



Mental Health Policy in the Workplace

Standard Operating Procedure for Mental Health and Psychosocial Support in Jordanian Garment Factories

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Version 0.2

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Jordan colleagues. It has also benefitted from the meaningful support and key inputs of all partners who participated in the mental health policy task force.

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Abbreviations

CBA	Collective Bargaining Agreement
JGATE	The Jordan Garments, Accessories & Textiles Exporter's Association
JTGCU	The General Trade Union of Workers in Textile, Garment, and Clothing Industries / Jordan
OHS	Occupational Health and Safety
GP	General Practitioner
IASC	Inter-Agency Standing Committee
MH	Mental Health
mhGAP	Mental Health Gap Action Program
mhGAP-IG	mhGAP Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MoL	Ministry of Labour
PHC	Primary Health Care
ToR	Terms of Reference
ToT	Training of Trainers
SOPs	Standard Operating Procedures

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 their personal, social, or occupational areas of life.

Mental Health Policy: an organized set of values, principles, and objectives for improving mental health and reducing the burden of mental disorders in a population.

Vision: a desirable image for the future of the mental health system in a country or region.

Value: a social, cultural, or economically relevant concept that guides attitudes, judgments, and courses of action in a mental health policy.

Principle: a fundamental truth on which rules of conduct are based.

Mental Health Plan: a detailed pre-formulated scheme for implementing strategic actions that favor the promotion of mental health, and the prevention and treatment of mental disorders.

Mental Health Legislation: a set of laws that codify and consolidate the fundamental principles, values, and objectives of the mental health policy, and guarantee that the dignity of patients is preserved, and their fundamental human rights are protected.

Community Mental Health Services: mental health community-based services that are close to where people live, such as outpatient clinics, psychiatric units in general hospitals, and rehabilitation centers.

Primary Prevention: strategies that intend to avoid the development of the onset of an illness.

Secondary Prevention: strategies that focus on early detection and aim to limit the effects of an illness after it manifests.

Tertiary Prevention: treatments that aim to reduce the negative impact of a determined illness by restoring function and reducing disease-related complications.

Standard Operating Procedures: this is a set of written instructions that describes the step-by-step process that must be taken to properly perform a routine activity.

Introduction

Briefly described, mental health issues in the workplace are many conditions that affect employees' state of mind. These conditions range from stress, symptoms of depression, anxiety, or substance misuse, which might lead individuals to burnout, having a nervous breakdown, or contributing to perpetuating mental health illnesses.

Mental health problems manifest in different ways. Some employees may suffer or experience physical symptoms (e.g., increased blood pressure, laziness, aches, and changes in eating habits).

A Collective Bargaining Agreement (CBA) was signed between the Jordan Garments, Accessories & Textiles Exporter's Association (JGATE) and the General Trade Union of Workers in Textile, Garment, and Clothing Industries / Jordan (JTGCU) in 2019. Article (11) of the CBA stipulates that factories need to provide physical and psychological health to workers. All employers and managers are obliged to take appropriate steps to eliminate and minimize health and safety risks in the workplace. Similarly, and in terms of mental illness, the employer should identify possible workplace practices, actions, or incidents that may cause, or contribute to, the mental illness of workers and take actions to eliminate or minimize these risks.

Recognizing and promoting mental health is an essential part of creating a safe and healthy workplace. To this end, Occupational Health and Safety (OHS) obligations extend to any workers with mental illness. Importantly, managers and workers both have roles to play in building a safe working environment, one where mental health matters and where workers with mental illness are properly attended to.

This Policy

This policy aims to provide guidance for the employers in the garment factories on how to enhance/support the mental health/wellbeing of workers in the garment sector. By identifying needs, key activities, roles, and guidelines for the implementation of the mental health component.

Vision

The business will improve its efficiency by promoting the mental health/ well-being of all workers and responding rapidly to the needs of workers who develop mental health issues.

