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		Document Owner	OHS Manager
	MENTAL HEALTH AT WORK MANAGEMENT POLICY	Revision	00
		Approval Date	28 th June 2024



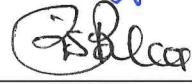

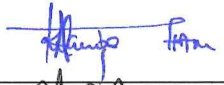







MENTAL HEALTH AT WORK MANAGEMENT POLICY


TNCL-OHS-POL-0007



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APPROVALS:

Title	Name	Signature	Date
Author	Dr Fredrick J Weinand		28/06/2024
Chairperson Standard Committee	Akida Waria		28/6/2024
Worker's Representative	Beatha Kisaka		28/06/2024
SHE Representative	Vivian Otieno		28/06/2024
Training Lead	Azael Kitange		28 th JUNE 2024
Environment Manager	Tunzo Msuya		29/06/24
Finance Manager	Frank Mdoe		28/06/2024
Engineering Manager	Eng. Sarai Ally		28/06/2024
Human Resources Manager	Peter Shemkai		28/06/24
Community Relations Manager	Moses Rusasa		28/06/2024
OHS&S Manager	Dr. Kudra Said		28/6/2024
General Manager	Rebecca Stephen		29/06/2024

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POLICY STATEMENT

The TNCL management adopted the International Labour Organisation policy statement of health, which has four key messages:

- a) **Prevent work-related** mental health conditions through psychosocial risk management, which includes using organisational interventions to reshape working conditions, cultures, and relationships.
- b) **Protect and promote** mental health at work through Training and interventions that improve mental health literacy, strengthen skills to recognise and act on mental health conditions, and empower workers to seek support.
- c) **Support** workers with mental health conditions in participating fully and equitably in work through reasonable accommodations, return-to-work programmes, and supported employment initiatives.
- d) **Create an enabling environment** with cross-cutting actions to improve mental health at work through leadership, investment, rights, integration, participation, evidence, and compliance.



.....
Rebecca Stephen

General Manager

Tembo Nickel Corporation Ltd.



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1. INTRODUCTION

TNCL is dedicated to safeguarding the well-being of its employees by implementing a zero-harm policy. This policy aligns with TNCL's core values of safety, respect, honesty, and integrity, which are integral to the company culture.

In 2022, the International Labour Organisation added Safe and Health at Work as one of the fundamental principles and rights at work. Mental health is one of the critical components that can affect employees' overall health, safety, and well-being.

This document provides a policy statement on mental health at work. It also aims to identify, assess, and provide a framework for managing mental health problems in the workplace.

1.1 Scope

This procedure shall apply to all TNCL employees and contractors at Tembo Nickel.


1.2 Purpose

This document aims to guide how to manage psychosocial risk factors and mental health conditions at the workplace.

1.3 Legislative framework

Under the Constitution of the Republic of Tanzania (CAP2), section 14 states every person has the right to live and the protection of his life by society in accordance with the law. To further ensure every person has the right to live in the working environment, the Occupational Health and Safety Act, No. 5 of 2003, requires employers to ensure the workplace is safe and healthy for the employees. It is further a requirement that the employer is required to ensure that all workplace risks are prevented or, if not practicable, must be sufficiently controlled.

Therefore, as TNCL, we will ensure the employees' safety and health by managing workplace stressors that affect their mental health. This is not only to comply with the legal requirement but also to honour our TNCL values.

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2. DEFINITION AND ACRONYMS

Table 1: Definition and Acronyms

Terms	Definition
GM	General Manager
ILO	International Labour Organisation.
Mental health	Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well, and work well, and contribute to their community.
OHS	Occupational Health and Safety
TNCL	Tembo Nickel Corporation Ltd
WHO	World Health Organisation.

3. RESPONSIBILITIES

3.1 Site General Manager (GM)


- a) The general manager's role is to ensure that the required funding is available to implement this program.
- b) The GM will ensure that the company's policy statement on mental health aligns with the TNCL organisation's values and culture.

3.2 Occupational Health and Safety Manager (OHS)

- a) The Occupational Health and Safety Manager will be the programmes overall foresee.
- b) To support the TNCL mental health SOP technically and administratively.

