

Mentally Healthy Ships

Policy and Practice to Promote Mental Health on Board

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Foreword

At the time of publishing this guide, the maritime industry has been battling the challenges presented by the COVID-19 pandemic for most of 2020.

Seafarers have been badly affected by the pandemic with a crisis in crew changes, long delays to repatriations, loss of work, financial difficulties and increased reporting of related stress and anxiety.

Against this backdrop, it is easy to see the very real need for this guidance which provides detailed support for ship operators in developing mental health policies for seafarers. There is still a great deal of work left to do to increase industry-wide knowledge and awareness of mental health, and to reduce widespread stigma. I hope this guide will be welcomed and implemented by shipping companies.

I would like to thank Dr Pennie Blackburn for her thorough research and extensive work on this valuable resource and to the ITF and Steamship Mutual for their generous funding.



**Roger Harris,
Executive Director**

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shipping companies and the broader maritime industry when considering how to develop good practice and policy for mental health of crew and other staff. However, this is not an exhaustive treatment of the subjects. No liability is assumed for losses or damages due to the content or information provided.

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ISWAN is an international charity which is dedicated to the relief of hardship or distress amongst seafarers of all nationalities, races, colours and creeds irrespective of gender.

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Mentally Healthy Ships

Introduction

Mental health is crucial to how well staff are engaged, motivated and able to perform effectively in their role. Staff with good mental health are likely to be more productive, perform better and have fewer accidents. It is in the interests of the employer to implement policies and practices which promote good mental health and mitigate the effects of work-related stressors wherever possible. This guide sets out to provide useful information for shipping and ship management companies on how best to devise and implement mental health policies and practices to promote and protect positive mental health shoreside and on board.

“We all have mental health in the same way that we have physical health.”

What is Mental Health?

Put simply, mental health is how we think, feel, behave and how we cope with the day-to-day pressure of life and work. We all have mental health in the same way that we have physical health. Our mental health fluctuates over time just like our physical health and is a complex interplay of biological, social, and psychological factors. Factors at home, at work and in our environment, all influence our mental health on a day-to-day basis. Mental health is not a static state. Someone who is generally mentally well may experience a period of low mood or depression following a relationship breakdown or a serious illness and likewise someone who struggles with social anxiety may have found effective coping strategies to maintain the strong professional relationships needed to function well at work.

The World Health Organization (WHO) defines mental health as a “state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”[1].

Mental health problems range from common

problems that many of us will experience at some time in our lives, such as anxiety or depression, to more severe and disabling conditions like psychotic disorders that affect less than 1 in 200 people¹. Although we will all experience feelings of low mood or anxiety at times, it is when these become problematic, such as when symptoms are more pronounced or prolonged and interfere in our ability to function at home or at work, that the threshold for diagnosis is reached.

Work-related stress is not typically considered a mental health problem in itself, but can be associated with symptoms like anxiety, distress, feelings of not coping and can contribute to, or precipitate, various physical (such as high blood pressure and gastrointestinal complaints) and mental health problems.

The Business Case for Prioritising Employee Mental Health

As Sanjana Rathi of the London School of Economics says in a blog post on May 4th, 2017 [25]:

“The signs of mental illness can often be noticed in employee behaviour and performance. Some symptoms of mental illness can manifest themselves as poor performance at work, missing deadlines, failing to get work done, disappearing for long periods of time, being prone to sudden outbursts, erratic behaviour, irritation, or attention disorder. However, these are often overlooked either because of lack of knowledge or because of the stigma attached to mental health issues.

The stigma attached to having a psychiatric disorder means that employees may be reluctant to seek treatment, especially in the current economic climate, out of fear that they might jeopardise their jobs.”

1. Severe and enduring mental health problems, or psychiatric conditions such as psychoses (e.g. schizophrenia) and bipolar disorder, are relatively unusual in the general population. Given the ‘healthy worker effect’ it is far less likely to be prevalent on board. However, it is possible that the first episode of psychosis might develop whilst at sea and would require professional intervention. Onset of these disorders is unusual after the age of 35-40.

Psychosis can also be induced by the use of prescription (such as some anti-malarial medications) and non-prescription drugs (such as cannabis, cocaine, PCP, LSD, Khat, etc.) and/or excessive use of alcohol. If treated early drug- and alcohol-induced psychoses are often short-term conditions and are unlikely to recur in the absence of continued misuse of substances.

Mental Health at Sea

The Scale of the Problem

Globally, mental health problems affect around one in four people during their lifetime and are estimated to affect around one in six people at any one given time. The data for the seafaring population is inherently difficult to estimate with any accuracy for several reasons [2, 3]. Given the known stressors of a life at sea the figures for prevalence of common mental health problems in the maritime industry would be expected to be at least as high as the general population and there are indications from the literature that mental health problems are significantly higher [4] [see box]. Likewise, the Seafarers International Research Centre's (SIRC) mental health and wellbeing report [2] reviews the limited evidence available and supports the conclusion that there are higher levels of psychiatric disorders in a seafaring occupational group and that these had increased in the years between 2011 and 2016 when comparative studies were completed [5].

Although a cogent case can be made that mental health problems are more common in seafarers, this is not the primary concern. The argument that the concerns about mental health of seafarers are inflated and therefore no policy, prevention or response measures are needed is a false one. Seafaring does not make you physically sick per se (although there may be elements of increased risk of illness or injury), but no shipping company would argue that medical services are unnecessary. Likewise, seafaring does not make you mentally unwell per se, but there are elements of increased risk and – as with physical health – policies, prevention and response measures are required in order to maintain the health and wellbeing of the crew and to have a timely response where needed.

The consequence of not taking mental health seriously is significant. A company with high levels of stress in employees may see an increase in mental health problems, more disappearances at sea, more preventable incidents, work-related injury and accidents, increased bullying and harassment, a less motivated, engaged and loyal workforce, more complaints and potentially legal liability, as well as financial implications of emergency repatriation and compensation. A study of a telemedicine database [6] in which 3,921 seafarers required medical assistance or advice

found that whilst psychiatric conditions accounted for only 0.6% of cases assisted, the number of seafarers repatriated as a result was disproportionately high at 5% of cases. In a recent study [4], strong associations between anxiety, depression and work-related injury and illness were found. Therefore, appropriate prevention and support mechanisms may be highly cost effective.

Key Findings from the ITF Seafarers' Trust & Yale University Seafarer Mental Health Study [3]

28% of 1572 Seafarers screened positive for anxiety or depression (cf. gen population estimates of 6% in German study and 5% in oil and gas workers using the same study methodology)

Seafarers who screened positive for anxiety and depression were twice as likely to have suffered an injury at work the previous year. This is also true of illness.

35% of those with depression asked nobody for help.

Low job control was associated with both depression and with increased injury.

20% of seafarers reported suicidal ideation on several days or more during the two weeks prior to the survey.

The highest statistically significant determinants of depression, anxiety and suicidal ideation were:

- A non-caring company culture
- Violence at work
- Low job satisfaction
- Self-rated health problems

Seafarers who screened positive for depression ranked isolation from family, trouble sleeping, contract length and supervisor demands as the highest contributing factors.

Seafarers from the Pacific region/Philippines (11%), Eastern Europe and India (9%) were four times as likely to report exposure to workplace violence as those from Western Europe.

The Role of the Employer in the Maritime Industry

Employers have an ethical and, in some countries, a legal 'duty of care' to employees. This means that an employer should take all reasonably possible steps to ensure the health, safety and wellbeing of their employees. This includes making sure that the work environment is both healthy and safe, protecting staff from discrimination and carrying out risk assessments. From a personal injury perspective, the focus of a legal claim for compensation is likely to fall on whether the harm suffered was reasonably foreseeable and whether the employer took reasonable steps to manage the risk. For example, there is precedence in UK law² in which an employer may be held liable for the death by suicide of an employee (Corr v IBC Vehicles EWCA Civ 601 2007): "Whilst some manifestations of severe depression might be so unusual and unpredictable as to be outside the bounds of what was reasonably foreseeable, suicide could not be so regarded" [7]. Discrimination laws also apply where reasonable adjustments are not made or where the individual is treated unfairly as a result of their current or former physical or mental health.

Title 4 of the Maritime Labour Convention [8]: 'Health protection, medical care, welfare and social security protection', contains requirements including the shipowner's responsibilities with respect to ensuring that a seafarer has a safe and healthy work environment and access to medical care which also applies to mental health.

A review of the provisions of the MLC [8] and their purposes from a mental health perspective may be helpful when thinking about your own company practices.

Title 4 – Maritime Labour Convention

Regulation 4.1 Medical care on board ship and ashore – to protect the health of seafarers and ensure their prompt access to medical care on board ship and ashore

Regulation 4.2 Shipowners' liability – to ensure that seafarers are protected from the financial consequences of sickness, injury or death occurring in connection with their employment

Regulation 4.3 Health and safety protection and accident prevention – to ensure that seafarers' work environment on board ships promotes occupational safety and health

Regulation 4.4 Access to shore-based welfare facilities – to ensure that seafarers working on board a ship have access to shore-based facilities and services to secure their health and well-being

Regulation 4.3, Guideline B4.3 also provides that States should take account of the latest version of the Guidance on Eliminating Shipboard Harassment and Bullying, jointly published by the International Chamber of Shipping and the International Transport Workers' Federation [31], when adopting laws, regulations or guidelines to safeguard occupational safety and health on board ship. The ILO also recommends 'to take the issue of harassment and bullying into account in the risk evaluations conducted by shipowners and in investigations undertaken by the competent authority into the causes and circumstances of all occupational accidents and occupational injuries and diseases resulting in loss of life or serious personal injury.' Guideline B4.3.1(2)(o) includes mental effects of fatigue among the matters to be incorporated into the national guidelines for the management of occupational safety and health. Guideline B4.3.1(3) provides that the risk assessment and reduction of exposure on the matters referred to in paragraph 2 of the same guideline should take into account the mental health effects of fatigue. Moreover, the necessary measures should include preventative measures in order to combat risk at the source. Guideline B4.3.6(2)(c) provides that consideration should be given to include psychological problems created by shipboard environment as subject of investigation.