Values and Principles

- Workers are the most important asset of the organization: the business should provide support services for workers.
- The efficiency of the business will be improved if workers have a good mental health state.
- In the factor itself, mental health should be addressed to all workers based on their needs.
- People should have access to treatment for mental health problems.
- It is cost-effective for a business to ensure the early treatment of workers with mental health problems.
- treat all matters relating to individual employees and their mental health problems in the strictest confidence and share on a "need to know" basis only with consent from the individual concerned.

Objectives

- To effectively decrease absenteeism and turnover rates among workers by eliminating organizational factors that contribute to poor mental health.
- To improve the productivity of the business by providing better emotional support to workers after critical incidents.
- To minimize the disability of workers by ensuring that mental health problems are recognized at early stages and effective treatment is available.
- To create awareness and prevent discrimination around mental illnesses in order to decrease the stigma that contributes to individuals seeking treatment.
- To build healthy relationships at work and minimize possible conflicts among workers.
- To maintain a healthy environment where workers feel comfortable and safe.
- To develop a culture of trust, support, and mutual respect in the workplace.

Scope

- As mental health problems and stress can affect anyone, regardless of their position in the organization. This policy applies equally to all employees.
- This policy will comply with the 2019 CBA and best practice guidelines.
- The policy will be developed in accordance with existing organization policies and procedures, such as the prohibition of harassment and abuse.

Work Strategies- Procedures

Workplace support strategies can target specific workers or groups of workers:

Capacity building within the factory

- To appoint at least two focal points within the factories to attend mental health-related training.
- Recruit staff counselors with an educational background in medical sciences, social sciences, psychology, or a related field have given evidence that suggests having at least one counselor for every 5000 workers. The counselor should have direct contact with the workers, (for migrants, through the nominated translator), not at the administrative level.
- Ensure that the focal point or counselor regularly carries out a risk assessment of employee workloads, job design, etc., to ensure that pressure is at a healthy level that stimulates, and challenges employees as compared to overloading and demoralizing them.
- Provide a private, close, safe, and mind relaxing space for workers to talk about and discuss their problems or issues.
- 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).

- The factory should provide the PFA training to HR staff, dormitory supervisors, medical staff, welfare officers, supervisors, and line supervisors.
- Train staff to recognize indicators of occupational stress in both themselves and their colleagues and allow them easy access to staff support services.
- Add the mental health component in the orientation training to include the following training: social media, mental well-being, sexual and reproductive health, and financial education.
- Provide training to the workers in a related field such as financial literacy training, sexual harassment prevention, and training about other topics to strengthen employee resilience for example “how to cope” when faced with social, relationship, and financial issues, as these, may cause psychological problems.
- Training will be provided to all factory employees of all nationalities and levels, ranging from the top management to middle management employees and workers.
- Factories can nominate specific persons, such as translators/interpreters, to attend training related to mental health issues so that all nationalities can benefit from the training.

Raise mental health awareness within the factories.

- Increase (information, education, and communication) within the factory, cafeteria, and dormitories to promote a mentally healthy life during display more posters and flyers on factory premises, dormitories, and cafeteria.
- Provide workers with links to videos or articles related to mental well-being.

- 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 union committee, consular, MH focal point, and co-workers (other).

Support employees experiencing mental health difficulties - mental health services

- Provide sick leave to those suffering from mental health distress under the consultation of medical staff or psychiatrists.
- Refer workers to the mental health focal point to do what fits their needs (see internal referral system).

Responsibilities

Everyone has a responsibility to contribute to making the workplace mental wellbeing policy effective.

Focal Point Persons

- Monitor the workplace, identify hazards and risks, and take steps to eliminate or reduce these as far as is reasonably practicable.
- Ensure good communication between management and staff, particularly where there are organizational and procedural changes.

- Assist and support employees who are known to have mental health problems or are experiencing stress.
- Coordinate the mental health activities, including visits and training.
- Actively participate in training (including ToT) related to mental health conducted in collaboration with BWJ.
- Conduct mental health awareness sessions within the organization.
- Identify available mental health and psychosocial support services (MHPSS) referral pathways.
- Facilitate safe and confidential referrals for the workers who need mental health and psychosocial support services.
- Draft and review the mental health policy.
- Support and oversee the implementation of the mental health policy.
- Inform the management of any changes and developments in the field of stress at work.
- Involve in the risk assessment process.
- Conduct a survey among the workers to know their needs and communicate survey results with the management.