3.3 Occupational Health Lead

- a) To ensure the mental health SOP is operational and sustainable.
- b) Conduct Hazard Identification and Risk Assessment (HIRA) onsite.
- c) Develop, implement, and review the mental health SOP.
- d) Be available to answer the employer or employees' questions or concerns.
- e) Deliver Training and awareness on mental health issues to all employees, contractors, and visitors.

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3.4 Human Resources Lead/Manager

- a) To ensure the company has a responsive and effective employee wellness program at the workplace.
- b) Ensuring the mental health SOP is well linked and aligned with the employment wellness program.
- c) Ensuring the Training and awareness of sessions on both the mental health SOP and employment wellness program are conducted.

3.5 Employee (s)

- a) To attend the training and awareness sessions on the mental health SOP and employment wellness program.
- b) To report any incident that will affect his/her mental health.
- c) To report to the onsite clinic when he/she suffers symptoms of mental health.

4. PROCEDURE

4.1 Mental Health

4.1.1 Background

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.


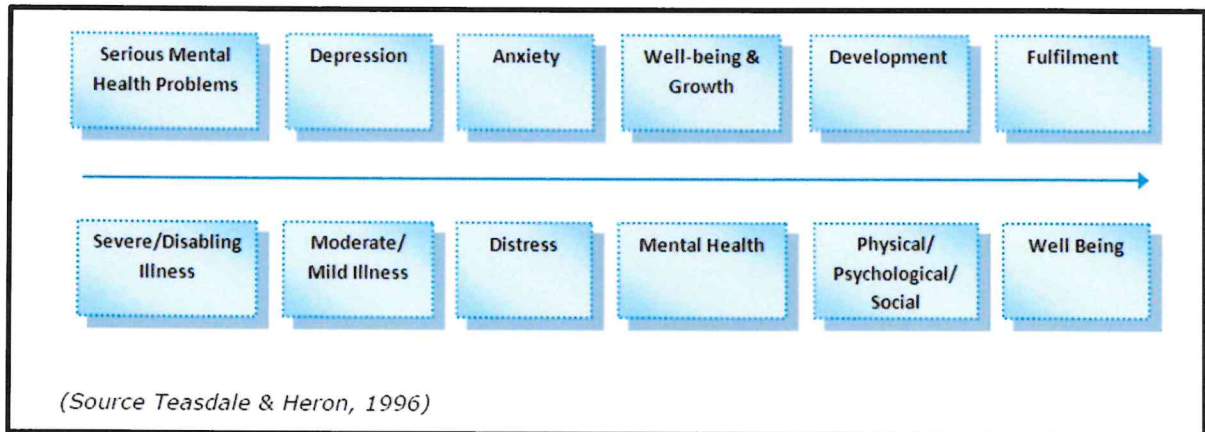
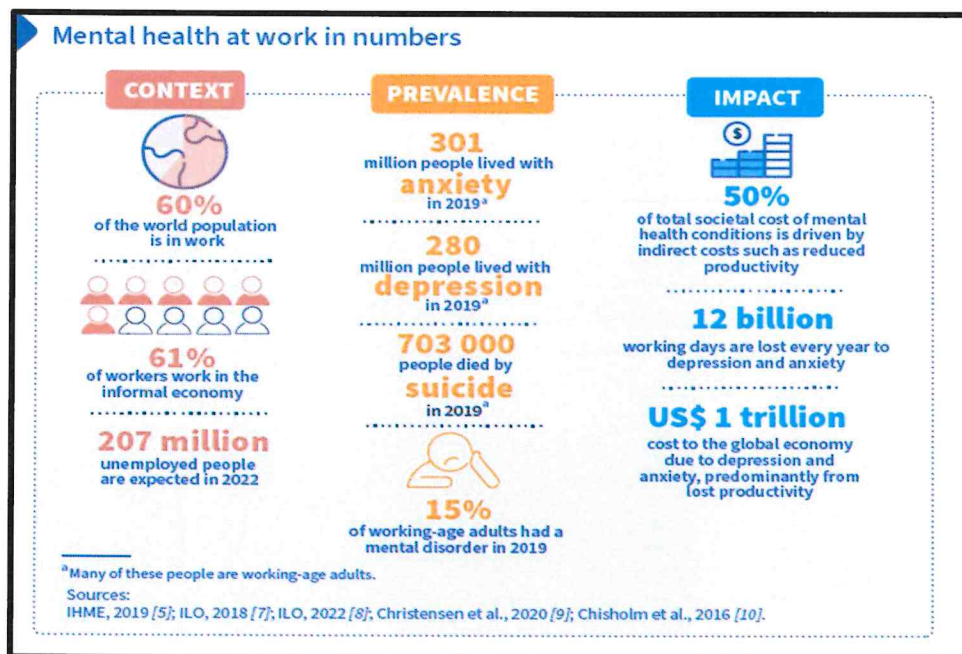
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Figure 1: Mental Health Spectrum