The ILO's Guidelines for implementing the OSH provisions of the MLC, 2006 [32] include a section on Occupational Mental Health, which calls upon "competent authorities, after consultation with shipowners' and seafarers' organizations, to provide shipowners with effective advice on measures to minimize the adverse effects of work-related factors on mental health. These may include steps to identify and reduce workplace stressors; increasing awareness of the signs of early mental distress to enable an early response to be made; access to recreational and welfare facilities (MLC, 2006, Regulations 3.1 and 4.4), and organizational arrangements that enable seafarers to raise issues about mental stressors and secure remedies for them."

2. This is just one example and other national laws vary. Further useful information about mental health, work and good practices including reference to law see https://www.who.int/mental_health/media/en/712.pdf

As international awareness of mental health and wellbeing grows, it is becoming increasingly important that maritime companies develop mental health policies which include processes and procedures to identify and minimise risks to mental health, implement practices and procedures that promote mental health, and ensure that appropriate mechanisms of response are in place. By contrast, The Seafarers' Mental Health and Wellbeing Report published by Cardiff University in 2019 [2] found that almost three quarters of the employer stakeholders it interviewed said that over the last 10 years mental health had not been identified as an issue or priority, whilst more than 90% of those had not introduced any policies or practices to address mental health; more than 50% of all the stakeholders interviewed said that they had not introduced any practices or policies relating to seafarers, mental health over the same time period. As risks to mental health in the maritime sector are becoming better understood, such a position becomes increasingly untenable.

As WHO [9] points out, some mental health problems can be prevented and most mental

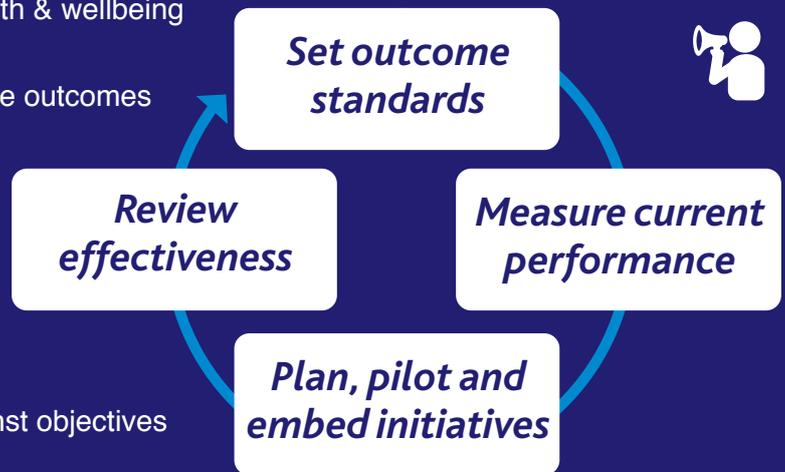
health problems can be successfully treated. "As an employer, you can help manage and prevent stress by improving conditions at work. [But] you also have a role in making adjustments and helping someone manage a mental health problem at work" [10].

The International Seafarers' Welfare and Assistance Network's (ISWAN) series of Good Mental Health Guides [11] aims to offer seafarers evidence-based information about what they themselves can do to protect and promote their own mental health at sea. These guides were designed to adapt the evidence base to the seafaring population by carefully considering ways in which strategies to maintain good mental health and promote wellbeing could be practised whilst on board. However, some of this advice, such as exercising regularly, is only possible if the facilities are made available to the crew. Therefore, employers have a critical role to play in executing their duty of care, through mitigating known risks where possible, and ensuring that systems procedures and structures are in place to create a mentally healthy environment on board.



Mentally Healthy Ships: Steps to Good Policy and Practice

- STEP 1 Engage commitment to mental health & wellbeing
- STEP 2 Define objectives
- STEP 3 Translate objectives into measurable outcomes
- STEP 4 Measure current performance against objectives
- STEP 5 Identify initiatives which contribute to objectives
- STEP 6 Pilot initiatives and evaluate (review impact against outcomes)
- STEP 7 Modify / embed implementation
- STEP 8 Measure current performance against objectives
- STEP 9 Strive for continuous improvement



Mental Health Policy Development

The development of a policy for mental health helps to focus the organisational approach to mental health and its commitment to staff and crew wellbeing. It is particularly important in the area of mental health where little attention has been placed in the past [12]. A specific mental health policy will allow the organisation to build awareness of mental health across the board, demonstrate a commitment to crew wellbeing, identify the gaps in existing policies and procedures, and develop strategies of action for mental health and wellbeing. For all these reasons the mental health policy will require high level organisational support (the senior management, executive and board level) for it to be meaningful, for resources to be allocated (in time and funds) and for change to be implemented effectively across the organisation. Commitment to action across the organisation is essential.

Inclusion of onshore and off shore employees, as well as union representatives, at all stages of policy development and implementation planning is good practice to ensure that the issues being considered and addressed are relevant and inclusive. The mental health recovery movement has adopted the saying “nothing about us without us” which is a useful principle to ensure that policy and practice decisions are made with the participation of those people most affected by them. It will also have the benefit of engaging staff, raising awareness from early stages and building a sense of inclusion and ownership which will enhance the chances of successful implementation. Your company might choose to identify someone with overall responsibility for Mental Health Policy and Practice, create a steering group and implement accountability procedures such as regular reporting to the executive or board and in reporting mechanisms.

The Mental Health Policy should:

- State the company vision for mental health and the overarching purpose in devising a policy
- Define the objectives of the policy
- Set the direction for a strategic implementation plan which defines the steps for implementation of policy objectives and the evaluation of the outcomes



Policy Objectives

Policy objectives should be tangible statements of the aims of the policy and should be drawn up within the unique context of the company. A crewing agency, a cruise company and a tanker operator, as examples, will have different operating procedures, different demands, different makeup of staff in diversity and role profiles and operate across different geographical regions. Policy objectives should reflect this unique context of operation.

The Mental Health Policy may have a number of objectives such as:

- To establish a company-wide commitment to the mental health and wellbeing of all staff, shoreside and at sea
- To raise knowledge and awareness of mental health and psychological wellbeing across the company.
- To promote positive mental health and address risks to mental health and wellbeing
- To build and maintain systems, structures and processes which create optimal conditions in the environment and culture for staff to thrive
- To reduce stigma and remove barriers to disclosure and access to support for mental health and wellbeing
- To engage employees in active participation of initiatives to promote mental health and wellbeing
- To demonstrate a commitment to making reasonable adjustments, provide access to appropriate treatment and support, and assurance of fair treatment for those with mental health concerns

When devising objectives, consider what the desired outcome of the objective is. A meaningful objective should make a tangible impact on crew (and other staff). If this is not apparent, there is a danger that either the objective is not particularly worthwhile, or it has become a perfunctory exercise.

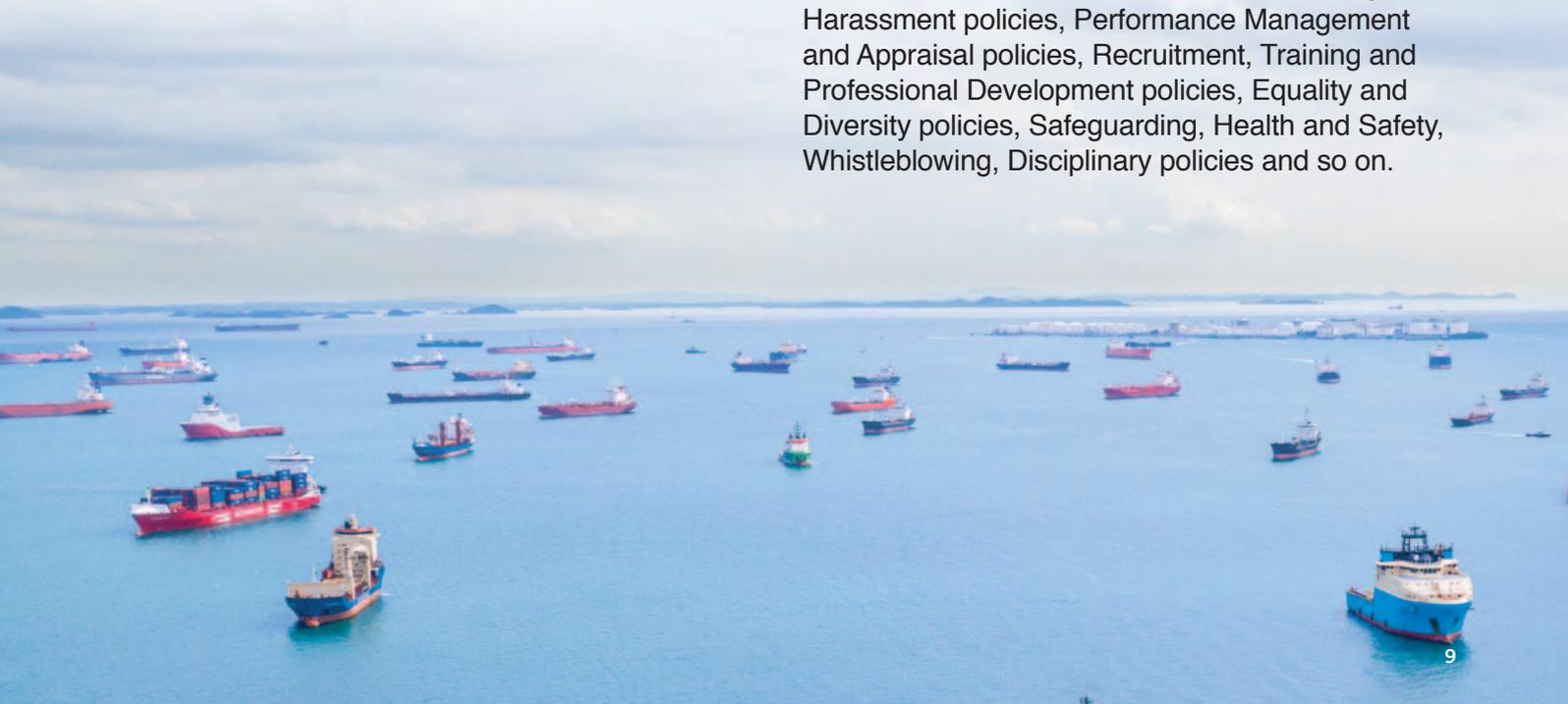
Policy objectives should be translatable into outcome standards which are specific, measurable, achievable, and realistic within an identified timeframe (SMART) and provide the foundation for strategies for action and implementation against which progress and impact can be measured.