Human Recourse Staff- Responsibility of Management

- Organize training and awareness courses on workplace mental well-being in conjunction with mental health focal points.
- Provide advice and support to employees and managers concerning this policy.
- Monitor and report on sickness absenteeism rates report to a focal point that relates to mental health problems and other problems.

Counselors

- Provide counseling sessions to workers, assess, and refer them to medical clinics based on their needs.

- Provide confidential counseling sessions for staff affected by stress caused by either work or external factors. schedule mental health counseling sessions to workers in need (weekend and after working hours) unless it is urgent.
- Follow the guidance mentioned in the Standard Operating Procedures (SOPs) for Mental Health and Psychosocial Support in Jordanian Garment Factories when managing mental health cases (see annex 1).

Medical staff

Medical staff members are healthcare professionals who examine, diagnose, treat and prevent injuries, illnesses, and other impairments, and ensure cultural competence among healthcare providers serving vulnerable populations.

- Medical staff who took mhGAP training have to identify and manage mental conditions using the mhGAP Intervention Guide (mhGAP-IG).
- Another medical staff has to identify mental health conditions and follow the guidelines mentioned in the SOPs (see annex 1).

Review and Monitoring

The mental health focal point will be responsible for reviewing the workplace mental health policy and for monitoring or evaluating the effectiveness of this policy through feedback from the production supervisor and HR staff.

Indicators to measure effectiveness include, but are not limited to:

1. The number of mental health cases.
2. The number of referrals.
3. The access to counseling services.

Annex 1

Standard Operating Procedures for Mental Health Providers

Classifications of Clients

There are two types of clients seeking Mental Health and Psychosocial Support (MHPSS) services.

1. “Walk in” Clients

Clients come by themselves seeking MHPSS services without a formal referral, who might have previously received MHPSS support or who might be new to seeking these services.

2. Referred Clients

Which could be referred internally from for example (GP, Dormitory supervisors, or line supervisors).

These two types should receive MHPSS support for their needs.

Code of Ethics

Given the importance of managing counsel and the necessity of upgrading the standards of the profession, hereby declare that mental health workers must commit to the following code of ethics while dealing with clients:

• Confidentiality

The client’s information must be confidential and not used for personal purposes or allow others to do so.

• Servicing Clients

Treat all people equally regardless of race, gender, marital status, pregnancy, age, physical impairment, intellectual impairment, political stance, or religious conviction.

• Quality

The Counselling sessions shall be provided with professionalism and high quality commensurate with specialization, experience, expertise, and gained knowledge.

Refuse improper rewards or gifts

Not accept a gift, reward, or benefit that is intended to, or appears to be aimed at influencing decisions or behavior.

• Sexual Harassment

Sexual harassment is prohibited. which consists of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature

