

**Mental Health Allies**

**Train the Trainer Slides & Notes**

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| **Slides** | **Notes** | **Comments** |
| **Slide 1** | Introduce yourself and the outline of the session Inc. breaks |  |
| **Slide 2** | Polite reminders of virtual call etiquette:  Confidentiality: Delegates are welcome to share are relevant stories or experiences with the group – we politely ask that you keep these within the group; however, there are no guarantees so just be mindful of this if you’re sharing anything personal. |  |
| **Slide 3** | Provide an outline of the workshop content  **Ice Breaker** – ask allies to share:  My name is… and my role is…  I chose to become a MH Ally because….  What I hope to get from today’s training is…. |  |
| **Slide 4** | Thinking of the role, there is a massive human element – need to be aware of people’s behaviours, being able to reach out. If you ask someone if they are ok and they say, “Yeh I’m ok”, ask again. Time to talk encourages people to ask twice as sometimes that second ask is what gets people to open up.  Ask them to look at definition of role and comment, is this what you though role was, is there anything you think should be there that isn’t there? (trainer to feed back if there are any comments that could be useful to MHA role)  Encouraging people to talk helps them to open up and learn that by doing this they can better understand where they are. It often doesn’t come naturally so you may need to encourage them to open up and see things differently. |  |
| **Slide 5** | It is key that as Allies we give informed choices and allow the individual to take control and decide what choice is right for them and their situation. Advice to give max 3 options of support that the individual can go away and look at.  The aim is to use a coaching style conversation, an open conversation, not telling them what to do but encouraging them to find a solution that will help them.  Give them 3 options of support to allow them to look in more detail to see what’s right for them. It’s their welfare so they need to make the decision that is right for them.  Question – when might you need to break confidentiality?   * Harm – we could consider breaking confidentiality but may not always need to, you need to assess the risk. * Risk to life * Disclose something that would be a crime * Reporting wrongdoing * safeguarding, we don’t go into this but just to be aware   **Confidentiality –** whilst we will review confidentiality in more detail and it is found in your Framework, it is imperative that all conversations are kept private **however,** if the individual is a threat to themselves or to others, you will need to break this confidentiality. It’s advised to have a “spiel” at the start of every conversation to protect yourself and the individual, such as “anything you say to me will be kept in complete confidence, however, if I feel that you are a harm to yourself or to others, I will need to escalate this with your knowledge”.  We discuss confidentiality in more detail later.  It is useful to have a spiel on confidentiality to go through when you begin a 1-1 conversation so try and do it naturally. It helps the individual to understand the boundaries of the role, manage expectations and clearly sets out when confidentiality will be broken with the individual’s knowledge.  80% of role will be challenging stigma and raising awareness of mental health, being proactive, run events, tell people how they can find out about MHA.  There is an MOJ Wellbeing calendar of key calendar dates that may help in organising events like stress awareness day. If you think there is an issue in a particular area in your site you may want to run an awareness raising event.  Each business group has a SPOC who can help and also link in to find out what other sites are doing. |  |
| **Slide 6** | You should be absolutely clear than the role does not include making a diagnosis or giving medical advice. Staff perception may be that as the establishment MH Ally they may come to you and ask for your opinion on their medical condition and what support you can offer. Please do not get drawn into these conversations. PAM Assist are the experts that we engage to provide this advice and today you’ll be signposted to further support  Try not to get drawn into a conversation, do not try to diagnose, leave that to the experts.  You are the first step in the journey.  How many conversations should we have as a maximum to prevent dependency happening? 3 is the maximum. The role is voluntary, so we don’t want lots of pressure on you, so we need to limit that. Your role is to sign post on to professional help.  After first conversation you will have signposted on to professional help.  Second conversation – you may want to check in see how they are doing. Or if first conversation needed more time you may have scheduled a second meet up.  Then 3rd will be the check in.  Suggested time is 45/60 mins per visit maximum.  This is a staff led group, communication should come down through your SPOC who will have links with other SPOCs. You can also use the MHA intranet page. |  |
