



Mental Health Tick Assessment Criteria

Submissions are assessed based on the response on the Assessment Submission form and the submitted evidence. In addition, the assessor will conduct interviews with individuals from across the organisation. The overall outcome will be based on where the majority of judgements sit. This process is internally verified by the Mental Health Tick in accordance with our Assessment and Verification Policy before the final outcome is confirmed.

Individuals can include employees, volunteers, apprentices, interns and potentially clients/service users depending on your organisation.

Awareness

Criterion	Possible evidence <i>(this list is not exhaustive)</i>	Bronze	Silver <i>(as Bronze, but also...)</i>	Gold <i>(as Silver, but also...)</i>
1.1 There is a written strategy, based on a clear ethical and value-based statement, for mental health and wellbeing across the organisation being implemented.	<ul style="list-style-type: none">• Website screenshot• Statement/policy• Annual reports• Staff handbook	An organisation-wide position statement is in place.	There is a strategy including a clear ethical and value-based statement for mental health and wellbeing that considers organisation and individual level needs, the capacity and nature of organisation (e.g. SME, multi-site).	There is also evidence of policy and a cycle of evaluation and review of the strategy against identified outcomes, such as mental and physical health/wellbeing targets. Annual reporting is available for internal and external audiences (for medium and large organisations).
1.2 The organisation delivers the strategy through a systematic process involving a continuous improvement	<ul style="list-style-type: none">• Plan (can be the Mental Health Tick Action Plan)• Evidence of plan review	There is a plan in place to assess strengths and weaknesses for delivery of the strategy for mental health and wellbeing across	There is evidence of action planning, plus a cycle of evaluation and review of the plan. There are methods for individuals to feedback	In addition, actions are identified relating to sustaining strengths/good practice. Assessment of supply chain mental



<p>cycle, including in response to the ongoing impact of the pandemic.</p>	<ul style="list-style-type: none"> • Feedback from individuals • Evidence/ monitoring of feedback 	<p>the organisation. Organisations may have used the Mental Health Tick Action Plan template.</p>	<p>directly or anonymously, this feedback is evidenced in the review cycle.</p>	<p>health commitments and activities evidenced.</p>
<p>1.3 Mental wellbeing is an integral part of the health and safety of the organisation, including in post-pandemic safety measures.</p>	<ul style="list-style-type: none"> • Risk assessments • Policies • Photographs • Staff survey results • Screenshots of website/intranet • Marketing materials • Press coverage 	<p>The organisation's risk assessment includes health, safety and wellbeing, including workload. Action is taken to reduce causes of workplace stress, including for those working at home. Mental health is a topic during staff induction. Mental wellbeing is a standing item on health and safety meetings. (Smaller organisations evidence may involve accessing external support services or experts.)</p>	<p>In addition, the organisation ensures that wellbeing resources are available for all individuals, regardless of situation, for example:</p> <ul style="list-style-type: none"> • fitness classes, • healthy food choices signposted in the canteen, • flexible working, • regular screen breaks, • confidential medical services, • employee assistance programmes, • training, non-judgemental support/reasonable adjustments after a period of absence related to mental health. 	<p>There is evidence that the organisation and employees are able to participate in supporting the mental health of their families and the wider/local community, such as access to the Employee Assistance Programme for families.</p>
<p>1.4 Leaders and managers recognise the impact of mental health and wellbeing for their team(s) and their organisation.</p>	<ul style="list-style-type: none"> • Staff survey • Managers' survey • Appraisal guidance • Staff handbook • Examples of staff communications 	<p>Leaders and managers support individuals (including home workers) to have an appropriate work-life balance and to use leave, the impact of personal issues on wellbeing and work performance is recognised (e.g. staff feedback shows staff recognise this).</p>	<p>Workflows, procedures and responses to events (such as recovery from impact of the pandemic or home working) are people-focussed and designed with tolerable levels of stress in mind for staff involved. Decisions that could affect wellbeing are communicated clearly and rationale explained.</p>	<p>Leaders and managers feel comfortable having supportive wellbeing conversations with staff and feel able to reflect on their own mental health experiences.</p>