- **Documentation**

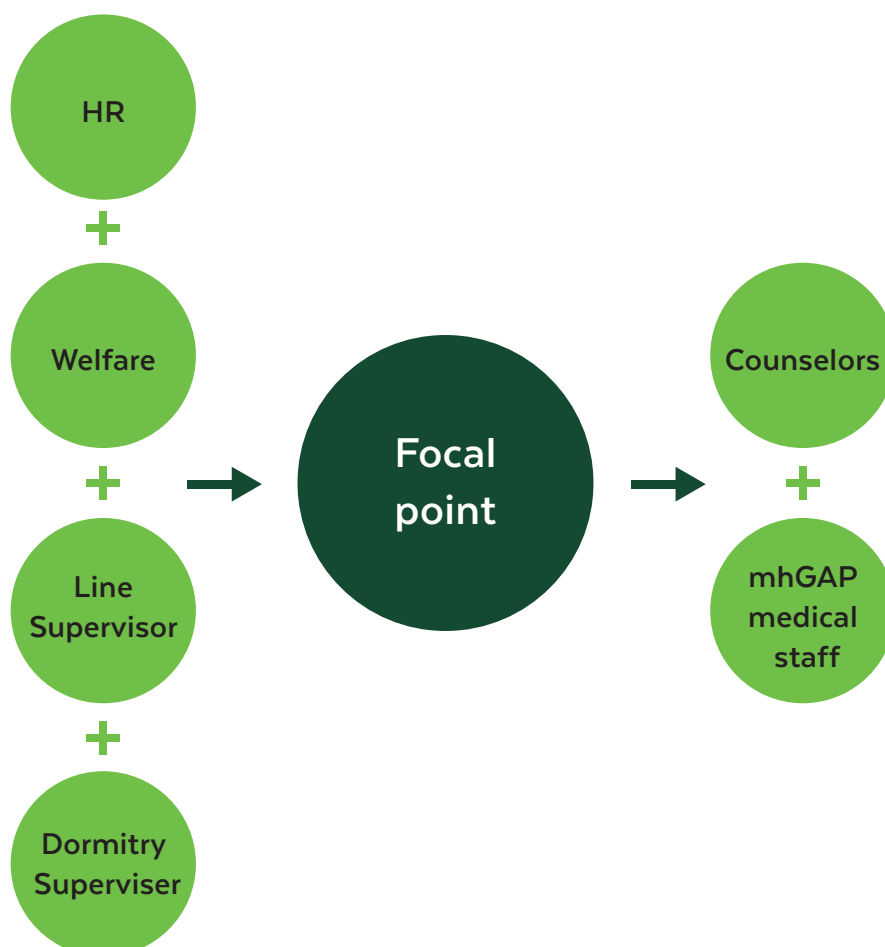
All the services that have been provided to clients, shall be documented to maintain continuity of understanding of their problems and the solutions that have been designed for them to refer to them when needed.

- **Cooperation and Professional Development**

Mental health provider assists their fellows in developing their capabilities, support them in practicing the code of ethics of the profession and constructively cooperate with them.

Internal Referral System

In this regard, each employee mentioned in the following diagram is responsible for certain duties that should be done to facilitate the internal referral process. Which aims to facilitate identifying and managing mental health cases.



Counselors Duties

When receiving a case; Counselors should do the following:

- Make an appointment to assess the case based on the client's needs.
- Open the MHPSS-specific client file which will be kept with the counselor.
- Give each client a specific case ID (first initial(s) for the factory name+ number).
- Clients with urgent needs should receive the earliest appointment possible, while other clients according to the availability.
- Conduct counseling sessions.
- Put client files back into the filing system after each session.
- Refer clients to external mental health providers, based on the client's needs.

mhGAP Medical Staff

- Medical staff who took mhGAP training have to identify and manage mental conditions using the mhGAP Intervention Guide (mhGAP-IG).
- General practitioners (GP) or nurses who took mhGAP training would do the counselor duties mentioned above if there the factory does not have a counselor.
- GP or nurses who took mhGAP training and not anyone else are eligible to prescribe medication to cases if needed.

Focal Point Persons' Duties

- Coordinate the mental health activities, including visits and training.
- Identify available Mental Health and Psychosocial Support Services (IMHESS) referral pathways.
- Conduct mental health awareness sessions with the factory, including workers and management levels.
- Identify available Mental Health and Psychosocial Support Services (IMHESS) referral pathways.
- facilitate safe and confidential referrals for the workers who need mental health and psychosocial support services.
- Train staff to recognize indicators of occupational stress in both themselves and their colleagues and allow them easy access to staff support services.
- enhance capacity for HR to improve social support networks for isolated workers
- make ensure the medical staff and the translator deal with information confidential within the code of conduct.
- keep a record of the cases, medication sheet, and external referred cases sheet.