| **Slide 7** | You should be absolutely clear than the role does not include making a diagnosis or giving medical advice. Staff perception may be that as the establishment MH Ally they may come to you and ask for your opinion on their medical condition and what support you can offer. Please do not get drawn into these conversations. PAM Assist are the experts that we engage to provide this advice and today you’ll be signposted to further support  Try not to get drawn into a conversation, do not try to diagnose, leave that to the experts.  You are the first step in the journey.  How many conversations should we have as a maximum to prevent dependency happening? 3 is the maximum. The role is voluntary, so we don’t want lots of pressure on you, so we need to limit that. Your role is to sign post on to professional help.  After first conversation you will have signposted on to professional help.  Second conversation – you may want to check in see how they are doing. Or if first conversation needed more time you may have scheduled a second meet up.  Then 3rd will be the check in.  Suggested time is 45/60 mins per visit maximum.  This is a staff led group, communication should come down through your SPOC who will have links with other SPOCs. You can also use the MHA intranet page. |  |
| **Slide 8** | To summarise your learning so far:  A Mental Health Allie is part of a peer support network designed to “listen, empathise and help a person realise they are not along in facing anxiety, depression or any other associated mental health condition” by empowering employees and giving them the confidence to improve their own mental health and wellbeing by being aware of the support and resources available to them.    A large part of the Mental Health Allies role is to raise awareness and challenge stigma within the workplace.  Read out definition of mental health    Our Mental Health affects the way that we think, act and feel and is defined as “a state of mind in which an individual is able to realise his or her own abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.    Our Mental Health is affected by anything and everything, but there are personal and work-related circumstances which may increase one’s vulnerability of experiencing stress or poor mental health.    Stigma can be more debilitating than a mental health condition, itself; therefore, our attitude towards mental health could change someone’s life.    Be mindful of the language that you use to describe mental health in the workplace, as what we say is the foundation for creating an open culture.  Suggest [places to find more information – Mind A to Z |  |
| **Slide 9** | Take a 5-10 min break. |  |
| **Slide 10** | Welcome back |  |
| **Slide 11** | Explain to the group that now we are going to come on to the role of the mental health ally, and how this role is so important for improving things in the workplace.  Ask how a MHA could add value and be an avenue of support for colleagues? What key qualities would make a good ally or would an ally need to have? |  |
| **Slide 12** | Hopefully all the ideas that the group had fit into these four categories. Anything that does not fit into these four tasks is probably over or above what a mental health ally should be doing.  If the mental health ally has done these four things, then they have completed their duties in the role.  Active Listener – be there in the moment – use motivational interviewing techniques – OARS  O = Open ended questions – encourages them to do the talking and you to listen.  A = Affirmations – What are they good at, what have they already done to help themselves.  R = Reflections – paraphrase what they have said and they can then correct you if that’s not what they meant, also look at body language, what are you seeing?  S = Summary/recap  Can find more about this if you google Miller and Rollnick  Be non-judgemental – accepting without agreeing or disagreeing  Aware of help options – Hub of Hope – search in location and gives you details of all help in your area.  Empathetic – using affirmations – encourage them to take ownership  We will be covering what the role is not shortly. |  |
| **Slide 13** | Speak to the line manager of the individual concerned if you do not share the same line manager. You may wish to speak to your own line manager is you are emotionally affected after the meeting or a debrief ally who offer support to allies who need time to reflect - that we will talk about later.  **Confidentiality –** whilst we will review confidentiality in more detail and it is found in your Framework, it is imperative that all conversations are kept private **however,** if the individual is a threat to themselves or to others, you will need to break this confidentiality. It’s advised to have a “spiel” at the start of every conversation to protect yourself and the individual, such as “anything you say to me will be kept in complete confidence, however, if I feel that you are a harm to yourself or to others, I will need to escalate this with your knowledge”.   * Harm * Public interest * Such-maybe things we are not sure of so look at framework on intranet   If you need to get help or support or escalate an issue, the individual may have a different Line Manager to you. They may not have a good relationship with Line Manager so may need to contact someone in management line. It would be done on a case by case basis dependant on who needs to be informed. |  |