Thriving at Work Core Standards [13]

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling
- Provide your employees with good working conditions
- Promote effective people management
- Routinely monitor employee mental health and wellbeing.

Compatible Company Policies

As with any new policy implementation there will be points of connection and areas of overlap with existing policies. A consistent approach across policies is required and links between policies should be updated as needed. Such policies may include Absence or Sickness policies, Bullying and Harassment policies, Performance Management and Appraisal policies, Recruitment, Training and Professional Development policies, Equality and Diversity policies, Safeguarding, Health and Safety, Whistleblowing, Disciplinary policies and so on.



Mental Health Strategic Implementation Plan

The Strategic Implementation Plan, or Mental Health Action Plan, should follow directly from the objectives set out in the policy.

If mental health is a new area of consideration for the company, the objectives may be aspirational ones, which can be realised through shorter term, smaller, more concrete and achievable objectives set out in the strategic implementation plan.

The implementation plan details the methods and actions that will be taken in order to realise the objectives and desired outcomes set out in the policy. For example, if you adopt an objective aligned with the Thriving at Work core standard two [13], i.e. develop mental health awareness among employees, you may translate this into a SMART goal that 100% of seagoing staff will attend mental health awareness training by 2022. Your action plan will then need to include who has responsibility to identify appropriate training and how this will be implemented, recorded and

evaluated. Alternatively, you may decide your objective is better served by disseminating information through articles in the company magazine or intranet, running a social media campaign, and/or by disseminating tools and resources, or posters and infographics. Factors including anticipated impact of successful implementation, i.e. which options are likely to have the most significant impact on the most people or the most vulnerable people, the resource requirements and the feasibility of the proposed initiatives can be weighed up.

Evaluation and monitoring of the action plan should be built into planning from the beginning so that it is possible to review the initiatives effectively and ensure the policy is achieving the expected outcomes. The next steps in the action plan can be modified accordingly or as the needs of the company evolve and other strategies for action become more viable.

Key Elements of Mental Health Action Planning

Initiatives within the implementation plan are likely to include a number of key elements such as:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Manage the threats to mental health<ol style="list-style-type: none">1. Identify the risks to mental health2. Implement risk mitigation strategies | <ul style="list-style-type: none">• Promote mental health and wellbeing<ol style="list-style-type: none">1. Raise awareness of mental health2. Reduce stigma and negative consequences of help seeking3. Promote mentally health lifestyles | <ul style="list-style-type: none">• Establish effective support and response mechanisms |
|--|--|--|

The specific actions a company takes will depend on various factors including what is already in place and will be unique to each; however, issues for consideration within the action plan under each of the elements are outlined below.

1. Manage Risks to Mental Health

Identify Risks and Protective factors

Identifying and mitigating against the foreseeable workplace stressors are a key part of fulfilling duty of care. Protective factors are also worth investigating; they can advance the thinking in risk mitigation concurrently and help the company identify what is already working well.

Literature Review: *What are the known stressors for those working in the maritime industry?* There is limited research available, however many risks are discussed in the grey literature. Further research is certainly needed but the knowledge that does exist to date can form a good starting point to consider what risks and protective factors may be relevant for the company [Appendix B].

Company Risk Assessment: *What are the specific stressors and risk factors for mental health in the company and the context in which the company operates?* There may be some risks in common for superyacht crew and merchant seafarers but they will also have different factors to consider. There is no one-size-fits-all; however useful lessons may be learned from the approach of other sectors³ or companies. Risk assessments might be included in the development and implementation of safety management systems.

Company Data Sources: *What Indicators of mental health already exist within the company data set?* Existing HR, occupational health records of sick leave/time off, breaches of hours of rest and work, performance appraisal records, incident and accident reports, complaints, grievances, reports of violence, aggression, bullying and harassment can all be useful sources of information to identify causes and isolate trends around work-related stress and mental health and can also be used for monitoring purposes. Some small additions to existing record-keeping may yield useful results.

Record any suspected or actual cases of suicide, cases of work-related stress or mental health problems and review lessons learned. Additional records such as telemedical assistance requests and EAP/helpline data can provide supplementary information.

Staff Surveys: *What are the key issues for staff?* Try not to assume the risks to mental health are already well known to you and be open to hearing the perspective of staff and crew. In the early stages of strategic development it is good practice to use open-ended questions, consult with staff teams or carry out focus group discussions with representative members of the staff group and potentially other 'key informants', i.e. people who have insight into staff needs, which might include crewing agents, ship managers, union representatives, EAP providers or others. Be aware that people of different ranks, roles, gender and nationalities and so on may be exposed in different ways to different risks⁴ and therefore it is important to ensure that representative views are heard, either in separate groups or in other ways.

Once the relevant issues are known, staff surveys can be designed to analyse the relative importance of different factors. This will help to decide what your priorities for action are. The staff survey can also provide data identifying the state of mental health and wellbeing of staff and crew, which can be used as a benchmark for the monitoring and evaluation of any changes or interventions made.

Staff surveys may be a combination of qualitative responses, quantitative measures and/or semi-structured interviews. The UK's government agency the Health and Safety Executive (HSE) has developed a 'talking toolkit' [12] which is a good example of a structured discussion of key issues which are common causes of work-related stress, which could be effectively adapted to include some open questions and ensure the factors are relevant for the industry. The Mission to Seafarers Happiness Index [14] is a good example of the kind of written survey which can be used and is based on the topics that are relevant to seafarers.

Whatever methodology is chosen, staff surveys must be carried out in such a way that ensures confidentiality and that individuals cannot be identified through their responses, in order to create sufficient trust in the process to get honest feedback. One way to achieve this might be to use an independent third party to carry out research that could assure anonymity and confidentiality. Stigma is currently very high and the fear of negative consequences of reporting concerns of any nature on future employability is common. Therefore no useful information will be gleaned without complete assurance of confidentiality.

Staff surveys can then be carried out at regular, perhaps annual, intervals to monitor wellbeing and measure the impact of initiatives being taken. The timing of such surveys is also important to consider, to ensure that they fall where possible during 'normal' operational periods rather than major festivals or unusual periods of time.

3. E.g. The UK government Health and Safety Executive (HSE) has some useful information and resources for carrying out stress risk assessments: <https://www.hse.gov.uk/simple-health-safety/risk/index.htm#safety/risk/index.htm>

4. One example of this, is recent research [4] that found that seafarers from the Philippines, Eastern Europe and India, were four times more likely to report exposure to workplace violence than seafarers from Western Europe.



Spotlight on stigma

Stigma in mental health is a real and present problem. It obscures the visibility of mental health problems, it hampers the research into the prevalence and types of problems which exist, it prevents us all talking about our mental health and so obstructs measures to prevent mental health problems and to promote good mental health and wellbeing. It keeps mental health hidden and perpetuates myths, misunderstandings, and lack of knowledge. Stigma also stops action being taken to provide help to those who may benefit from it and it stops people from accessing support at an early stage, when difficulties are often much more manageable. The effects of stigma can be seen in the development of physical health problems associated with stress, more serious levels of depression and anxiety, loss of work, impact on relationships, financial implications, and suicide.

Negative consequences of disclosing a mental health problem are both real and perceived. A seafarer, yachting or cruise worker on a brief or 'voyage-only contract' is unlikely to disclose a problem with work-related stress, anxiety or depression as a result of excessive work demands, bullying or sexual harassment from a senior officer, yacht owner or passenger, because they will fear that they will not be offered another contract, particularly if they have a family to support or other personal responsibilities.