Mental health has a significant impact on the working population. About fifteen per cent (15%) of the working population had a mental disorder in 2019. Please see the figure below detailing the statistics on mental health burden. The commonest mental health conditions at work are anxiety and depression.

Figure 2: Mental Health at work in Numbers.



Source: WHO/ILO Mental Health at Work Policy Brief: <https://iris.who.int/bitstream/handle/10665/362983/9789240057944-eng.pdf?sequence=1>¹

¹ WHO/ILO Mental Health at Work Policy Brief
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4.1.2 Causes of Mental Health Conditions

The causes of mental health conditions are divided into work-related factors, non-work-related factors, and personal factors.

The following are generic work-related psychosocial risk factors.

Organisational structure and climate:


- a) Office politics
- b) Little or no participation in decision-making
- c) Lack of effective consultation or communication
- d) Loss of identity
- e) Restrictions on behaviour, budgets, etc.

Intrinsic to the job:

- a) Poor physical working conditions: heating, lighting, noise
- b) Physical dangers
- c) Work overload/too little work.
- d) Time pressures and deadlines.
- e) Role in the organisation
- f) Too much/too little responsibility for people and things
- g) Role conflict/ambiguity
- h) Lack of managerial support.

Career development:

- a) Under promotion, over promotion, thwarted ambition
- b) Lack of job security
- c) Fear of redundancy.
- d) Relationships at work
 - i. With boss, colleagues, subordinates
 - ii. Difficulty in delegating responsibility
 - iii. Personality conflicts.
 - iv. Bullying and Harassment

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Based on the baseline risk assessment conducted at TNCL and how it operates, the following are the critical work-related psychosocial factors found:

- a) High job pressure.
- b) Fear of redundancy.
- c) Low job security.
- d) Lack of adequate consultation and communication.
- e) Time pressure deadlines

The following are non-work-related psychosocial factors that can affect mental health:

- a) Marital issues, including Divorce.
- b) Too many dependants.
- c) Being away from the family.
- d) Staying far away from the work/offices.
- e) Financial challenges.

All the above non-work-related psychosocial factors apply to Tembo Nickel. Commuting to and from work is one of the psychosocial factors that is not yet well addressed and mainly affects TNCL Dar office employees. For the site, the non-camp employees are provided with transportation.

The following are personal factors that can affect mental health:

- a) Personality
- b) Alcohol and substance abuse
- c) Chronic medical conditions
 - i. HIV/AIDS
 - ii. Cancer
 - iii. Diabetes
 - iv. Stroke
 - v. Body disfigurement

All the above personal factors apply to TNCL. Therefore, a system must be in place to address medical conditions and alcohol and substance use.

4.1.3 Symptoms and signs of mental illness

Mental illness symptoms and signs are divided into two main categories: personal and organisational.


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Table 2: Some Personal Symptoms and Signs


Physiological	Behaviour	Cognitive	Emotional
Headaches, Sleep disorders	Poor sleep pattern	Difficulty concentrating	Depressed mood state
Gastrointestinal symptoms	Reduced reaction time	Poor memory	Anxiety
Cardiovascular signs and symptoms	Erratic behaviour	Inability to make decisions	Irritability and loss of confidence

Table 3: Possible Organisational "Symptoms"

Physiological	Behaviour	Cognitive	Emotional
Not Applicable	High absenteeism/Sick leave	Not Applicable	Low morale
	High Staff turnover		Low employee contribution to planning/process improvements
	Poor industrial relations		
	Increased accidents/illness rates		
	Poor quality of work/low productivity		
	Increased claims		

4.1.4 Bullying and Harassment

- a) The management of bullying and harassment will be through the Tembo Nickel Harassment and Bullying Policy, TNCL-HRE-POL-0001.
- b) Sexual harassment cases at work will be evaluated at the clinic to ascertain if there are any penetrating sex incidents and take appropriate medical and legal measures.
- c) All sexually harassed victims will be referred to the psychologist for psychological evaluation and management to manage acute and late complications.

