

# 6 Dealing with stress in a PCT

## Background

**Name:** Mark Tull

**Safety representative:** Nine years

**Job-title:** Primary care mental health worker

**Employer:** Primary Care Trust

**Speciality/setting:** Registered Mental Nurse (RMN) working in community with common mental health problems.



**“I had already been a steward for two years, when I became a safety representative – I could see overlap in the two roles. By representing people, I saw that there was often a health and safety (H&S) side to cases and it made sense to be aware with all the potential issues. Being trained in health and safety has helped me in my role as steward – having both perspectives gives more weight to the arguments that I use.**

I feel optimistic about the role. I enjoy the work and feel supported by the organisation I work for. We're all responsible for H&S and many of the things you learn, can help you in your everyday life. And many of skills you develop as a safety representative are transferable – e.g. risk management or risk assessment.

### Work related stress

An ongoing strand in my work as a safety representative over the last five years has been stress and the development of stress strategies in different organisations I have worked in. I'm asked to give advice about stress policies, not just because I'm a safety representative, but also because it dovetails with clinical work. Stress is associated with a lot of problems that I see on a daily basis. And as a representative, there are a number of issues

that are stress related – work demands, workloads and work changes to name but a few.

We have recently undergone an organisational restructure which involves three primary care trusts (PCTs) being managed by a central system. This means that many of the policies and procedures are being revisited. With the harmonisation of policies by the current employer, our safety representatives will be looking to make sure that stress is adequately covered.

Previously I've been involved in putting a policy together as part of the *Improving Working Lives* initiative.

I have a personal interest in stress management. I'm involved in stress training for NHS staff, and local partners (e.g. adult education) as well as facilitating stress courses for the general public and referred patients in my clinical role. I'm involved in sub groups of the H&S committee but also sit on the local H&S forum, and organisational H&S committee along with my fellow RCN H&S colleague. A more recent development has been the opportunity to sit on the organisational risk and governance committee which is a sub group of our PCTs board and oversees the work of committees such as the H&S committee.

## Bringing about change

A stress strategy should have certain key components, which are:

- highlighting what stress is
- identifying the responsibilities of employers and employees in managing stress
- promoting strategies to deal with stress
- promoting balanced lives to reduce risk of stress
- having services available to provide advice on helping manage stress and reducing stress.

Developing a stress strategy involves working in conjunction with the relevant lead in trust. They then typically originate a stress policy, then seek involvement of others, such as myself as a safety representative. At this stage I, along with other representatives, have the opportunity to comment on policy and help to shape it. The policy is then taken back to the relevant H&S committee for further discussion and approval.

## Support/facilitating progress

In some ways it's more straight forward working in the H&S world rather than as a steward, as potentially there are fewer areas of conflict, and more consensus.

I've not encountered any real barriers as health and safety is a shared objective despite any different perspectives. The philosophy where I work is to foster partnership working – as a safety representative I'm valued and encouraged.

Developing constructive relationships with people in the organisation who are responsible for H&S makes a big difference in helping to take things forward, both in terms of constructive working with organisational leads but also safety representatives from other unions. Sometimes that means taking time out to see another person's point of view and the RCN is regarded locally as promoting what is seen as reasonable.

Although the impact isn't always easy to measure, the aim is that staff are more aware of, and have better access to, stress management services and training.

## Other examples – property inspections

Our local safety representatives are planning on meeting regularly with the local H&S manager. We plan to work together to undertake joint inspections on properties that have house services run by our staff. There are over 30 properties in total so we plan to have a rolling programme, inspecting one property per month. It will hopefully address any of our members concerns about their working environment and also result in the role of safety representative becoming more visible to staff."

## Becoming a RCN safety representative

If you are interested in becoming a safety representative you can find further information on the RCN website [www.rcn.org.uk/support/becoming\\_activist/how\\_to\\_become\\_a\\_representative](http://www.rcn.org.uk/support/becoming_activist/how_to_become_a_representative)