Understandings of the aetiology of mental health problems vary across the world and consequently stigma may be more prominent in some cultures. The way different cultures interrelate what is considered acceptable to talk about, how they manage problems and the coping mechanisms they employ may all have an impact. There are also age and gender differences. Societal and social pressures on men in particular, to behave in certain ways and display certain attributes such as stoicism, independence and control, may prevent them from seeking help or expressing distress when things become difficult or overwhelming and expectations to support the immediate and extended family may stop people from confiding in loved ones. Women are not immune to these pressures in majority male environments and may also feel the pressure not to be seen as unable to cope. As a result, it may be considered more or less appropriate to express emotion, discuss 'personal' issues or seek help according to culture, gender, rank and responsibility on board.

Measures to tackle stigma, open the conversation about mental health and raise awareness in ways that are not threatening are all critical in the promotion of good mental health and prevention of mental health problems. The development of a mental health policy itself is an implicit demonstration of the recognition mental health and psychological wellbeing. The purpose and values outlined in the policy will communicate a commitment to the wellbeing of staff. Campaigns around mental health promotion, a commitment to provide access to support for mental health and to provide reasonable work adjustments as well as assurance against negative repercussions of help-seeking, such as job security, will all increase confidence to disclose and ask for timely help.



Risk Mitigation

Once the risks are known, strategies to mitigate, eliminate or manage the risks become possible. Some risks are, of course, inherent and cannot be modified. However, it may be possible to consider ways to limit the impact of inherent risks, e.g. long periods away at sea are unavoidable – this is the job, but facilitating access to free or at least low-cost WiFi which enables crew to maintain close contact with their friends and family may be part of a risk mitigation strategy.

Risk mitigation strategies will often be unique to the company. Decisions should be reached around what issues to prioritise for action. This may be influenced by factors such as viability, costs, the degree of risk identified, degree of impact of the measures and the likelihood of effectiveness. The results of these measures should be evaluated, and measures modified as needed. There should be a commitment to continuous improvement; as some measures take effect, other measures may become more feasible.

The ITF Seafarers' Trust Mental Health Report [4] identified the four most statistically significant factors associated with anxiety, depression and suicidal ideation amongst seafarers [see box, p.3]. The factor most associated with rates of depression and anxiety was a non-caring company culture. Seafarers often feel they are 'out of sight out of mind', 'hidden' or 'the forgotten key workers'. At times, the perception of the priority placed on keeping vessels running renders the humans on board feeling like they are commodities. During the COVID-19 pandemic when crew changes were impossible due to port, airport, border, hotel, transport closures and quarantine measures, some companies failed to communicate the major efforts they were making to try and facilitate crew changes. As a result, their crew felt abandoned, frustrated and angry, in addition to the stress, uncertainty, fear and sheer mental and physical exhaustion induced by voyage extensions and the pandemic itself.

Risk mitigation strategies in relation a caring company culture might include a variety of measures to demonstrate the value that the company places on crew and shoreside staff; such as good communication routinely and specifically during challenging times or times of change, awards for dedicated service, improvements to facilities and living conditions, a welfare fund or provision of special treats at ports of call.

Examples of risk mitigation strategies that might be undertaken include (but are not limited to):

Risk Identified	Risk Mitigation Strategy
Caring company culture [4] Poor management	Demonstrate the value that the company places on crew and shoreside staff; such as good communication, awards for dedicated service, improvements to facilities and living conditions, a welfare fund or provision of special treats at ports of call, positive feedback, continuity of employment, investment in skills development.
practices (including poor relationships with senior officers, being wrongly blamed, being shouted at) [2] [4]	<ul style="list-style-type: none"> • Ensure officers and senior staff demonstrate positive leadership: e.g. skills training to promote positive performance management, teamwork, communication, demonstration of respect, fairness, appreciation, etc. • Consider avenues for identifying gaps in skills or knowledge, further training needs and management accountability (e.g. 180° or 360° feedback or appraisals, anonymous or confidential complaints procedures, end of voyage surveys)
Violence, bullying and harassment, discrimination	<ul style="list-style-type: none"> • Introduce and publicise zero tolerance towards harassment⁵, violence and threats of violence including sexual violence • Review policies for Bullying and Harassment, Grievance, Whistleblowing, Safeguarding, etc. to ensure staff confidence to use them including protection from negative consequences on complainants, effectiveness of investigation and response procedures
Low job satisfaction	<ul style="list-style-type: none"> • Opportunities for career advancement and professional development tied to awards for accomplishment and improvements in pay and conditions • Empowerment of crew to influence their work / have a greater degree of control over how they complete their work • Variety in roles or tasks
Self-rated health problems	Accessible routine primary health care services – e.g. provide information about seafarer centres where routine healthcare services are available.
Social isolation	<ul style="list-style-type: none"> • Consider stable crewing [15]. If fluid crewing is unavoidable consider measures to welcome and integrate new crew on board to enhance a sense of team • Take steps to increase crew connection⁶ – e.g. identify a social hub on board to coordinate and schedule events (karaoke, multiplayer computer games, barbeques, pre-dinner non- or low-alcohol drinks, inter-ship competitions, celebrations of significant personal, national, international or religious events. • Offer a welfare fund for social events • Comfortable crew mess with facilities (e.g. regularly refreshed box sets and films, multi-player computer games, live stream or recorded sports events, musical instruments) • Provide free WIFI to ensure connection with home life and confidential support is available to all seafarers • Whole crew dining facilities • Facilitate access to port welfare including seafarers' centres and ship visitors • Facilitate and encourage access to shore leave for all crew

5. Harassment refers to offensive behaviour that demeans an individual or causes mental and emotional suffering. Repeated harassment may be considered bullying and/or discrimination and can relate to any personal characteristics of an individual including disability, race, religion or belief, gender and sexual orientation. For more information see Guidance on Eliminating Shipboard Harassment and Bullying [31]

6. See ISWAN Connecting Crew campaign for more ideas

Risk Identified	Risk Mitigation Strategy
Identify those at greater risk of isolation and/or discrimination due to personal or role characteristics ⁷	<ul style="list-style-type: none"> • Extend targeted support from shore or crewmates through regular check-ins • Wherever possible have two or more cadets on board rather than one, avoid single representatives of any language or diversity⁸ group • Implement mentoring [16], buddying and/or peer support mechanisms (e.g. peer-only WhatsApp or other social media groups between vessels for potentially isolated individuals; women seafarers, masters; cadets and so on)
Crew Conflict	<ul style="list-style-type: none"> • Mindful Crewing – Intergroup dynamics arise between distinct groups of people who identify with each other over the whole group and can commonly lead to tensions, mistrust, miscommunication, and a sense of injustice. Try to avoid distinct groups within crewing particularly where these coincide with hierarchy or departments. • Address crew conflict early – through conflict management and mediation • Support Senior Officers to anticipate and recognise signs of rising tensions and stress, due to adverse conditions or unavoidable circumstances early and take appropriate action • Effective incident reporting, monitoring and investigation may help to identify trends and prevent re-occurrence • Implement measures to facilitate crew cohesion through leadership and positive management practices
Fatigue [17, 18]	<ul style="list-style-type: none"> • Ensure compliance with the minimum hours of rest and recuperation • Expand minimum safe manning where rest hours are non-compliant • Consider implementing IMO's guidelines on fatigue mitigation and management [17] • Ensure optimal shift lengths and rotation patterns for rest and recuperation • Promote positive sleep hygiene practices • Ensure cabins are optimised for rest and sleep (see ISWAN Managing Stress and Sleeping Well at Sea guide [11]) • Encourage healthy work practices – not overworking, taking time off, shore leave, etc.
Concerns about family Concerns about job security /stability of income	<ul style="list-style-type: none"> • Family health insurance • Adjust terms and conditions to remove impact of short term and 'voyage-only' contracts on disclosure and increase contract security
Lack of help seeking/ under-reporting	<ul style="list-style-type: none"> • Stigma reduction initiatives • Increase mental health awareness through training of crew, mental health campaigns, shared information such as self-help guides and infographics⁹ • Adjust terms and conditions to remove impact of short term and 'voyage-only' contracts on disclosure • Ensure seafarers have access to a wide range of confidential, impartial mental health services such as those provided by ITF affiliated trade unions NUSI and AMOSUP and maritime charities such as ISWAN SeafarerHelp & Yacht Crew Help and Hunterlink Global

7. The weight of responsibility may fall disproportionately on certain roles that hold responsibilities that no-one else shares e.g. the Master. Others may be at greater risk of isolation due to lack of experience such as cadets and others through personal characteristics such as gender, ethnicity, language, and sexual orientation.

8. Diversity in this context refers to gender, ethnicity, language, and sexual orientation

9. ISWAN's series of Good Mental Health Guides (Psychological Wellbeing at Sea, Managing Stress and Sleeping well at Sea and Positive Steps to Mental Health) can be viewed or downloaded online www.seafarerswelfare.org/seafarer-health-information-programme/good-mental-health – hard copies can be bought and distributed to crew, infographics can be printed and displayed.

2. Mental Health Promotion

Mental health promotion refers to two related sets of initiatives. Those that:

- Enable people to cultivate strategies that enhance psychological wellbeing by providing knowledge and tools. For ease, these are referred to below as direct mental health promotion.
- Create the environment in which wellbeing can flourish

The company action plan for mental health should focus on both areas. We are more likely to adopt a healthy lifestyle if we know what this means, and we are equipped with the good information about the tactics we can use. Likewise, even if you have the knowledge it won't be possible to implement a healthy lifestyle if your environment prevents it.

Direct Mental Health Promotion:

Direct mental health promotion aims to provide people with information about good mental health and the measures we can take to protect and promote our mental health and psychological wellbeing. Ideas for direct mental health promotion include:

Building Mental Health Awareness and Reducing Stigma: Company campaigns, articles on company intranet and magazines, conversations about mental health and wellbeing, promoting stories and initiatives on key calendar dates such as World Mental Health Day on 10th October and World Suicide Prevention Day on 10th September.