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4.1.5 Management of Psychosocial hazards and mental health illness at work.


Hazard Identification and Risk Assessment:

- a) The baseline risk assessment was done in 2023 and included psychosocial hazards. However, the context changed in 2024 when some of the employees' contracts were prematurely terminated, and there was a structure change. This introduced new psychosocial hazards that needed intervention.
- b) The top leadership team works extended hours to meet DFS needs and other operational requirements. Therefore, they are exposed to significant job pressure and tight deadlines.
- c) Some of the roster's top leaders end up working from home when they are on leave. This reduces family time and introduces family conflicts. In addition, they are at risk of burnout because of poor work-rest recovery time.

Prevention Of Psychosocial Hazards and Mental Illness:

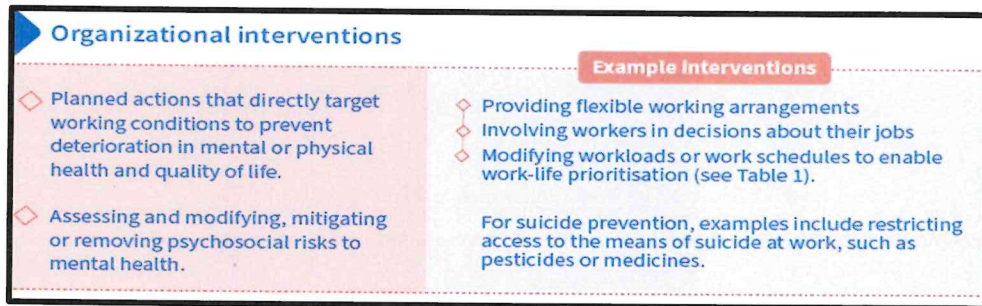
1. High Levels Management

- a) TNCL management has implemented a policy statement to address psychosocial hazards and mental health matters.
- b) Mental health SOP and management strategies are embedded in the overall Occupational Health Management System.
- c) The human resources team will ensure an employment wellness program is in place, which will be managed by subject matter experts and the onsite occupational health team.

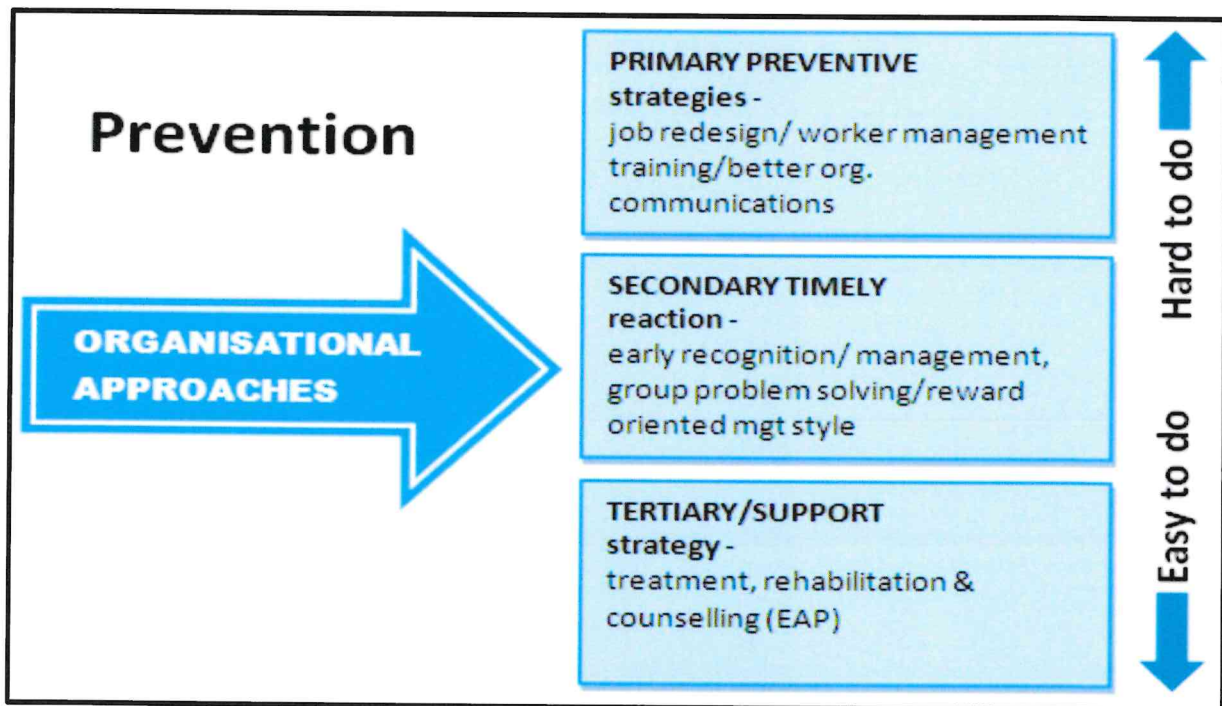
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Organisation Interventions:

