call the civil defence forces for emergency/ urgent cases
- ▶ Provide Hotline numbers for immediate counselling assistance for employees.
- ▶ Provide the availability of a psychiatrist outside the facility

Intervention Strategies Implemented and Session Focus or Theme:

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

Case response:

☐ Marked Improvement   ☐ Some Improvement   ☐ No Improvement   ☐ Symptoms Worse

Case response and what will be next plan:

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

———————————————————————————————————————

Appendix 7
External Referral Form

Mental health focal point name: _____ Referral date: _____

المعلومات الشخصية | Personal Information

REFERRED INDIVIDUAL NAME:	**اسم المراجع المُحول:**
Date of Birth (Age):	تاريخ الميلاد (العمر):
Gender:	النوع الاجتماعي:
Phone Number:	رقم الهاتف:
Marital status:	الحالة الاجتماعية:
Nationality:	الجنسية:

معلومات التحويل | Referral Information

Referred by:	محول من:
Referred to:	محول إلى:
Reason of referral:	سبب او اسباب الاحالة و الخدمات المقدمة:

Mental health focal point signature _____

Counselor Signature: _____

Appendix 8:

Samples of Needs Assessment can be Implemented by the Factories to Assess the Needs and the Capacities for Mental Health Issues and Dealing with it

Assessment 1: Psychosocial Needs Assessment Questionnaire

The sample needs assessment questionnaire below relates to psychosocial needs and vulnerable groups. It features quantitative and qualitative questions. It can be adapted to your particular situation or programme outcomes by adding questions, focusing questions on specific topics, deleting or rephrasing questions, etc.

Place: Date:	Respondent's age: Respondent' gender:		
Hello, my name is [name of staff]. We want to better understand the needs of the [community or target population]. (Obtain informed consent before conducting the survey.)			
Qualitative Questions: Traditional Views and Systems The following questions can be used in focus group discussions, and formal and informal interviews with the target employees. They can be combined with questions below on specific emotional or social problems in the factory.			
1. What are the traditional views in the community about mental illness? (e.g., is there stigma or shame?)			
2. What are the traditional/informal systems to help people who have mental illness or psychosocial issues?			
3. What are the referral systems for people who are experiencing mental illness			
Questions about specific emotional or social problems in the community			
1. What kinds of emotional or social problems do people face in this community?	Ask the respondent to explain what kind of emotional or social problems they know people are facing in the community. Use the respondent's answer to put in the brackets below for the subsequent questions.		
2. How big a problem do you think [ ] is in this community?	Not a problem	Small problem	Big problem
3. What would you do if someone you loved suffered from [ ]?			

4. How confident do you feel about your ability to help someone who is suffering from emotional or social problems, like [ ]?	Not at all confident	Somewhat confident	Very confident
5. How easy is it to get help for someone suffering from [ ]?	Not at all easy	Somewhat easy	Very easy
6. Where (or to whom) could you take the person suffering from [ ] for help?			
7. How much do people in this community know about the services available for people suffering from [ ]?	Not at all (know nothing)	Know a little	Know a lot
8. How much do you think the person suffering from [ ] can benefit from receiving the available services/help?	Not at all	A little bit	A lot
9. Is there anything you would like to add about the problems facing people in this community, or the help available to them?			

Assessment 2: Rapid Assessment Guide for Psychosocial Support and Violence Prevention

2 Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery. (2015) IFRC Reference Centre for Psychosocial Support and Canadian Red Cross.

Detailed PSS and VP/Protection Assessment Questions Stress and coping

1. What are some of the stressors for women and men in the community?
2. How is stress shown in the community?
3. How is stress handled by the community?
4. How can you tell when women or men in your community are not doing well or are in distress?
5. How do people usually get through difficult times?
6. What are the best solutions to enhance stress relief, mental health, and safety?
7. What happens in families and communities when people die or go missing? What are the traditions and rituals? Are they different for women, girls, boys and men? What are the spiritual beliefs?
8. What do people normally do when they feel sad?
9. What do people normally do when they feel happy?