1.5 Individuals recognise their own mental state and feel safe to express them or use strategies to deal with negative states.	<ul style="list-style-type: none"> • Staff survey • Case studies • Manager surveys • Employee surveys • Data from Employee Assistance Programmes/ Occupational Health 	Individuals in the organisation recognise their own emotions and feel able to use coping strategies to express and/or deal with negative states.	Individuals recognise their own emotional triggers and feel able to engage with their manager/the organisation/support services when experiencing poor mental health. Managers feel secure enough in their knowledge to respond empathically and provide or signpost support.	Individuals across the organisation recognise their responsibilities in proactively supporting the wellbeing of colleagues. Those experiencing poor mental health feel supported by the organisation, managers and colleagues.
1.6 Mental health and wellbeing is monitored across the organisation, including the impact of initiatives, resources, training and services.	<ul style="list-style-type: none"> • Data • Staff surveys • Strategy review documents • Annual reports • Data from Employee Assistance Programmes/ Occupational Health 	Readily accessible data, such as retention or absence, is used to monitor individual wellbeing.	Staff surveys or tools, such as the Mental Wellbeing Assessment for smaller organisations, are used to monitor wellbeing. Results are fed into the plan, do, review cycle for the organisation strategy.	Staff surveys (or formal/informal feedback for smaller organisations) are also used to monitor factors that are known to affect staff wellbeing, such as workload or management style. There is evidence of collaboration with expert support, such as occupational health or employee assistance programmes to obtain a deeper understanding of the data/trends.

Culture

Criterion	Possible evidence	Bronze	Silver <i>(as Bronze, but also...)</i>	Gold <i>(as Silver, but also...)</i>
2.1 There is a designated leader, coordinator or	<ul style="list-style-type: none"> • Role description • Strategy 	There is an identified lead for the mental health and	The organisation recognises that people at all levels	The organisation's leaders are at the forefront of the



<p>coordinating committee for mental health and wellbeing, supported by champions and managers across the organisation (for smaller organisations the leader may be supported with external advice or support).</p>	<ul style="list-style-type: none"> • Website/intranet screenshots 	<p>wellbeing strategy, but it is clear that the implementation of the strategy is everyone's responsibility. For a smaller organisation this may be the owner, or senior leader.</p>	<p>have lived experiences of mental ill health. Role models from across the organisation are identified as champions to support the implementation of the strategy (for very small organisations this will involve all people recognising their role).</p>	<p>strategy, modelling behaviour and expectations from the top. The identified lead's role is in monitoring and review as the strategy is embedded and works without their input (although for SMEs the lead will need to be more actively involved). Mental health and wellbeing is a standard item on the board or governance meeting (or team meetings for SMEs).</p>
<p>2.2 The mental health and wellbeing strategy is referenced and embedded in other key organisational policies and procedures, such as whistleblowing, diversity, bullying and harassment or equality.</p>	<ul style="list-style-type: none"> • Policies • Procedures • Guidance for producing policies/ procedures 	<p>The organisation has referenced and can identify the policies that refer to the mental health and wellbeing of staff, such as whistleblowing, diversity, bullying and harassment or equality.</p>	<p>Mental health and wellbeing are integral to key policies, not only referenced, but woven in throughout the documents.</p>	<p>Policies and procedures are developed with a people-first approach, inherently building in mental health sensitive approaches. There is clear evidence that there is an impact on mental health and/or wellbeing across the organisation.</p>
<p>2.3 Mental health and wellbeing initiatives are based on evidence and developed with a business case to make it sustainable if effective, outcomes are measured and monitored.</p>	<ul style="list-style-type: none"> • Procurement documentation • Tender documentation • Resource assessments • Business plans 	<p>The commission of new mental health and wellbeing provision, resources or an initiative is based on evidence of effectiveness. Tools, such as the Mental Health Resource Quality Assessment, are used to evidence or reflect on this.</p>	<p>The impact/effectiveness of new initiatives, resources and provision are monitored and reported.</p>	<p>New resources, initiatives and provision are designed to be sustainable from the planning and commissioning stage provided they are shown to be effective in the organisation.</p>
<p>2.4 Staff at all levels and in all circumstances are</p>	<ul style="list-style-type: none"> • Agenda/ minutes 	<p>Representatives from across the organisation are</p>	<p>Individuals at all levels and from different sectors of the</p>	<p>The organisation has explored other ways of</p>