Educational resources on mentally healthy lifestyles: Distribution of self-help guides, posters, infographics, websites, apps and so on.

- Knowledge and Skills Development and Training:
- Psychological wellbeing at sea including mentally healthy lifestyles and strategies to enhance wellbeing
- Managing the known stressors of working at sea such as working within a multicultural environment, stress management
- Preparatory training for cadets to establish knowledge and good habits from the beginning
- Senior officer training in mental health awareness, creating conditions for good mental health on board, positive leadership and building functional teams on board, recognising the signs and symptoms and first response.
- Dissemination of information on accessing support and help

Creating a Mentally Healthy Environment on Board

Seafarers both live and work on board, often for prolonged periods of time. This means that the work-life balance that we all crave on shore is much more difficult to achieve on board. Seafarers will be on duty for specific periods of time but are never completely off duty; they cannot leave work behind and go home to their friends and family at the end of the day to unwind and forget about the stresses of the job. Creating a mentally healthy environment on board means:

- Creating the conditions which enable crew to adopt and maintain mental healthy lifestyles
- Implementing strategies which support wellbeing and
- Mitigating as far as possible the known stressors of a life at sea which pose a risk to wellbeing.

Company policy can ensure that the means to achieve wellbeing are available to crew.

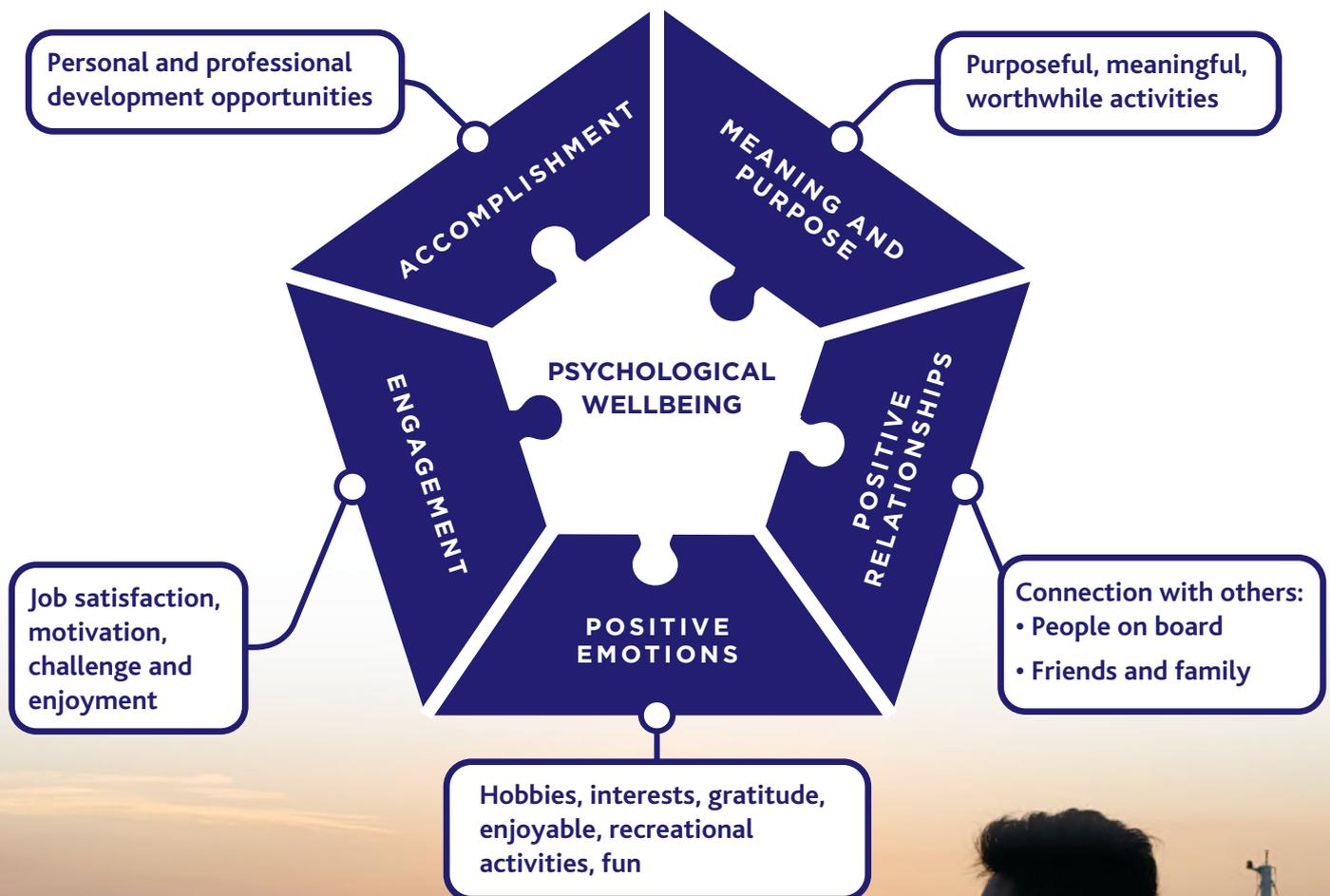
The figure below depicts dimensions of wellbeing. Each of us is different; some factors may play a more significant role in some people's lives than others; and this may also be influenced by our culture, age and gender. For some people, a sense of purpose may be much more important than our financial stability. But for all of us, knowing we can meet our basic needs and those of our family are essential¹⁰. Basic needs are the needs we have for food, security, shelter etc., without which we cannot survive. Psychologically these needs take precedence, they must be fulfilled before we can aspire any further. Having a foreseeable stable income that comes with job security would speak to this level of basic need.



10. The concept of basic needs comes from Maslow's hierarchy of needs [28]

We know, for example, that physical and mental health are inextricably linked. Good physical health, diet and exercise are very important for mental health and vice versa and this is borne out by the evidence at sea on the links between accidents, injuries, illness and mental health [4]. Provision of healthy, tasty and nutritious food, optimal shift patterns, hours of work and rest and comfortable cabin facilities that enable good sleep, the provision of sports and exercise facilities and access to primary healthcare are all ways in which companies can provide the conditions for seafarers to maintain physically and mentally healthy lifestyles.

Evidence from the field of Positive Psychology, which was used to underpin the ISWAN Good Mental Health Guides [11], shows that 15-20% of people are ‘flourishing’ according to measures of mental health. The PERMA model below [19] shows five core elements that characterise flourishers and the kind of strategies that, when adopted, can have significant and lasting effects on wellbeing. The Good Mental Health Guides promote a wide range of strategies based on the evidence that crew can adopt themselves, but many of which also require the conditions and the means to be available to them on board.



Positive Relationships on Board: an example

One of the most important factors known to influence wellbeing is connection with others, i.e. having positive relationships. The company has a role here to create the conditions for healthy and functional working relationships on board.

This might begin with a mindful approach to crewing.

- The size of the crew and the diversity of cultures, language and gender will impact on crew dynamics. Multicultural crews are commonplace and can work extremely well; however, power imbalances between groups, together with language barriers and different cultural ways of behaving, thinking and expression, as well as intercultural misunderstandings, can lead to tension and even conflict. Consider the differences you might expect if a ship was crewed entirely by Filipino seafarers, then imagine what difference it might make to introduce one Ukrainian seafarer into that ship – what would be the impact on that individual? What effect might it have on the whole crew? Would the impact be different if he/she was the cook? Or the Captain?
- Similarly, gender balance can be important. A single female crew member might be easily isolated, receive unwanted male attention, or if she is in a position of seniority might face different reactions from crew than her male counterpart. A gender-balanced ship might be the optimum to aim for; whilst ensuring that at least two women are on board any vessel rather than one is a good first step. Additional support for women through mentoring and peer support can also be helpful.

- Recent research [15] suggests that stable crewing strategies can have a positive influence on working relationships and trust, increasing productivity, reducing handover times, building a sense of team and ownership amongst the crew which in turn increases retention and achieves better safety outcomes including vessel maintenance through familiarity with specific equipment on board and lower training and recruitment costs. It also benefits crew in anticipating stability in their income. However, there may be fewer opportunities for promotion in a stable crewing strategy and flexibility in expansion or reduction of crew size might be reduced with less. A combination of a core stable crew and additional fluid crewing in both officer and rating ranks could be considered. Further information can be found in the study.

Measures to facilitate social interaction on board are extremely important [20] and can include everything from ensuring a comfortable crew mess with a good stock of recent box sets, live streaming sports events, holding competitions between vessels, providing a welfare fund and so on.

Actively promoting a positive team culture amongst crew through:

- Positive leadership and direct engagement with the crew, supported by shoreside personnel and an ongoing programme of training and development
- Anticipating and managing interpersonal tensions and conflict effectively
- Valuing the contribution of every crew member to the smooth running of the vessel, through expression of a job well done, gratitude and informal/formal employee benefits and appraisals.
- On-board mentoring and learning opportunities

11. Dynamics in this context refers to the ways in which people in a group interact with each other and ways in which this affects the individuals and the whole group.





Spotlight on social isolation

It is well known that social isolation contributes to poor mental health and that social connection is key to positive mental health. Reduced numbers of crew on board and the increase of fluid and multicultural crewing, longer voyages or time spent at sea and the loss of the crew bar, swimming pools and other facilities, all contribute to a greater risk of social isolation. As a result, special attention is needed to create and facilitate opportunities for social interaction [24] on board.