| **Slide 14** | Ask the group – how would you ensure you have the conversation in the right place?  Answer: ask the individual where they want to chat. This might be a walk to a coffee shop or a private meeting room, but by asking, it helps you to determine potentially how serious the conversation content may be.  Traumatic event – consider, are you the right person to be having a conversation with someone? Do **you** need support? Perhaps consider trauma support from PAM Assist  If you feel you are wrong person to have the conversation be honest and pass on to another Ally or professional service (may be too close to home, trigger own issues/feelings)  Be careful how about using a closed environment to have the conversation, by taking someone into a closed environment you may get the gossips going. Ask when and where appropriate time to talk and space to have conversation. May need to compromise if not a suitable time for you.  If someone finding eye contact difficult you may be better sitting side by side or talk while walking. Be aware and move around to make them feel comfortable.  Support/information -If they say no or I’m ok, give them another opportunity, you may have some written info you can pass on for them to look at later.  Think about other options, trauma support, PAM life that will give them life style support such as nutrition, if they have previously said no they can change their minds. |  |
| **Slide 15** | *Present the two case studies*  **Best practice response to this case study:**   * Thank them for sharing; they didn’t have to and it’s a good sign of your engagement with the individual * Importantly, we need to understand how imminent the thoughts of suicide are and whether this individual is in danger to themselves; so, don’t be afraid to explore the mention of suicide and ask questions such as: how long have they felt this way? Have they felt like this before? Have they told anyone else how they feel? * In exceptional cases where the individual is a potential risk either to themselves or those around them, you should ring for an ambulance and/or the police and notify their line manager immediately. Don’t leave the individual alone. Keep talking to them. Try to get some other support (not only for the individual but as comfort to you too!) perhaps a friend/family member or a colleague. * In the case where this person is not in imminent danger to themselves, explore available sources of support such as PAM Assist, Samaritans, GP, Relate, Civil Service Charity and even speaking to their manager. You will also want to get some other support for this person such as a friend or family member so that they are not alone.   Be mindful to consider that the information that can impact you or someone in your group. Tell them, if you find it too close to home and need to leave session please do, but make sure you tell me so I can check in on you to see if you are ok.  10 mins to discuss each case study. Thank them for sharing   * Find out how imminent self-harm is, you will need to ask frank and open questions – if imminent is the person a potential risk? If so need to ring for support and help. * Also is there something else they are not telling you, may need to ask again. * May want to get them to talk to Samaritans online while to call 999 |  |
| **Slide 16** | Review the case study. Encourage robust conversations and sharing of views, experiences, examples. If your session can be interactive, why not change to role play – one is the employee, one is the MH ally and one is feeding back.  **Best practice response to this case study:**   * Thank them for sharing; they didn’t have to and it’s a good sign of your engagement with the individual. * Don’t forget to empathise with them and show you care. * You could firstly draw out the positives – it’s fantastic that this person has made a self-referral to counselling and they’ve already spoken to their GP and they are receiving new medication. * Ask whether they have discussed workplace adjustments and an occ health referral with their line manager. This could identify a need for an adjustment to working hours, location, allocation. Perhaps this is needed whilst the medication takes effect. * Do they need to revisit their GP re: the medication? * Ask how the counselling is going? Have they started it yet? Could they use PAM Assist as an interim support whilst waiting for counselling? * Provide details of disability leave that is available for assessment, treatment and rehabilitation purposes to support the person -the MOJ [ability manual](https://intranet.justice.gov.uk/documents/2015/04/ability-manual.pdf) has details * Direct the individual to the [mental wellbeing](https://intranet.justice.gov.uk/guidance/hr/support-and-wellbeing/mental-wellbeing/) and [disability support](https://intranet.justice.gov.uk/guidance/hr/support-and-wellbeing/disability-support/) pages of the intranet with links to further internal and external avenues of support * may need to ask again. * May want to get them to talk to Samaritans online while to call 999 * Also is there something else they are not telling you, may need to ask again. * May want to get them to talk to Samaritans online while to call 999 * on bereavement on that.   Again, be mindful to consider that the information that can impact you or someone in your group. Tell them, if you find it too close to home and need to leave session please do, but make sure you tell me so I can check in on you to see if you are ok. |  |
| **Slide 17** | The next few slides is information taken from Mental Health First Aid England – this is what is advised if someone is in crisis or distress. |  |