HR, Welfare, General Practitioner, Line Supervisors, and Dormitory Supervisors' Duties

Mainly identifying the change in workers' behavior, productivity, and mood using the following list :

- ☐ Feeling tired all the time
- ☐ Dizziness
- ☐ Weight gain, or weight loss
- ☐ Low mood
- ☐ Feeling anxious
- ☐ Difficulty concentrating
- ☐ Problems getting to sleep and staying asleep, or having nightmares
- ☐ Not able to handle stress as well as they used to
- ☐ Loss of loved ones
- ☐ Angry
- ☐ Working overtime in a way that would harm them
- ☐ Skipping work
- ☐ Lower work performance
- ☐ Isolation
- ☐ Crying
- ☐ Increased use of alcohol, drugs, or cigarettes
- ☐ Co-worker concerns/ complains
- ☐ Reported having financial problems
- ☐ Reported having sexual harassment
- ☐ Reported having family/ relationship problems
- ☐ Reported having extra work load or problems

Documentation and Filing System

As mentioned previously, one of the duties of Counselors is to open a file for each case they receive, this file contains the following documents:

Intake Form

This document contains the demographical data about the clients (see appendix 1) e.g., (client's name, nationality, phone number, etc). Noteworthy, that each client will be given a specific Case ID, to keep the client's conditionality in the tracking process. Also, emergency contact, in which case of emergency who should the provider contact? Moreover, the medical history of the client. More importantly, presenting problems is the most important part of the intake as the client will talk in length about their problems\ concerns. Followed by the consent form, as at some point the confidentiality will be broken when referring the client to an external mental health service.

Assessment

This document contains several common indicators for having a psychological disturbance (see appendix 2), the provider will ask the client certain questions and based on the list the provider will assess their level of disturbance and the symptoms that causes this disturbance, in which the provider will work on these symptoms in the future sessions. Importantly, this list is made for assessment purposes, which is not meant to be used to diagnose clients.

Progress note

This document covers the action taken by the provider toward the client (see appendix 3). In addition to the place where the session is conducted, targeted symptoms based on the assessment list, the type of the service provided, that include referral/ medication if applicable, and counseling which shall be illustrated in the implemented intervention. Besides that, the provider should check the client's response to treatment and evidence for that response. This document also includes the discharge note if the client finished treatment.

The following diagram illustrates the time frame for the documentation:



Risk Assessment

The risk assessment covers the suicidal ideation, planning, and attempts (see appendix 4). Which will be used if the client has reported that they have suicidal thoughts or showed suicidal behavior like self-harm. This assessment contains ten questions that will give the provider an idea of the risk level the client is at. To make an action, which is also illustrated in the assessment. This document is used only for clients who showed suicidal behavior and is not meant to be for all clients.

Referral Form

This document contains the personal information of the referred client (see appendix 5) e.g., (client's name, nationality, date of birth, phone number, etc.). in addition to that the referral information suchlike who provided this referral, to which mental health service the client will be referred to, and the reason(s) for the referral.

All these documents should be kept in the client file, in a secure place that no one other than mental health providers who are responsible for the case, can read or have access to it.

Other Documents:

The following documents should be done by the Counselors/ mental health service providers and be kept with the focal point persons:

Medication sheet tracker

This document covers information about who took the medication by providing the case ID, the medication they took, and who prescribed it for them (see appendix 6). This sheet provides an indication of the psychotropic medications used in treatment monthly, which will ease the tracking system of the medications.

Cases tracker

This document gives a specific number of cases mental health providers had seen during the month (see appendix 7). Which helps in tracking the number of clients seeking mental health services. The table in this document contains information like case ID, the main complaint about the client, and the action taken by the provider, plus the name of the provider.

Referral tracker

This document gives a specific number of referred cases to external mental health services during the month (see appendix 8). which helps in tracking the number of clients that had been referred to an external mental health service. The table in this document contains information like case ID, the reason(s) why the client had to be referred, where they had been referred to, and the name of the provider.

External referral system

An external referral should be done when the client's mental health needs to be comprehensively managed using resources beyond those available at the factory's clinic.

Referral process for **urgent** cases:



- Urgent cases include workers that might hurt themselves or others (suicide, self-harm, threats to kill others, or harm others). Or workers who are seriously ill which affects their quality of life, productivity, and overall functioning.
1. Ensuring the physical safety of the case, and removing any possible objects that the client could use.
 2. If the client is new an intake should be done first then a referral form, for current, or former clients of the factory clinic, a progress note should be conducted by the counselor, Counselors can request a translator if they wish.
 3. Counselor addresses the need of the advanced psychological needs that the client needs a GP who received mhGAP training.
 4. The counselor and the GP, together should identify the agency that would fit the client's needs.
 5. The counselor should conduct a referral form.
 6. The counselor and the GP, together explain to the client the reason for referral, and what the service would be provided to them.
 7. If the client agreed to the referral, the counselor should follow up with both the client and the service provider, about the client's progress.
 8. Mental health providers should contact the administrative officer to call an ambulance
 9. All this should be done keeping in mind the confidentiality of the client.