<p>engaged in the development, deployment and monitoring of the mental health and wellbeing strategy, including unions, or minority groups, such as ethnicity groups, LGBT+, low-paid and contractors.</p>	<ul style="list-style-type: none"> • Strategy document • Plan • External surveys (e.g. Investors in People) 	<p>involved in the development/review of the mental health and wellbeing strategy (for a small organisation this may include external expertise).</p>	<p>population (including those based off-site such as home-workers or drivers) are able to take part in regular staff engagement forums, or provide feedback in a way that works for them, on topics related to mental health and wellbeing (for smaller organisations this may be as simple as an agenda item at staff meetings or in line management).</p>	<p>allowing staff to feed into or feedback on the mental health and wellbeing strategy and provision, such as suggestion boxes or anonymous surveys.</p>
<p>2.5 Leaders and managers recognise their role in supporting the wellbeing of all employees (including minority groups, home workers and those affected by the pandemic).</p>	<ul style="list-style-type: none"> • Staff survey • Feedback • Staff handbook • Website/ intranet screenshots • Job descriptions • Procedures • Data (e.g. % of managers with wellbeing in their job description) 	<p>Leaders and managers design or adjust workflow to allow for reasonable work-life balance, whilst individuals recognise the ebbs and flows of the workload and can identify how they are supported through times of increased stress, pressure or deadlines.</p>	<p>Leaders and managers recognise their role in providing pastoral support for their staff and they engage with all staff (including field-based, home-based staff or those on long-term leave) in a variety of ways.</p>	<p>Leaders and managers have wellbeing responsibilities written into their job/role descriptions. Individuals feel safe talking about their emotional experiences/coping without blame or guilt.</p>
<p>2.6 Operational policies and procedures reflect the importance of mental health and wellbeing for individuals and the organisation (e.g. response, return and</p>	<ul style="list-style-type: none"> • Policies/ procedures • Staff communications • Appraisal paperwork • Data (e.g. % of manager 	<p>HR policy/procedures, such as recruitment, home working or return to work, reflect mental health awareness and would not discourage someone with lived experiences of mental ill health. Operational</p>	<p>Operational policies and procedures, including short-term changes, reflect a consideration for wellbeing throughout.</p>	<p>Operational policies and procedures, short-term changes or the standard review cycle take a people-first approach to considering the wellbeing impact. Appraisals for managers include an</p>



recovery phases of the pandemic).	appraisals recording wellbeing support)	procedures/policies or changes to them, such as throughout the pandemic, induction or exit interviews, reference mental health and wellbeing.		evaluation of how they support the wellbeing of individuals.
2.7 Community, national or international mental health and wellbeing events are seen as part of a year-round cycle or a celebration of the organisation's commitment, rather than a one-off awareness event.	<ul style="list-style-type: none"> • Staff communications • Website/ intranet screenshots • Marketing materials • Photos/videos 	The organisation celebrates and encourages engagement with community, national or international mental health and wellbeing events, such as Men's Mental Health Month (this will vary according to the size of the organisation, available resources and may involve being involved in events run by other organisations, rather than run by a small organisation).	Community, national and international mental health and wellbeing events are linked to the organisation's strategy and seen as a celebration of the culture across the organisation, for example recognising individuals' contributions with an award (this will vary according to the size of the organisation, available resources and may involve being involved in events run by other organisations, rather than run by a small organisation).	There are year-round themes relating to mental health and wellbeing, each providing an opportunity for discussion, reflection, awareness of unconscious biases and tackling stigma not just in the organisation, but also in the community. There is evidence of collaboration with external health and wellbeing partners to jointly promote good practice, areas of support and national events or campaigns (this will vary according to the size of the organisation, available resources and may involve being involved in events run by other organisations, rather than run by a small organisation).

Training and Development Provision

Criterion	Possible evidence	Bronze	Silver <i>(as Bronze, but also...)</i>	Gold <i>(as Silver, but also...)</i>
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<p>3.1 A range of training, resources and services is available for staff at universal, individual self-help and targeted support levels, including access to Employee Assistance Programmes (EAP) and Occupational Health as relevant.</p>	<ul style="list-style-type: none"> • Induction training • Website/ intranet screenshots • Marketing literature • Staff communications • Attendance registers/reports • Assessment reports • Staff survey • Feedback • Data (e.g. % of staff accessing different levels) • EAP data 	<p>There are three levels of training available (which for smaller organisations may be supported or funded externally):</p> <ul style="list-style-type: none"> • universal awareness, • individual self-help, • targeted support. <p>Provision or resources are available for all staff, regardless of their situation (e.g. low-paid, home worker, zero hours, volunteer or driver). Mandatory training takes place within working time, or time off in lieu is available. For a smaller organisation these may all be externally provided or funded.</p>	<p>Further training, services or resources are made available based on identified need, or a skills gap analysis (for small organisations these may be as and when available or when given funding).</p>	<p>The impact/effectiveness of training, resources and services is monitored, including a method for anonymous feedback for large organisations.</p>
<p>3.2 Training, resources and services are provided on the basis of an evidence base and the effectiveness monitored.</p>	<ul style="list-style-type: none"> • Website/ intranet screenshots • Marketing literature • Staff communications • Attendance figures • Assessment reports • Staff survey • Feedback • Annual reports 	<p>Mental health and wellbeing provision, resources and services are available based on an identified need and selected according to evidence that they are suitable for the purpose, such as the deployment and refreshers of Mental Health First Aiders. Tools, such as the Mental Health Resource Quality Assessment, are used to</p>	<p>The impact/effectiveness of provision, resources and services are monitored in relation to the identified need and monitored/reported at least annually.</p>	<p>Provision, resources and services are delivered in different ways and the engagement, usage, effectiveness of each is considered (for example training is offered online, in-person or a combination of both).</p>