TNCL management has adopted the WHO organisational framework for managing psychosocial hazards and mental health.




The following are organisational approaches that will be used at TNCL.



Source: WHO/ILO Mental Health at Work Policy Brief: <https://iris.who.int/bitstream/handle/10665/362983/9789240057944-eng.pdf?sequence=1>²

² WHO/ILO Mental Health at Work Policy Brief
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Primary Prevention:

1. Job Designs

- a) TNCL management should ensure that the employees on the roster system don't treat their rotation leave as "working from home."
- b) TNCL management should ensure that the employees only work overtime when reasonably practicable; otherwise, the employees should be encouraged to utilise the working hours that have been put in place.
- c) TNCL management should ensure the system is in place such that when managers are on rotation leave/leave, the person acting on her/his behalf will practically be responsible for the work stipulated, unlike the current situation where the managers are required to attend work meetings when they are on leave.
- d) TNCL management should ensure that they design a robust organisational structure that will not be subjected to regular changes within a short period of time. This will address the uncertainty regarding the reporting structure.
- e) TNCL management should ensure a clear communication path between top management and employees is in place. This will reduce uncertainty and speculations, which can significantly strain employees' mental health.

Secondary Prevention:

- a) Management must ensure a system is in place for the employee to report early symptoms of mental illness confidentially.
- b) The onsite clinic must make early diagnosis and facilitate referrals for employees who will have mental illness.
- c) All employees must be trained on mental illness, including symptoms and signs, together with the advantage of early reporting.
- d) The employer must analyse sickness absenteeism, labour turnover, and incidents at work to see the contribution of mental illness to their occurrence.
- e) The employer must put in place a system of reporting relationship conflicts at the workplace and how to resolve those conflicts in a dignified manner.
- f) The employer must put in place a mentorship program in which each employee will be assigned to a mentor. This will assist in early recognition and intervention of symptoms. And if it is being utilised correctly, it will be a good primary preventative measure.

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Individual Intervention:

1. Tertiary Prevention

- a) Ensuring employees with mental illness receive optimal medical care.
- b) Reasonable accommodation for those employees with mental illness.
- c) A return-to-work programme must be in place for employees on long-term sick leave due to mental illness.

Figure 3: WHO model of Individual Intervention of mental illness.

Box 3 Interventions to support workers with mental health conditions

Reasonable accommodations at work

Reasonable accommodations at work adapt working environments to match the capacities, needs and preferences of the worker. In practice, these are a form of organizational intervention, but they are implemented to address the barriers that individual workers face, rather than whole organizations. Reasonable accommodations may include giving individual workers flexible working hours, extra time to complete tasks and time off for mental health care. They may include access to private spaces such as somewhere to store medication or somewhere to rest when necessary. They may also include regular supportive meetings with supervisors or job redesign to reduce interacting with clients if the worker finds this unduly stressful.

Return-to-work programmes

As their name suggests, return-to-work programmes are designed to enable workers to return to and remain in employment after an absence associated with mental health conditions. These programmes can combine work-directed care (including reasonable accommodations or phased re-entry to work) with ongoing evidence-based clinical care to support workers in meaningfully returning to work while also reducing symptoms of mental health conditions.