| **Slide 18** | Explain to the group that it is unlikely they will come across this, but it is still important to be prepared in case it does happen.  Above all else, firstly MHAs must keep themselves safe and not put themselves at risk. Next, try to ensure the person is not left alone whilst you seek help. If this is in the workplace, contact their line manager, or another person who is senior to join you. Call the emergency services.  An ally may benefit from talking to the Samaritans, who are trained to handle these situations.  Get help- if person is virtual it is more difficult so how could we od this as we still need to do it?  Samaritans are trained to deal with these situations, you may want to use them while you get help/dial 999  Don’t physically remove any objects, but verbally suggest they stop any self harm  Encourage them to talk until support has arrived |  |
| **Slide 19** | Do not interfere to remove the alcohol or drugs. Simply discourage their use.  You can do a risk assessment of the area and remove anything unsafe, only if it is safe to do so.  Encourage the person to talk. This could be something positive and unrelated as it may help to calm them down. Alternatively, the person may wish to tell you how they are feeling. |  |
| **Slide 20** | Active listening tips.  Open ended questions will help the person to talk as opposed to closed questions which give one-word answers.  Do not argue or tell them that they are wrong as this could increase frustration or distress. Guilt tripping them for example “think of your family” will just cause more distress.  You can summarise you are listening by summarising what they have said.  Silence can give them time to collect their thoughts – you can also study body language during this time.  They may just want to know where to go next, may just want what’s happening now to stop rather than taking own life. |  |
| **Slide 21** | Seek support for you after a traumatic event  Try your best to act calm, as this may be calming the person in distress. You can seek help for yourself as soon as the person is safe or following on from the event if you need it  Speak to another ally, your line manager, mentor or a debrief ally whose role is there to support an ally who is exposed to an upsetting incident. We will learn more about them later. Details are also included as a post workshop resource that will be shared with MHAs after the virtual workshop. |  |
| **Slide 22** | Pick out some of the ‘donts’ – you could ask allies what the impact could be if you did not adhere to the guidelines.  It is just as important to know what not to say, as it is to be aware of the things we should say in a crisis situation. Take a few moments to familiarise yourself with these pointers. As we’ve mentioned before, it’s important that, as Allies, we don’t try to offer advice that is outside our remit. |  |
| **Slide 23** | Again – pick out some points and expand on them. |  |
| **Slide 24** | This is an opportunity to think of the support available. Eg CALM Campaign Against Living Miserably, MIND, Zero Alliance, GP |  |
| **Slide 25** | Relax |  |
| **Slide 26** | Run through the summary, refer back to the conversations and pick out any relevant points ma  de earlier. Ask any Qs. |  |
| **Slide 27** | Recap from earlier.  In summary, these are the 4 pillars of the MHAs role. If you are effectively showing skills in each of these areas, you will be covering all the areas that an Ally needs to be competent in the role. If you are going above and beyond these, you may be pushing beyond your remit, so do keep reflecting on these pillars, and ensure you are keeping within your limits, as per the MHA Framework. |  |
| **Slide 28** | Allow 10-15 minutes for staff to share ideas with each other.  I asked them to tell me what they thought they would do next  Thank you for taking part and being part of this program. |  |
| **Slide 29** | Highlight that support services are just as much there for the MHA, and management as they are for all levels of staff. The support is not just there for moments of crisis. Often if we engage in support early on, then we can prevent bigger problems from occurring.  Managers and MHA could also contact support services just for advice on managing a situation or to find out what would be the best support to offer colleagues.  If there are any Qs you cannot answer, take them away and share updates with attendees when you find out the information. |  |
| **Slide 30** |  |  |
| **Slide 31** | Run through the mentoring scheme for allies. Full details are also in the post workshop materials including how to register to join the scheme either as a mentor or mentee.  Find out whether anyone has experience of being a mentor/mentee who could share their journey. Valuable? Remind allies this scheme is to support them in their role as an ally, rather than their ‘day job’ |  |
| **Slide 32** |  |  |
| **Slide 33** |  |  |
| **Slide 34** |  |  |
