

A Practical Guide to Championing — Mental Health in Your Organisation

5 steps to successfully make your mental health agenda live in offshore, renewables, maritime, and other safety-critical workplaces.

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You Know It Matters. Now What?

If you're reading this, you probably don't need another report telling you that mental health is a problem in high-risk workplaces. You've seen the numbers. You've sat through the presentations. You may even have had a personal experience that brought the issue home.

The question is no longer why. It's how.

"The organisations making real progress are not the ones with the biggest ambitions. They are the ones where someone decided to act."

15%

of working-age adults estimated to have a mental disorder at any given time

WHO/ILO, 2022

This guide is for the person who has been asked — or has decided — to do something about mental health in their organisation. It is not a policy document. It is a practical, step-by-step framework for implementing an agenda that works in the real conditions of offshore, renewables, maritime, and other safety-critical industries.

It draws on the World Health Organization's guidelines, Gard's Crew Claims Report 2025, the IADC's offshore mental health white paper, and Maersk Training's experience delivering Mental Health First Aid (MHFA) training globally.



Secure the Mandate

Mental health initiatives that last have one thing in common: visible leadership support. Before you design anything, you need a mandate — a clear signal from senior leadership that mental health is an organisational priority, not just an HR initiative.

What this looks like in practice

- 1 **Name a sponsor.** A senior leader who will publicly own the initiative.
- 2 **Link it to safety.** Mental health is a safety issue. Frame it that way.
- 3 **Set a baseline.** Review existing data: absence rates, turnover, near-miss reports, employee survey results.
- 4 **Make a public statement.** A toolbox talk, a town hall, a letter from the CEO.

COMMON PITFALL

Don't launch any interventions without visible leadership backing. If employees see mental health as "something HR is doing," uptake will be low and stigma will persist.

WHAT THE WHO SAYS

Organisational interventions — those that change how work is structured and managed — are more effective than individual-level initiatives alone. Leadership commitment is the foundation.





STEP 2



Understand Your Workforce

Every workforce is different. Before you roll out training or toolkits, take time to understand what your people are actually dealing with.

Key risk factors in high-risk industries

- Long rotations away from family
- Irregular sleep patterns and fatigue
- High-consequence work environments
- Limited access to professional support
- Stigma around mental health in male-dominated cultures

HOW TO LISTEN

Run a short pulse survey. Conduct informal focus groups. Ask employees what gets in the way of their wellbeing — and what would actually help. The answers will shape your agenda.

26%

of workers in safety-critical roles reported symptoms of depression

Gard Crew Wellbeing Survey, 2024

"You can't fix what you can't see. And you can't see what people won't talk about."

Train Your First Responders

You have the mandate. You have a sense of where the gaps are. Now you need people on the ground who can actually do something when a colleague is struggling. This is where Mental Health First Aid (MHFA) comes in.

What MHFA gives you

- People who can support colleagues and guide them in the right direction before a crisis develops.
- A common language for talking about mental health without awkwardness or clinical jargon.
- A clear protocol: what to say, what not to say, when to listen, and when to refer.
- Confidence. Most people want to help. MHFA removes the barrier.

Who to train first

- **Supervisors and leaders.** They see their teams every day. They notice when behaviour shifts.
- **HSSE and safety officers.** They already think in terms of risk and prevention.
- **Peer volunteers.** People are more likely to open up to each other than to a manager. Peer support is often the most trusted channel.

HOW TO MAKE IT STICK

Training alone is not enough. After the course, give your first aiders a clear role: visibility on the site board, regular check-ins with management, and a simple reporting line. If trained people have no mandate to act, the skill fades.

WHAT THE WHO SAYS

Manager training for mental health is recommended as an evidence-based intervention. The goal is not to turn managers into clinicians. It is to help them recognise distress, respond with empathy, and know how to direct people towards appropriate support.

Establish Employee Resource Groups (ERGs)

Gather your MHFA-trained people into an Employee Resource Group — a cross-functional group of frontrunners whose sole purpose is to carry the mental health agenda forward. ERGs share knowledge, maintain momentum, and prevent the initiative from running out of steam. Without this structure, even well-trained individuals lose focus over time.



"People don't need a helpline number on a poster. They need a colleague they trust, sitting two metres away, who knows what to say."

STEP 4

Build Peer Support into Daily Operations

Training creates capability. But capability without structure fades quickly. The goal of this step is to move mental health support from a course people attended into something that is part of how the workplace runs every day.

1. Make check-ins routine

Add a brief wellbeing question to existing touchpoints: shift handovers, toolbox talks, pre-departure briefings.

2. Make trained people visible

Post their names on notice boards, mention them in onboarding, include them in safety briefings.