Supported employment initiatives

Supported employment initiatives are designed to enhance vocational and economic inclusion for people with severe mental health conditions. Through these initiatives, individuals are supported into paid work quickly and then continue to receive mental health and vocational support – usually from health, social and employment services or psychosocial rehabilitation programmes – to learn on the job. In some cases, supported employment programmes are augmented with additional interventions such as social skills training or cognitive-behavioural therapy.

Source: WHO/ILO Mental Health at Work Policy Brief: <https://iris.who.int/bitstream/handle/10665/362983/9789240057944-eng.pdf?sequence=1>³

Currently, at TNCL, we don't have a "supported employment initiative program"; however, during the mining phase, this is one of the initiatives that will be considered.

³ WHO/ILO Mental Health at Work Policy Brief
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TNCL will adopt the summary model from WHO for protecting and promoting mental health at work.

Figure 4: Interventions to Protect and Promote mental health at work.


Box 2

Interventions to protect and promote mental health at work




Manager training for mental health

- ◇ Recognize and appropriately respond to supervisees experiencing emotional distress.
- ◇ Employ interpersonal management skills such as open communication and active listening.
- ◇ Promote an inclusive and supportive work culture.
- ◇ Advocate for action on mental health at work from the top down.
- ◇ Understand how psychosocial risks can affect mental health and know how to prevent and control them.
- ◇ Ensure that workers can access support from their representatives, as the case may be.



Training for workers in mental health literacy and awareness

- ◇ Improve understanding about mental health and well-being at work.
- ◇ Shift attitudes around mental health conditions to reduce stigma.
- ◇ Encourage help-seeking behaviour.




Individual interventions

- ◇ Build skills to manage stress.
- ◇ Reduce symptoms of mental health conditions.

Source: WHO/ILO Mental Health at Work Policy Brief: <https://iris.who.int/bitstream/handle/10665/362983/9789240057944-eng.pdf?sequence=1>⁴

⁴ WHO/ILO Mental Health at Work Policy Brief:
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5. SYSTEM EVALUATION

This policy shall be reviewed for at least two years by members of the OHS department and presented to the Standard Committee for approval or when organisational changes take place or are required as part of internal and external audits. The TNCL Document Controller will monitor compliance with the document control system on an ongoing basis.

6. DISTRIBUTION

List physical locations which require a controlled copy of this document.

Table 4: Distribution

Copy	Controlled Document Folder Location
Master	Controlled Documents Central Filing System


7. CONTRAVENTION

Any breach of this policy shall be regarded as refusal/failure to carry out a lawful instruction and will be dealt with as per the disciplinary procedure.

8. DOCUMENT CHANGE PROCESS

The process of document change starts when the document custodian identifies there is a need to make changes within the document. The document custodian/ owner shall complete the document change request form, sign it off and submit it to the Document Controller.

The Document controller shall issue the controlled word copy of the document to the respective document custodian/owner so that changes may be made. The document custodian/owner shall resubmit the updated document to the document controller so that the document can be controlled and updated within the filing system and ready for use by the end users.

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8.1 Reason for Change

Table 5: Reason for Change

A	As a result of incidents	F	Change in training requirements
B	As a result of the audit findings	G	Results of risk assessments
C	New / changes in governance documents	H	Change due to spelling or grammatical error
D	Changes in legislation	I	New document format
E	Changes in technology	J	To integrate special instruction into the document control system

8.2 History of Change


Table 6: History of Change

Date of Change	Revision No	Revised Item (paragraph Number reference if required)	Reason Code	Name of Reviewer

9. RECORD CONTROL

Table 7: Record Control

Document Title:	Document ID:	Responsible for Maintenance:	Responsible for Filing:	Location of Storage:	Retention Period:	Method of Disposal:
Mental Health at Work Management Policy	TNCL-OHS-POL-0007	Document Controller	Document Controller	OHS Department	Hard Copy two Years	Hard copy shared file electronic

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10. DECLARATION

I, at this moment, declare that I have taken part in the discussion of this policy, and I understand its contents and do commit that I shall ensure compliance hereto:

	Name and Surname	Company Number	Designation / Role	Signature	Date Signed
1.					
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