Mental Health Matters

Self-Assessment Rubric

2025

A Four-Tiered Tool for Organisations to Evaluate Their Progress in Promoting Mental Health

This rubric is designed to help organisations and communities assess their progress against the *Mental Health Matters* framework.

It provides a clear, structured approach to self-assessment across four levels of achievement:

1. **Foundation** - Basic awareness and minimal implementation.
2. **Development** - Initial steps taken, but further progress is needed.
3. **Leadership** - Consistent, effective practices are embedded into operations.
4. **Excellence** - Exemplary implementation with innovative, sustainable approaches that set the standard for others.

By evaluating their current status against the rubric, organisations can identify areas for improvement and celebrate their successes.

The award is split into six domains:

1. Leadership and Mental Health Culture
2. Identifying and Responding to Mental Health Needs
3. Fostering Mental Health through Environment and Relationships
4. Mental Health Education and Training
5. Supporting Staff and Stakeholder Mental Health
6. Monitoring, Evaluating, and Improving Mental Health Initiatives

Details on how to apply for the award can be found at:

www.TheGreenRibbonAward.com

1. Leadership and Mental Health Culture

Criteria	Foundation	Development	Leadership	Excellence
Commitment to Mental Health	Leaders have a basic awareness of mental health but no formal plans.	Leadership has recognised mental health as a priority and has begun developing strategies.	Mental health is embedded into organisational values, with clear goals, policies, and consistent implementation.	Leadership actively champions mental health, aligning it with organisational success and inspiring others to prioritise it.
	Evidence: No written policies, limited discussions.	*Evidence*: Draft strategy document, initial meetings.	*Evidence*: Approved mental health strategy, published policies, and regular updates.	*Evidence*: Leaders speak publicly about mental health, annual reports, and organisation-wide campaigns.
Accountability and Communication	No clear accountability exists, and communication is limited or inconsistent.	Some accountability has been assigned, and basic communication exists.	Clear accountability is established, with regular, transparent updates on progress.	Communication is proactive, transparent, and engaging, fostering trust and inspiring stakeholder involvement.
	Evidence: No designated staff or reporting structure.	*Evidence*: A mental health lead is appointed; initial updates shared.	*Evidence*: Designated roles, published reports, and updates to staff or stakeholders.	*Evidence*: Regular updates shared organisation-wide, progress reports, and stakeholder input sessions.

Resource Allocation	Minimal or no resources are allocated to mental health.	Resources are allocated, but implementation is limited or inconsistent.	Sufficient, sustainable resources are allocated to support mental health initiatives effectively.	Robust resources drive innovation, long-term sustainability, and measurable impact.
	Evidence: No budget or programmes.	*Evidence*: Budget identified, pilot initiatives funded.	*Evidence*: Dedicated budget line, funded programmes, and staff time.	*Evidence*: Documented long-term funding, advanced tools or partnerships, and measurable outcomes.

2. Identifying and Responding to Mental Health Needs

Criteria	Foundation	Development	Leadership	Excellence
Awareness and Identification	Mental health needs are not formally identified.	Initial steps are in place to increase awareness, but gaps exist in identifying needs.	Structured systems (e.g., surveys, check-ins) regularly identify mental health needs.	Data-driven systems proactively identify trends and guide early, effective interventions.
	Evidence: No surveys, minimal awareness.	*Evidence*: Basic surveys or informal check-ins.	*Evidence*: Annual wellbeing surveys, regular feedback channels.	*Evidence*: Detailed analytics, quarterly reporting, and proactive support programmes.

Response to Needs	Support for mental health needs is ad hoc and reactive.	Basic support systems exist, but responses lack consistency or structure.	A tiered support model is consistently applied, addressing universal, targeted, and specialist needs.	Support systems are agile, responsive, and tailored, ensuring timely, innovative, and measurable impact.
	Evidence: No structured support systems.	*Evidence*: Staff awareness sessions, limited counselling options.	*Evidence*: Published tiered response plans, robust referral systems.	*Evidence*: Case studies, measurable improvements, and proactive case management.
Monitoring and Feedback	No formal mechanisms exist to monitor or gather feedback.	Some monitoring exists, but it is inconsistent or underutilised.	Monitoring and feedback systems are embedded and inform continuous improvement.	Feedback and data are dynamic, driving measurable progress and innovation in mental health strategies.
	Evidence: No data collection tools.	*Evidence*: Initial surveys or suggestion boxes.	*Evidence*: Wellbeing dashboards, routine feedback cycles.	*Evidence*: Published findings, impact reports, and stakeholder reviews.

3. Fostering Mental Health Through Environment and Relationships

Criteria	Foundation	Development	Leadership	Excellence
Physical and Emotional Environment	The environment does not actively support mental health.	Efforts have begun to create inclusive and welcoming spaces, but gaps remain.	The environment actively supports mental health through inclusive design and policies.	Mental health is embedded into the organisation's DNA, with innovative, supportive environments that inspire others.
	Evidence: No mental health spaces, limited inclusivity.	*Evidence*: Small designated spaces, policies under review.	*Evidence*: Accessible wellbeing spaces, clear inclusion policies.	*Evidence*: State-of-the-art wellbeing hubs, cultural inclusivity audits, and case studies.
Relationships and Communication	Relationships lack focus on mental health, and communication is limited.	Some initiatives exist to improve communication and build positive relationships.	Relationships are prioritised through trust-building activities, mentoring, and peer support.	A culture of connection flourishes, driven by open dialogue, trust, and shared responsibility for mental health.
	Evidence: No formal communication channels.	*Evidence*: Staff forums, mental health events.	*Evidence*: Regular mentoring programmes, team development initiatives.	*Evidence*: Documented engagement data, organisation-wide connection strategies.