3. Create a simple escalation path

Map out the route: peer support to supervisor to shore-based professional. Write it down. Keep it short.

4. Focus on the first 90 days

Gard's claims data shows illness-related deaths and suicides occur disproportionately in the first three months of a contract.

5. Support rest as a safety measure

37% of workers in high-risk industries cited irregular working hours as the main cause of disrupted sleep. Those with 8+ hours scored 7.9 on the happiness index vs 6.2 for those with 5–6 hours.

6. Include families where you can

Separation from family is the primary stressor for most offshore and rotation-based workers. Connectivity and family helplines are infrastructure, not perks.

From the evidence

The Gard Crew Wellbeing Survey found that workers' top coping mechanisms are talking to family (29%), colleagues (18%), and supervisors (16%). Only 5% seek professional counselling and 3% contact a helpline. Your peer support system is your front line.

STEP 5

Measure Progress and Keep the Momentum

Mental health initiatives tend to launch with energy and fade with time. The ones that survive are the ones that track progress, report on it, and adapt.

What to measure

- **Uptake:** how many people trained, conversations initiated, referrals made.
- **Feedback:** post-training confidence scores, pulse survey trends, qualitative input from employees.
- **Lagging indicators:** changes in stress-related absence, retention on high-rotation roles, near-miss patterns.
- **Culture signals:** are people talking more openly? Are managers having conversations they weren't having before?

REPORTING RHYTHM

Feed your findings back into the same forums where the mandate was set: safety reviews, leadership meetings, quarterly updates. Mental health data should sit alongside injury rates and operational KPIs.

PRACTICAL TIP

Don't wait for perfect data. The number of people trained, the number of check-in conversations, the feedback from one rotation cycle — small data points, reported consistently, build credibility and justify further investment.

"A mentally healthy workforce is a safer workforce. And a safer workforce is a more productive one."

Plan for the Dip

Every transitional agenda requires anchoring. Leadership changes, budgets tighten, or the initial urgency fades. The best protection against this is to embed mental health into structures that already exist:

- Add it to onboarding checklists.
- Include it in safety management system audits.
- Make MHFA refresher training part of the annual training calendar.
- Keep your sponsor briefed and publicly engaged.

"Mental health does not improve by knowing it matters. It improves when someone acts."

THE BUSINESS CASE BUILDS ITSELF

When you can show that trained teams have fewer stress-related absences, better retention, and stronger safety records, the agenda stops being a cost and becomes an investment. The data you collect in this step is what makes the next budget conversation easier.



Your 12-Month Roadmap

A realistic sequence for pushing your mental health agenda from scratch. Adjust the timing to fit your organisation, but keep the order.

Timeline	Actions
Month 1–2 Steps 1–2	Secure the mandate. Name a sponsor. Make a public statement linking mental health to safety. Review existing data (absence, turnover, survey results) to establish a baseline.
Month 3–4 Step 2	Run a short pulse survey or focus group to understand your workforce's specific needs. Identify your first cohort of trainees: supervisors, safety officers, peer volunteers.
Month 4–6 Step 3	Train your first cohort of Mental Health First Aiders. Establish an Employee Resource Group (ERG) to carry the agenda forward. Give them a visible role and a clear escalation path. Start routine check-ins at shift handovers or briefings.
Month 6–9 Steps 3–4	Review early feedback. What is working? Where are people still not engaging? Adjust. Extend training to a second cohort. Report progress to leadership using the same forums as safety data.
Month 9–12 Steps 4–5	Embed mental health into onboarding, safety audits, and the annual training calendar. Run a follow-up survey to compare against your baseline. Plan the next year.



Where Does Your Organisation Sit?

Most organisations in high-risk industries fall into one of three stages. Knowing where you are helps you focus on the right next move.

	Starting Out	Building Momentum	Sustaining & Scaling
Where you are	You know mental health matters but have no formal agenda. No trained people. Limited data.	You have some training in place, maybe an EAP or a few champions. But it's not embedded in operations.	You have trained people, peer support, and leadership buy-in. The challenge is keeping it alive through changes.
Your next move	Steps 1 and 2	Steps 3 and 4	Step 5

"Mental health does not improve by knowing it matters. It improves when someone acts."



Getting Started with Maersk Training

Maersk Training's People & Performance team works with organisations across safety-critical industries to implement mental health agendas that are practical, evidence-based, and built to last.

Mental Health First Aid

Two-day, face-to-face courses. Open enrolment or in-house delivery at your site, anywhere in the world.

[See course details and book →](#)

Webinars & Events

Free webinars and panel discussions on implementing mental health agendas in safety-critical workplaces.

[Join or watch on demand →](#)

Ready to talk?

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