| **Slide 35** | Additional support for allies is provided by the programs trained Debrief Allies    Mental Health Allies may need time to talk and share in a controlled, structured environment.  An opportunity to speak with a trained Debrief Ally will enable individuals to reflect upon a recent experience, discuss what went well, and access individual support that may be required.  Debriefing is usually carried out within three to seven days of an incident, when colleagues have had enough time to take in the experience. Debriefing is not counselling. It is a structured voluntary discussion aimed at putting an upsetting event into perspective.  Debrief allies are trained to:   * Recognise vulnerable people * Assess the Emotional Health Scale * Use effective listening tools and techniques to acknowledge difficult feelings and circumstances * Show you have listened and understood * Use strategies to de-escalate difficult circumstances and emotions * End conversations effectively * Sign post people to support   Details are in the post workshop materials. A training package to recruit additional debrief allies is being designed and will be a further development opportunity for allies who wish to access the training – delivered originally by the Samaritans. |  |
| **Slide 36** | Stress Assessment - These are documents that the colleague can complete with their line managers. It enables them to identify sources of stress, and to make reasonable adjustments for decreasing stress. The action plan created can leave the employees feeling positive and supported at work.  Lots of information re stress can be found on the MOJ stress intranet pages.  <https://intranet.justice.gov.uk/guidance/hr/support-and-wellbeing/mental-wellbeing/stress/>  Stress is not in itself an illness, but, if prolonged or intense, can contribute to mental and physical ill health.  MoJ encourages employees to have open conversations about work related stress with their managers.  There is a joint responsibility placed on managers and employees to ensure good health, wellbeing and safety at work. This includes identifying and preventing stress in the workplace.  If you believe that you are experiencing stress you are encouraged to seek support, you can discuss the matter with anyone you choose, for example, this may be in confidence with an EAP trained counsellor, a Mental Health Ally or a TU representative.  Where possible encouraged individuals to speak to their manager as they are best placed to offer practical workplace support.  If you are a manager and have been approached by one of your staff you should jointly work through the [Individual Stress Assessment form](https://intranet.justice.gov.uk/documents/2015/04/individual-stress-assessment-form.doc).  This is a tool to inform discussion which can be used to explore, identify and assess potential causes of work-related stress.  At the end of the stress assessment process both parties will have agreed a list of practical actions. Individual stress assessments must be reviewed regularly. You should refer to the supporting guidance including the [how to guide](https://intranet.justice.gov.uk/documents/2018/01/support-employee-stress.pdf) before proceeding. |  |
| **Slide 37** | The department’s Employee Assistance provider (EAP) is PAM Assist. Our EAP offers a wide range of support to staff including confidential advice on personal, social or work-related problems.  The EAP service is confidential, however your details may be reported if you’re thought to be a risk to yourself or others or are allegedly involved in a serious crime.   * The PAM Assist helpline which is open 24 hours a day, 7 days a week. The number is 0800 019 8988 * Access to 6 free counselling sessions per year for all MoJ staff * Access to the [EAP](https://login.pamassist.co.uk/login?returnUrl=%2F) website at work or at home, for all staff working in MoJ   You can get telephone or online advice and support on a wide range of topics from bereavement, moving to a new house and managing money; to stress management and trauma support.  **Trauma support**  The employee assistance programme (EAP) offers trauma support sessions to individuals or groups of employees who have been involved in a traumatic incident.  The sessions are confidential and aim to help you process your feelings and move forward. Traumatic incidents could involve:   * verbal or physical assault * threat of violence * suicide   The sessions are confidential and aim to help you process your feelings and move forward.  **What you need to do**  If you’d like to arrange a trauma support session call the EAP helpline on 0800 019 8988. It’s open 24 hours a day, 7 days a week. If several employees have been affected, the person managing the incident should contact the helpline.  Find out more at: <https://intranet.justice.gov.uk/guidance/hr/support-and-wellbeing/employee-assistance-programme/>  Pam Assist: **Who will I speak to?**  Your call will always be answered by an advisor who will offer help and support in a professional, friendly and non-judgmental manner.  PAM Assist counsellors are all professionally qualified to minimum of diploma level in counselling, psychotherapy or psychology  Previous experience of working in variety of work places  BACP or equivalent accredited - BACP Code of Ethics / Supervision  To access the website, you will need to log in to [www.pamassist.co.uk](http://www.pamassist.co.uk) using the user name**:**  **User name: MoJ or HMPPS**  **Password: MoJ1 or HMPPS1** |  |