Collaborations and Partnerships	No external partnerships exist to enhance mental health initiatives.	Partnerships with external experts are being explored but are limited.	Meaningful partnerships add value and expertise to mental health strategies.	Strategic, collaborative partnerships drive innovation and best practice across the organisation and beyond.
	Evidence: No partner involvement.	*Evidence*: Meetings or initial agreements.	*Evidence*: Active partnerships with local or global organisations.	*Evidence*: Joint projects, community collaborations, and measurable

4. Mental Health Education and Training

Criteria	Foundation	Development	Leadership	Excellence
Raising Awareness	Little or no effort is made to raise mental health awareness.	Some awareness campaigns exist but lack consistency or engagement.	Regular, engaging campaigns promote understanding and reduce stigma.	Awareness initiatives are deeply embedded, ongoing, and innovative, setting the standard for excellence.
	Evidence: No materials, events, or campaigns.	*Evidence*: Mental health posters, newsletters.	*Evidence*: Awareness workshops, external speaker sessions.	*Evidence*: Organisation-wide awareness months, creative campaigns, and measurable participation.

Training and Skill Development	No mental health training is provided. *Evidence*: No courses or materials.	Basic training is provided but inconsistently accessed. *Evidence*: Introductory workshops.	Comprehensive, role-specific training is embedded into professional development. *Evidence*: Staff training records, feedback from sessions.	Advanced, ongoing training ensures all staff are equipped to respond effectively. *Evidence*: Specialist certifications, measurable improvements.
Leadership Training	No leadership training on mental health. *Evidence*: No structured programmes.	Some leadership training exists but lacks depth. *Evidence*: Introductory mental health sessions for leaders.	Leadership training is robust, equipping leaders to promote wellbeing and respond effectively. *Evidence*: Documented leader training outcomes.	Leaders model excellence through advanced training, innovation, and advocacy for mental health. *Evidence*: Leadership impact reports, case studies.

5. Supporting Staff and Stakeholder Mental Health

Criteria	Foundation	Development	Leadership	Excellence
Work-Life Balance	Policies to promote balance do not exist.	Flexible policies exist but are inconsistently applied.	Effective policies promote balance, reduce stress, and support wellbeing.	Innovative, flexible approaches create a culture that prioritises wellbeing.
	Evidence: No flexibility or workload reviews.	*Evidence*: Policies for remote work or flexitime.	*Evidence*: Published policies, positive staff feedback.	*Evidence*: Customised solutions, reduced absenteeism rates.
Psychological Safety	Psychological safety is not prioritised.	Basic steps have been taken to foster trust.	Psychological safety is visible, encouraging open communication and trust.	Psychological safety is deeply ingrained, fostering trust, creativity, and innovation.
	Evidence: Limited discussions or trust-building initiatives.	*Evidence*: Initial surveys, staff forums.	*Evidence*: Team culture reports, feedback mechanisms.	*Evidence*: Employee testimonials, measurable improvements in morale.

Access to Support	No formal support systems exist.	Basic support exists but is poorly communicated or underutilised.	Accessible, structured support systems are in place.	Integrated, proactive support systems drive sustained wellbeing.
	Evidence: No counselling or EAPs.	*Evidence*: EAP pilot programmes, awareness materials.	*Evidence*: Counselling services, referral pathways.	*Evidence*: High utilisation rates, positive outcomes.

6. Monitoring, Evaluating, and Improving Mental Health Initiatives

Criteria	Foundation	Development	Leadership	Excellence
Performance Indicators (KPIs)	No formal performance indicators exist to measure mental health initiatives.	Initial KPIs are set, but data collection is inconsistent or incomplete.	Clear, measurable KPIs are in place, tracked regularly, and aligned with organisational goals.	KPIs are dynamic, refined regularly, and drive continuous improvement through evidence-based decisions.
	Evidence: No data or goals.	*Evidence*: Early-stage metrics or pilot assessments.	*Evidence*: KPI dashboards, quarterly reports, and trend analysis.	*Evidence*: Annual reports, advanced analytics, and clear impact case studies.

Self-Assessment and Feedback	No formal self-assessment or feedback mechanisms exist.	Self-assessments and limited feedback systems are in place but inconsistently applied.	Regular self-assessments and stakeholder feedback inform improvements to mental health initiatives.	Continuous self-assessment is embedded, with feedback actively driving innovation and excellence.
	Evidence: No surveys or reviews.	*Evidence*: Occasional surveys or informal reviews.	*Evidence*: Routine surveys, focus groups, and improvement plans.	*Evidence*: Real-time feedback systems, impact evaluations, and case studies.
Continuous Improvement	Mental health initiatives are static and not reviewed for effectiveness.	Initiatives are occasionally reviewed, but findings lead to limited change.	Mental health strategies are reviewed regularly, with actionable insights driving enhancements.	Continuous improvement is a core principle, ensuring initiatives evolve through reflection, innovation, and shared learning.
	Evidence: No improvement processes.	*Evidence*: Periodic meetings or reviews.	*Evidence*: Annual improvement plans, documented changes.	*Evidence*: Published progress, stakeholder collaboration, and tangible

You must meet or exceed the requirements of at least 15 out of the 18 areas to achieve the award at that level.

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