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.
1. If the client is new an intake should be done first then an assessment, and if the counselors believed that the client needs for referral, a referral form should be conducted, For current, or former clients of the factory clinic, a progress note should be conducted by the counselor, counselors can request a translator if they wish.
 2. Counselor addresses the need of the advanced psychological needs that the client needs a GP who received mhGAP training.
 3. The counselor and the GP together should identify the agency that would fit the client's needs.
 4. The counselor and the GP, together explain to the client the reason for referral, and what the service would be provided to them.
 5. The counselor should conduct a referral form.
 6. If the client agreed to the referral, the counselor should follow up with both the client and the service provider, about the client's progress.
 7. All this should be done keeping in mind the confidentiality of the client.

Where to refer clients?

Ministry of Health hospitals.	Private clinics.	Hotline (for Bengali Nationality).
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External Referral System Flowchart



Appendices

Appendix 1 Intake Form

Counselor 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:

Emergency Contact | الاتصال في حالات الطوارئ

In case of emergency who we should contact?

Name:	الاسم:
Phone number:	رقم الهاتف:
Address:	العنوان:

Health and medical info | المعلومات الصحية

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؟

الشكوى الحالية | Presenting problems

Ask the client about their current symptoms? On set? Frequency? And duration?

اسأل المراجع عن اعراضه الحالية؟ وقت بدء هذه الاعراض؟ شدة تكرارها؟ ومدة حدوثها؟

الموافقة | Consent

I, the undersigned, acknowledged that the information I mentioned above is correct, and I give consent to receive psychological support sessions provided by the counselor. Name: Signature:	انا الموقع/ة ادناه أُقر بأن المعلومات التي ذكرتها صحيحة، واعطي الموافقة على تلقي جلسات الدعم النفسي المقدمة من المرشد/ة. 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 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 2

Assessment- Checklist

Counselor name: _____

Date: _____

Client's name: _____

Case ID: _____

This list contains a number of common indicators for having a psychological disturbance