- Consider stable crewing models [15]
- Avoid single numbers of any one social group on board (e.g. one woman, a single cadet, a single person from a language or cultural group)
- Create opportunities for mentoring, particularly for those groups who may be at risk of social isolation (such as cadets and women seafarers) and may benefit from a mentoring relationship [16]
- Create and facilitate opportunities for peer support, e.g. through virtual chat groups. Crew of various ranks may find this beneficial, e.g. masters are isolated in their role on board with enormous responsibility; the opportunity to catch up with other Masters on other vessels may provide a useful supportive space to offload or problem-solve with respected colleagues. For some staff, such as senior officers, Masters, Chief Engineers, etc., it may be as simple as communicating that this kind of activity is permissible and ensuring the platforms are available to enable those who want to, to create closed chat rooms or video calling groups. For other staff, such as those in minority groups and less empowered positions including cadets, newly qualified crew or women seafarers a more active approach may be required to create connection opportunities for peer support.
- Ensure internet access to facilitate crew to maintain their relationships with friends and family ashore
- Ensure access to facilities which enable and provide motivation for social interaction on board. Imagination, encouragement and perhaps an identified crew member to act as the social ambassador and a small budget may be all that is needed to increase social interaction on board.

On Board with Mental Health

Company Cares

- Train senior officers in positive leadership, feedback, performance management processes, procedures, and skills
- Effective communication: shore to vessel and on board
- Clear, effective, safe to use, Bullying, Harassment, Discrimination, Safeguarding and Grievance Policies and procedures
- Provide high quality living conditions, recreational and exercise facilities
- Invest in professional development of staff
- Offer bespoke helplines for employee assistance
- Offer comprehensive health insurance for crew that includes mental health support
- Extend health insurance to family of crew
- Consider stable crewing strategies
- Reward company experience or good performance with recurring contracts
- Offer perks and benefits¹²
- Engage with crew on a personal level, express gratitude, and appreciation from the company
- Create peer support mechanisms for potentially isolated or vulnerable groups including social network peer support groups mentoring or buddy schemes

Work Practices

- Ensure adequate training for all work tasks and responsibilities
- Measures for optimising job satisfaction:
 - Increased control over how work tasks are completed, influence over decisions relating to work
 - Professional development opportunities
- Constructive/supportive performance management procedures
- Work/life balance
 - Avoid voyage extensions wherever possible
 - Avoid voyage-only contracts; offer contractual security wherever possible
 - Consider work and leave balance in contractual arrangements
 - Advocate on behalf of crew to overcome restrictions on shore leave
- Enhance opportunities for an increased sense of accomplishment:
 - Facilitate/support CPD programmes,
 - Informal support for learning new skills (e.g. language study groups, mentoring opportunities for specific skills development)
 - Recognition for good performance
 - Reward schemes
- Comply with MLC limits on hours of work and rest (ensure an effective monitoring process is in place and take breaches of these guidelines seriously)
 - Consider implementing a Fatigue Risk Management System [17]
 - Support an optimal shift rotation pattern that advances with time wherever possible

On Board with Mental Health

Culture on Board

- Employ a mindful approach to crewing
- Actively promote positive on-board team culture
- Provide guidelines for officers to promote a mentally healthy environment on board
- Ensure crew joining the vessel are welcomed, introduced, and shown around the vessel
- Facilitate communication with home (free or low-cost WiFi)
- Reduce the factors which contribute to social isolation – see Spotlight on Social Isolation (p.19)
- Provide and encourage use of facilities which enable social interaction
- Provide high quality recreational facilities
- Offer a welfare fund
- Identify a ‘social hub’ to coordinate a schedule for group recreational activities
- Celebrate personal, national and international events
- Take part in company-wide charity fundraising challenges
- Practice gratitude and appreciation for hard work
- Encourage healthy working practices, through:
 - optimal shift patterns
 - discouraging overworking
 - ensuring breaks and time off, and modelling this behaviour
- Actively encourage and facilitate crew to leave the vessel when in port
- Facilitate access for ship welfare visitors and visits to seafarer centres

Living Conditions

- Ensure access to facilities for exercise, e.g.
 - Good quality gym and sports equipment for individual exercise
 - Facilities for team exercise
 - Outdoor exercise; basketball, squash or swimming, table tennis
- Ensure access to a tasty, nutritious, and varied diet
 - Ensure access to good meals and refreshments are available to those on shifts
- Provide comfortable living spaces that facilitate rest and relaxation
 - Comfortable bed space, space to sit and read or write
 - Blackout blinds and daylight bulbs to support good sleep hygiene
 - Manage noise, vibration and temperature in cabins as far as possible
 - Introduce quiet areas outside cabins for those on shift at antisocial hours
- Provide pleasant and comfortable communal spaces for crew mess and dining areas
- Refurbish cabins and communal living spaces as needed
- Provide facilities for interactive recreational activities in communal spaces, e.g. music, darts, bingo, karaoke, card and board games, multiplayer computer games consoles, regularly refreshed live stream, satellite or recorded TV box sets, films, news and sports events

3. Support and Response Mechanisms

Systems, structures and processes should be in place to ensure that appropriate mental health support is available if or when it is needed. As a rule; equitable operational procedures for assessment, management, treatment and transfer of care of physical health problems should also be in place for mental health problems.

Research into a telemedical database of 3,921 [6] requests for assistance showed that whilst psychiatric conditions only accounted for 0.6% of requests; repatriation as a result was disproportionately high at 5%. This suggests that the severity of the cases that are recognised has reached a stage where repatriation has become required. This indicates a need for earlier and better detection, improved access to support where needed and prevention of deterioration to the level where unplanned repatriation is necessitated. Early intervention and case management would therefore be highly cost effective. Companies should be proactive in putting into place response mechanisms to provide timely intervention, prevent problems deteriorating and avoid delay in the event of an emergency.

It is important to ensure that professional technical support is available where needed for clinical supervision or case consultation, e.g. in diagnosis or risk assessment and management, treatment advice, and access to psychological therapies and counselling.

Management of Mental Health Problems on Board

Common Mental Health Problems (anxiety and depression) and work-related stress should be possible to manage on board. All crew should have a basic understanding of mental health and how to look after their mental health at sea. Officers and those in positions of responsibility should in addition be equipped with skills to:

- Recognise signs of someone who may be struggling
- Know how to have a confidential conversation with the person concerned
- Provide early intervention response, including:
 - making reasonable adjustments to work
 - facilitating access to confidential support
 - facilitating access to information or advice
 - facilitating support to address practical problems
- Monitor the case through ongoing follow-up



Reasonable Adjustments to Work

A 'reasonable adjustment' means making changes to work practices or the environment which are effective for the individual, enabling them to manage their mental health and continue working whilst being practicable to provide. There is no set definition of what is reasonable, but essentially it is a consideration of issues that may be contributing to the current problem which could be changed or adjusted **without major disruption to others** or the work at hand, and will of course be different according to the individual's role on board.

Changes could be temporary to relieve pressure in the short term or permanent. Examples include:

Hours of work:

- Manageable changes to start and finish times
- Managing overworking, e.g. ensuring rest days / times and encourage shore leave
- Temporary or permanent changes to shift patterns
- Temporary reduced hours (gradually building back up)
- Adjusting break times (e.g. equal amount of break time, but in shorter, more frequent chunks)

Workload:

- Temporary reallocation/delegation of some duties (be aware of impact on others)
- Extra training, or coaching, mentoring for the role responsibilities
- Increased help, support or supervision of work tasks
- Short-term support with managing or prioritising workload
- Adjusting deadlines where possible

Mediation and conflict resolution:

- Addressing bullying and harassment
- Relationships with supervisor or crew mates

Physical environment:

- Minimise exposure to noise, provide adequate PPE
- Ensure physically safe working practices
- Provide a quiet space for breaks (away from workstation) and rest hours

Designated Mental Health Officer

Just as the medical officer on board would normally carry responsibility for medical care and first aid, similar arrangements should be in place for mental health care. The medical officer is not required to be a doctor but does require sufficient training to be able to provide first aid and basic medical treatment where appropriate, triage a case and take appropriate action to access professional medical advice and ensure that further treatment is facilitated when it is required.

These same principles should apply to mental health. Where mental health problems do arise, the seafarer designated responsible for mental health is not required to be a Psychiatrist¹³ or Clinical Psychologist¹⁴, but should be sufficiently skilled to recognise symptoms, provide initial case management and support, triage, access professional advice, case consultation and further treatment as needed. Skills training is required and designated mental health officers will require clinical supervision/access to technical case consultation for their role in mental health support.

Telemedical Services

These are generally able to offer a primary care level mental health service, the details of which may vary. Some telemedical services do have specialist mental health professionals (such as Psychiatry, Clinical Psychology, Counselling Psychology, Mental Health Social Work, Mental Health Nursing and supportive counselling) equipped to offer mental health support; this may include case consultation, psychotropic medical management advice, risk assessment and risk management guidance, psychological therapies and counselling support. However, this is by no means universal. Some companies may be able to offer some aspects of these services but not all. Companies should specifically enquire about the specialist mental health provision available through their telemedical service provider.

Occupational Health

Some companies may choose to integrate mental health support into their occupational health department. There can be advantages to in-house mental health or psychological expertise, but confidentiality and fear of the impact on current and future contracts of employment may present a barrier to access.