	<ul style="list-style-type: none"> Data (e.g. % of staff accessing, satisfaction rates) 	evidence or reflect on this. For a smaller organisation resources etc. may be externally provided or funded.		
3.3 Universal provision at a minimum includes awareness training of mental health difficulties, stress and emotional skills/coping.	<ul style="list-style-type: none"> Website/ intranet screenshots Marketing literature Mentoring programme details Staff communications Attendance figures Assessment reports Staff survey Feedback Annual reports Data (e.g. % of staff accessing) 	There is information or training available on recognising common mental health difficulties, resilience and stress and emotional skills. Coverage includes self-help strategies (e.g. when working at home) and supports individuals to seek help from managers or services, such as Occupational Health or their GP. For a smaller organisation these may all be externally funded, provided or signposting to sources of information.	Peer support is encouraged, such as through mentoring schemes. For smaller organisations this may be externally funded, provided or through other ways, such as partnering with another small organisation to allow individuals to turn to people other than their manager.	Feedback and effectiveness is monitored and reported internally and externally (for larger organisations only). Data is used to tailor or develop provision (including by providers).
3.4 Training and resources cover topics designed to address stigmas and prejudice around mental health, such as discrimination or unconscious bias training.	<ul style="list-style-type: none"> Website/ intranet screenshots Marketing literature Staff communications Attendance figures Assessment reports 	Information and/or training are available for all staff to help them become more aware of unconscious bias, stigmas, prejudice and discrimination. Smaller organisations may attend external events, conferences or signpost staff to websites or training. Leaders and managers	All individuals across the organisation are empowered to tackle stigmas and discrimination. Enhanced provision, such as focus groups, are available for staff to increase the awareness across the organisation (not required for smaller organisations).	Feedback and effectiveness is monitored and reported internally and externally (reporting for larger organisations only). Data is used to tailor or develop provision (including the use of feedback/data by providers to improve provision to the organisation).



	<ul style="list-style-type: none"> • Staff survey • Feedback • Annual reports • Case studies 	tackle discrimination or stigmas.		
3.5 Leaders and managers receive training covering supporting mental health difficulties, the wellbeing of individuals, stress risk assessment and their leadership/management styles.	<ul style="list-style-type: none"> • Data (e.g. % of manager accessing training) • Case studies • Marketing literature • Website/ intranet screenshot • Qualification certificates 	There is training in place to support leaders' and managers' knowledge of mental health difficulties and ways that they can support staff experiencing poor mental health.	Leaders and managers receive training on supporting workplace wellbeing and their duties. As required, they are able to recognise how to assess a role/individual for the impact of stress and take action to moderate the causes.	Leaders and managers have received training on their leadership and management styles and are able to reflect on the impact on others. They have access to safe places in mentoring or coaching sessions to reflect on this. This is monitored through their appraisals and other methods, such as 180 or 360 degree reviews.
3.6 Roles across the organisation are screened for high levels of stress and those identified are then risk assessed and supportive mechanisms put in place, including supervision as appropriate.	<ul style="list-style-type: none"> • Assessments (generic and anonymised individual) • Staff handbook • Supervision policy/ procedure • Supervision training • Data (e.g. % of roles screened) • Mentoring programme details 	Roles are considered in terms of levels of potential stress across the organisation. The Role Stress Risk Assessment, or another similar tool, is used to assess the needs of individuals or roles that are potentially exposed to high levels of stress (whether work-related or not) and actions are taken accordingly.	Supervision is seen as a tool separate from line management and may be provided by internal or external workplace mentors for those in emotionally demanding roles (for very small organisations, this may be accessing external formal or informal support). Individuals experiencing high levels of stress (whether work-related or not) are supported through a no-blame Role Stress Risk Assessment and resulting actions.	There is an embedded mentoring or supervision programme across the organisation available to all staff, regardless of position, via self-referral for support with stress or overcoming other barriers they are facing. Staff and occupational health and/or the Employee Assistance Programme co-design smooth referral pathways. For smaller organisations, these may be accessing local support networks or services, such as business support groups, or informal



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