| **Slide 38** | **PAM Life App**  Pam have recently launched a new PAM Life landing page bespoke for MOJ. MoJ have partnered with PAM Life to allow you the ability to understand how well you really are. You can discover your Personal Wellness Score and explore ways you can live a healthier, better balanced life  The PAM Life app is a new addition to the EAP service. It’s a free app that helps you to manage your health and wellbeing and make positive lifestyle changes. You can take the short wellness assessments, set yourself goals and win virtual badges for your achievements. Alternatively, you can use the app as a virtual library that offers resources on a wide range of subjects including cognitive behavioural therapy (CBT). Details on how to get started can be found on their intranet page under down loads and there is also published Q&A which should be able to answer most questions.  The registration journey allows MOJ employees can find out more information about PAM Life before they create an account, and in sessions for Mental Health Allies, this webpage [www.pamlife.co.uk/moj](http://www.pamlife.co.uk/moj) is ideal to bring up for promotion on a big screen. Here you can:   * Take the PAM Life wellness assessment and discover your own wellness score. * Browse extensive wellbeing resources for recipe ideas, stress relief tips, or learn mindfulness techniques * Get weekly advice and tips on living well direct to your inbox from our wellness experts. * Identify priorities and set goals to help you eat well, move well, live well and just be well.   **To register for a PAM Life account:**  **Step 1:** Go to [www.pamlife.co.uk/moj](http://www.pamlife.co.uk/moj) **Step 2:** Click the 'create account' button **Step 3:** Insert your organisational code: **justice** **Step 4:** Create your login account details using your preferred email address (we recommend you use your personal email address) and create a secure password **Step 5:** Validate your account via the notification email  **Step 6:** Login using the email address and password created when registering  That's it, your account will be live and you'll be ready to get going  **Logging into App**  After registering on PAM Life, MOJ employees can always then download the latest version of the App via the app links at the bottom of the page [www.pamlife.co.uk/moj](http://www.pamlife.co.uk/moj) and sign in using their email address and password used.  **NOTE** The App can take 30 seconds or so to load on its first use as the app has to calculate all the values and build the profile  cid:image010.jpg@01D6D3AF.26061A40  **Registering on App**  There should be no issues creating an account on the app if employees just want to do that though  From the App login screen above the user just needs to click on sign up  cid:image017.jpg@01D6D3AF.26061A40  And enter the org code **justice** and confirm this:  cid:image018.jpg@01D6D3AF.26061A40  and then create account  cid:image019.jpg@01D6D3AF.26061A40 |  |
| **Slide 39** | The final video will give you ideas of what work has been completed so far. Remember, the largest part of your role as an Ally is to raise awareness, promote and open culture and reduce stigma in the workplace so here is an example of some of the activities that have taken place.   * Quiz * Tea n talk * Mangers v Staff quiz * Attended Civil Service Live events * Sharing information and awareness raising activities * Interactive sessions and conversations about mental health in a safe environment * Attended one day interactive workshops for allies to meet, exchange ideas and best practice and hear from allies across the programme   For those of you not able to view the screen, please enjoy the music ‘Walking on Sunshine’ whilst you look over the images in Part 1 of your workbook, Page 7. |  |
| **Slide 40** | **Slide 41-45**  Pictures of allies activities |  |
| **Slide 45** | Remind delegates to complete the evaluation form.  Run through the Part 3 - post workshop materials, and explain that these will be sent to attendees after the workshop: These include info about:  Mentoring Scheme – this is the information we have just reviewed.  Debrief Allies – debrief allies are an extra source of support for mental health allies who may need time to talk and share in a controlled, structured environment.  SPOC Guide - The role of a SPOC is key in establishing, progressing and championing the mental health allies programme.. A SPOC will actively participate and co-ordinate ally activities and events in a specific business group and adopt a collaborative approach to building relationships with local champions including Diversity & Inclusion, Health & Wellbeing, Engagement, Capability leads. You can visit the Mental Health Allies intranet page for contact details of other local SPOCs for each business group.  Next Steps Document – this document outlines everything you need to know to move forward in your role including. the priorities for this MHA’s Programme, the next steps for you to take as an ally such as what you can do following this training to promote the allies and what you can do to raise awareness and reduce stigma. The document will also further detail the mentoring scheme, debrief allies and support that you have from your SPOCs (single point of contact) to really help you get the most out of this role.  Your Wellbeing – last but not least, don’t forget about your own mental wellbeing. As an ally, you have access to all of the help, support and resources that you’ll use to signpost others too. You’ll also find some handy wellbeing tips in Part 2 of your workbooks on topics such as sleep, nutrition, exercise and mindfulness. You can continue to access further Wellbeing Support by using your PAM Life account…. |  |
| **Slide 46** | Invite questions. Mention intranet page, MHAs email address, teams page for SPOC only – who can share info and resources, need to connect with SPOC for induction. Review action plan and get involved in upcoming events and activities. |  |