13. A psychiatrist is a qualified medical doctor with additional specialist training in mental health. They can diagnose mental illness, carry out assessments and treat mental health problems. Psychiatrists tend to understand mental health through a medical model and are qualified to prescribe medication for mental health problems. Some psychiatrists also have further training in psychological therapies, but this is not a requirement for training.

14. A Clinical Psychologist holds a degree in psychology and a doctorate in Clinical Psychology. Clinical psychology aims to reduce psychological distress and to enhance the promotion of psychological well-being. Clinical Psychologists are trained in diagnosis, assessment, research, clinical consultation skills and talking therapies. Psychologists tend to understand mental health through the biopsychosocial model and use formulation skills to understand the influence of a range of factors on an individual's psychological wellbeing.

Remote Psychological Support

The company may retain the services of a specialist in Psychological Therapy such as a Clinical or Counselling Psychologist or secure contracted services for a number of sessions through online psychological therapy service providers. It is essential that when securing psychological therapy services, the practitioners are appropriately qualified and licensed to practice in their country¹⁵. It would be good practice to make this freely available to all crew whilst at home or at sea and shoreside staff and could also be extended to family support.

Confidential Access to Support and Self-Help

As with physical health concerns less severe mental health issues are more common. Seafarers may manage their primary care physical health needs without the intervention of the medical officer and in a similar way, seafarers are likely to manage stress and mild to moderate anxiety and depression without seeking help. Information about the available support services and the kind of support they offer should be made widely and readily available to all crew and staff through the company intranet/social media platforms, physical posters, and other communication mechanisms.

Given the stigma against mental health [see Spotlight on Stigma, p.12] crew may be reluctant to ask for help early and consequently the problems might worsen and even reach critical levels before help is sought or given. Cultural and hierarchical differences can also increase a reluctance for crew to disclose personal concerns to a more senior officer. Seafarers may also be concerned that there will be negative consequences on their contract or future employment if they request support. For all these reasons, *the provision of confidential routes of access to support* are extremely important. Examples include:

- **Port Welfare:** Many seafarers make use of support offered by port welfare services. It is important that companies facilitate access to shore-based services, either through ship visits or facilitating shore leave.

- **Not-for-Profit-Run Helplines**, such as the global helplines SeafarerHelp and Yacht Crew Help offered by ISWAN, are a valuable form of support to seafarers and their families; these typically offer emotional support, information, and advice through a range of means such as telephone and internet communication.
- **Union-Led Services:** Seafarers may prefer to access confidential mental health services provided by their union such as the 24/7 psychological support offered through NUSI Sahara, AMOSUP and NUSS
- **Dedicated Company Helplines** offer similar services but can provide company specific information, advice and support and offer the company insight into common issues of concern and enable them to gather non-confidential data.
- **Employee Assistance Programmes (EAPs)** may offer advice information and support including a number of counselling¹⁶ support sessions within the service contract.
- **Remote Psychological Support** may be available by referral through the company health insurance (if it covers mental health), helplines or Employee Assistance Programmes (EAPs) and some telemedical services may offer access to psychological therapy.
- **Self-Help Guides and Apps**
- **Peer Supporters** or mental health champions may be able to provide less threatening support by providing a cultural and hierarchical bridge, which may serve a very useful adjunct to the more formalised support an officer on board would provide. Peer supporters require training to be able to notice signs of a crewmate who was struggling, offer initial support and advice to access further support as needed. Peer supporters also need access to support/supervision mechanism.

Consideration should also be given to any **barriers to access** for confidential support. It should be possible for all crew to access the support they may need in a confidential manner without having to disclose a concern to others, which can be enough to stop them from seeking help. Barriers may include:

15. In the UK, any practitioner psychologist must be registered with the HCPC to practice. Psychotherapists are registered with the UKCP, Cognitive Behavioural Therapists (CBT) are registered with BACP and Counsellors with BABCP. Similar regulatory bodies around the world exist to keep the public safe by assuring appropriate training and qualifications, standards of continuing professional development and code of practice are adhered to.

16. A counsellor is trained in skills to help people talk about problems and feelings, reflect on their situation, choices, or their behaviour, and make positive changes in their lives in a confidential forum. Counsellors are not trained in diagnostic skills.

- Knowledge of what services exist and what support they can provide – which can be addressed through dissemination of information infographics, posters and so on and may include specific contact information and information about the port services at the upcoming destinations
- Means of communication and contact with remote providers – high cost WiFi and low bandwidth might prevent access to remote support, which could be a vital lifeline
- Lack of private space onboard where seafarers can confidentially discuss their mental wellbeing with remote providers
- Visa and other restrictions on shore leave and limited access to ship visitors can prevent access to port welfare

Urgent Response: Mental Health Emergencies

A mental health emergency would normally be an acute disturbance of behaviour, thought or mood,

and if left untreated could lead to harm, either to the individual themselves or in some cases to others in the environment. Mental health emergencies may include:

- Intoxication, confusion, unusual behaviour, aggression, and violence
- Self-harm and suicide

A mental health emergency may co-occur with the onset of an acute severe mental illness, but they are not necessarily the same. Although severe mental illness is relatively infrequent, there are cases in which a crew member would need timely intervention; this might include drug- (prescribed or non-prescribed) or alcohol-induced psychosis, a first episode of psychosis, bipolar disorder, major depressive disorder and suicidal ideation or acute stress disorder following a traumatic event.

The seafarer designated responsible for mental health should be competent to carry out an initial suicide risk assessment, establish a safety plan where needed and access professional case consultation and further treatment.

Spotlight on suicide

The risk factors associated with suicide are well known through global and country data records. Suicide is the second leading cause of death in the 15-34 age group worldwide. Suicide is twice as common in men as it is in women.

The WHO report *Preventing suicide: a global imperative (2014)* [9] [Appendix A] sets out the key risk factors associated with suicide and measures which may be taken in a suicide prevention strategy. The report is designed for country level interventions to mitigate known risks, but the data is also relevant for population groups, such as seafarers. The 18 Risk factors listed include eight individual factors; such as family history, individual mental health problems, substance misuse and others. Also among the 18 most significant risk factors associated with suicide are another eight factors which arguably are more prevalent for those who work at sea:

- Barriers to access to health systems
- Access to available means of suicide
- Stigma associated with help-seeking
- Stresses of acculturation and dislocation
- Discrimination
- Trauma or abuse
- Sense of isolation
- Lack of social support

It is very well documented that the access to available means of suicide is a highly significant predicting factor amongst people who may be contemplating suicide. It is one that is routinely used by mental health professionals during suicide risk assessment and where it is possible to restrict access to means, doing so, often forms a key part of a safety plan. For people who live on shore, the access to an available means of suicide is often limited. This is shown in the data, e.g. in countries where firearms are more readily accessible, suicide rates are higher. It is a short logical step to conclude that the readily available means of climbing overboard might be associated with an increased prevalence of suicide amongst people who may be otherwise at risk. The restriction of access to available means works as a suicide prevention strategy, but this could be difficult on many vessels and impossible if the problem has gone unrecognised.

Emergency Response: Major Incident Response

Standard operating procedures for major incident response should include a mental health component for crew (and, where needed, their families). Psychologically informed major incident response may help to support the crew through a period of acute stress, enable crew to understand the emotional responses they may suffer, facilitate positive coping and recovery, ensure access to further support is available if required and practical needs are met. Major incident response may be required following major accidents or injuries, fatalities, suicide, piracy, fire or other critical incidents. It is good practice to be prepared for emergency response in advance to avoid delay in the event that it is required. Psychologically Informed major incident response may include:

- Psychoeducation – information about the common responses to major incidents, coping following a major incident and self-care and where to seek further help
 - Psychological First Aid (PFA) [21]
- PFA is a simple framework for support following a major incident that can be implemented by the shoreside staff and key representatives on board that are most likely to be involved in managing a critical incident. Internally trained staff with skills in PFA can provide assistance without delay and in the context of the wider response. Psychological First Aid includes the assessment of immediate needs and support to access practical help and support. Professional support for supervision and consultation during emergency response is recommended, as is a referral network for any individuals requiring more intensive psychological support over time.
- Independent psychological crisis assistance – ensure the provider offers an evidence-based model of intervention¹⁷, such as Psychological First Aid [22] or Screen and Treat model [23]
 - Family liaison
 - Clear and transparent information and communication

Implementing Appropriate Support and Response Mechanisms

- Operational procedures and guidance for officers on managing mental health and creating a mentally healthy environment
- Training for first responders (mental health peer supporters, Mental Health Officer, Officers)
- Ensure appropriate clinical supervision and professional support available for MH respondents
- Provide confidential access to emotional support (EAPs / helplines / Port Welfare) and referral route or access to professional therapeutic support
- Major Incident Response Procedures
- Suicide Prevention and Response
- Repatriation procedures