Mood	Recently, how have you been feeling? <table border="0"> <tbody> <tr> <td>☐ Happy</td> <td>☐ Relaxed</td> <td>☐ Optimistic</td> </tr> <tr> <td>☐ Neutral</td> <td>☐ Sad</td> <td>☐ Drained</td> </tr> <tr> <td>☐ Pessimistic</td> <td>☐ Guilt</td> <td>☐ Annoyed</td> </tr> <tr> <td>☐ Bored</td> <td>☐ Restless</td> <td>☐ Lonely</td> </tr> <tr> <td>☐ Anxious</td> <td>☐ Helpless</td> <td>☐ Fearful</td> </tr> <tr> <td>☐ Regretful</td> <td>☐ Energetic</td> <td>☐ Angry</td> </tr> <tr> <td>☐ Death wishes</td> <td>☐ Others:</td> <td></td> </tr> </tbody> </table>	☐ Happy	☐ Relaxed	☐ Optimistic	☐ Neutral	☐ Sad	☐ Drained	☐ Pessimistic	☐ Guilt	☐ Annoyed	☐ Bored	☐ Restless	☐ Lonely	☐ Anxious	☐ Helpless	☐ Fearful	☐ Regretful	☐ Energetic	☐ Angry	☐ Death wishes	☐ Others:				
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☐ Neutral	☐ Sad	☐ Drained																							
☐ Pessimistic	☐ Guilt	☐ Annoyed																							
☐ Bored	☐ Restless	☐ Lonely																							
☐ Anxious	☐ Helpless	☐ Fearful																							
☐ Regretful	☐ Energetic	☐ Angry																							
☐ Death wishes	☐ Others:																								
Behavioral	Recently, how was your sleep? <table border="0"> <tbody> <tr> <td>☐ Insomnia</td> <td>☐ Hypersomnia</td> <td>☐ Normal</td> </tr> </tbody> </table> Recently how was your appetite? <table border="0"> <tbody> <tr> <td>☐ Loss of appetite</td> <td>☐ Increased appetite</td> <td>☐ Normal</td> </tr> </tbody> </table> Recently have you been having any of these symptoms? <table border="0"> <tbody> <tr> <td>☐ Skipping work</td> <td>☐ Self-harm</td> <td>☐ Suicidal attempts</td> </tr> <tr> <td>☐ Harm others</td> <td>☐ Lack of motivation</td> <td>☐ Impulsive</td> </tr> <tr> <td>☐ Smoking</td> <td>☐ Drinking alcohol</td> <td>☐ Take drugs</td> </tr> <tr> <td>☐ Withdrawal</td> <td>☐ Crying</td> <td>☐ Vomiting on purpose</td> </tr> <tr> <td>☐ Avoidance</td> <td>☐ Aggressive</td> <td>☐ Concentration difficulties</td> </tr> <tr> <td>☐ Compulsions</td> <td>☐ Others:</td> <td></td> </tr> </tbody> </table>	☐ Insomnia	☐ Hypersomnia	☐ Normal	☐ Loss of appetite	☐ Increased appetite	☐ Normal	☐ Skipping work	☐ Self-harm	☐ Suicidal attempts	☐ Harm others	☐ Lack of motivation	☐ Impulsive	☐ Smoking	☐ Drinking alcohol	☐ Take drugs	☐ Withdrawal	☐ Crying	☐ Vomiting on purpose	☐ Avoidance	☐ Aggressive	☐ Concentration difficulties	☐ Compulsions	☐ Others:	
☐ Insomnia	☐ Hypersomnia	☐ Normal																							
☐ Loss of appetite	☐ Increased appetite	☐ Normal																							
☐ Skipping work	☐ Self-harm	☐ Suicidal attempts																							
☐ Harm others	☐ Lack of motivation	☐ Impulsive																							
☐ Smoking	☐ Drinking alcohol	☐ Take drugs																							
☐ Withdrawal	☐ Crying	☐ Vomiting on purpose																							
☐ Avoidance	☐ Aggressive	☐ Concentration difficulties																							
☐ Compulsions	☐ Others:																								
Physical	Do you have any physical symptoms? <table border="0"> <tbody> <tr> <td>☐ Headaches</td> <td>☐ Stomachache</td> <td>☐ Dry mouth</td> </tr> <tr> <td>☐ Chest pain</td> <td>☐ Dizziness</td> <td>☐ Fatigue</td> </tr> <tr> <td>☐ Unable to relax</td> <td>☐ Back pain</td> <td>☐ Rapid heartbeat</td> </tr> <tr> <td>☐ Numbness</td> <td>☐ Hearing things*</td> <td>☐ Seeing things*</td> </tr> <tr> <td>☐ Smelling things*</td> <td>☐ Others:</td> <td></td> </tr> </tbody> </table>	☐ Headaches	☐ Stomachache	☐ Dry mouth	☐ Chest pain	☐ Dizziness	☐ Fatigue	☐ Unable to relax	☐ Back pain	☐ Rapid heartbeat	☐ Numbness	☐ Hearing things*	☐ Seeing things*	☐ Smelling things*	☐ Others:										
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☐ Numbness	☐ Hearing things*	☐ Seeing things*																							
☐ Smelling things*	☐ Others:																								

*That nobody else sees, hears (a voice in your head), or smells.

Appendix 3

Progress Note

Counselor name: _____

Date: _____

Client's name: _____

Case ID: _____

Place of session:

☐ Clinic

☐ Phone call

☐ Dormitory visit

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

Type of service provided:

☐ Referral: _____

☐ Medication: _____

☐ Discharge: _____

☐ Counseling: _____

Intervention Strategies Implemented and Session Focus or Theme:

Client response:

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

Evidence of client response and what will you do next:

Appendix 4

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. What has helped you through difficult times in the past?