Protection/Violence prevention

1. Who is most at risk of being unsafe and why?
2. Are there specific locations or times people are most unsafe?
3. Where do people feel safe?
4. Which people are most at risk of violence in the current situation? What makes them especially vulnerable?
5. What types of violence are people facing? Are the types of violence different by age (children/adults/elderly) or by gender (male/female)?

Formal and informal supporting resources

1. How do people support each other in the community?
2. What formal or informal support resources are in place in your community to help people cope with the emergency?
3. What protective systems exist to solve problems around unhealthy coping, mental health and violence? How do people access these services?
4. Are the protective systems working (can people access, etc.)? What are the barriers? What can be done to overcome the barriers?
5. Who best could spread awareness of psychosocial well-being and violence prevention in the community?

Assessment 3: Health Facilities Readiness to Deal with Mental Health Cases

1. health inFormation systems indicators	
1.1 Mental disorders are documented in the weekly morbidity report17	Yes ☐ No ☐ DK ☐ NA ☐ Comment:
1.2 According to the health information system, in the last two weeks at this clinic, how many people were seen with the following conditions?	
1.2.1 depression	DK/NA ☐ Comment:
1.2.2 epilepsy	DK/NA ☐ Comment:
1.2.3 psychosis	DK/NA ☐ Comment:
1.2.4 other mental health problem	DK/NA ☐ Comment:
2. worker competency indicators	
2.1 knowledge of available resources	
2.1.1 Health staff know the referral options to the mental health system. (For example, staff know the location, approximate costs and referral procedures for nearby mental health services.)	Yes ☐ No ☐ DK/NA ☐ Comment:
2.1.2 Health staff know available supports (for example, protection agencies/ networks, community/social services, community support systems, legal services) offering protection and/or social support for social problems such as domestic violence and rape.	Yes ☐ No ☐ DK/NA ☐ Comment:
2.2 Within the last two years health staff have received training in:	
2.2.1 communication skills (for example, active listening, respectful attitude)	DK/NA ☐ Comment:
2.2.2 a basic problem-solving, counselling approach	Yes ☐ No ☐ DK/NA ☐ Comment:

2.2.3 offering basic support to people who are bereaved	Yes ☐ No ☐ DK/NA ☐ Comment:
2.2.4. offering psychological first aid (that is, basic psychological and social support for people recently exposed to potentially traumatic events)	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3 At least one health care provider at each clinic is competent in identifying and clinically managing:	
2.3.1 depression	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.2 psychosis	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.3 epilepsy	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.5 problems with alcohol use	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.6 problems with drug use	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.7 post-traumatic stress disorder	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.8 acute trauma-induced anxiety that is so severe that it limits basic functioning	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.9 self-harm/ suicide	Yes ☐ No ☐ DK/NA ☐ Comment:
2.3.10 medically unexplained somatic complaints	Yes ☐ No ☐ DK/NA ☐ Comment:
2.4 specify what mental health training and clinical supervisions has been received by health staff in the last two years	
General physicians: Nurses: Other staff:	
2.5 What type of clinical supervision arrangements could practically be organised?:	

▶ Resources:

- ▶ Mental Health at Work: Policy Brief – ILO & WHO

- ▶ Mental Health Policy, Version 2 – BWJ

- ▶ WHO guidelines on Mental Health at Work -WHO

- ▶ MHPSS framework – IFRC psychosocial center

- ▶ IFRC Monitoring and evaluation framework for psychosocial support interventions.

- ▶ Assessing mental health And psychosocial needs And resources – WHO & UNHCR

- ▶ (1986, Psychosocial factors at work: Recognition and control, Report of the Joint ILO/WHO Committee on Occupational Health, Ninth Session, Geneva, 18–24 September 1984, Occupational Safety and Health Series No. 56 (Geneva))