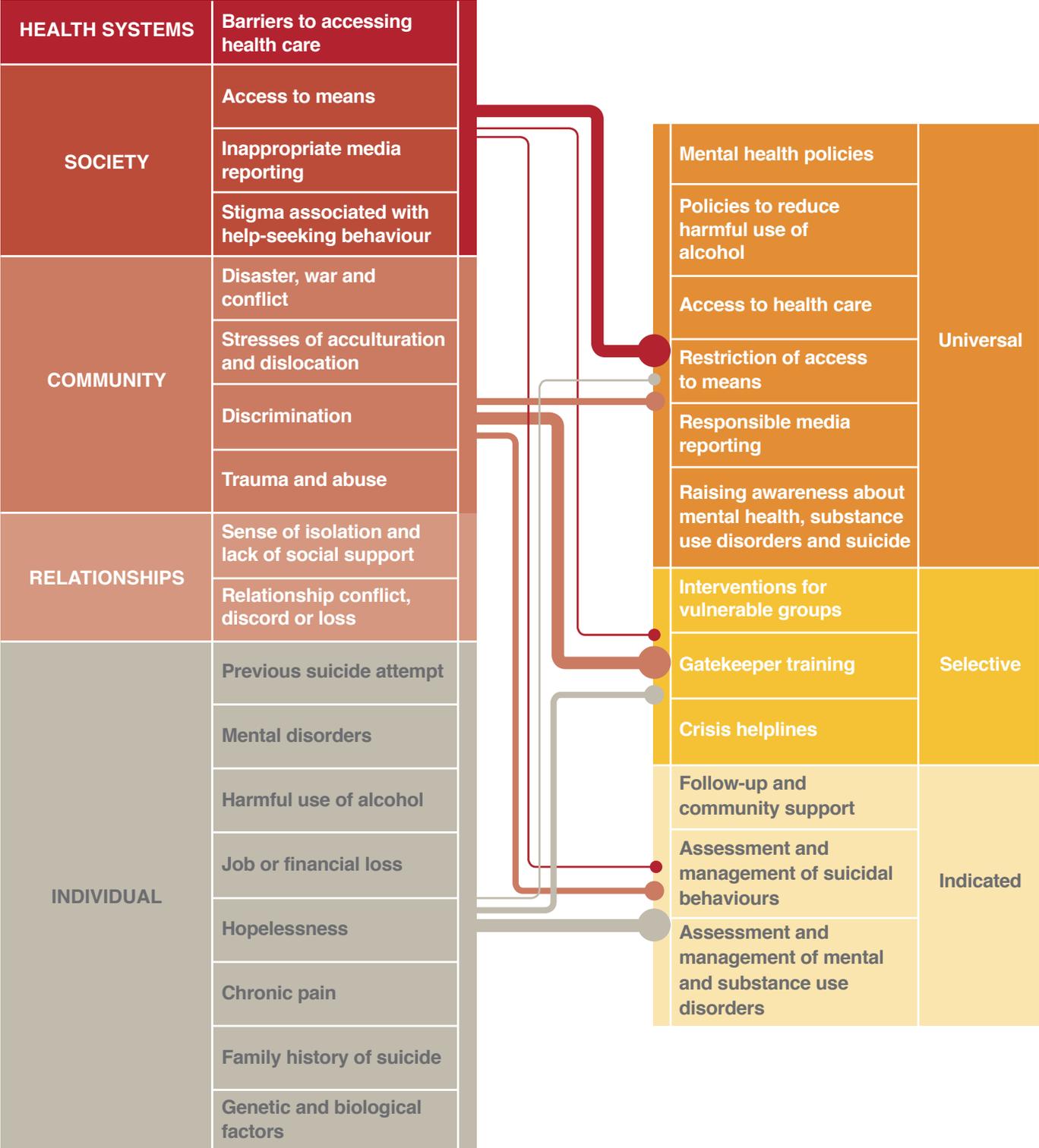
17. Single session Critical Incident Stress (Psychological) Debriefing may be harmful and is not recommended.

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Appendix A – World Health Organization (WHO) Suicide Prevention Strategy Risk Factors and Interventions

Figure depicting Key risk factors for suicide aligned with relevant interventions
(Lines reflect the relative importance of interventions at different levels for different areas of risk factors)



Data from the World Health Organization

Appendix B – Risks to Mental Health for Seafarers

Interpersonal Factors

- Isolation [3]
- Loneliness [2]
- Separation from and missing family (80% [2]) [4]
- Receiving bad news from home (69%) [2]
- Bereavement or sickness at home [2]
- Personal relationship problems [2]
- Absence from key life events in family / friends
- Inability to communicate effectively with friends and family at home

Contractual Issues

- Short term or voyage only contracts
- Financial concerns
- Insecurity of Contracts
- Contract length [4]
- Voyage Extension [4]

Interpersonal Factors on Board

- Uncaring work environment/lack of caring company culture [4]
- Bullying and harassment
- Exposure to threats and violence [4]
- Physical assault (15%) [2]
- Sexual harassment (5%) [2]
- Sexual assault (4%) [2]
- Language and cultural communication barriers
- Small crew
- Falling out with colleagues (38%) [2]
- Living and working in close proximity in a confined space with the same people for long periods

Management Problems

- Supervisor demands [4]
- Being blamed for things that were not my fault (72% had experienced this and 77% of those said it made them feel down) [2]
- Being shouted at (48%) [2]
- Discrimination (60% had experienced, 72% of those said it had made them feel down) [2]
- Falling out with superiors (40%) [2]

Isolation on board

- Being the only woman on board (47% of women [2])
- Being the only person from my country on board (44%) [2]
- Too much time alone (35%) [2]
- Lone working (27% of 55% who had experienced it) [2]
- Not being able to make friends (20%) [2]
- Not being able to fit in (19%) [2]

Work Demands

- Lack of control over work, pace of work and decisions relating to work [4]
- Lack of adequate training [4]
- Low job satisfaction [4]
- High number of calls at port (46%) [2]
- Fear of criminalisation
- Fear of job loss
- Periods of intense activity and periods of boredom
- Increasing bureaucratisation
- Excessive or unmanageable workloads or deadlines (60%) [2]
- Low levels of time off [2]
- Role responsibilities (e.g. Master's responsibility for crew, health and safety and smooth operation of the vessel)

Occupational Exposure

- Noise, vibration, heat, tight working spaces (particularly engine room)¹⁸
- Occupational exposures: Working alone, heavy lifting, dust smoke, chemical and sharp objects
- Being afraid due to bad weather (46%) [2]
- Risk of piracy
- Adverse weather conditions
- Customer / Owner demands (cruise and superyacht crew in particular)
- Exposure to drugs & alcohol (particularly superyacht crew)

Hours of Work and Rest

- Shift work
- Long working hours
- Low levels of time off (mean working days of 6.5 a week)
- Lack of shore leave/ None or very limited shore leave/ being prevented from taking shore leave (52%) [2]
- Fatigue (61%) [2]

Living Conditions

- Poor living conditions on board
- Shared cabin spaces
- Sleep problems [4]
- Quality of sleep and rest facilities Co-existing Medical & physical health problems [4]
- Lack of access to primary healthcare [4]
- Injuries and Illness [4]
- Seasickness (42%) [2]
- Feeling trapped (42%) [2]
- Lack of options and facilities for recreation, leisure, and physical exercise
- Poor food (60% 69/88), [2] lack of preferred food and limited food options, quality and quantity [4]
- Poor internet access (higher frequency of email and internet access related to lower risk of depression and suicidal ideation) [4]
- Lack of access to coping strategies available on shore

18. Exposure to noise, has the same physiological effects as stress and has been implicated noise-induced stress has been implicated in the development of disorders of the cardiovascular system, sleep, learning, memory, motivation, problem-solving, aggression, and irritability.

Appendix C – Training Recommendations¹⁹

All crew may benefit from a basic understanding of mental health and psychological wellbeing at sea; which supports the reduction of stigma and increases the possibility that individual may seek help if / when they need it. We all benefit from knowing about tools, techniques, and strategies to maintain psychologically healthy lifestyles and manage the stressors of daily life. Suggested topics include:

- Mental Health Awareness in a Seafaring Context
 - Understanding mental health and psychological wellbeing
 - Effects of Stigma
 - Common Mental Health problems and their causes.
 - Mental Health at Sea: Risks and Stressors
 - Psychological Wellbeing at Sea
 - Lifestyle Strategies to promote good mental health at sea
 - Managing Work Related Stressors
 - Noticing signs in ourselves and others
 - Accessing Support
- Senior Officers* are in a unique position to influence the culture on board and have a responsibility for the vessel and its crew. They may benefit from training in supplementary psychologically informed skills such as:
- Positive Leadership Skills
 - Good communication
 - Building cohesive well-functioning teams
 - Staff involvement, empowerment, and engagement
 - Demonstrating respect and appreciation
 - Fair treatment
 - Constructive performance management
- Leadership in Psychological Wellbeing on Board
 - The Role of Senior Staff in Managing Mental Health on Board
 - Facilitating Social Cohesion on Board
 - Integration of Psychological Wellbeing into regular meetings
 - Awareness skills of potentially vulnerable individuals and implementation of prevention strategies
 - Recognising, preventing, and managing work related stress in self and the crew
 - Creating a mentally health environment on board
 - Eliminating Bullying and Harassment
 - Recognising, preventing, and managing tension and conflict
 - Conflict resolution & Mediation Skills
 - Implementing company policy and procedures
 - Mental Health Awareness in a Seafaring Context (as above)
 - Response Skills and Procedures including
 - Recognising Signs of common mental health problems
 - First Response Skills (managing conversations, supportive action, accessing further help)
 - Company operational guidelines
- Those with a designated responsibility for mental health* support on board and/or shoreside may require further skills training including:
- Suicide Prevention - including risk assessment and safety planning
- Severe Acute or Enduring Mental Health Problems (Recognising signs and symptoms, providing initial response and support, Accessing professional guidance)

19. The recommendations listed here are suggestions to stimulate further deliberation. They are not intended to be prescriptive and should not be taken as a comprehensive list of training requirements. The industry does not, as yet, have any requirements for mental health training or response standards. Over time we hope these will come to fruition. .



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