* Indicates high or moderate risk

Counselor rated risk level: ☐ Low ☐ Moderate ☐ High

Meaning and Responses to each level of risk	
Level of risk	Suggested response
Low:	
☐ No plans or intent	☐ Identify potential risk factors/ unpleasant events and work on them.
☐ No prior attempt/s	☐ Identify potential supports/contacts and provide contact details.
☐ Few risk factors	☐ Follow-up weekly
☐ Identifiable 'protective' factors	
Moderate:	
☐ Suicidal thoughts of limited frequency, and intensity	☐ Identify potential risk factors/ unpleasant events and work on them.
☐ No plans or intent	☐ refer them to mental health specialist as soon as possible
☐ Some risk factors present	☐ Follow-up daily
☐ Some 'protective' factors	
High:	
☐ Frequent, intense, enduring suicidal thoughts	☐ If the client has an immediate intention to act, immediately refer them to mental health specialist.
☐ Clear intent, specific/well thought out plans	☐ ensure that the client is not left alone
☐ Prior attempt/s	☐ Call the police if the client will not accept a specialist assessment.
☐ Many risk factors	☐ Consult with a colleague or supervisor for guidance and support.
☐ Few/no 'protective' factors	

Appendix 5
Referral Form

Counselor name: _____ Referral date: _____

Personal Information | المعلومات الشخصية

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:

Referral Information | معلومات التحويل

Referred by:	محول من:
Referred to:	محول إلى:
Reason(s) for referral:	سبب/ أسباب التحويل:

Counselor Signature: _____

Appendix 6

Medication Sheet

[illegible]

Mental Health Cases Monthly Report

[illegible]

Appendix 8

Mental Health Referred Cases Monthly Report

[illegible]

Annex 2

Mental Health Focal Points Term of Reference

Description and objectives:

The issue of mental health and well-being, and accessibility of mental health services in Jordan's garment sector, is particularly prevailing. In 2021, setter Work Jordan (BWJ) launched a mental health project; the project aims for garment workers to become more resilient against mental health risks, including seeking psychosocial support when necessary. Besides, establishing mental health referral system ensures that workers have available mental health and psychosocial support services.

Based on the CBA signed in 2019 Article (11), the factories need to provide physical and psychological health to workers. Therefore, the factories will select two mental health focal points from each factory to coordinate with the BWJ to implement and oversee their mental health activities.

Primary duties and responsibilities:

1. Coordinate the mental health activities, including visits and training.
2. Actively participate in training (including ToT) related to mental health conducted in collaboration with BWJ.
3. Conduct mental health awareness sessions with the factory workers and management levels.
4. In collaboration with BWJ, Identify available Mental Health and Psychosocial Support Services (IMHESS) referral pathways/
5. Facilitate safe and confidential referrals for the workers who need specialized mental health and psychosocial support services
6. Support BWJ in drafting the mental health policy within the factory.
7. Support and oversees the implementation of the mental health policy.
8. Train staff to recognize indicators of occupational stress in both themselves and their colleagues and allow them easy access to staff support service
9. Mental health focal point organizes at least one event and activity for mental health each year

10. Enhance capacity for HR to improve social support network for isolated worker
11. Improve the awareness for HR, consular, members of union committee, medical staff, co-workers, and others to recognize the symptoms of mental health problems.
12. make ensure the medical staff and the translator deal with information in a confidential way within the code of conduct
13. Keep a record of mental health cases.

Prerequisites / Qualifications:

Minimum academic background, previous work experiences, skills and strengths, knowledge, and professional expertise to be added to any other skills considered essential for this task:

- The focal point must have a bachelor's degree in medical sciences, social sciences, psychology, or any related field.
- He/she is in direct contact with the workers, not at the administrative level.
- Has good communication skills and teamwork skills
- The focal point should show personal integrity and ethics and respects the principle of confidentiality.
- Good written and spoken skills in English, and knowledge of other workers' languages will be an asset.
- Have good knowledge of computer skills.

Note:

- These tasks should be added to the employee's job description, with being mindful of the extra time spent on these activities.
- Each factory should have at least two focal points.

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